



SHARP Community Participation Programme **COMMUNITY FACILITATORS TRAINING MANUAL**



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¹ GIZ, 2012, How to facilitate Generation Dialogues about Female Genital Cutting: A manual for facilitators of women's Dialogues, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Bonn, Germany: <https://www.giz.de/expertise/html/6190.html>

² <http://www.cominit.com/content/strengthening-health-worker-community-interactions-through-health-literacy-and-participa> and <http://www.tarsc.org/publications/documents/HLregional%2omeeting09.pdf>.

Acronyms and abbreviations

| | |
|-------|--|
| ANC | Antenatal care |
| CHD | County Health Department |
| CPO | Community participation officer |
| HHP | Home health promoter |
| IMC | International Medical Corps |
| KIT | Royal Tropical Institute |
| NBeG | Northern Bahr el Ghazal |
| PNC | Postnatal care |
| SHARP | South Sudan Health Action and Research Project |
| SRH | Sexual and reproductive health |
| SRHR | Sexual and reproductive health and rights |
| TBA | Traditional birth attendant |
| VHC | Village health committee |
| WBeG | Western Bahr el Ghazal |

Chapter 1. Background

The South Sudan Health Action and Research Project (SHARP), implemented by the Ministry of Health of South Sudan, the Royal Tropical Institute (KIT), HealthNet TPO, the International Medical Corps (IMC) and Cordaid, aims to improve maternal health in South Sudan. A recent assessment pointed to a number of barriers to timely access to antenatal, delivery and postnatal care, including dominant socio-gender norms related to sexual and reproductive health (SRH).³ Examples of these barriers are provided in Chapter 2. In response, SHARP developed a community participation programme. This programme adopted an action learning methodology for knowledge transfer, reflection, generational dialogues and the development of action plans. This training manual provides an overview of the community participation programme and includes specifics on the training of voluntary community facilitators, who play a large role in the implementation of this programme. The community facilitators facilitate community dialogues for improving maternal health, using participatory action and learning techniques. The first training of community facilitators was carried out by KIT at the end of 2014, with the support of IMC and HealthNet TPO, in collaboration with the Country Health Departments (CHDs) in Wau County (Western Bahr el Ghazal — WBeG) and Aweil North County (Northern Bahr el Ghazal — NBeG). After this initial phase, in 2015, training was carried out by South Sudanese community participation officers (CPOs) of IMC and HealthNet TPO.

Focus of the programme

The methodology of the community participation programme focuses on four elements:

1. The interaction between generations in the community, to enhance dialogue about maternal health: To enable dialogue between generations, participants of community-based dialogue sessions, who are facilitated by trained and voluntary community facilitators, include younger and older men and women, and boys and girls. Participants are recruited from the community according to set criteria, using existing groups, such as women's and youth groups.
2. Participatory learning and action dialogues that include small group work, plenary discussions, questions for reflection, and discussion of desired changes: These dialogues are used to address underlying norms and values and develop action plans for change.
3. Participatory rural appraisal visualization techniques, such as social mapping, drawing and constructing matrixes: These techniques are used to produce and visualize information for further discussion and analysis.
4. A knowledge component, consisting of the dissemination of information using two-way communication techniques: These techniques are used to generate knowledge about danger signs, the benefits of using health services, the influence of age, number of children and birth spacing on maternal and child health, the right to services, what to do to have a healthy pregnancy, delivery and postnatal care, improving birth preparedness, the use of contraceptives and prevention of early pregnancy.

The SHARP community participation programme complements other community activities implemented by the partners in NBeG and WBeG, which include the training of home health promoters (HHPs), traditional birth attendants (TBAs) and village health committees (VHCs), peer education and general information and education activities. The project makes use of the same or similar learning aids that the HHPs use to introduce and reinforce the knowledge component. The development of action plans (as part of this programme) and collaboration with the VHCs will link to regular and existing community monitoring formats and processes. The community dialogue activities, representing the largest part of this programme, will contribute to adolescent sexual and reproductive health and rights (SRHR) and youth-friendly services. This will be achieved by promoting an environment for better communication between generations and between males and females.

Objectives of the programme

The objectives of the community participation programme are:

- to improve the health-seeking behaviour of the community with regards to maternal health care services, including increased use of family planning;
- to increase the capacity of local officials, health workers and communities to fulfil their roles and responsibilities in achieving SRHR; and
- to improve collaboration between the community and health workers in identifying issues related to SRH service delivery and to improve action regarding constraints in access to or quality of care.

³ Understanding knowledge, attitudes, beliefs, and practices around reproductive, maternal, neonatal, and child health in South Sudan. BBC Media Action: Reproductive, maternal, neonatal and child health project, 2013.

Overview of community dialogue steps and sessions

This section provides a brief overview of the steps involved in the community participation programme.

Step 1: Curriculum development workshop

SHARP held a three-day curriculum development workshop in July 2014. This workshop included stakeholders who are closely involved in maternal health programmes conducted in the areas of implementation of this community participation programme. During this workshop, the manual and materials for training CPOs and community facilitators were further developed.

Step 2: Stakeholder meetings

An introductory stakeholder meeting is held to present the community participation programme to decision-makers at county, *payam*⁴ and *boma*⁵ level, to ensure their support, select the communities in which the programme will be implemented and prepare for the selection of community facilitators. Four separate meetings are held at the *payam* level, as in every *batch*,⁶ four bomas (and thus four villages) are included in the programme. The implementation sites are selected based on the following criteria: staff availability, health facility availability, status of referral system and security situation. Urban/rural considerations are also taken into account as a selection criterion. More information about the stakeholders meetings is provided in Annex 1.

Step 3: Selection of community facilitators

Community facilitators are selected in each of the four communities: one older and one younger male and one older and one younger female. The selection process and job description are provided in Annex 2. At the end of the process the community is asked to prepare for the selection of participants. A code of conduct is signed by each community facilitator (see Annex 3). If community facilitators are below the age of 18, parental consent is sought.

Step 4: Training of community facilitators (7 days)

This training manual presents Step 4 in Chapters 4, 5 and 6. South Sudanese CPOs, who received a training of trainers from KIT, facilitate the trainings. The training participants are the selected community facilitators. In each training, 16 community facilitators are trained: four from each boma.

Step 5: Selection of community participants

Forty community participants are selected by the community: 10 younger and 10 older males and 10 younger and 10 older females. The community facilitators guide the selection, after the training of facilitators. The selection criteria for community participants are presented in Annex 4.

Step 6: Community baseline consultations

The CPOs, supported by the community facilitators, hold initial group discussions with the selected young women, older women, young men and older men from the community to learn about their views regarding maternal health and birth spacing (see Annex 5).

Step 7: Community dialogue sessions

The facilitators' teams in each community consist of two CPOs and four community facilitators who completed the training of facilitators. The teams hold five consecutive dialogue sessions with the 40 community participants from each community who were selected in Step 5. Every week, a new session is conducted in each community, and the sessions last approximately half a day. During the sessions, facilitators and participants work mostly in groups of the same sex and age set. The dialogue sessions cover different topics and are concluded by a sixth meeting: a public meeting.

Overview of sessions

1. Practising listening and dialogue skills
2. SRH in the life cycle; concerns we have; gaps in services
3. What we know about improving maternal health and the causes of maternal mortality: antenatal care (ANC), birth preparedness, complications during pregnancy and delivery, postnatal care (PNC) and family planning
4. Entitlements, barriers and delays in maternal health
5. Preparing presentations for the whole community, including their suggestions, commitments and requests; evaluation of process
6. Public meeting, including presentation of action plan

Detailed information on the dialogue sessions can be found in the **Manual for Community Facilitators**.

⁴ Area with various villages.

⁵ Village.

⁶ In both NBeG and WBeG, four batches of the programme will be conducted. Each batch contains four communities/villages, and in every community, 40 community members will participate in the sessions, facilitated by four voluntary community facilitators and two CPOs.

Step 8: Follow-up period

After the dialogue sessions, the follow-up period is essential to improve maternal and neonatal health. Change can only be achieved when participants start putting their new skills and knowledge into practice. Community facilitators have the task to support and encourage the participants throughout this period by meeting them on a regular basis, individually and collectively. The participants themselves may also want to meet to share successes and difficulties. CPOs conduct follow-up visits to obtain feedback on the progress made and to gather any feedback on areas of improvement

Step 9: Evaluation

After six months, the CPOs or external researchers who are familiar with the area hold separate end-line consultations with young women, older women, young men and older men from the community to learn about their views regarding the developments resulting from the dialogues, with the hope that communities continue to use the process beyond the programme. This meeting signals the formal end of the involvement of the partner non-governmental organization (NGO, in this case IMC and HealthNet TPO). It will contribute to the end evaluation of the programme, which also includes analysis of health facility data on service utilization, where possible.

An overview of monitoring and reporting processes is provided in Annex 6. Annex 7 contains an assessment form for the CPOs responsible for the implementation of the programme.

Chapter 2. Focus issues and required competencies of community facilitators

Problems and issues to be addressed during the community participation programme

During the community participation programme, beliefs and practices affecting unwanted or early pregnancy, health- and non-health-related causes of maternal illness and uptake of services are to be addressed.

Examples of issues related to pregnancy and delivery:

- Men and women lack detailed knowledge about the benefits of using health services in cases of pregnancy
- It is the woman's duty to produce many children
- A new wife should get pregnant as soon as possible
- It is more important to have many children than to maintain the mother's health
- Women lack control over their bodies and health-seeking behaviour
- Women who opt for facility delivery are stigmatized
- Pregnancy out of wedlock is becoming an increasing problem
- Many girls are pregnant when they marry
- Girls marry as early as 14/15 years old
- Women who undergo (unsafe) abortion are stigmatized
- The health and well-being of children is the strongest motivating factor for changing practices

Examples of issues regarding family planning:

- Contraception is believed to be permanent and cannot be trusted
- Men should have many children, that is why they pay so many cows⁷ for a wife
- Child spacing is accepted as good practice
- Couples find it difficult to maintain spacing of two or three years
- Women take contraceptives in secret
- Contraceptives are for sex workers and encourage women to be unfaithful
- Girls marry at 14/15 years old, and most are pregnant by the age of 18

Tasks of community facilitators

The community facilitators share information, initiate dialogue and ask critical questions about:

- Reasons for, advantages and disadvantages of and barriers to child spacing
- Decision-making about child spacing
- Benefits and side effects of modern contraceptives
- Barriers to using modern contraceptives
- Gender roles, norms and values related to early marriage, pregnancy, fertility and child spacing
- Reasons for, dangers, benefits and disadvantages of pregnancy at an early age
- Decision-making about early marriage
- Actions to take to address the above issues

Required competencies of community facilitators

The community facilitators require the following competencies:

- Ability to share relevant maternal, neonatal, child health and family planning knowledge
- Ability to respect local knowledge and exchange information as a two-way process
- Ability to use adult education techniques
- Facilitation skills in community dialogue and initiating critical reflection within and among generations and male/female groups
- Ability to identify and support champions of change in the community
- Ability to communicate with stakeholders at various levels

⁷ Or other goods, depending on the tribe.

Chapter 3. Expected intermediate outputs

The community participation programme has the following intended intermediate outputs:

- Increased knowledge among community members of danger signs during pregnancy and delivery, disadvantages of early pregnancy, benefits of child spacing, ANC, assisted delivery and PNC
- Increased discussion about health beliefs, decision-making, gender roles, norms and values, leading to:
 - Increased acceptance of benefits of child spacing, ANC, assisted delivery and PNC
 - Awareness of how social and gender relationships can hinder decision-making about utilization of services
 - Community action to address some of the barriers to access to SRH services
- Increased communication and reflection between generations and sexes, leading to agreements about desired changes related to SRHR beliefs, practices, gender roles, sexuality and norms and values
- Community action plans to support birth preparedness, prevent early pregnancy, encourage the use of ANC and PNC services and child spacing, leading to:
 - Intention to utilize ANC, delivery and PNC services
 - Increased number of families/couples with a plan for transport and costs in case of complications during delivery
 - Increased demand for responsive services by VHCs and community leaders
- Better understanding and willingness to listen to community members from other generations
- Knowledge of rights to health among community groups and obligations of duty bearers and health providers

Chapter 4. Training overview

Learning outcomes

This training aims to enable participants to:

- Stimulate dialogue and mutual respect between generations and sexes
- Stimulate critical reflection on social and gender norms related to SRHR issues
- Facilitate critical reflection on norms, values, beliefs and practices that hinder maternal health
- Communicate with stakeholders at various levels
- Educate communities on their rights to quality maternal health services — in particular, family planning, ANC, delivery care and PNC; and educate communities on identifying dangers to a healthy pregnancy, delivery and recovery after delivery, the risks of early pregnancy and lack of birth spacing
- Discuss the role of families and the community in helping pregnant women prepare for birth
- Generate and support action for change
- Identify and document significant changes, reasons for these changes and lessons learned

Methods

During the dialogue sessions, the following methods are used:

- Brainstorming
- Participatory rural appraisal methods such as matrixes, social mapping, drawings, role plays
- Reflection exercises
- Group work
- Presentations and plenary discussion
- Evaluation of training

Requirements for the training

Projector, computer, printer, pens, flipchart/butcher paper, marker pens (six colours), scissors, stapler, marker pens, A4 and A5 paper, sticky tape, pins, record sheets, visual education flipcharts, PowerPoint presentations, **Manual for Community Facilitators**, room with table and chairs that can be moved, space for 32 people and for working in groups of eight.

Chapter 5. Agenda for training of community facilitators

| Day 1 | |
|---------------|---|
| Time | Activity |
| 08.30 – 08.50 | 1. Welcome |
| 08.50 – 09.20 | 2. Rules of the meeting |
| 09.20 – 09.40 | 3. Participants' introductions |
| 09.40 – 10.00 | 4. Culture, norms and practices related to generations and men and women |
| 10.00 – 10.30 | 5. Objectives of the programme, the training, training schedule and objectives of the day |
| 10.30 – 11.00 | Break |
| 11.00 – 11.30 | 6. Generational listening exercise |
| 11.30 – 13.00 | 7. Practising dialogue skills exercise |
| 13.00 – 14.00 | Lunch |
| 14.00 – 15.00 | 8. Steps in the community participation programme and community facilitators' role |
| 15.00 – 15.30 | 9. End-of-day exercise |
| 15.30 – 16.00 | Tea |
| 16.00 – 16.30 | Closure, any outstanding issues |

| Day 2 | |
|---------------|--|
| Time | Activity |
| 08.30 – 09.00 | 1. Opening |
| 09.00 – 09.20 | 2. Principles of dialogue sessions |
| 09.20 – 09.50 | 3. How to give feedback, and rules for role plays |
| 09.50 – 10.00 | 4. How to do role plays |
| 10.00 – 10.30 | Break |
| 10.30 – 11.00 | 5. Dialogue skills between generations |
| 11.00 – 11.15 | 6. Reflection on facilitating the exercises |
| 11.15 – 11.30 | 7.1 How the community baseline is conducted |
| 11.30 – 12.00 | 7.2 How to facilitate community consultations |
| 12.00 – 13.00 | 7.3 Questions for the community consultations |
| 13.00 – 14.00 | Lunch |
| 14.00 – 14.30 | 7.3 Questions for the community consultations — finalization |
| 14.30 – 15.30 | 7.4 Role play: practising community consultations |
| 15.30 – 16.00 | Tea |
| 16.00 – 16.30 | 8. End-of-day exercise |

Day 3

| Time | Activity |
|---------------|---|
| 08.30 – 09.00 | 1. Opening |
| 09.00 – 09.45 | 2. Gender and sex |
| 09.45 – 10.05 | 3.1 Practising the facilitation of dialogue session 1 – objectives and methods of the programme |
| 10.05 – 10.15 | 3.2 Feedback rules |
| 10.15 – 10.45 | Break |
| 10.45 – 11.15 | 3.3 Role-play presentation 1 by two participants |
| 11.15 – 11.45 | 3.4 Role-play presentation 2 by participants, facilitated by practising community facilitators |
| 11.45 – 12.15 | 3.5 Role-play presentation 3 by participants, facilitated by practising community facilitators |
| 12.15 – 13.00 | 3.6 Discussion on the role of community facilitators |
| 13.00 – 14.00 | Lunch |
| 14.00 – 15.00 | 4.1 Setting up the life paths in the past and today |
| 15.00 – 15.30 | 4.2 Identify challenges and issues related to SRHR |
| 15.30 – 16.00 | Tea |
| 16.00 – 16.30 | 4.2 Identify challenges and issues related to SRHR (continued) |
| 16.30 – 17.00 | 5. End-of-day exercise |

Day 4

| Time | Activity |
|---------------|---|
| 08.30 – 09.00 | 1. Opening |
| 09.00 – 10.00 | 2. Practising the life cycle exercise |
| 10.00 – 10.15 | 3.1 What is maternal health? |
| 10.15 – 10.45 | Break |
| 10.45 – 11.45 | 3.2 What problems can women face? |
| 11.45 – 12.15 | 3.3 What traditional practices and gender norms hinder the health of the mother, the baby and the family/community? |
| 12.15 – 13.00 | 4. Group work: discussion in pairs |
| 13.00 – 14.00 | Lunch |
| 14.00 – 15.30 | 5. Group work: reflecting on the presentation |
| 15.30 – 16.00 | Tea |
| 16.00 – 16.30 | 6. Plenary discussion |
| 16.30 – 17.00 | 7. End-of-day exercise |

Day 5

| Time | Activity |
|---------------|--|
| 08.30 – 09.00 | 1. Opening |
| 09.00 – 09.30 | 2. Facilitating the exercises on the need to improve maternal health |
| 09.30 – 09.40 | 3. What are the services we have a right to use? |
| 09.40 – 10.30 | 4. How are different groups affected by SRH problems? |
| 10.30 – 11.00 | Break |
| 11.00 – 11.50 | 4. How are different groups affected by SRH problems? (continued) |
| 11.50 – 12.50 | 5. What have we learned from the sessions? |
| 12.50 – 13.50 | Lunch |
| 13.50 – 14.20 | 6. Identifying people who can help change in the community |
| 14.20 – 14.50 | 7. Facilitating the social map and discussion of barriers |
| 14.50 – 15.30 | 8. What have women and men learned from the sessions? What do they appreciate about the other? |
| 15.30 – 16.30 | Tea |
| 16.30 – 17.20 | 8. What have women and men learned from the sessions? What do they appreciate about the other? (continued) |
| 17.20 – 17.30 | 9. End-of-day exercise |

Day 6

| Time | Activity |
|---------------|--|
| 08.30 – 09.00 | 1. Opening |
| 09.00 – 10.00 | 2. Commitments and requests for change |
| 10.00 – 10.30 | 3. Identifying what they appreciate about other groups |
| 10.30 – 11.00 | Break |
| 11.00 – 11.20 | 4. Preparing statements |
| 11.20 – 12.20 | 5. Presentation of the proposed changes |
| 12.20 – 12.50 | 6. Presentation of what participants appreciate about the other sex |
| 12.50 – 13.00 | 7. What to present about what they learned and appreciate about the others |
| 13.00 – 14.00 | Lunch |
| 14.00 – 15.30 | 8. Preparing the public meeting |
| 15.30 – 16.00 | Tea |
| 16.00 – 16.30 | 9. End-of-day exercise |

| Day 7 | |
|---------------|--|
| Time | Activity |
| 08.30 – 09.00 | 1. Opening |
| 09.00 – 09.45 | 2. How to conduct dialogue sessions |
| 09.45 – 10.30 | 3. Community consultation meeting and selection of participants |
| 10.30 – 11.00 | Break |
| 11.00 – 12.00 | 4. Steps in facilitation and preparation for the public meetings |
| 12.00 – 12.30 | 5. Monitoring and reporting |
| 12.30 – 13.00 | 6. Practising exercise |
| 13.00 – 14.00 | Lunch |
| 14.00 – 14.30 | 6. Practising exercise (continued) |
| 14.30 – 15.30 | 7. Any other issues emerging |
| 15.30 – 16.00 | Tea |
| 16.00 – 16.30 | 8. Evaluation of the training |
| 16.30 – 17.00 | 9. Handing out certificates and closure |

Chapter 6. Overview and session notes

Group configuration for the activities



OLDER FEMALE



OLDER MALE



YOUNGER FEMALE



YOUNGER MALE

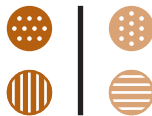
Plenary:

CPOs and 16 community facilitators together



Generational groups:

Older and younger community facilitators in separate groups



4 groups:

Groups of same generation and sex



Male/female groups:

Male and female community facilitators in separate groups



Important:

This training aims to build the capacities of community facilitators to facilitate community dialogue sessions (together with the CPOs). Therefore, during this training, participants will undergo most of the exercises that are part of the community dialogue sessions, and discuss how to facilitate these sessions in the community.

In this manual the exercises that are part of the community dialogue session will be framed in a light orange rectangle, and there will be a reference to the session (S) and exercise (E) where the corresponding exercise is found in the **Manual for Community Facilitators** on the right-hand side of the box.

Remember that questions to be asked to the participants are marked with this symbol: ❖

Day 1: Introduction to community dialogue and action learning approaches

Objectives

At the end of the session participants:

- Will have learned something about other participants
- Understand the objectives of the training of community facilitators
- Are able to tell others what they will be doing in the coming months
- Can describe the role that the CPOs and community facilitators are expected to play in this project
- Can explain the reasons for working with different generational groups
- Show active listening and dialogue skills

Preparations

- Flipcharts, large and small post-its, marker pens
- Session notes for trainers/CPOs
- Objectives for the training on a flipchart
- Roles of the CPOs and facilitators on a flipchart
- Principles of generational dialogue and participatory rural appraisal on a flipchart
- Steps in community participation on a flipchart
- Agenda for all
- Copies of the Manual for Community Facilitators
- Prepare two participants for a role play and two to facilitate exercises, backed up by trainers

Activities and session notes

1. Welcome (Plenary — 20 min)



- Prayer
- Introductions by CHD, IMC/HealthNet TPO, KIT
- Participants' and trainers' introductions
- Explain that each day two participants will present a brief summary of the learning of the day before to the group. Identify two participants to prepare the recap for the next day.



2. Rules of the meeting (Generational groups — 30 min)

- Invite the participants to form generational groups and sit in two circles with flipchart paper and markers in their middle. Ask them to agree on the rules that should be obeyed by all to ensure a good working atmosphere during this training.
- Ask the participants to draw a symbol for each ground rule they come up with (e.g. a clock for punctuality, an ear for good listening).⁸
- After 10 minutes, ask each group to appoint one person to present the ground rules in plenary. Put the drawings of symbols up on the wall and use them to remind participants of the ground rules when necessary throughout the training.
- Add any ground rules which you think are missing (e.g. silent phones, respecting each other, giving each participant the chance to speak their mind, all participants actively participating), and make sure the participants agree to them.

⁸ If all participants are illiterate, facilitators can do the drawing and writing on their behalf.

3. Participants' introductions (Plenary — 20 min)



Purpose of the exercise: Getting to know each other; each participant to speak in front of the group

- Ask each of the four generational groups to count from 1 to 10, so that each participant has a number. Two participants with the same number form a pair (one young and one older participant). Combine men with boys and women with girls.
- Each pair sits down together, and every participant tells their partner:
 - his/her name and what he/she wants to be called;
 - associations or groups he/she knows, which ones he/she is a member of; and
 - why he/she is at this training.
- The pairs will complete this task in 5 minutes, after which they present each other in the plenary (15 minutes).

S1-E2

4. Culture, norms and practices related to generations and men and women (Plenary — 20 min)



Purpose of the exercise: To learn from the present and the past about the communication between men and women and young and old

- The first joint task of participants is to think about local statements/sayings related to culture, norms and practices regarding relationships between the generations and men and women.
- Divide the participants randomly into 2 groups and ask for local statements/sayings related to:
 - Young and old people
 - Male and female
- Ask the groups to discuss these local statements or sayings. What do they mean? Why?
- In each group, create a drawing/symbol with one local statement/saying.
- Feed back in plenary and discuss the meaning of the statements/sayings and drawings.
- Questions to ask are: What is the meaning of the statement/saying? Does it show respect for each generation and for men and women? Does it accurately reflect what is happening? What has changed in the relationships between generations and between men and women?

Examples for young and old:

- The old eyes see far.
- The young who do not listen at the end break a leg.
- What an elder sees when seated a young person cannot see even when she/he climbs the highest tree.
- A single blade of grass when lit sets the whole forest ablaze.
- Old people live to work, and young people work to live.

Examples for men and women:

- The man is the head of the house and should always be obeyed.
- The man is his stomach.
- Women are gold.
- Girls are birds.

5. Objectives of the programme, the training, training schedule and objectives of the day (Plenary — 30 min)



Introduce the **objectives of the programme** from the flipchart:

Why are we implementing this programme?

- The number of women dying in childbirth is very high in South Sudan.
- For example, in South Sudan 2,054 die out of every 100,000 women giving birth.
- In Malawi, it is 475 out of every 100,000 women giving birth.
- In the Netherlands, it is 5 out of every 100,000 women giving birth.
- Communities complain that young people do not listen to the elders anymore.
- Young people marry earlier.

This programme was developed to address these issues. The objectives of the programme are to:

- communicate between generations and between men and women about maternal health;
- discuss beliefs, practices, norms and values that influence maternal health; and
- have healthy babies and mothers in the community.

The approach of the community participation programme is not about telling you what to do but:

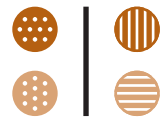
- to learn from the local culture;
- to improve the communication between the elders and the young;
- to identify beliefs, practices, norms and other barriers that affect maternal health and cause people to delay seeking health services;
- to make change happen; and
- to develop a community action plan that will improve maternal health.

- Explain that the objective of this training is to build the capacities of community facilitators to facilitate community dialogue sessions (together with the CPOs); therefore, in this training, participants will undergo most of the exercises that are part of the community dialogue sessions, and discuss how to facilitate these sessions in the community.
- For example, the participants will introduce the programme (which has just been introduced) in the first dialogue session, exercise 4.
- Take participants through the workshop schedule (on flipchart).
- Introduce the objectives of the day and discuss the schedule for the day.

Objectives of the day:

- To introduce themselves to their peers and trainers
- To understand the objective of the training of community facilitators
- To understand the steps in the implementation of the community participation programme
- To understand the role that the CPOs and community facilitators are expected to play in this programme
- To be able to explain the reasons for working with different generational groups
- To be able to practise and explain active listening and dialogue skills

6. Generational listening exercise (Male/female groups — 45 min)



Purpose of the exercise: To learn how to better listen to each other

- Ask the participants to form pairs, always with one young and one older person. The pairs should not be the same as in the first exercise. Ask them to sit facing each other.
- One of them should tell the other something that made him/her happy.
- The other should listen carefully and intently.
- After two minutes, clap your hands. Now they should stop listening completely, while the person continues to tell his/her story.
- Again, after two minutes, clap your hands to stop the conversation, and the pairs should change roles: the listener should now tell his/her own happy experience, with the other one listening for two minutes and then not listening for the following two minutes.
- After this, all participants go back to their places in the big circle. Discuss:
 - ❖ What did it feel like to be listened to carefully?
 - ❖ What did it feel like not to be listened to?
 - ❖ What are the signs of good listening?

- Pay attention to verbal and non-verbal behaviour.
- Then, let all participants take a listening posture. Walk around and have a good look at them, commenting on all the typical features of their posture. Next, ask them to take a posture that conveys that they are not listening. Again, walk around and comment on all the typical features of NOT listening.
- Summarize that listening to each other is crucial for the approach. All participants should aim to practise being good listeners throughout the workshop.

7. Practising dialogue skills exercise (60 min)

Purpose of the exercise: To understand dialogue skills and learn how to use them

Part 7.1 Role-play presentation by two trainers to show dialogue skills (30 min)



- Ask all participants to carefully watch the two role plays that will now be presented by the trainers.
- They should note the differences in the behaviours shown in the two role plays.
- You should not explain what you are doing or which of the two dialogues is better. Let the participants decide for themselves as they watch.
- Inform participants that they will be asked to provide feedback.

Introduce the participants to the feedback rules:

- Start and end with positive feedback.
- Feedback focuses on what a person did. Give examples.
- Be honest and critical but focus on what can be improved.
- Help the other person make small improvements.
- Praise a person for making an improvement.

The role plays:

One trainer plays the younger, and another the older, person in a typical household. The conversation is about the number of children they want. In the first role play, the young person does not show any dialogue skills.

The younger person:

- Approaches the older person at a bad moment (e.g. the old person is busy or almost asleep) without asking whether it is a good time to talk
- Starts the dialogue standing, instead of making sure that they can sit down together in a quiet place where both are comfortable
- Does not explain what he/she wants to talk about and why (brought in many issues, problem in the home, husband wanting her to have eight children, not allowing her to visit the health centre, how tired she is staying in this relationship etc.)
- Rushes through several questions and does not listen to what the older person has to say
- Suddenly ends the dialogue without thanking the older person for sharing his/her views with him/her

The older person:

- Cuts him/her off, dismisses the younger person and blames him/her for any problems
- Turns away, showing no interest
- Say that it is up to him/her and that it is now his/her problem

In the second role play, the young woman/man makes more of an effort and shows the essential dialogue skills:

The younger person:

- Starts by asking if it is a good time to talk and finds a comfortable place
- Shows the gestures that are customary for approaching older people in a respectful manner
- Thanks the older person for sharing his/her views and stories with him/her

The older person:

- Welcomes him/her and lovingly asks what is bothering the younger person
- Says that they can talk in confidence and that he/she won't be judged
- Both people listen attentively without interruptions
- Asks him/her questions for clarification, offers suggestions and asks how the younger person feels about them. The older person shares his/her experiences and related troubles when he/she was young

The conversation does not solve the problem but is a start to a mutually respectful relationship.

- After these two role plays, ask the participants to point out all the differences between them. Which was the better dialogue, and why?
- At the end of this exercise, point out all the dialogue skills that these role plays were about:
 - Finding a good time and a good place to talk
 - Explaining what one wants to talk about and why
 - Both parties listening respectfully and attentively
 - Thanking the dialogue partner for sharing his/her experiences and views



- Now ask two participants to perform a role play, trying to show all the dialogue skills that they just identified.

Role play 1

They should role-play a young person asking an older person in the household about how young people were taught about marriage and parenthood in the past. All the other participants watch the dialogue.

Role play 2

Ask another two participants to come forward to do another role play. This time, an older participant should interview a younger participant about his/her worries about growing up, getting married and becoming a parent. What worries him/her most? With whom can he/she talk about these concerns?

- Afterwards ask for feedback:
 - ❖ What went well, and what did not go well?
 - ❖ Did they show respect and active listening skills?
 - ❖ Ask what has changed, and establish that some aspects of the culture have changed.
- Then ask the group to come together as one group and discuss:
 - ❖ How did it go?
 - ❖ What was easy?
 - ❖ What was difficult?

8. Steps in the community participation programme and community facilitators' role (Plenary – 60 min)

Purpose: To make sure that all participants understand what is expected from them (as community facilitators) after the training



- Discuss the steps in the community participation programme (see flipchart):
 - Training of community facilitators
 - Talks with community leaders
 - Selection of participants
 - Baseline community consultations
 - Dialogue sessions (five weeks)
 - First public meeting
 - Follow-up period: mini-dialogues
 - End-line community consultations
- Explain the successive steps to the participants and invite them to ask questions. Answer them as well as you can, yet also explain that they should not expect to understand the whole process on the first day: you will look at the different steps in more detail in the course of this training. Ensure participants are willing and able to take on the activities expected of them.
- Explain again that during this training, participants will be taken through how to facilitate a dialogue and how to discuss maternal health with their peers and leaders in the community.

Concentrate on the double perspective of this training: they are participants, going through the exercises, as their community members will do in the dialogues sessions. As community facilitators, they are not going to teach the community but will ask questions and facilitate discussion. The CPOs will support the community facilitators in facilitating the community dialogue session. Explain that they will learn by doing and that regular observations will be made and feedback given so that they can improve their skills. Soon after the training they will start the process.

- Check that all community facilitators know what they are expected to do (put on flipchart):
 - Conduct a baseline consultation together with the CPOs
 - Facilitate five dialogue sessions
 - Prepare two public meetings
 - Discuss with their peers issues related to maternal health and progress made
 - Meet monthly with the CPOs after the public meeting
 - Contribute to the end-line consultations and evaluations
- Invite the participants to role-play about their role and the steps. Divide them into groups of no more than three participants, with trainers or translators. Ask each of them to explain their role and the steps in the programme.

9. End-of-day exercise: learning points, improvements needed, prayer



(Plenary — 30 min)

Day 2: Facilitating action learning and dialogue sessions

Objectives

At the end of the sessions participants will be able to:

- Give feedback constructively
- Prepare and conduct community baseline consultations
- Show active listening skills
- Reflect on facilitating dialogue session 1

Preparations

- Objectives of the day on a flipchart
- Flipchart with feedback rules
- Flipchart with recommendations on how to conduct the community baseline consultations
- Copies of the **Manual for Community Facilitators**, focusing on community baseline consultation and dialogue sessions 1 and 2
- Questions from the community baseline consultation in local language
- Ask participants to prepare for facilitating dialogue session 1 on day 3 of the training

Activities and session notes

1. Opening: prayer and recap of the day before, feedback on recap, appointment of the rapporteur for the day, objectives of the day (Plenary — 30 min)



2. Principles of dialogue sessions (Plenary — 20 min)



- One trainer explains the principles of the method that will be applied in all the sessions.

- The purpose is to make all participants feel comfortable and to make sure that they do not feel that others want them to change their culture.
- Emphasize that the programme would like that:
 - All participants and facilitators respect the local culture
 - The sessions will be held in the local language
 - Local traditions and wisdom will be shared by using songs, dances, symbols etc.
 - The methods are flexible and practical
 - Mutual RESPECT is shown. All participants are asked to show appreciation and respect for each other's points of view, regardless of whether they share them or not
 - Both the elders and the young will get the chance to make their voices heard
- Facilitate a short discussion about the principles.
- Ask how young people, including unmarried girls, can respectfully put ideas forward that are different from those of the older men.

3. How to give feedback (Plenary — 30 min)



- Brainstorm on how to give feedback in a respectful and constructive way; and finalize the feedback rules with a song. This song can be used during the rest of this training and during conducting the community dialogue sessions.

Feedback rules:

- Start and end with positive feedback.
- Feedback focuses on what a person did. Give examples.
- Be honest and critical but focus on what can be improved.
- Help the other person make small improvements.
- Praise a person for making an improvement.

4. How to do role plays (Plenary — 10 min)



- State that role plays will be used often and present the rules for conducting a role play:
 - Never tease a person about a role they played.
 - The role play is for learning and not for commenting on the way the role was played. For example, it is not about the drunkard not being played well but about the respect shown to the other person.
 - Ask the role-players to give feedback about how it went first.
 - Ask the role-players to step out of their role.

5. Dialogue skills between generations (Male/female groups — 30 min)

Purpose of the exercise: To continue to learn from feedback, show respect and allow the young men and women to provide critical feedback in a respectful way to older men and women

- Divide the participants into groups of three, mixing the two generational groups in these threesomes.
- The threesomes move their chairs so that they form a triangle, with two participants facing one another, and the third one watching them from the side.
- Ask the threesomes to role-play dialogues.
- They should try to show all the dialogue skills they have just learned about.

Role play 1 Instruct them to role-play a young person who asks an older person in the household about the way they were prepared for having a baby and what to do during delivery in the past.

At the end of the role play, the observers give their feedback to the two role-players:

- What did they do well?
- What could they have done better?

Role play 2 Ask them to change roles. This time, an older participant should interview a younger participant about his/her worries about growing up, getting married and becoming pregnant. What worries him/her most? To whom can he/she go to talk about these concerns?

As in the first role play, one participant of the threesome observes and then gives feedback:

- What did they do well?
- What could they have done better?

- Then ask the group to come together as one group and discuss:
 - ❖ How did it go?
 - ❖ What was easy?
 - ❖ What was difficult?
- Discuss what was different compared with yesterday.

6. Reflection on facilitating the exercises (Plenary — 15 min)



Remind the participants that this training is about going through exercises as if they are participants (in the community), but at the same time also looking at what it means to be a facilitator of the sessions.

- The questions that the participants should ask themselves all the time are:
 - Can you imagine yourself facilitating this session?
 - What will be the difficulties?
 - How can I manage these difficulties?
 - Who can I ask for help to overcome these difficulties?

7. Community baseline consultation (195 min)

Purposes of the exercise:

- To introduce participants to conducting the community baseline consultation
- To find out about the relationships between young and old people, traditional beliefs and practices, norms and values related to maternal and neonatal health of the communities they come from

Part 7.1 How the community baseline is conducted (Plenary — 15 min)



Introduce the community baseline consultation:

- Community consultations are open discussions that facilitators hold separately with young women, older women, young men and older men.
- Each of the four groups (older women, older men, younger women, and younger men) meets separately, so that no one feels embarrassed to speak their mind.
- Two facilitators meet with approximately 10 community members of the same age and the same sex.
- They ask them a series of open questions about the relationship between the younger and the older generations in their community, and about their views on maternal health.
- Ask the group why they think that community consultations are held at the start of the community dialogue process. Listen to every point the participants raise, and make sure that the following three reasons are mentioned:
 - Involving the whole community: The community consultations are a way of showing that the CPOs and community facilitators have not come to preach or teach, but to listen and learn what men and women, young and old, think about the issues that the community dialogues will address. It is important that everyone who has something to say on the matter feels that you are interested in their views and that you take them seriously.
 - Learning about prominent opinions and concerns before you start the community dialogue sessions: In the community consultations with these four groups, you will learn a lot about their particular convictions, hopes and concerns and about current conflicts and tensions between these groups. This is valuable background information and will help you to be prepared for issues that are likely to come up in the community dialogue sessions.
 - Monitoring the changes that the dialogue process brings about: The community consultations are conducted at the beginning and at the end of the generational dialogue process. Comparing the views the groups express at these two points in time will show you how the community dialogue sessions have influenced intergenerational relationships and communication, as well as attitudes and practices in the community.

Part 7.2 How to facilitate community consultations (Plenary — 30 min)



- Discuss the following questions with the participants: When you facilitate a community consultation meeting...
 - What can you do to make community participants feel comfortable and share their views?
 - How can you make sure that all the questions are asked without reading them from the list?
 - How can you deal with a person who is always talking and not giving others the chance to say what they think?
 - How can you end a community consultation meeting in a kind and respectful manner?

- For every question, let the participants come up with their own ideas first. Praise them for every good idea and then help them think about important points that they have not come up with.
- When you have gone through all the questions, refer to your flipchart with the following recommendations for facilitating community baseline consultations:
 - Welcome the community members warmly.
 - Explain why you have invited them and how you will use what you will learn from them.
 - Ask open questions without reading them from the guide.
 - Appreciate each point of view.
 - Do not judge or interrupt; show respect.
 - Explore different views. (When one person has given his/her view, say: “This is one important perspective; thank you for sharing it. Sometimes some people in the community see this differently. Would somebody like to express a different point of view?”)
 - Encourage shy and quiet participants to also give their views.
 - At the end, thank all community members and tell them that you have learned a lot from them.

Part 7.3 Questions for the community consultations (male/female groups – 90 min)



- Divide the participants into male and female groups. Each trainer sits with one group. One participant reads out the (prepared) questions in the local language. Check whether the question has been understood.
 - Ask for a back translation into English.
 - Ask if the participants think it is appropriate to ask the question in this way in their communities. If not, ask for suggestions for how it should be changed.
 - Finalize a written list of questions in the local language and English.
 - Ensure that one trainer is writing down possible answers to the questions.

Part 7.4 Role play: practising community consultations (male/female groups – 60 min)



- Ask two older participants to role-play part of the community consultation, and two younger participants to be observers.
- Explain to the two observers that they should monitor closely whether the two facilitators are following the guidelines for community consultation meetings (point them to the flipchart prepared for this exercise on which these are written down).
- Explain to the two participants that their role play should be in the local language and that they should use the questions that they developed in the previous exercise.
- Finally, explain that you will at some point interrupt the role play by clapping your hands.
- After 5–7 minutes, clap your hands to stop the role play. At first, ask the facilitators how it went so far. Then ask the observers to give feedback (remind them of the feedback rules!).
- Now repeat the process with other facilitators, playing a consultation with young people. Repeat the process as above, interrupting after 5–10 minutes to get feedback.

8. End-of-day exercise: learning points, improvements needed, prayer



(Plenary — 30 min)

Day 3: Facilitating dialogue session 1 and understanding SRH

Objectives

At the end of the sessions participants will:

- Be able to facilitate the first dialogue session (listening and dialogue skills)
- Have experienced the second dialogue session (life-cycle exercise)
- Be able to facilitate and support the identification of SRH transition issues and challenges in each phase
- Be able to describe the difference between gender and sex

Preparations

- A trainer prepares the participants for the role play
- Objectives of the day on a flipchart
- Participants have instructions for dialogue sessions 1 and 2 in full (from the **Manual for Community Facilitators**)
- Flipchart on gender and sex
- Three flipcharts glued together along the length of the paper for the life cycle

Activities and session notes

1. **Opening: prayer and recap of the day before, feedback on recap, appointment of the rapporteur for the day, objectives of the day**
(Plenary — 30 min)



2. **Gender and sex** (Plenary — 20 min)



Purpose: To understand the difference between gender and sex

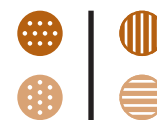
- Ask for the difference between gender and sex:
 - Sex is biological/nature; how you are born. It is difficult to change.
 - Gender is what the society or community teaches you; it is learned. It is cultural and can change.
- Ask the participants:
 - ❖ Women give birth, and men cannot. Is this gender or sex?
 - ❖ Men make decisions, and women do not. Is this gender or sex?
 - ❖ Women cook, and men do not. Is this gender or sex?
 - ❖ Men sit around and play games, while women work around the house. Is this gender or sex?
- Discuss these issues and correct misconceptions.
- Give examples of other countries in Africa and Asia. Refer to daughters being treated as property and a business investment in the UK up to the beginning of the last century. The UK influenced Africa during the colonial period to do the same with the treatment of daughters.

3. **Practising the facilitation of dialogue session 1** (165 min)

Purpose: To practise the facilitating part of dialogue session 1

In this session the exercises from day 1 are repeated, but now they are facilitated by the participants (the community facilitators). All participants will practise the session, with a trainer in each group.

Part 7.1 How the community baseline is conducted (Plenary — 15 min)



- Ask all participants to practise explaining the objectives and methods of the community participation programme.

Why are we implementing this programme?

- The number of women dying in childbirth is very high in South Sudan.
- For example, in South Sudan 2,054 die out of every 100,000 women giving birth.
- In Malawi, it is 475 out of every 100,000 women giving birth.
- In the Netherlands, it is 5 out of every 100,000 women giving birth.
- Communities complain that young people do not listen to the elders anymore.
- Young people marry earlier.

This programme was developed to address these issues. Services alone are not enough. This community participation programme is not about telling you what to do, but:

- to learn from the local culture;
- to improve the communication between the elders and the young;
- to identify beliefs, practices, norms and other barriers that affect maternal health and cause people to delay seeking health services;
- to make change happen; and
- to develop a community action plan that will improve maternal health

The principles of the session's method that will be applied in all the sessions:

- In the sessions we will appreciate local culture, and the sessions will be held in the local language.
- We will be very happy if you can share songs, dances and stories that represent the local tradition and wisdom.
- Another essential element of the method is mutual RESPECT. All participants are asked to show appreciation and respect for each other's points of view, regardless of whether they share them or not.
- Both the old and the young will get the chance to make their voices heard. Discuss how unmarried girls can respectfully give feedback to older women and men.

Part 3.2 Feedback rules (Plenary — 10 min)

- Inform participants that they will be asked to provide feedback, and ask what good feedback is. Remind the participants about the feedback rules:
 - Start with a positive comment.
 - Feedback focuses on what a person did. Give examples.
 - Be honest and critical but focus on what can be improved.
 - Help the other person make small improvements.
 - Praise a person for making an improvement.
- Sing the feedback song.

Part 3.3 Role-play presentation 1 by two participants (Plenary — 30 min)

The trainers need to brief the selected participants about the role play before the session.

Purpose of exercises 3.3–3.5: To understand dialogue skills and learn how to use them

- Ask all participants to carefully watch the two role plays that will now be presented by the selected participants.
- They should observe carefully and note the differences in the behaviours shown in the two role plays.

One participant plays the younger, and another the older, person in a typical household. The conversation is about the number of children they want. In the first role play, the young person does not show any dialogue skills.

The younger person:

- Approaches the older person at a bad time (e.g. the old person is busy or almost asleep) without asking whether it is a good moment to talk
- Starts the dialogue standing, instead of making sure that they can sit down together in a quiet place where both are comfortable
- Does not explain what he/she wants to talk about and why (brought in many issues, problem in the home, husband wanting her to have eight children, not allowing her to visit the health centre, how tired she is staying in this relationship etc.)
- Rushes through several questions and does not listen to what the older person has to say
- Suddenly ends the dialogue without thanking the older person for sharing his/her views with him/her

The older person:

- Cuts him/her off, dismisses the younger person and blames him/her for any problems
- Turns away, showing no interest
- Say that it is up to him/her and that it is now his/her problem

In the second role play, the young woman/man makes more of an effort and shows the essential dialogue skills:

The younger person:

- Starts by asking if it is a good time to talk and finds a comfortable place
- Shows the gestures that are customary for approaching older people in a respectful manner
- Thanks the older woman/man for sharing his/her views and stories with him/her

The older person:

- Welcomes him/her and lovingly asks what is bothering the younger person
- Says that they can talk in confidence and that he/she won't be judged
- Both people listen attentively without interruptions
- Asks him/her questions for clarification, offers suggestions and asks how the younger person feels about them. The older person shares his/her experiences and related troubles when he/she was young

The conversation does not solve the problem but is a start to a mutually respectful relationship.

- After these two role plays, the participants are asked to point out all the differences between them. Which was the better dialogue, and why?
- At the end of this exercise, point out all the dialogue skills that these role plays were about:
 - Finding a good time and a good place to talk
 - Explaining what one wants to talk about and why
 - Both parties listening respectfully and attentively
 - Thanking the dialogue partner for sharing his/her experiences and views

Part 3.4 Role-play presentation 2 by participants, facilitated by practising community facilitators
(Plenary – 30 min)



Two community facilitators practise how to facilitate a session in which community members will be asked to perform a role play.

- Two practising community facilitators ask other participants to play another role. Participants role-play a good generational dialogue in which they show all the dialogue skills that they identified.

Role play 1.

They should role-play a young person asking an older person in the household about how young people were taught about marriage and parenthood in the past. All the other participants watch the dialogue.

Role play 2.

Ask another two participants to come forward to do another role play. This time, an older participant should interview a younger participant about his/her worries about growing up, getting married and becoming a parent. What worries him/her most? With whom can he/she talk about these concerns?

- Afterwards, the two practising community facilitators ask participants for feedback:
 - What went well, and what did not go well?
 - Did they show respect and active listening skills?
 - Ask what has changed, and establish that some aspects of the culture have changed.

- Ask the group to discuss:
 - ❖ How did the facilitation go?
 - ❖ What was easy?
 - ❖ What was difficult?

Part 3.5 Role-play presentation 3 by participants facilitated by practising community facilitators
(male/female groups – 30 min)



Trainers brief two participants in advance to become the facilitators for the next role play.

The practising community facilitators ask the participants to:

- Divide themselves into groups of three, mixing the two generational groups in these threesomes.
- The threesomes move their chairs so that they form a triangle, with two participants facing one another, and the third one watching them from the side.
- Ask the threesomes to role-play dialogues.
- They should try to show all the dialogue skills they have just learned about.

Role play 1. Instruct participants to role-play a young person who asks an older person in the household about the way they were prepared for having a baby and what to do during delivery in the past.

At the end of the role play, the observers give their feedback to the two role-players:

- What did they do well?
- What could they have done better?

Role play 2. Ask participants to change roles. This time, an older participant should interview a younger participant about his/her worries about growing up, getting married and becoming pregnant. What worries him/her most? To whom can he/she go to talk about these concerns?

As in the first role play, one participant of the threesome observes and then gives feedback:

- What did they do well?
- What could they have done better?

The practising community facilitators ask the group to come together as one group and discuss:

- ❖ How did it go?
- ❖ What was easy?
- ❖ What was difficult?

Part 3.6 Discussion on the role of community facilitators (Plenary – 45 min)



- Explain to the participants what is expected from them as facilitators during the dialogue session:
 - Help to facilitate the generational groups
 - Prepare for the sessions
 - Hold discussions with community members between sessions
 - Report back
- Ask participants to discuss with their neighbour:
 - ❖ What would you need to do in the group of men and women? List on paper or sing the list.
 - ❖ What would you find difficult to do?
 - ❖ What is easier?
- Discuss how to overcome difficulties.

4. Understanding SRHR: identifying SRH issues in the life cycle (120 min)

Introduce the purpose of the exercises:

- To increase understanding of the life stages and transitions linked to maternal health in women's and men's lives in the past and today
- To allow both generations to feel that their specific life experiences are respected and appreciated
- To identify SRH-related challenges at each phase of the life cycle and enable reflection on SRH services available during the life cycle

Part 4.1 Setting up the life paths in the past and today (4 groups — 60 min)



This exercise is about women's and men's life path — growing from birth to old age — and looking at big changes in each phase. The purpose is to share how it was in the past and how it is now, and to find out what the worries of young and older people are about what is happening now.

Each group has to create life paths for the past and for today. The trainers ask what the issues and challenges are and write them down on sticky cards. Each group then presents their life paths in mixed groups of men and women.

- Each group identifies the life phases/transitions of males/females, draws a life circle indicating the phases and gives them a name. Ask for local names for each life phase/transition.
- Include the phases of:
 - Being a child (childbirth)
 - Becoming a man or a woman
 - Marriage
 - Becoming a mother/father
 - Going from adulthood to old age
- Discuss what marks the transition for each life phase.
- Ask what issues and challenges mark each life phase.
- Come together in groups of women and groups of men and discuss the differences between the past (the time of their grandmothers) and today:
 - What changes are good? Discuss and write on a flipchart.
 - What valuable things got lost? Discuss and write on a flipchart.
 - What are the issues marking each phase, and what can be done to address them?
 - Discuss how to present the changes between the past and the present to the group of women and men (use role play, songs, stories).

Part 4.2 Identify challenges and issues related to SRHR (Plenary — 60 min)



- Present the life cycles and changes between past and present in plenary. Trainers use the matrix to identify SRH issues and challenges for each phase of the life cycle, using the matrix below on a flipchart.
- Link the issues and challenges to services available for communities and what communities can do, and identify the gaps.
- Discuss which issues can be addressed.

| Phase | Issues | Challenges | Services to address the issues |
|---------------------------|--------|------------|--------------------------------|
| Childhood | | | |
| Becoming a man or a woman | | | |
| Marriage | | | |
| Becoming a mother/father | | | |

5. End-of-day exercise: learning points, improvements needed, prayer (Plenary — 30 min)



Day 4: Facilitating dialogue session 2, negotiation and knowledge dissemination

Objectives

At the end of the session participants will have:

- Discussed facilitation of the life-cycle approach dialogue session
- Identified difficulties in facilitating this session and how to overcome them
- Discussed danger signs in pregnancy, delivery and early pregnancy and lack of birth spacing
- Discussed traditional practices, beliefs and gender norms that affect maternal health
- Identified changes needed to improve maternal health

Preparations

- Objectives of the day on a flipchart
- Manual for Community Facilitators, dialogue sessions 2 and 3
- Presentation projector and pictures, PowerPoint
- Life-cycle timelines
- Matrixes with challenges from the previous day
- Trainers and two participants prepare the life-cycle session

Activities and session notes

1. **Opening: prayer and recap of the day before, feedback on recap, appointment of the rapporteur for the day, objectives of the day**
(Plenary — 30 min)



2. **Practising the life-cycle exercise** (Male/female groups — 60 min)



- The participants form a group of men and a group of women. Each group has a copy of the timeline of the life cycle. They repeat their presentations from the day before: the differences between the past (the time of their grandmothers) and today.
- Ask participants to look at what they have identified:
 - ❖ What changes are good?
 - ❖ What valuable things have got lost?
- Ask participants if they have any other thoughts about this after a night's sleep.
- Facilitate a discussion about how to facilitate this session in the community:
 - ❖ What is the purpose of this exercise? (To encourage the generations to listen to each other and gain interest in the other's ideas and concerns)
 - ❖ How do they think the exercise will be implemented in the community?
 - ❖ What could be difficult about it?
 - ❖ How could these difficulties be overcome?
 - ❖ What more can be done to make the presentations lively?
- Clarify that:
 - The facilitators can be role models for the community
 - It is important not to judge or criticize the other generation, but to listen and appreciate how things were done in the past and how they have changed today
 - It is important to look at what was gained and what was lost and why

3. Expert presentation (Plenary — 105 min)

A reproductive health expert conducts the presentation. This expert starts with some questions to invite the participants to share and feel free to talk.

Make sure the presenter leaves enough time to let the participants ask questions. Make sure there is space for all questions and issues coming up — also the ideas, beliefs and myths about the ‘necessity’ of certain norms.

Let the participants discuss with one another if they start to do so. There might be different points of view that should all receive attention. This process should be guided in a way that allows participants to reflect and discuss so that they learn about the causes of maternal ill health and the values and principles of gender equality.

Part 3.1 What is maternal health? (15 min)

- Define the terms in ‘modern medicine’ — e.g. maternal health, early pregnancy (adolescent age range 10–19 years) — and link these to the local terminology.
- Establish a ‘common interest’: mothers, fathers and health workers all want the mother and baby to be healthy during pregnancy and delivery and after delivery.

Part 3.2 What problems can women face? (60 min)

What problems can women face during pregnancy?

- Remind the participants of the women who had complications and/or died during childbirth in their villages, the reasons for it and the practices (from the baseline notes or transcripts).
- Use the pictures of ‘danger signs during pregnancy’ (Annex 8).
- Ask the group what they see in the picture. Point to each picture and ask what it means.
- Share the beliefs and practices for each danger sign that were discussed during the community baseline consultations:
 - Ask if there are beliefs and practices that are not happening here?
 - What has changed? Which ones are missing?
- Now give a presentation on danger signs during pregnancy (use pictures or PowerPoint, according to availability).
- Discuss for each danger sign why it happens, based on the evidence available, and discuss the exact danger for the mother and the baby.
- Ask for examples of what can happen if you do not seek help.

What problems can women face during delivery?

- Ask what problems a woman can face during delivery: bleeding, prolonged labour (constricted pelvis), breech, shoulder presentation and retained placenta (show pictures).
- Address why these problems happen and the risks for the mother and baby:
 - Emphasize that unexpected problems that cannot be predicted may occur during delivery.
 - Address consequences for the baby when something goes wrong during pregnancy and delivery.
 - What happens to the children when the mother dies?
- Think of questions such as: Would you like your child to be fostered by another woman? Will the child get the same care as the other children? So when the mother dies the children who are left behind are also affected.

What happens when a girl has a baby early, when she is between 10 and 18 years old?

- Discuss the implications for the girl and the family, and ask the participants these questions:
 - ❖ What are the health risks for girls who get pregnant early?
 - ❖ What happens to an unmarried girl whose baby's father is not known?
 - ❖ What happens to a man who marries a young girl?
 - ❖ What happens to a girl/woman who is sexually harassed or coerced?
 - ❖ What happens to a man who harasses a girl?
 - ❖ What happens to the family?
 - ❖ What is the future like for a girl who gets pregnant early? Is this the best way of life for a promising young girl?
- Use the female CPO as a role model to get them to think about what a promising girl can do for a community or a family.
- Show the picture of a normal delivery (pregnant woman with late pregnancy, side view of baby inside). Point out the size of the head and then ask what the risk is if this is a very young girl (head is too big for the girl's body).
- Explain obstetric fistula and the greater risk of girls dying during delivery when they are very young. Show a picture.
- Ask if this is seen in the community? What happens to the girl?

What problems can happen after delivery?

- Use the flipchart on postnatal care for mothers.
- Show the breastfeeding-counselling card. Ask about perceptions of feeding straight after birth.
- Explain the benefits of colostrum: it provides good nutrition, helps the baby's digestive system and boosts its immune system — a natural vaccine.

Part 3.3 What traditional practices and gender norms hinder the health of the mother, the baby and the family/community? (30 min)

- Ask what traditions and practices can hinder the health of the mother and baby. For example:
 - Girls and women are only important to produce children.
 - It is more important to have another pregnancy than to have a healthy mother and baby.
 - It is a woman's responsibility to avoid getting pregnant.
 - A girl will be blamed when she is sexually harassed or raped.
 - Husbands are solely responsible for the well-being and health of the wife, the mother and the children. When something happens it is their responsibility and duty.
 - Men need other women even if things are fine with their wife.
 - Men make decisions, and women follow.

3. Expert presentation (Plenary — 105 min)



- Ask the participants to get together in pairs of the same generation and sex. The trainers help the participants one by one to discuss the questions for each aspect that was presented.
- What happens?
 - ❖ How did I feel when I listened to the presentation about:
 - Dangers during pregnancy
 - Dangers during delivery
 - Early pregnancy
 - Breastfeeding and birth spacing
 - ❖ What changed for me after I listened to the presentations and the discussion?
 - Which questions remain unanswered?
 - After this, tell the pairs to come back to the plenary and share with everyone what they have discussed. Answer any questions.

3. Group work: reflecting on the presentation (4 groups — 90 min)



- Ask the participants to form four working groups. Each group has sheets of A4 paper and is guided by a facilitator. Make sure that all aspects that are going to be mentioned are noted down on the A4 paper and put on flipcharts.
- Start by asking: What are the most important points you have learned from the presentation? Put these on a flipchart.
- After having recalled the most important aspects, ask the participants:
 - ❖ Who takes the decision to:
 - Make the pregnant woman rest and/or go for ANC
 - Use health facilities during delivery
 - ❖ How and when are these decisions taken?
 - ❖ Does the decision-making affect the health of mothers and babies?
 - ❖ How would you want to resolve this in the interest of the family?
- After this, ask the participants:
 - ❖ What practices have changed since the peace agreement? (Remind them of birth spacing. What other practices? Why have these changed? Who changed them?)
 - ❖ When you think about the traditional norms affecting maternal health:
 - Is there anything you would like to change?
 - Are there things you want to keep?
- Invite the participants to brainstorm suggestions and ideas on the above.
- Then ask the participants:
 - ❖ How will the suggested change affect the lives of girls and young women? Boys and young men? What would be different after this change had taken place?
 - What would be different for the community?

It is critical at this point to ensure that participants have understood the essential components of maternal health and that any corrections are discussed about understanding what impedes maternal health (e.g. outdated beliefs, such as curing a retained placenta by tying a cord to a little toe or tapping the foot on the ground until it comes out). Similarly, interpretations about sexuality based on existing gender norms (e.g. practices that coerce girls into early pregnancy) need to be challenged.

- Summarize the outcomes of the discussion and present these in the groups of men and women (2 male and 2 female groups).
- Ask each generational group to summarize the problems they have identified and why these problems are there.
- Then ask them to prioritize the most important problems (write each problem on a post-it and give it a symbol). Then ask the group to put the most important problem on top and the least important on the bottom.
- Ask the group to create a play or a song about the most important problems.



6. Plenary discussion (30 min)



- Invite the two groups to present their discussion results in plenary. After both groups have made their presentation, ask the participants if there are any questions that remain unanswered and answer them.
- Summarize the most important results of the session. Make sure you come back and note the aspect of change that was being discussed.

7. End-of-day exercise: learning points, improvements needed, prayer



(Plenary — 30 min)

Day 5: Identifying barriers and delays, finalizing statements for change

Objectives

At the end of the day participants will have:

- Discussed difficulties and how to overcome them in facilitating the expert meeting of the day before
- Assessed the delays that occur before accessing health services, using a social map
- Discussed the potential community, family and personal actions to address the delays

Preparations

- Objectives of the day on a flipchart
- Flipchart with post-its of all the problems identified on day 3
- **Manual for Community Facilitators**, dialogue sessions 4 and 5
- Flipchart paper
- Marker pens
- Large and small post-its

Activities and session notes

1. **Opening:** prayer and recap of the day before, feedback on recap, appointment of the rapporteur for the day, objectives of the day (Plenary — 30 min)



2. **Facilitating the exercises on the need to improve maternal health** (30 min)



The trainers review the steps of dialogue session 4 with the participants, using the Manual for Community Facilitators.

- Ask:
 - ❖ What could be difficult about it?
 - ❖ How could these difficulties be overcome?
- Ensure that the participants understand the purpose of the exercise (to stimulate discussion, share knowledge and information and suggest changes that need to be made to have healthy mothers and babies).

3. **What are the services we have a right to use?** (Plenary — 10 min)



Explain that the Government of South Sudan has made services available with the help of non-governmental organizations, so that every woman and child has access to free antenatal care, delivery services, postnatal care and child health services. However, this does not always mean that they are used on time.

4. How are different groups affected by sexual and reproductive health problems? (4 groups — 90 min)



Purpose of the exercise: To identify barriers to maternal health and delays to using services

Part 4.1 Social map and identification of barriers (4 groups — 60 min)

Instructions for the social mapping:

- Think about a village you know well. Draw your house or the house of a person you know. After that, locate the primary health care unit and other places mothers go for pregnancy and delivery. Also draw the roads that link your house, the primary health care unit and other important facilities in your neighbourhood (e.g. market, schools, mosque, church, village office, the house of the village head, the house of the head of the neighbourhood, the house of community leaders, the house of the health worker in the community, the house of the TBAs, HHPs etc.).
- Identify on the map the houses of villagers who gave birth at the health facility or assisted by a skilled attendant. Discuss why they were able to deliver at the health facility or assisted by a skilled attendant.
- Identify the houses of villagers who did not give birth at the health facility or assisted by a skilled attendant. Discuss why they were unable to deliver at the health facility or assisted by a skilled attendant. What were the barriers to skilled birth attendance?
- Write on post-its the special characteristics of the households with the barriers. Facilitate a discussion on why these points are important. Keep probing whether there are other points and also write the main barriers on the post-its.
 - ❖ What is the reason for this group being at risk? Is it geographical location, age, gender, educational level, culture or other social or economic factors?
 - ❖ Which people or groups that have resources have been identified as sexual and reproductive health ASSETS? What resources or capacities do they have to deal with sexual and reproductive health challenges?
- Add the barriers that emerged from the discussion today to the flipchart with post-its of all the problems identified yesterday. Make summaries of problems and put overlapping issues together.
- Explain that not all people are affected in the same way. Refer back to differences in age, how many children a woman has had, where she lives, the attitude of the family, their access to information and knowledge, and how decisions are made: they all influence the health of women, men, boys and girls.

Part 4.2 Presentations of main barriers, delays in seeking health care (Plenary — 30 min)



- Present the maps to each other and agree on the summarized problems from all groups.
- Discuss the birth preparedness slides on preparing for costs, transport, blood transfusion and referral for complications.
- Discuss what the common practice is to prepare for labour and childbirth. What can mothers, husbands, families and communities do to overcome delays in seeking care?
- Note if there were any major differences in the perceptions of the different generations or genders. If there were, make sure that these differences are not lost as participants move onto the next activity.

5. What have we learned from the sessions? (60 min)



Part 5.1 Possible actions at the group and community level (4 groups — 30 min)

- Ask each group to appoint a note-taker and two speakers (in addition to the facilitator, who will keep notes) who will present the issues discussed to the other participants in the second part of the session.
- In the last session, you reflected on maternal health and the problem of early pregnancy. You also reflected on possible changes regarding the way boys and girls grow up today compared to the past, and the norms and barriers for accessing services that every woman has a right to use.
- Ask the group to consider for each problem/barrier they have identified: What can be changed in themselves, their group and the community to stop the deaths of mothers and babies?

The facilitators write or draw on post-its the changes that are suggested.

Make sure these changes are feasible. Discourage any advising activities (e.g. advising education for others). When the changes suggested have covered all the problems mentioned, group similar changes together.

Remind them that when facilitating this session, they are facilitators; not teachers. They ask questions and can make suggestions, but the participants decide.

Part 5.2 Personal changes (Plenary — 30 min)



- Now ask participants to tell the group what personal changes they will make.
- Example 1: Ask at what age they got married/pregnant. Do they want their daughter to get married at this age? If not, at what age?
- Example 2: Where did their last delivery take place (for the younger women)? Where would they deliver if they were pregnant again. Ask how much space there was between their last babies, and how long they would wait if they were to have another baby.
- Example 3: Ask men how they prepared for the birth last time. How would they do it now?

Remember that some women might not decide this on their own but may start a discussion with their husbands. Make sure women/men do not suggest actions that may put them in danger. Do not accept anything that links to advising others: it is about something they themselves would do.

6. Identifying people who can help change in the community

(2 generational groups — 30 min)



- Make a circle of each generational group. Ask who in their community is needed to overcome the problems they identified and implement change. (Which people or groups?)
- Show the pictures of chiefs, leaders, traditional birth attendants, teachers and community groups, and make new ones if the ones the participants mention are not there.
- Ask for each picture:
 - ❖ What can they do to help improve maternal health?
 - ❖ To overcome problems?
 - ❖ To help change?
- Do not forget traditional practices and beliefs and gender roles and norms. Remind them that it is important to think of two sides: to respect traditions but also to help mothers and babies to be healthy.

7. Facilitating the social map and discussion of barriers (Plenary — 30 min)



- Ask the participants to explain to the trainers the purpose of doing the social mapping exercise (to identify in a participatory and fun way the barriers to using health services).
- Address the purpose of using negotiation when sharing information.
- Discuss the steps and review who is doing what (CPOs and facilitators).
 - ❖ What could be difficult about it?
 - ❖ How could these difficulties be overcome?
 - ❖ What more can be done to make the presentations lively?
 - ❖ The community facilitators can be role models for the community.

8. What have women and men learned from the sessions?



What do they appreciate about the others? (Male/female groups — 90 min)

Purpose of the exercise: To give feedback to the men's and women's group about what each has learned and what they appreciate about each other, and to make suggestions for changes in traditions, norms and practices to improve maternal health.

In the groups of men and women, the two generational groups share:

- What changes will the groups of young and older women/younger and older men make?
- What changes about maternal health, early pregnancy and birth spacing do they want to make?
- What priorities do they want to present to the men/women?
- What personal changes they will make?
- What changes do they request from younger and older men/younger and older women?
- Which requests do they have for the communities?
- Who will present these commitments to change and the requests?
- What do they appreciate about other groups: about the young men and about the older men, about the young women and older women?

Each group should appoint a speaker who will present this later to the other group. Ask the group of women:

- What do you appreciate about the young men in your community?
- What do you appreciate about the older men in your community?
- Next, ask the groups what they think the men should appreciate about them. Ask them:
 - What should the men appreciate about the young women in your community?
 - What should the men appreciate about the older women in your community?



Ask the group of men:

- What do you appreciate about the young women in your community?
- What do you appreciate about the older women in your community?
- Next, ask the groups what they think the women should appreciate about them. Ask them:
 - What should the women appreciate about the young men in your community?
 - What should the women appreciate about the older men in your community?

Finally, the groups prepare a presentation for the other group about the changes they will make, the requests they have and what they appreciate about the other groups in the community.

Trainers ensure that all points are recorded for the report so that nothing that was discussed gets lost. Group similar issues together and help to summarize the changes that they want to share and the final priorities on flipcharts or post-its. Do not forget to include the appreciations.

9. End-of-day exercise: learning points, improvements needed, prayer (Plenary — 30 min)

Day 6: Preparing for the public meeting

Objectives

- Prepared statements, role-plays, drama and songs about:
 - Reasons for making changes
 - Prioritized changes
 - What they appreciate in other groups
- Prioritized pledges and requests for the community for the public meeting.

Preparations

- Objectives of the day on a flipchart
- Manual for Community Facilitators, dialogue session 5
- Flipchart paper
- Marker pens
- Large and small post-its

Activities and session notes

1. **Opening:** prayer and recap of the day before, feedback on recap, appointment of the rapporteur for the day, objectives of the day (Plenary — 30 min)



2. **Commitments and requests for change** (Male/female groups — 60 min)



Let the participants practise facilitation of the session conducted yesterday. In the groups of men and women, the two generational groups share:

- What changes will the groups of young and older women/younger and older men make?
- What changes about maternal health, early pregnancy and birth spacing do they want to make?
- What priorities do they want to present to the men/women?
- What personal changes they will make?
- What changes do they request from younger and older men/younger and older women?
- Which requests do they have for the communities?
- Who will present these commitments to change and the requests?

3. **Identifying what they appreciate about other groups** (Plenary — 30 min)



Let the participants practise facilitation of the session.

- Each group considers what they appreciate about the young men and the older men, the young women and older women.
- The practising community facilitators ask the groups what they think the other groups should appreciate about them.

Finally, the groups prepare a presentation for the other groups about:

- The changes they will make, the requests they have and what they appreciate about the other groups in the community
- Which ideas of change regarding traditional norms that affect maternal health, early pregnancy and birth spacing they want to share with men/women
- Which ones they also want to share with the whole community



4. Preparing statements (Male/female groups — 20 min)

Continue in male and female groups. Ask participants:

- ❖ Which ideas of change regarding traditional norms that affect maternal health, early pregnancy and birth spacing do you want to share with men/women?
- ❖ Which ones do you also want to share with the whole community?

When the group has come to a decision, ask the participants:

- ❖ What can you as women/men do to contribute to this change?
- ❖ What would you like the men/women to contribute?
- ❖ What would you like people in your community to contribute?

- The participants should not present too many points to each question: two to three points should be the maximum, as there are many presenters. There are many important points, but they should select those that are most important to them. Support the participants in their decision-making before joining the men/women. Encourage the women/men to show the other group the appreciation they also hope to receive from them.
- Explain to the participants that all their ideas should be modest and realistic so that they can be put into practice in the coming months. They should also be as concrete as possible so that they can see that changes are happening.
- Be sensitive to ideas that do not address root causes (e.g. making it difficult for girls to attend dances does not address the practice of girls and boys having sex with no protection against pregnancy and sexually transmitted infections). How to help girls and boys to go to school and protect themselves from unwanted pregnancy (i.e. sexuality education) is more helpful.
- With regard to the third question: When it comes to contributions to change by people in the community, they can also name institutions or professions (hospitals, schools, local political leaders, police etc.).

5. Presentation of the proposed changes (Plenary — 60 min)



Arrange for female and male participants to meet. Remind them that as male and female community facilitator teams, they have to behave as role models for their participants. Start by greeting your fellow facilitators with respect and friendliness.

Presentation by the women

- First, ask the speaker for the older women to present what the older women learned in the dialogue process and what they want to share with the men about the changes in traditional norms and barriers that affect maternal health, early pregnancy and birth spacing.
- Then ask the speaker for the young women to make their statements.

Presentation by the men

- First, ask the speaker for the older men to present what the older men learned in the dialogue process and what they want to share with the women, as above.
- Then ask the speaker for the young men to make their statements.

After each presentation, encourage all participants to clap their hands as a sign of appreciation. Thank all speakers for sharing their experiences and ideas.

6. Presentation of what participants appreciate about the other sex (30 min)



Presentation by the women

- Invite the speaker for the older women to present their statements of appreciation.
- Then ask the speaker for the young women to make their statements.

Presentation by the men

- Invite the speaker for the older men to present their statements of appreciation.
- Then ask the speaker for the young men to make their statements.
- Announce that both the female and male groups will prepare their presentations for a public meeting to which the community as a whole, including its leaders, will be invited.
- Introduce the idea of pledges and requests and explain how the next activity is about developing pledges and requests.

Pledges: commitments and special requests

Commitments and special requests come from the participants' ideas about what they, as a group, could contribute towards change in their community, and what they would like other groups (e.g. the other sex, the other generation, teachers or health workers) to do. Commitments are about 'What we commit to do to make change happen'. Special requests are about 'What we are asking [a specific group] to do so that change can happen'. At the public meeting held after the dialogue sessions have been completed, the participants publicly declare their commitments and requests. In this way, the whole community as well as leaders and other important persons are made aware of what needs to change, and how they can support these changes.

7. What to present about what they learned and appreciate about the others



(Plenary — 10 min)

- Ask participants:
 - ❖ Which of the points that were presented in front of the women and men would you also like to share with the whole community?
 - ❖ Which of the points regarding your appreciation of the men and of the women would you like to share with the whole community?

Each of the four groups should select someone to present the results to the public meeting.

8. Preparing the public meeting (4 groups — 45 min)



- Discuss with the participants how they want to present what they have worked on:
 - What they learned in the dialogue sessions and from the other generation
 - What they appreciate about the other sex or generation
 - What changes of traditional norms that affect maternal health, early pregnancy, birth spacing and use of health services they envision, and how women — with the help of men and the community — can achieve them
- Tell the participants that they can feel free to present in any way they feel most comfortable with (e.g. in the form of a role play, presentation of cards, songs etc.).
- Help the participants to choose several women and men (young and old) who would like to present in front of the community. Help the groups prepare their presentations. Make sure everybody feels comfortable and secure.
- At the end, the selected presenters should present their presentations to one another. There should be enough time for encouragement and suggestions.

9. End of the day exercise: learning points, improvements needed, prayer (Plenary — 30 min)



Day 7: Finalizing preparations

Objectives

At the end of the session participants will have:

- Reviewed how to conduct dialogue sessions
- Reviewed the monitoring reports for the community baseline and the dialogue sessions
- Reviewed the selection of participants
- Prepared for the dialogue sessions and public meetings

Preparations

- Objectives of the day on a flipchart
- Flipchart paper
- Marker pens
- Large and small post-its
- **Manual for Community Facilitators**
- Flipchart with selection criteria for community participants (Annex 4)

Activities and session notes

1. **Opening: prayer and recap of the day before, feedback on recap, objectives of the day (Plenary — 30 min)**



2. **How to conduct dialogue sessions (Plenary — 45 min)**



Purpose: To ensure that every participant is aware of how the dialogue session is prepared and wrapped up each time

- Refer to the flipchart and the Manual for Community Facilitators ('How to conduct community dialogue sessions').

The day before the session:

- Gather the materials needed, including session record sheet.
- Make sure the room/meeting space is clean.
- Provide mats or chairs.
- Decide which facilitator will lead which exercise.

In the morning before the session:

- Jointly read the description of the session.
- Focus on the session objectives and put them on a flipchart.
- Assign a facilitator who will be responsible for time-keeping and recording.
- Arrange drinking water and materials.

At the start of the session:

- 'Guests' need to leave.
- Start the session with a song, an ice breaker, a story or a prayer.
- Provide a short summary of what happened in the previous session.
- Get feedback on last week's discussions from their families and friends. New ideas? Strong reactions?

At the end of each session:

- Evaluate the session.
 - Either all participants say one thing they liked about the session, with the first participant standing up and saying something, and the next one joining him or her.
 - Or, if there is not enough time or 'energy' left for all, just ask two volunteers from each generation to say what they liked most and what they found most challenging about the session.

After the session:

- Tell other community members about the session.
- The facilitators evaluate each exercise of the session.
- Fill in the session record sheet.
- Clean up the room.

3. Community consultation meeting and selection of participants



(Plenary — 45 min)

Purpose: To ensure that every participant is aware of how community consultation meetings are conducted and participants are selected

- Refer to the flipchart and the Manual for Community Facilitators ('How to conduct a baseline community consultation meeting') and Annex 4 of this manual.
- Review the steps for preparing the selection of participants:
 - Visit the communities.
 - Share the selection criteria (see flipchart and Annex 4).
 - Guide the selection and pay extra attention to involving young unmarried girls.

4. Steps in facilitation and preparation for the public meetings



(Plenary — 60 min)

- Refer to the flipchart and the **Manual for Community Facilitators** ('Public meeting').
- Review the steps for the presentation of the public meetings:
 - After week 4 consult with chiefs, teachers, health workers and other leaders.
 - Identify allies.
 - Adapt the pledges and requests to what is acceptable or at least generates sufficient support from the community.
 - Arrange for the mobilization of community members and for all important representatives to be present.
 - Support the presenters and help facilitate the meeting.
 - Remind the facilitators of the mini-dialogues and the meetings with the CPOs to report back on what happened after the public meeting.

5. Monitoring and reporting (Plenary — 30 min)



- Review the reporting requirements of the CPOs, and how community facilitators can assist in reporting (Annex 6 of this manual and Annexes 1 and 2 of the Manual for Community Facilitators).

6. Practising exercise (Plenary — 60 min)



- Ask participants to come up with any exercises they want to practice.

7. Any other issues emerging (Plenary — 60 min)



- Enable participants to ask questions and raise issues.

8. Evaluation of the training (Plenary — 30 min)



- Ask participants to discuss what they liked about this training and anything that needs improvement. They can discuss this in small groups, after which there is a plenary discussion.

9. Handing out certificates and closure (30 min)



- Give each participant a certificate, thank them for their participation and close the training.

Annexes

Annex 1: Community stakeholder meeting

In preparation for the activities, a training/consultation with community leaders (facilitators of community groups, administrators, health workers, teachers, ensuring that influential women and men are involved) will take place to introduce the activities and generate ownership. The meeting with community leaders, VHC members, teachers, health workers and members of community-based organizations introduces the process and starts the discussion on perceptions, norms and values, practices, expectations, problems and needs related to the three delays for delivery care and family planning.

Objectives of the community stakeholder meeting

At the end of the meeting the stakeholders:

- Will have given approval and support for the community participation activities in four selected communities
- Are aware that they can and are willing to make substantive contributions to the success of the activities
- Understand that the process means that CPOs and community facilitators will ask questions and listen to the community about their views on maternal health and the barriers they face, and together with the community will find ways to improve the situation
- Understand that groups of older and younger men and women will talk about these issues over the coming weeks.
- Agree that the leaders need to support the groups and the action plans to improve maternal health

Relevant questions for preparation of the stakeholder meeting

- Which male and female leaders should be invited?
- Where, how and by whom should community stakeholders be approached?
- Would anybody be against a discussion about what can be done to improve maternal health? Facility delivery? Child marriage? Early childbearing? Spacing births? What could be done to change their minds?
- When, how and by whom can information be collected about problems that have occurred during pregnancy, delivery or postnatal care or with newborn health in the village? For example, did obstetric fistula, prolapse or other problems occur, and did any mother or baby die, for each of the villages for which the community dialogues are planned?

The introduction of the activities should be generated in the local language.

In preparation for the community stakeholder meeting, role plays can be conducted among CPOs.

Annex 2: Process and criteria for selection of community facilitators

Criteria for selection of community facilitators

While literate community facilitators would be a strong advantage, it is not a requirement, as older female facilitators in particular would be excluded.

It would be advantageous to have a retired teacher, community health worker, religious leader or any other more educated person who has the characteristics outlined below as one of the facilitators.

The most important characteristics for community facilitators are:

- one older female and male (25–50 years old) and one younger female and male (15–24 years old);
- not part of the administration to lead the village;
- able to speak out in a meeting with elders;
- not family members of candidate facilitators;
- well respected and trusted by the community;
- known as a good listener;
- interested in improving relationships between generations;
- concerned about problems around pregnancy and delivery;
- perceived as critical and open to change;
- a person who is called to facilitate decision-making and resolve conflict within the family or in the village, or in interest groups and has a very participatory way of working;
- is willing to work as a volunteer;
- available for a two-week training and then for half a day a week (four hours) for three months, and then four hours a month for follow-up;
- eager to learn about social and gender issues and maternal health;
- must be a member of the community, understand the culture and speak the language; and
- able to understand the local language.

Selection of community facilitators

Community facilitators should be selected at the village level, ensuring that the community trusts the choice of facilitators and no bad feelings emerge about the selection.

For a successful selection process a general meeting should be called after the consultation with the stakeholders. A next meeting for the selection of facilitators should be announced, and selection criteria should be shared. The village stakeholders should have a chance to add criteria or adapt them on the basis of good arguments.

The positions of community facilitator should be announced. Villagers should be able to express their interest in the job, and the community can put names forward. It should be ensured that the community is widely made aware of the selection criteria and the availability of this position. Community leaders and CPOs will interview those who are interested and select those they consider most suitable for the job. They are then put forward to the community in a meeting.

The meeting is called to keep the process fully transparent and avoid the suggestion that people are chosen on the basis of preferences for family or other associates of the village leadership. During the general meeting, more than half of the village should be present to ensure that there is sufficient ownership. The meeting will be presented with the choices made and the process followed, and people are asked to endorse the choices or raise objections on the basis of clear arguments.

Motivation/incentives

Following the home health promoter (HHP) guidelines, incentives should not be of a monetary nature. The Ministry of Health guidance states: *“Ensuring an actual volunteer level of commitment so that they are not being asked to carry out a full-time job, and ensuring community decision-making... are important elements of eliminating the need for incentives.”* (Government of South Sudan Ministry of Health Home Health Promoters Implementation Guide, November 2011: 34).

Community facilitators will be provided with non-monetary incentives, such as community appreciation and pride in a job well done, t-shirts, certificates of attendance for the training, a letter that states what they have done at the end of the project and clear acknowledgements during public meetings.

Job description for community facilitators

Community facilitators are from the community and selected by the village leaders, CPOs and the community.

The role of the volunteer community facilitator is to:

- prepare and coordinate all activities of the community participation process under the guidance of the CPOs and the village leaders;
- after a two-week training, help facilitate a process of reflection and preparing action plans for a group of 10 community members;
- present the outcomes of the reflection and action plan process to the other groups in the community participation process;
- present the action plans at a public meeting under the guidance of the CPOs and with support from the village leadership;
- remind the leadership and community members about the action plans, stimulate action for change and be a positive role model;
- share knowledge from the training and the group facilitation with other members of the community and HHPs; and
- conduct small meetings with community members to find out what has changed and report during follow-up meetings what has happened in the community.

What is facilitation?

Facilitation is the process of making it easier for the group to do its work. By providing non-directive leadership, the facilitator helps the group to arrive at the decisions they would like to make. The role is one of assistance and guidance, not control. Therefore, it is the process of helping groups accomplish their tasks.

Who is a facilitator?

The facilitator is a 'guide' or 'discussion leader' for the group who is acceptable to all group members, substantively neutral and has no decision-making authority. The facilitator has the ability to ask critical questions that help a group reflect, discuss their norms, values, practices and problems and take action to address them.

The community facilitator is working under the guidance of the CPOs and the village leadership. They can ask them for help to resolve a problem. The CPOs and village leaders will provide feedback about their job and help them to do it well.

The community facilitators are working on a voluntary basis and will receive a certificate of attendance for the training of facilitators and a letter describing the activities they performed for the project after six months.

Annex 3: Community facilitator Code of Conduct

The community facilitators are selected to be trained in co-facilitating community dialogues on maternal health problems and the reasons for these problems, the development of action plans to overcome delays in seeking services for maternal health and the development and follow-up of actions plans to overcome barriers to health-seeking behaviour for maternal health. Community facilitators are selected in each of the four communities: one older and one younger male and one older and one younger female.

The role of the volunteer community facilitator is to:

- prepare and coordinate all activities of the community participation process under the guidance of the CPOs and the village leaders;
- after a two-week training, help facilitate a process of reflection and preparing action plans for a group of 10 community members;
- present the outcomes of the reflection and action plan process to the other groups;
- present the action plans at a public meeting under the guidance of the CPOs and with support from the village leadership;
- remind the leadership and community members about the action plan, stimulate action for change and be a positive role model;
- share knowledge from the training and the group facilitation with other members of the community and HHPs; and
- report during follow-up meetings what has happened in the community.

The community facilitator is expected to serve their community while following ethical guidelines that are intended to make their service to the community effective, efficient and ethically sound. These guidelines are known as the SHARP community facilitator Code of Conduct. They include:

- Protecting, promoting and upholding the best interests and rights of children, adolescents (10–19 years of age) and others, in their working and personal environment
- Taking measures that avoid putting participants in vulnerable or uncomfortable situations, including, but not limited to, putting pressure on them to participate or discuss issues with which they are uncomfortable
- Not being seen in a situation that enables them to take advantage of a person — for example, being alone with an adolescent or engaging in any sexual or other abusive or exploitative activities
- All information shared by participants of dialogue sessions will be kept confidential and their identity anonymous, unless they provide express permission to share such information
- If an adolescent is under continued threat of severe abuse, he or she will be referred to the appropriate health or social welfare service. In such cases, confidentiality may be broken
- Serving the community with the highest possible standards for a facilitator and helping the community overcome delays in seeking maternal health care services, improving communication between men and women and between generations and carrying out agreed action plans
- Providing clear and correct information on issues related to the role of a community facilitator to SHARP supervisors and evaluators
- Never performing any of the duties as a community facilitator under the influence of alcohol or drugs
- Never using violence in any form
- NOT practising nepotism, tribalism, sexism, favouritism or any other form of discrimination in offering services to the community
- NOT asking for favours (gifts) from the community such as property or sexual favours in return for services
- Asking the CPOs or supervisors for help with any difficulty
- NOT using any audio or visual materials such as photographs or video recordings without the explicit consent of all included after viewing the materials and with clear and specific explanations of how these materials may be used

SHARP Supervisor name _____

Payam Administrator _____

Signature _____

Signature _____

Date _____

Date _____

CHD Head _____

Signature _____

Date _____

Annex 4: Selection of participants for the dialogue session

Criteria

Participants for the baseline consultations, dialogue meetings and end-line consultations will be selected based on the following criteria for each community:

Younger generation (10 young women and men)

- Between the ages of 15 and 24 years old
- Able to speak out in meetings
- Have no family members in the same age or sex group
- Capable and motivated to become agents of change for their community
- Able to express him- or herself without being too shy
- Able and interested in listening to others, instead of just talking him- or herself
- Interested in improving maternal health in their community
- Willing and able to follow five dialogue sessions of a half day each week for five weeks and be present at the first public health meeting; this requires availability for half a day for six consecutive weeks
- Available for a one-hour monthly follow-up meeting for the first three months after the public meeting and a one-hour evaluation meeting at the end of the process
- It would be useful to have a youth leader to take part.

Preferably, five girls and boys should be unmarried, and five married with not more than one or two children.

Older generation (10 older women and 10 older men)

- Aged 24 years or older
- Rest: same as above

It would be useful to have a religious leader, a traditional leader (e.g. a member of a traditional authority, both male and female), a teacher, a traditional birth attendant, a community health worker and older women who are known to command respect and effect change among the participants. These people need to also have the qualities listed above.

Recruitment

All participants will be selected by the community on the basis of criteria provided and assessed by the CPOs and the four community facilitators (after their training).

For the evaluation of the programme, key informants and health providers will be recruited by the evaluators with the assistance of the project staff and community leaders.

Annex 5: Instructions for the community consultation meetings

The baseline consultation meeting

The community consultations are conducted before and after the five dialogue sessions. This allows the programme to assess whether the sessions have resulted in any positive developments regarding generational and gender relations. More specifically, if there are any differences in decisions concerning: access to and uptake of health services during pregnancy, delivery and postnatal care; desired age of marriage and pregnancy; and desired spacing and number of children.

Preparation

Planning for the baseline consultation

Inform the community leaders about the dates and the aims of the community consultation. Plan a day and time for the consultations with the older people, during which the male community facilitators meet with the men, and the female community facilitators meet with the women. In the same way, plan another day and time for the consultations with the young women and men.

Needed

- A4 and A5 sheets of paper and marker pens
- Two tape recorders and extra batteries
- Record sheet to write down the name, sex, age, marital status, education level, role in the community and village of participants (Annex 1)
- Two private rooms or places with enough space to seat 10 people in a circle

Participants in the consultation

The community consultation is held with the dialogue session participants selected in the community meeting that has already been conducted. The 40 participants will participate separately: 10 young females, 10 older females, 10 young males and 10 older males.

Remember

- Be curious to learn from the community members: they are the experts about their own situation.
- Address all the areas in this guide. Ask the questions in your own words; do not read them from the guide.
- Do not share your own views; do not give advice. This is a time to listen and learn.
- Always ask several people to give their views, not just one or two participants.
- At the end of the consultation, make sure to thank everybody for sharing his or her views. Tell the participants that you learned a lot from them.

The consultation (duration: 1.5–2 hours)

Welcome — 20 participants

- Welcome the participants.
- Ask one of the participants to open with a prayer.
- Explain the purpose of the meeting, which is to ask the participants about:
 - ideas, beliefs and practices about maternal health;
 - how the young and the old communicate with each other; and
 - things that have changed over time.
- Tell the participants that this consultation is a start of other sessions to follow, which will focus on improving the sexual and reproductive health of the community.
- Tell the participants that participation is voluntary, that there are no right or wrong answers, that they have the right not to answer certain questions if they do not want to, that the information shared will be kept confidential, and that it will be recorded so that data do not get lost.
- Start recording. Say the name of the village and the group out loud and ask the 20 participants one by one to give consent for their participation.

Note: In the group with young women and men, consent from parents or caregivers might be needed.

- Write the names and other characteristics of the participants on the record sheet (Annex 1).
- Split the group into two groups (men and women) and conduct the following activities in these two separate groups, facilitated by community facilitators of the same sex.

Note: Do not forget to record the discussions in both groups!

Drawing a social map — two groups of 10 participants: until the end

- Ask the group to draw a social map of their community. Ask them to identify landmarks such as schools, clinics, shops, beer halls, sports and other recreation places where people meet, houses, water points, vegetable gardens etc.
- Ask the participants to explain their map. Who is meeting whom, and where?
- One community facilitator copies the map onto a big sheet of paper and clearly labels all landmarks and who is meeting whom and where. Indicate on the sheet of paper the community name and the generational group that drew the map.
- Note: Keep the maps safe so that they can be used again in dialogue session 4.

Questions about the generations

- ❖ How is the communication between the older and the younger people?
 - Can you give examples?
- ❖ How did young and older people communicate in the past?
 - Can you give examples?
 - Has the communication between young and older people changed?
 - How did this happen?
- ❖ For older women: What kind of reproductive health challenges do women have? Why? At what age?
- ❖ For older men: What kind of reproductive health challenges can men have? Why? At what age?
- ❖ For young women: What kind of reproductive health challenges do girls have? Why? At what age?
- ❖ For young men: What kind of reproductive health challenges can boys have? Why? At what age?
- ❖ What kind of issues do boys and girls worry about when they grow up?

Questions about danger signs during pregnancy and delivery

- ❖ Think of all the women you know who had problems during pregnancy and childbirth. Women who died in childbirth.
 - What happened? What are the symptoms or danger signs?
 - Why does it happen?
 - What do people do first, and why?
 - What do people do next, and why?
- One facilitator starts filling in the matrix on a large sheet of paper on the ground, visible for all to see. Explain what you are doing and ask the people to correct you if you do it wrong.
- ❖ What other danger signs during pregnancy and delivery do you know? Why does it happen? What is done about it?

Complete the matrix until nothing new comes up.

| Symptom/ danger sign | Why does it happen? | What do people do first, and why? | What do people do next, and why? | What do people do next, and why? | What do people do next, and why? |
|--|---------------------|-----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Fever | | | | | |
| Severe headache and blurred vision | | | | | |
| Swelling of hands and feet | | | | | |
| Convulsions or unconsciousness | | | | | |
| Vaginal bleeding | | | | | |
| Severe abdominal pain | | | | | |
| Severe anaemia | | | | | |
| Bleeding after delivery | | | | | |
| Baby in wrong position (hand or foot sticking out) | | | | | |
| Prolonged labour | | | | | |
| Retained placenta | | | | | |
| Other | | | | | |

Questions about staying healthy during pregnancy and delivery and after delivery

- ❖ What do women do to stay healthy during pregnancy?
 - Antenatal care visits?
 - Eating healthily? Any food taboos? What happens when there is very little food? Who eats the food?
- ❖ What do women do to make sure the delivery goes well?
- ❖ After giving birth, what can she do and eat to be healthy?

Questions about family planning or child spacing

- ❖ Who decides how many children a couple should have?
 - Give examples?
- ❖ How do women space children between the first and the next one?
 - For how long?
- ❖ Do women use contraceptives in your community?
- ❖ Is this number changing? Why?

Questions about teenage pregnancy

- ❖ At what age do young girls and boys get married?
 - How old was the youngest person who got pregnant?
- ❖ At what age do young girls have sex?
 - What is the youngest age girls start having sex? Why? At what age do they normally have sex? Why?
 - How is this for boys? Is this happening differently in different groups in your community? How do you know?
- ❖ What happens to young girls who have children when there is no husband?
- ❖ What happens to the young boys or men who impregnated her?
- ❖ What happens to the pregnant young girls when they go to the health facility?
- ❖ What are the barriers for the pregnant young girl to go to the facility in an emergency?

Questions about marriage, family and communication between different sexes

- ❖ Do men and women talk about marriage?
- ❖ Do men and women talk about how mothers can stay healthy?
- ❖ Do men and women talk about sex?
- ❖ How do husbands and wives decide about accessing health services for the wife?
- ❖ Is there any conflict between husbands and wives about what they do about the wife's health?

Questions about intergenerational communication and social/gender norms

- ❖ How is the communication between generations about marriage, sex and pregnancy?
 - Who do you talk with, and about what?
- ❖ Is there any conflict between young women and old women?
 - Differences in breastfeeding practices?
 - Differences in going to the health facility for delivery?
- ❖ How can this conflict be prevented?
- ❖ What are the bride-price practices?
- ❖ Who makes the rules about what a woman should do and what a man should do?
- ❖ How can these norms change? Can you give any examples?

Questions about visions for change

- ❖ If you could use some magic that brings about change, about traditional beliefs or things happening in your community, what would you change?
- ❖ What traditional beliefs would you like to keep?
 - Example: a man who is responsible for his family and cares for his wife during pregnancy and delivery.
- ❖ How will the community be different after they have made the change?
- ❖ What would you like to see in your community after five years, about marriage and good practices for the health of mothers?
 - Examples: preventing mothers from dying, the culture about men and women, child marriages, pregnancy of young girls, spacing of children, preparedness for delivery.

Closure

- ❖ Ask the participants if there are any questions or concerns.
- ❖ Thank the participants for their input and remind them about the upcoming dialogue sessions.
- ❖ Close with a prayer.

The end-line consultation meeting

The community consultations are conducted before and after the five dialogue sessions. This allows the programme to assess whether the sessions have resulted in any positive developments regarding intergenerational and gender relations. More specifically, if there are any differences in decisions concerning: access to and uptake of health services during pregnancy, delivery and postnatal care; desired age of marriage and pregnancy; and desired spacing and number of children.

Planning of the end-line consultation

Inform the community leaders about the dates and the aims of the community consultation. Plan a day and a time for the consultations with the older people, during which the male community facilitators meet with the men, and the female community facilitators meet with the women. In the same way, plan another day and time for the consultations with the young women and men.

Needed

- A4 and A5 sheets of paper and marker pens
- Two tape recorders and extra batteries
- Two private rooms or places with enough space to seat 10 people in a circle

Participants of the consultation

The community consultation is held with the dialogue session participants. The 40 participants will participate separately: 10 young females, 10 older females, 10 young males and 10 older males.

Remember

- Be curious to learn from the community members: they are the experts about their own situation.
- Address all the areas in this guide. Ask the questions in your own words; do not read them from the guide.
- Do not share your own views; do not give advice. This is a time to listen and learn.
- Always ask several people to give their views, not just one or two participants.
- Focus on examples and stories of change.
- At the end of the consultation, make sure to thank everybody for sharing his or her views. Tell the participants that you learned a lot from them.

The consultation (duration: 1.5–2 hours)

Welcome — 20 participants

- Welcome the participants.
- Explain the purpose of the meeting, which is to ask the participants about:
 - ideas, beliefs and practices about maternal health;
 - how the young and the old communicate with each other;
 - if things that have changed over time; and
 - if things that have changed are a result of the community participation programme.
- Tell the participants that participation is voluntary, that there are no right or wrong answers, that they have the right not to answer certain questions if they do not want to, that the information shared will be kept confidential, and that it will be recorded so that data do not get lost.
- Start recording. Say the name of the village and the group out loud and ask the 20 participants one by one to give consent for their participation.
Note: In the group with young women and men, consent from parents or caregivers might be needed.
- Split the group into two groups (men and women) and conduct the following activities in these two separate groups, facilitated by community facilitators of the same sex.
Note: Do not forget to record the discussions in both groups!

Questions about the generations

- ❖ How is the communication between the older and the younger people?
 - Can you give examples?
 - Have any changes happened over the past months? Why or why not? If any change has happened, can you give any examples?
 - Are both generations experiencing the changes in communication?

Questions about danger signs during pregnancy and delivery

- ❖ Think of all the women you know who recently had problems during pregnancy and childbirth.
 - What happened? What are the symptoms or danger signs?
 - Why does it happen?
 - What do people do first, and why?
 - What do they do next, and why?
- ❖ Are these kinds of problems happening often? Has there been any change in the frequency or severity over the past months. Why or why not? If any change has happened, can you give any examples?

Questions about staying healthy during pregnancy and delivery and after delivery

- ❖ What do women do to stay healthy during pregnancy?
 - Antenatal care visits?
 - Eating healthily? Any food taboos? What happens when there is very little food? Who eats the food?
- ❖ What do women do to make sure the delivery goes well?
- ❖ After giving birth, what can she do and eat to be healthy?
- ❖ Over the past months, has there been any change in the behaviour of pregnant women to stay healthy? Why or why not? If any change has happened, can you give any examples?

Questions about family planning or child spacing

- ❖ Who decides how many children a couple should have?
 - Give examples?
- ❖ How do women space children between the first and the next one?
 - How much time is there between two children?
- ❖ Do women use contraceptives in your community?
 - Is this number changing? Why?
- ❖ Over the past months, has there been any change in the behaviour of couples related to family planning and child spacing? Why or why not? If any change has happened, can you give any examples?

Questions about teenage pregnancy

- ❖ At what age do young girls and boys get married?
 - How old was the youngest person who recently got pregnant?
- ❖ At what age do young girls have sex?
 - What is the youngest age girls start having sex? Why? At what age do they normally have sex? Why?
 - How is this for boys? Is this happening differently in different groups in your community? How do you know?
- ❖ What happens to young girls who have children when there is no husband?
- ❖ What happens to the young boys or men who impregnated her?
- ❖ What happens to the pregnant young girls when they go to the health facility?
- ❖ What are the barriers for the pregnant young girl to go to the facility in an emergency?
- ❖ Over the past months, has there been any recent change in teenage pregnancy or child marriage? If yes, what contributed to this change? If not, what is needed to make a change?

Questions about marriage, family and communication between different sexes

- ❖ Do men and women talk about marriage?
- ❖ Do men and women talk about how mothers can stay healthy?
- ❖ Do men and women talk about sex?
- ❖ How do husbands and wives decide about accessing health services for the wife?
- ❖ Is there any conflict between husbands and wives about what they do about the wife's health?
- ❖ Over the past months, have any changes been seen in the communication between men and women? Why or why not? If any change has happened, can you give any examples?

Questions about intergenerational communication and social/gender norms

- ❖ How is the communication between generations about marriage, sex and pregnancy?
 - Who do you talk with, and about what?
- ❖ Is there any conflict between young women and old women?
 - Differences in breastfeeding practices?
 - Differences in going to the health facility for delivery?
- ❖ How can this conflict be prevented?
- ❖ What are the bride-price practices? Have you observed any changes regarding this, or have you attended any discussions about possible changes regarding this? Please explain.
- ❖ Who makes the rules about what a woman should do and what a man should do?
- ❖ How can these norms change? Can you give any examples?

Questions about pledges

- ❖ Which pledges did you present during the public meeting?
- ❖ What is the progress on these pledges?
 - Role of the participants
 - Role of community leaders
 - Role of the community at large
- ❖ Have there been any changes? What is positive, what is negative, and why?
- ❖ What can be done to further improve the sexual and reproductive health of both women and men, young and old?

Closure

- Ask the participants if there are any questions, concerns or additional issues to be shared.
- Thank the participants for their input and remind them that they are agents of change who will be facilitating the same kinds of discussions in the community.

Annex 6: Monitoring and reporting

Reporting of community consultation sessions

The two facilitators who conducted the community base- or end-line consultation should jointly fill in a record sheet with the following information:

- Time and date
- Names of facilitators
- Number and sex of participants
- Age range (estimate age of youngest and oldest participants in the group)

The audio files should be transcribed and translated into English.

Reporting of dialogue sessions, public meeting(s) and follow-up meetings

This should be done according to the ‘record sheet for participant details’ and ‘record sheet for the community’ (Annex 1 and 2 of the **Manual for Community Facilitators**; see also below).

Record sheet for participant details

| OLDER WOMEN | | | | | | | |
|-------------|------|-----|-----|----------------|-----------------|-----------------------|---------|
| | NAME | SEX | AGE | MARITAL STATUS | EDUCATION LEVEL | ROLE IN THE COMMUNITY | VILLAGE |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

Record sheet for participant details

| YOUNGER WOMEN | | | | | | | |
|---------------|------|-----|-----|----------------|-----------------|-----------------------|---------|
| | NAME | SEX | AGE | MARITAL STATUS | EDUCATION LEVEL | ROLE IN THE COMMUNITY | VILLAGE |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

Record sheet for participant details

| OLDER MEN | | | | | | | |
|-----------|------|-----|-----|----------------|-----------------|-----------------------|---------|
| | NAME | SEX | AGE | MARITAL STATUS | EDUCATION LEVEL | ROLE IN THE COMMUNITY | VILLAGE |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

Record sheet for participant details

| YOUNGER MEN | | | | | | | |
|-------------|------|-----|-----|----------------|-----------------|-----------------------|---------|
| | NAME | SEX | AGE | MARITAL STATUS | EDUCATION LEVEL | ROLE IN THE COMMUNITY | VILLAGE |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

Annex 7: Assessment form for community participation officers

An individual assessment and feedback session should take place with each of the community participation officers (CPOs) at the end of their five-day training. The supervisor and the master trainer should meet individually, for about 30 minutes, with each CPO and discuss their assessment of the CPO's skills and capacities. This assessment is important, because the CPOs need to know what they are good at and which skills they still need to work on.

It could happen that a candidate CPO who has taken part in the training does not possess the required experience and capacities to work as a CPO. The formal assessment is the moment at which this needs to be decided and communicated.

In the assessment session, the master trainer can start by asking the candidate CPOs to suggest the score they would give themselves for the skill or capacity in question and then share his or her own assessment. Comparing the candidate's assessment with the master trainer's assessment will allow the master trainer and the supervisor to find out how realistic the candidate is in his/her self-assessment and how open he/she is to constructive criticism.

On the assessment form, every skill or capacity should be given a score that indicates to what extent the candidate has demonstrated it.

The assessor/trainer gives a score for every skill or capacity that indicates to what extent the facilitator candidate has demonstrated it during the five-day training:

0 = never
1 = rarely
2 = often

In addition, also address to what extent:

- Sessions were well prepared
- The Manual for Community Facilitators was followed
- Introductions and closure were carried out
- Notes were taken during the session
- Reports are complete and prepared on time

Name of CPO:

Name of Assessor:

| Assessment form for community participation officers | | | |
|---|---|---|---|
| Skills/capacity | 0 | 1 | 2 |
| Understands concepts and exercises quickly | | | |
| Takes responsibility and leads in group work | | | |
| Is respected and listened to by other participants | | | |
| Listens to other participants | | | |
| Ensures that everyone in the group is heard | | | |
| Supports others | | | |
| Speaks to the big group in a loud and clear voice | | | |
| Is able to explain the participatory action and learning approach, its methods and principles | | | |
| Is able to listen actively and to teach others how to do so | | | |
| Stays neutral on content | | | |
| Can paraphrase what other people say and ask questions to clarify and introduce reflection | | | |
| Relates respectfully and appreciatively to the other generation | | | |
| Can give and listen to feedback and learns from it | | | |

Signator of Assessor:

Date and place:

Name of CPO:

Date and place:

Observer:

Date:

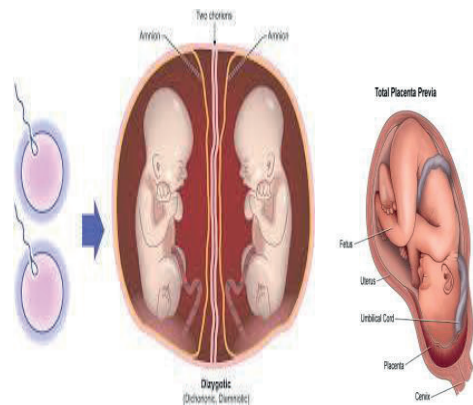
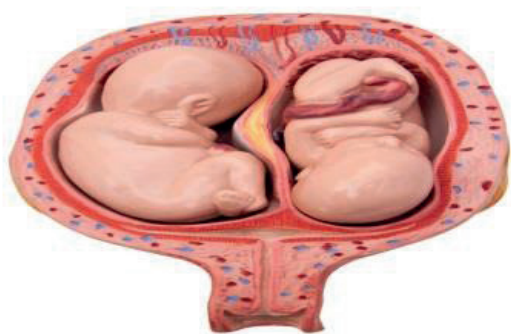
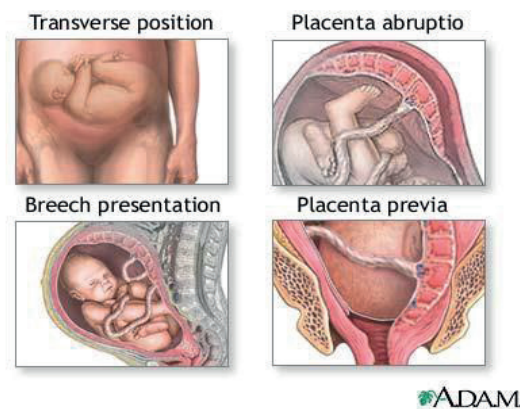
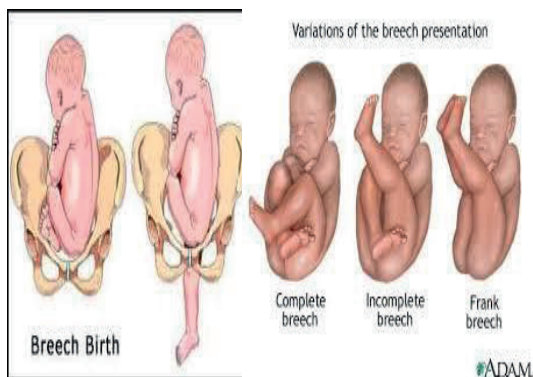
| Name of CPO | Welcoming, puts people at ease, keeps discussion respectful | Stays neutral on content, summarizes, seeks agreement | Listens actively, attentive to those not participating | Asks questions, invites critical reflection | Paraphrases to clarify | Gives and receives feedback | Keeps all participants involved |
|-------------|--|--|--|---|---------------------------|-----------------------------------|---------------------------------------|
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Annex 8: Pictures and PowerPoint presentations (dialogue session 3)

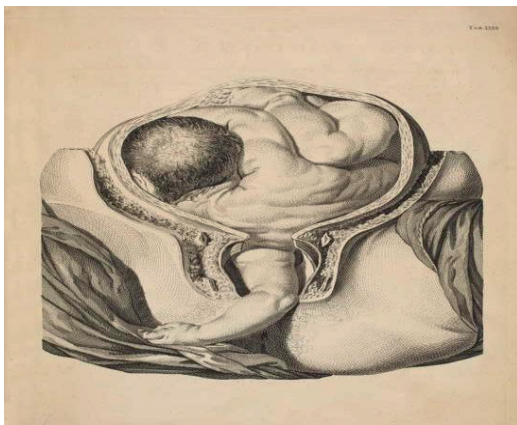
Summary of obstetric emergencies

Session

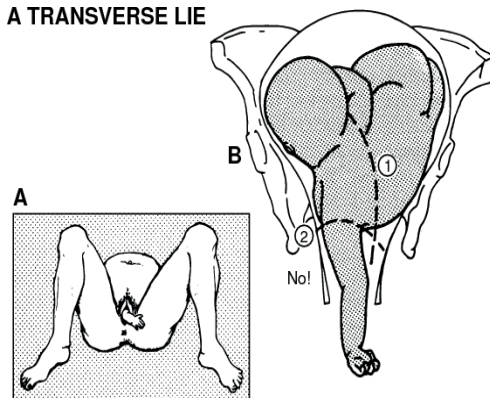
Danger signs that require urgent referral

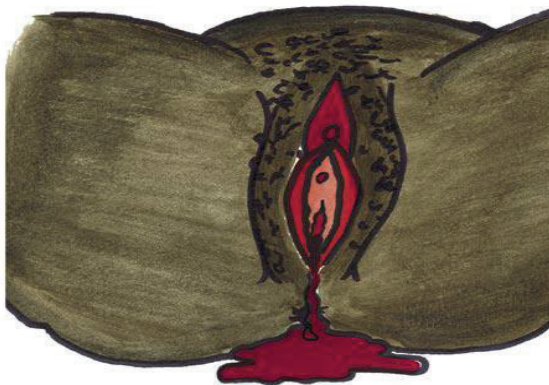
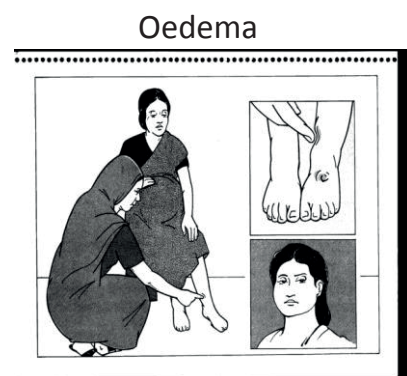


Cord around the neck



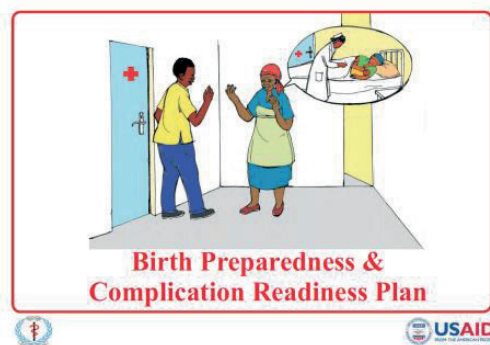
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Birth preparedness



1. Community health worker visiting a family and motivating pregnant woman for seeking antenatal care

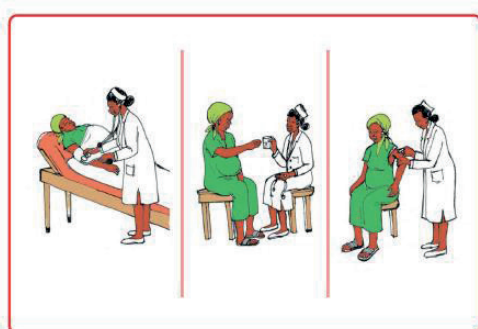
What do you see in the picture?
Community health worker visiting a family and meeting a pregnant woman and her family

Discussion:

- Why is it necessary for a pregnant woman to visit health facility or health worker?
- How many times a pregnant woman has to visit facility or health worker during a pregnancy?

Remember!

- To help the mother and baby stay healthy and to be aware of the problems and dangers of pregnancy, antenatal care is necessary.
- Every pregnant woman should visit a health facility or health worker at least four times during the antenatal period.



2. Antenatal care visits

What do you see in the picture?
Midwife measuring BP of the pregnant woman
Midwife giving medicine to pregnant woman
Midwife administering vaccine to pregnant woman

Discussion:

What health services are provided to a pregnant woman during antenatal care, when she visits a health facility?

Remember!

In each ANM, your female health worker is examining pregnant women to monitor the progress of pregnancy and to know, if she is prepared for delivery.

A pregnant woman is given tetanus vaccine for prevention of tetanus – a disease which could kill pregnant mother and her child.

A pregnant woman is given iron folate tablets to prevent anemia.

A pregnant woman is given advice on how to prepare for a clean delivery.



3. Diet During Pregnancy

What do you see in the picture?

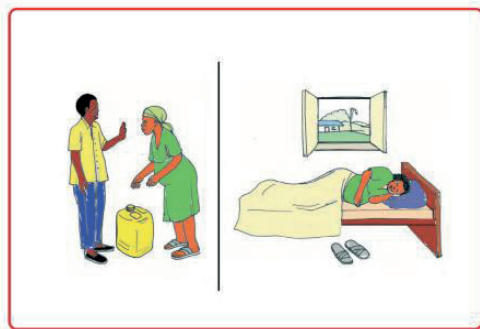
A pregnant woman with different types of food

Discussion:

Why is it necessary for a pregnant woman to eat more than usual every day?
What kinds of foods are beneficial for pregnant woman to eat?

Remember!

Every pregnant woman should eat 4-5 times (more than usual) each day to make sure that pregnant mother and her baby are healthy and strong.
The food should include vegetables, fresh fruits, dairy products, beans and nuts, grains, eggs, meat and iodized salt.



4. Rest and Pregnancy

What do you see in the picture?

The husband is asking her pregnant wife not to lift heavy objects.
A pregnant woman is resting in a well ventilated room

Discussion:

How much time a pregnant woman needs to rest every day?

Remember!

Pregnant women should avoid lifting heavy objects.
They should, at least, rest for two hours each day.



5. Saving money for emergency readiness

What do you see in the picture?

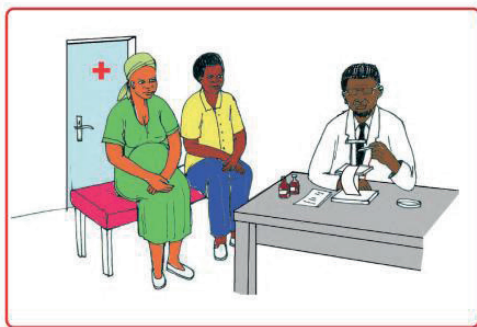
A woman is collecting money to have readiness for any complication that arises during pregnancy.

Discussion:

Why is it necessary for a pregnant woman to collect money for an emergency in advance?

Remember!

Most of the pregnancies proceed normally, but some of the pregnancies develop dangerous complications and when complications arise the families may not have enough money to pay for the transportation and emergency care, and therefore it is important to:
Collect money for transportation and emergency care
Start collecting from the beginning of the pregnancy



6. Measuring pregnant woman blood group and identifying a blood donor

What do you see in the picture?

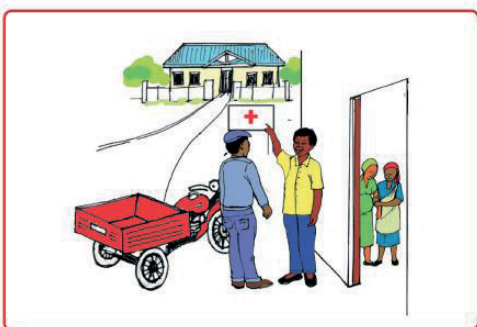
A pregnant woman in a health facility her husband to know their blood groups and see if her husband can give her blood in case she needs.

Discussion:

Why is it important to know pregnant woman blood group and to identify a blood donor in advance?

Remember!

Vaginal bleeding is one of the most frequent complications of pregnancy and delivery, most of the women die because of vaginal bleeding, and therefore it is important to: Identified a volunteer blood donor (among family and relatives)
Check the blood group of the pregnant woman and of donor if it is matching
Ensure the presence of blood donor during the delivery time (in home/at health facility)



7. Arranging a transportation means to transfer the pregnant woman

What do you see in the picture?

A man talking with another man to rent his cart to take his wife to health facility

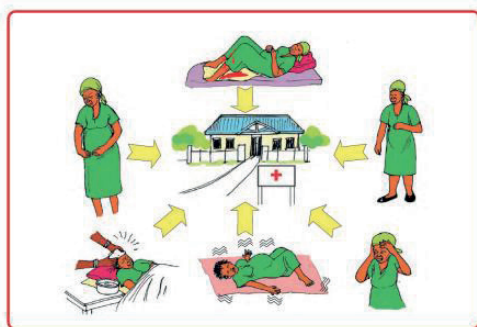
Discussion:

Why is it important to arrange transportation mean in advance?

Remember!

Majority of the pregnancies proceeds normally, but some of the pregnancies might develop complications and the woman's life is at risk if the families do not arrange transportation mean in advance that is why it is important to:

- Prepare a transportation mean like car, cart, etc to take the woman to a health facility when labor starts or in the case of an emergency or a danger sign.
- Identify the health facility which provide emergency health care.
- Know where a midwife is available.



8. Pregnancy danger signs and seeking care

What do you see in the picture?

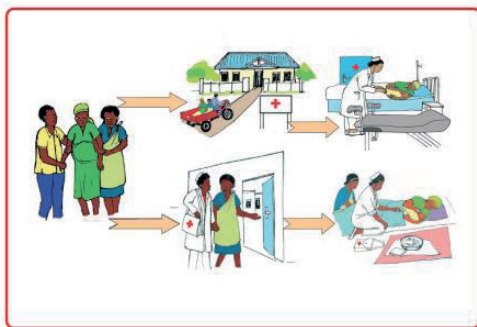
A woman who has:
• Vaginal bleeding • Swelling of hands and feet • Severe headache
• Fets and is unconscious • Fever after the birth of baby • Severe abdominal pain

Discussion:

What should a pregnant woman do if any of the shown conditions appears in a pregnant woman?

Remember!

Families must know the danger signs of pregnancy so that they can recognize them when they occur and seek care in a timely manner. The danger signs of pregnancy are:
• Convulsions or unconsciousness • Swelling of the face and hands • Severe Head ache with blurred vision • Severe Abdominal pain
If a family notice one or more of the above signs then a skilled birth attendant should be consulted or the patient should be transferred to a health facility.



9. Presence of a skilled birth attendant at time of delivery

What do you see in the picture?

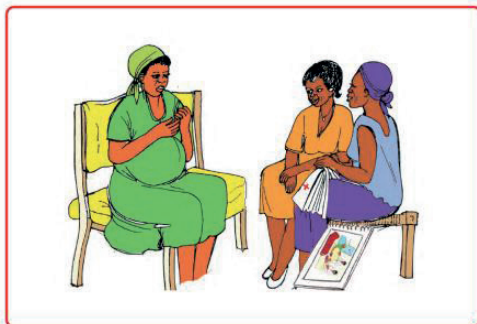
A pregnant woman who is about to deliver and her family have two ways to help her, one is to take her to the facility and the other is to bring a midwife or doctor home.

Discussion:

Why is it important to take a pregnant woman who is about to deliver to a health facility or to bring a doctor or midwife home?

Remember!

- To reduce the risks during delivery for mother and newborn, every pregnant woman should deliver under supervision of a midwife or a doctor.
- Deliveries at health facilities are safer than delivery in homes for both mother and baby.
- It is important to contact midwife or doctor before the delivery.



10. Feedback from the pregnant woman

What do you see in the picture?

The pregnant woman is repeating the messages which she has got from the CHW

Discussion:

Is it important for a CHW to take feedback at the end of each session from the pregnant woman?

Remember!

- CHW at the end of session should ask the pregnant woman to repeat the messages to make sure that the pregnant woman understands the messages correctly.
- If the pregnant woman is unable to recall most of the messages the CHW should plan another meeting for the same purpose.