



MANUAL FOR COMMUNITY FACILITATORS



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How to conduct a baseline community 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.

How to conduct community dialogue sessions

Conduct the sessions in order: session 1 in week 1, session 2 in week 2 etc.

What you need to prepare before every session

The day before the session:

- Make sure that all materials needed for the session are prepared.
- Make sure you bring the session record sheet (Annex 2).
- Make sure that the room/meeting place is clean and decorated. Organize mats or chairs so that participants can sit. Make sure that the space is appropriate to accommodate two groups of 20 persons, as well as four groups of 10 persons, sitting in a circle.
- Agree which community participation officer or community facilitator will take the lead for each exercise and what the other facilitators will do to support him/her.

In the morning before the session

- Jointly read and discuss the description of the session in the manual with all community facilitators and community participation officers.
 - Remember that questions to be asked to the participants are marked with this symbol: ❖
- Focus on the session objectives and put them on a flipchart.
- Assign one facilitator to be responsible for filling in the session record sheet (Annex 2).
- Assign one facilitator for keeping the time.
- Arrange drinking water.
- Organize the materials required.

What you need to do as part of every session

At the start of the session:

- Warmly welcome the participants as they enter the room/meeting place.
- If participants bring 'guests', kindly explain to them that only the selected participants may take part in these sessions, and make sure that the guests leave.
- When all participants have arrived, start the session with a song, an ice breaker, a story or a prayer.
- Pay attention to seating arrangements that promote participation.
- Inform the participants about the length of the session: about 3–4 hours.
- In all but the first session, remind participants briefly about the rules of the meeting: these were put on a flipchart in session 1 and can be taken along to each of the following sessions.
- In all but the first session, ask one or two participants to give a short summary of what happened in the previous session. Make sure to ask a different participant each time!
- Check 'homework': in all but the first session, ask the participants whether they have shared the previous week's discussions with their families and friends in the community and what these people have said. Did any of them have any new ideas? Or any strong reactions? Explain to all participants that they were selected because they appear to be people who are good at listening to others and also people whom others in the community listen to. The more community members are involved in the discussions, the better.

At the end of each session:

- Choose a way of letting the participants evaluate the session. Either, all participants say one thing they liked or did not like about the session, with the first participant standing up and saying something, the next one joining him/her and holding his/her hand, the next one joining etc. until they are all standing in a circle. Or, if there is not enough time or energy left for this, ask two volunteers from each generation to say what they liked most and what they found most challenging about the session.
- Before the participants leave, thank them and remind them to tell other community members about the session and to get their views on the issues that were discussed.
- When the participants have left, sit down together with the other facilitators and evaluate the session. Complete the session record sheet (Annex 2).
- Clean up the room/meeting place and collect all the things you will need again in the following week's session.

Remember these group configurations for the exercises



OLDER FEMALE



OLDER MALE



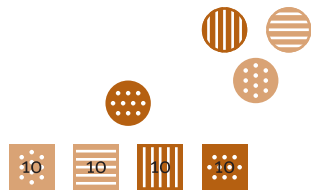
YOUNGER FEMALE



YOUNGER MALE

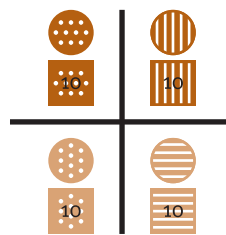
Plenary:

One of the facilitators leads the facilitation, and the others assist.



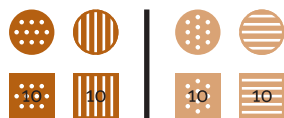
4 groups:

Each of the four facilitators facilitates one group with participants of the same sex and age.



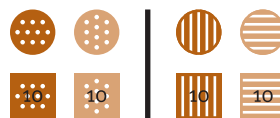
2 generational groups:

The older male and female facilitators facilitate the older group, and the younger male and female facilitators facilitate the younger group.



2 male/female groups:

The two female facilitators facilitate the female group, and the two male facilitators facilitate the male group.



Dialogue session 1 (week 1): Listening and dialogue skills

Before the participants arrive

- Think about signs of good listening. Prepare a few cards with simple drawings of such signs (e.g. a friendly, interested face; nodding; a slightly forward-leaning posture; eye contact).
- Put the programme objectives, overview of dialogue sessions and the role of participants on three separate flipcharts.

Objectives of the session

- To learn something about the other people
- To share why they are here
- To be able to tell others what they will be doing over the coming months
- To practise dialogue and listening skills

Required materials

Flipcharts, marker pens, post-its

Exercises

1. Facilitators' introductions (Plenary — 10 min)

- All four community facilitators and two community participation officers to introduce themselves.
- Introduce the objectives of the session and the programme.
- Talk about the need to get to know each other, listen to each other and communicate in a respectful way.



2. Introduction of participants (Plenary — 20 min)

- 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:
 - their 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).



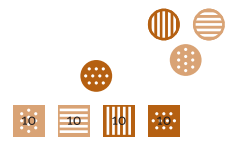
3. Culture, norms and practices related to generations and men and women

(Plenary — 20 min)

Purpose of this 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
 - Males and females
- 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 statements/saying. (The statements/sayings could be included in the record sheet for this session).
- 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?





4. Explanation of the objectives, approach and purposes of the programme

(Plenary — 20 min)

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.

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.

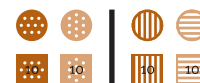
5. Setting the rules of the meeting (2 generational groups — 30 min)



- Invite the participants to form generational groups and to 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.
- Ask the participants to draw a symbol for each of the ground rules they come up with (e.g. a clock for punctuality, an ear for good listening).¹
- After 10 minutes, ask each group to appoint one person to present the ground rules to the plenary. Put the drawings of symbols up on the wall and use them to remind participants of the ground rules when necessary throughout the sessions.
- Add any ground rules which you think they 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.

¹ If all participants are illiterate, facilitators can do the drawing and writing on their behalf.

6. Generational listening exercise (Male/female groups — 30 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 (plenary). 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 (80 min)

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



Part 7.1 Role-play presentation by two facilitators to show dialogue skills exercise (Plenary — 30 min)

- Ask all participants to carefully watch the two role plays that will now be presented by the facilitators.
- 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.
- (Sing a feedback song if available.)

The role plays:

One facilitator 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 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:

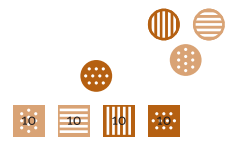
- Starts by asking if it is a good time to talk and finds a comfortable place
- Shows the gestures that are customary for approaching older people in a respectful manner
- Thanks the older woman/man for sharing his/her views and stories with him/her

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 persons 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 moment 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 7.2 Role-play presentation by participants to show dialogue skills (Plenary — 25 min)

- 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 on:
 - ❖ 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?



Part 7.3 Role play to show dialogue skills (Male/female groups — 25 min)

- 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 in the way they have just seen.
- 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 that 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:

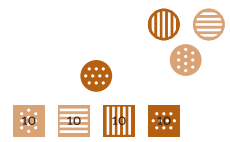
- What did they do well?
- What could they have done better?

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?

Make sure to comment on the difficulties of older people to listen to young people and ask questions.



8. Closure of the session (Plenary — 10 min)

- Ask the participants to share one thing they learned today that is important to them. Note down the answers for the report. Close with a prayer or song.

Dialogue session 2 (week 2): A life-cycle approach to sexual and reproductive health needs

Before the participants arrive

- Put traditional and modern objects in the middle of the room/meeting place. The objects should be related to women becoming sexually active and becoming pregnant and men becoming sexually active and becoming fathers, in the past and today in this community. There should be objects related to the daily life in the past and present for women and men, focusing on four phases of their lives. With these objects, participants from each generation should set up their respective life path.
- Bring an example of a drawing of a life cycle (made during the training of facilitators).

Objectives of the session

- 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.

Required materials

- Traditional and modern objects relating to men's and women's life cycles
- Flipcharts, marker pens, post-its

Exercises

1. Introductions (Plenary — 10 min)



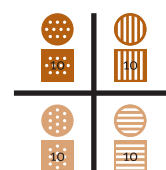
One of the facilitators introduces the objectives of the session and summarizes the main discussion points that emerged from session 1, to be presented by two participants.

2. Life paths in the past and today (30 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.

Part 2.1 Defining life phases (4 groups — 15 min)

- 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.



Part 2.2 Discussion of life paths (Male/female groups — 15 min)

- 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 changes between the past and the present to the group of women and men (use role play, songs, stories).



3. Discussion of the life path of women in the past and today (Plenary — 30 min)



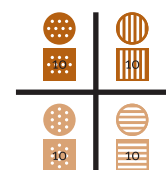
- Ask the female group to present in plenary. They describe the life paths with symbols, songs, sayings or role plays. Encourage the group to involve as many of their members as possible as ‘presenters’ — for example, different participants can present different sections of the life path, and all of them can take part in little role plays of typical scenes.
- When they have finished, invite the women to discuss their life paths.
- **Ask the women:**
 - ❖ Which were the best times for women in this life path, and why?
 - ❖ What was the hardest time, and why?
 - ❖ What are they proud of?
- **Ask the younger men:**
 - ❖ What was new for them?
 - ❖ What did they learn about a life path in the past?
 - ❖ What were they most impressed by?
- **Now ask the older men:**
 - ❖ What is different since they grew up?
 - ❖ What did they learn about a life path in the present?
 - ❖ What were they impressed by?

4. Discussion of the life path of men in the past and today (Plenary — 30 min)



- Now it is the men's turn. Afterwards, invite the men to reflect on what they presented and the younger and older women to pose questions (see above).
- Explore what were good changes and what valuable things were lost.
- At the end of this exercise, summarize and document the results of the discussions about the two life paths concerning sexual activity and pregnancy.
- You can point out how things have changed in many ways between the past and the present and that some of these changes have been considered positive (such as the availability of and access to maternal health care), while other aspects from the past are needed today but have been lost (such as mutual respect in the community, birth spacing).

5. Developing an understanding of the issues linked to sexual and reproductive health and rights (45 min)



Part 5.1 Discussion of issues and challenges related to the life path (4 groups)

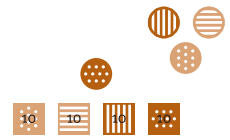
- Discuss in generational groups what the issues and challenges/dangers are in relation to sexual and reproductive health in the life path, for young women and men and older women and men — for example, the **issue** of pregnancy and birth and the **challenge/danger** of prolonged labour or bleeding.
- Link it to being a boy or a girl, a man or a woman: will the environment react differently? For example, the baby could be born too early or die, the mother could die during childbirth, a young man could leave his wife because she is breastfeeding etc.

Part 5.2 Completing a matrix and discussion about health services (Plenary)

- Put together on a flipchart the issues and challenges/dangers related to sexual and reproductive health discussed by each age group, using the matrix below.
- Link the issues and challenges to services available for communities.
- Identify possible gaps in services and discuss what communities can do themselves with regard to the issues and challenges/dangers identified.



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



6. Good topics and questions for the dialogues (Plenary — 10 min)

- Ask the participants what kind of questions they would like to pose to members of the other generation (but of their own sex!) in their peer groups/household.
- First, let the younger generation propose questions that they could pose to the older generation. They can be related to, for example:
 - Growing up, from girlhood to womanhood, in the past, and any customs related to this
 - Preparations for marriage and parenthood in the past
- Then ask the older generation to think about questions to ask members of the younger generation in their household.

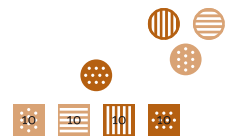
Make sure that the questions are open and positive. In other words, they should not contain implicit criticisms of the other generation (a bad question would be: *'Why don't you young people ever listen to your elders?'*). At the end of this exercise, all participants should have several questions that they can ask members of the other generation in their peer groups/households.

7. Homework assignment: practising dialogue skills in the households (Plenary — 5 min)

Ask all participants to practise their dialogue skills in the coming week in their peer groups or homes. At the next meeting, they are asked to report on how the members of the other generation in their households have responded to the talk about life-cycle challenges and issues concerning maternal and reproductive health.

8. Closure of the session (Plenary — 10 min)

- Ask participants to share one thing they learned today that is important to them. Note down the answers for the report. Close with a prayer or song.



Dialogue session 3 (week 3): What do we know about improving maternal health, and what are the causes of maternal mortality?

Before the participants arrive

- Read the baseline consultation notes or transcripts and collect information about women with complications during pregnancy or women who died during childbirth, including reasons and cultural practices.
- Prepare the session with the reproductive health expert who will provide the presentation.

Objectives of the session

- To learn about the dangers during pregnancy and delivery
- To identify and think about ways in which traditional beliefs, practices and norms affect maternal health, including early pregnancy
- To identify barriers to visiting health centres
- To identify possible changes and community action to improve mothers' and children's chances of survival

Required materials

- The life cycle that was created in session 2
- Projector and generator
- Flipcharts, marker pens, post-its

Exercises

1. Introductions (Plenary — 10 min)

- One of the facilitators introduces the objectives of the session and summarizes the main discussion points that emerged from session 2, to be presented by two participants.

2. Sharing information and knowledge (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 2.1 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 2.2 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 3).
- 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 community participation officer 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?

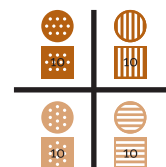
- Use the flipchart on postnatal care for mothers.
- Show the breastfeeding-counselling card. Ask about perceptions of feeding straight after birth.
- Explain the benefits of colostrum: it provides good nutrition, helps the baby's digestive system and boosts its immune system — a natural vaccine.

Part 2.3 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.

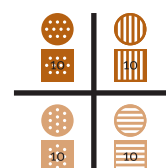
3. Group work: discussion in pairs (4 groups — 30 min)

- 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.



4. Group work: reflecting on the presentation (4 groups — 60 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 group 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 the top and the least important on the bottom.
- Ask the group to create a play or a song about the most important problems.



5. Presentation and discussion of results of group work (Plenary — 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.

6. Closure of the session (Plenary — 10 min)

- Ask participants to share one thing they learned today that is important to them. Note down the answers for the report. Close with a prayer or song.



Dialogue session 4 (week 4): Barriers and delays



Before the participants arrive

- Make pictures of potential allies in the community and people who are important to involve in the preparation of the public meeting (e.g. village chief, pastor, teachers, health workers, traditional birth attendants, village health committee, women leaders, young administrator, old men and women).

Objectives of the session

- To assess the delays that occur before accessing health services
- To discuss potential community, family and personal actions to address these delays

Required materials

- Flipcharts, marker pens, post-its
- Four copies of the social map that was made during the community baseline consultations
- The birth preparedness flipcharts (Annex 3)
- Post-its of all problems and changes identified in dialogue session 3 during the discussion on maternal health (exercise 4)

Exercises

1. Introductions (Plenary — 10 min)

- One of the facilitators introduces the objectives of the session and summarizes the main discussion points that emerged from session 3, to be presented by two participants.

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

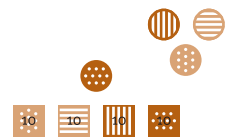
Explain that the Government of South Sudan has made services available with the help of non-governmental organizations, so that every woman and child has access to free antenatal care, delivery services, postnatal care and child health services. However, this does not always mean that they are used on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

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

Part 3.1 Social map and identification of barriers (4 groups — 60 min)

Each group should have a copy of the social map they developed earlier during the community baseline consultations.

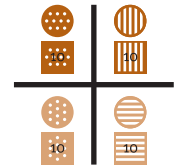
- Look at the map and remind each other where everything is.
- Identify on the map the houses of villagers who gave birth at the health facility or assisted by a skilled attendant. Discuss why they were able to deliver at the health facility or assisted by a skilled attendant.
- Identify the houses of 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 in dialogue session 3 (exercise 4). 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 3.2 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 charts 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.

4. What have we learned from the sessions so far? (60 min)



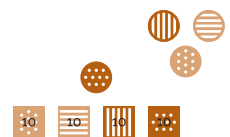
Part 4.1 Possible actions at the group and community level (4 groups — 30 min)

- 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.

Part 4.2 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)? Ask where they would deliver if they were pregnant again. Ask how much space there was between their last babies, and how much time they would want 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?

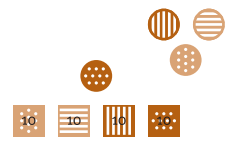
Remember that some women might not decide this on their own but may start a discussion with their husbands. Make sure women/men do not suggest actions that may put them in danger. Do not accept anything that links to advising others: it is about something they themselves would do.

5. 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?
 - ❖ What can they do to overcome problems?
 - ❖ What can they do 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.



6. Closure of the session (Plenary — 10 min)

- Ask participants to share one thing they learned today that is important to them. Note down the answers for the report. Close with a prayer or song. Remind participants that the next session could take an hour longer.

Dialogue session 5 (week 5): Preparing for the public meeting and follow-up

Before the participants arrive

- Review the notes/post-its with proposed changes that were discussed in each group in dialogue session 4.

Objectives of the session

- To share the experiences from working together with the older and younger generations
- To discuss the problems and potential solutions/changes that should be made
- To prepare suggested changes and commitments on what role each of them will play in stimulating change to improve maternal health for the public meeting
- To identify who will present the changes to the public meeting

Required materials

- Flipcharts, marker pens, post-its
- Notes/post-its with proposed changes that were discussed in each group in dialogue session 4

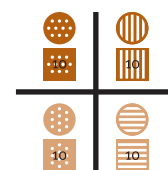
Exercises

1. Introductions (Plenary — 10 min)



One of the facilitators introduces the objectives of the session and summarizes the main discussion points that emerged from session 4, to be presented by two participants.

2. Commitments and requests for change (4 groups — 60 min)



The four groups share:

- What changes about maternal health, early pregnancy and birth spacing do they want to make as a group?
 - What priorities do they want to present to the other groups?
 - What personal changes they will make?
 - What changes do they request from the other groups (younger females/males, older females/males)?
 - Which requests do they have for the communities?
 - Who will present these commitments to change and the requests? (In each group this should be one older and younger participant.)
-
- Each group then considers what they appreciate about the other groups (younger females/males, older females/males).
 - Next, 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 the other groups
- Which ones they also want to share with the whole community



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

- Ask participants from the two groups:
- 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 conclusion, ask them:
 - ❖ 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 for 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 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 people 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 without protection against pregnancy and sexually transmitted infections). How to help girls and boys go to school and protect themselves from unwanted pregnancy (e.g. 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.).



4. Practising the statements (Plenary — 60 min)

- Arrange for female and male participants to meet and present to each other the statements they prepared in the last exercise. Remind them that they have to behave as role models for other community members. Start by greeting your fellow facilitators with respect and friendliness.

Part 4.1 Presentations of proposed changes

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 sign of appreciation. Thank all speakers for sharing their experiences and ideas.

Part 4.2 Presentations of what participants appreciate about the other sex

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 or 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.

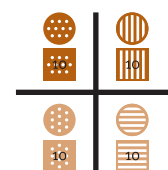
5. What to present about what they learned and appreciate about the others (Plenary — 30 min)



- 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.

6. 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 do 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 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.



7. Closure of the session (Plenary — 10 min)

- Ask participants to share one thing they learned today that is important to them. Note down the answers for the report. Close with a prayer or song.

Public meeting

Aim of the public meeting

The aim of the public meeting is to share the spirit and the results of the dialogue sessions with the whole community and to motivate as many community members as possible to support a process of change in the community.

The participants represent the enriching experience of entering into dialogue with each other and the community. With everything they have learned in the sessions, the participants act as role models for the other community members. They have basically been prepared to become agents of change for their communities.

The public meeting gives the participants of the dialogue sessions an opportunity for their pledges to be heard by everyone in the community. Since the participants will have formulated the commitments and requests in a very concrete way, it will be possible to follow up on whether they are put into practice.

Who should be invited to the public meeting?

The public meeting should be open to everybody in the community, including decision-makers and religious and traditional leaders. It is important that chiefs, teachers, health workers and other leaders attend the meeting. This ensures that community leaders are aware of the programme for a possible joint collaboration during the follow-up period.

What should happen at the public meeting?

- A community leader should welcome all community members who come to the meeting and briefly explain why the meeting is taking place.
- Representatives of young and older participants (both women and men separately) should present what they learned.
 - Participants can read out some of the statements that relate to the dialogue between the young and the old.
 - Participants can perform a role play that highlights some of the crucial issues that have been discussed in the sessions.
 - Participants present their pledges and requests.
- Community leaders should be invited to respond to the presentations.
- The community leader who opened the meeting should also close it. He/she should point out important issues mentioned by the participants. If there is a shared vision or hope for change, this should also be highlighted and combined with the affirmation that there is a good chance of achieving this in the coming months.
- The audience should be asked whether any of them would like to support the change process or look after the change process in their community, possibly in collaboration with the participants.
- The public meeting should be recorded on the recording sheet (Annex 2).

Follow-up meetings

Aim of the follow-up meetings

At the end of the first public meeting, the community as a whole, including its leaders, knows about the content of the sessions, the pledges and requests and a possible vision of change. It is good to ensure that the pledges and requests are not forgotten, by posting them in a public space in the community, where people can see them. Participants in the dialogue sessions and the community as a whole try to put the commitments to change into action.

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 and making change possible!

What should happen at follow-up meetings?

As facilitators, it will be your 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. Encourage them to do so, but do not pressure them. Each time you meet:

Ask the participants how they feel about their experience. Which developments do they see in their community?

- Go through the pledges, one by one.
- Start with the pledges that they, themselves, have made. Are they putting them into practice? What is the effect? Are they finding it hard?
 - ❖ Ask them about the requests: Do they feel like they are being put into practice? Encourage them to follow up the requests that were put to authorities and service providers in case they have not responded yet.
- Give all participants the opportunity to speak and share successes and difficulties they have encountered since the last meeting. If they are struggling with resistance in the community, help them think through possible ways forward and your role in supporting them.
- Make sure to appreciate any positive developments, even if they are only small steps.
- Follow-up meetings should be recorded on the recording sheet (Annex 2).

End-line consultation

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.

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 in 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/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;
 - 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 people 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 discussion in the community.

Annex 1: 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 2: Record sheet for the community

General information	
Village Name	
Payam	
Country	
Characteristics of the Village (Check which one is applicable)	
Name PHCC/U where most people from the village are going	<input type="checkbox"/> Close to PHCC with SBA <input type="checkbox"/> Close to PHCC without SBA <input type="checkbox"/> Far from PHCC/U with referral system <input type="checkbox"/> Far from PHCC/U without referral system <input type="checkbox"/> Other selection criteria

Participants (check their presence)					
Name	Attendance				
	Session 1	Session 2	Session 3	Session 4	Session 5
Older woman					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Older Man					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Participants (check their presence)					
Name	Attendance				
	Session 1	Session 2	Session 3	Session 4	Session 5
Girls					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Boys					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Baseline consultation	
Date Baseline consultation	
Baseline transcript available? (Check which one is applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Community dialogue sessions	
Date session 1	
Objectives	To learn something about each other To share why they are here. To be able to tell others what they will be doing in the coming months. To practice dialogue and listening skills .
Major issues emerging in session 1 ¹	
Date session 2	
Objectives	To increase understanding of the life stages and transitions linked to maternal health in woman and men's lives in the past and today . To allow both generations to feel that their life experiences are respected and appreciated. To identify SHR linked challenges at each phase in the life cycle and enable a reflection on services available for the SHR during the life cycle.
Major issues emerging in session 2	
Date session 3	
Objectives	To learn about the dangerous during pregnancy and delivery . To identify and think about ways in which traditional beliefs practices and norms affect maternal health including early pregnancy. To identify barriers to visiting health centres . To identify possible changes and community action to improve the changes of mothers and children to survive.
Major issues emerging in session 3	

¹ Focus on majority views and minority views that need to be remembered for the following session.

Community dialogue sessions	
Date session 4	
Objectives	To assess the delays that occur before accessing health services . To discuss potential community, family and personal actions to address these delays.
Major issues emerging in session 4	
Date session 5	
Objectives	To share the experiences between working together with the older and younger generation . To discuss the problems and potential solutions/change that should be made. To prepare suggested changes and commitments on what role each of them will play in stimulating change for improving maternal health for public meeting To identify who will present the changes to the public meeting.
Pledges session 5 ²	<p>Commitment 1</p> <p>Commitment 2</p> <p>Commitment 3</p> <p>Commitment 4</p> <p>Commitment 5</p>

² Be as specific as possible

Public Meeting	
Date of Public Meeting	
Number of community members attending	
Participation of chief(s) (Check which one is applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Action points	Action point 1 Action point 2 Action point 3 Action point 4 Action point 5
Other major issues	

Follow-up Meeting	
Date of Follow-up Meeting	
Most important finding of Follow-up Meeting	

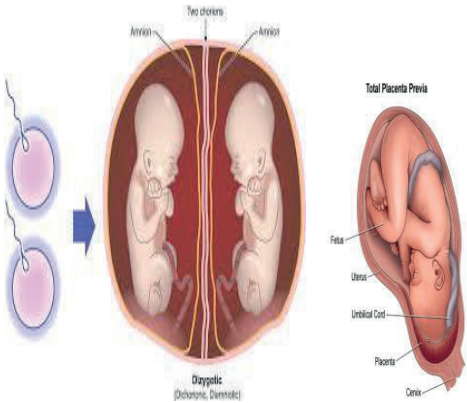
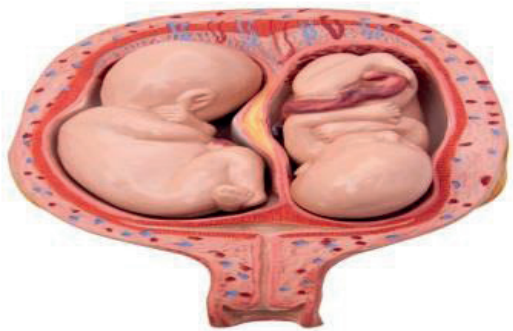
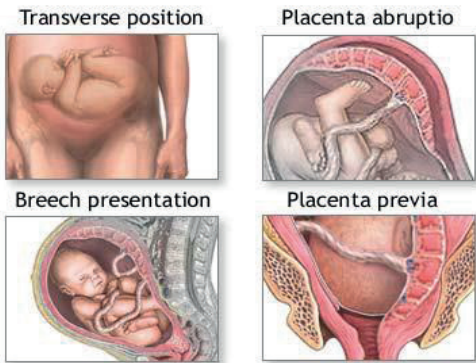
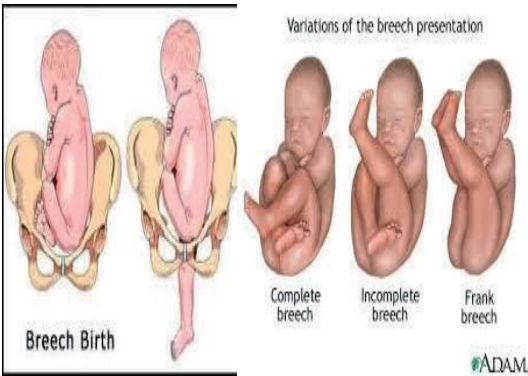
End line consultation	
Date of End line consultation	
End line transcript available? (Check which one is applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Annex 3: Pictures and PowerPoint presentations (dialogue session 3)

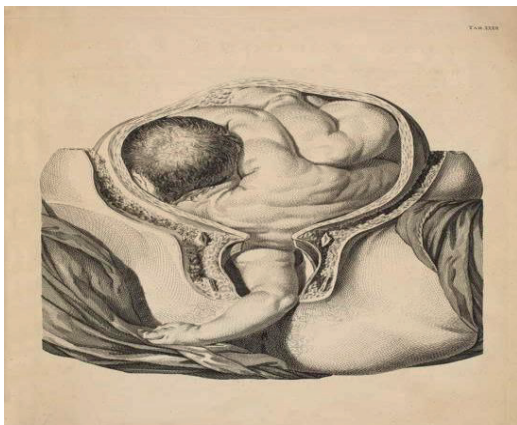
Summary of obstetric emergencies

Session

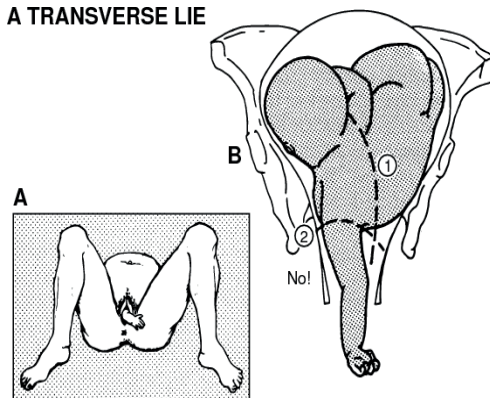
Danger signs that require urgent referral

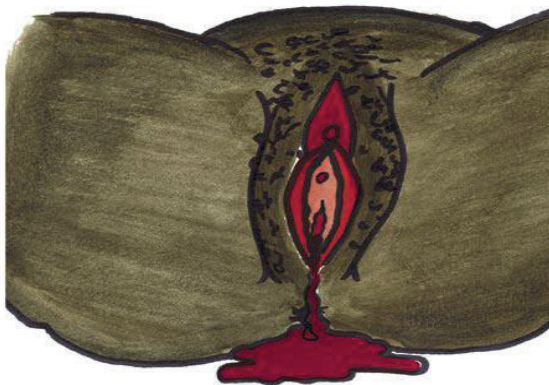
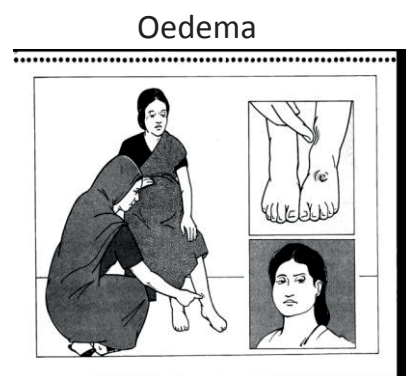


Cord around the neck



A TRANSVERSE LIE







Birth preparedness



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

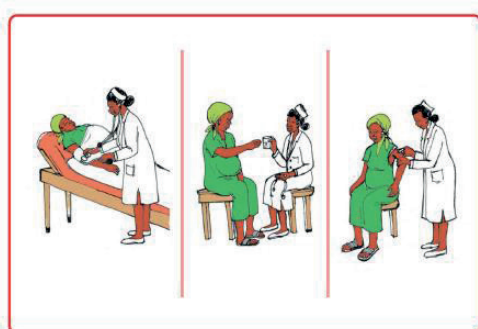
What do you see in the picture?
Community health worker visiting a family and meeting a pregnant woman and her family

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?

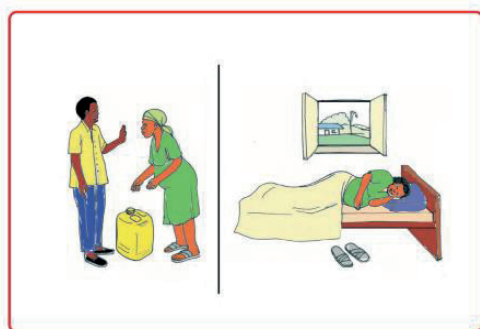
A pregnant woman with different types of food

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?

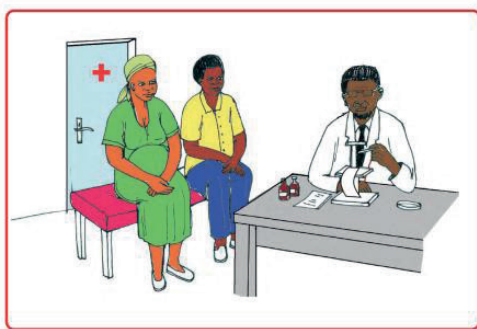
A woman is collecting money to have readiness for any complication that arises during pregnancy.

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?

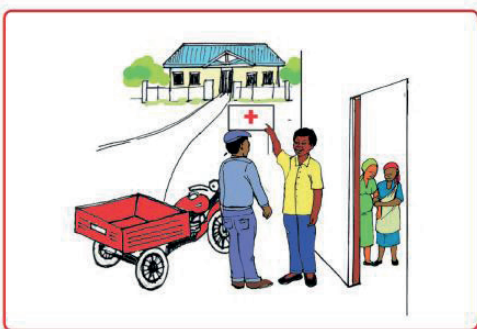
A pregnant woman in a health facility her husband to know their blood groups and see if her husband can give her blood in case she needs.

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?

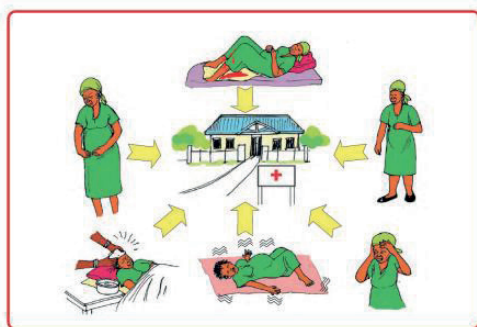
A man talking with another man to rent his cart to take his wife to health facility

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?

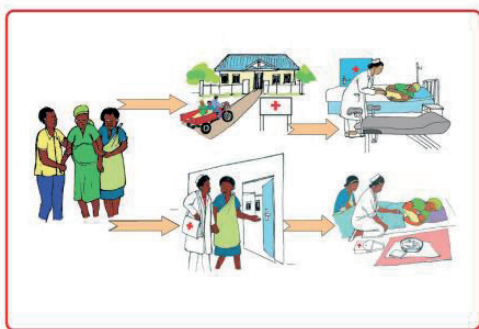
A woman who has:
• Vaginal bleeding • Swelling of hands and feet • Severe headache
• Fets and is unconscious • Fever after the birth of baby • Severe abdominal pain

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.