

# **A Guide to Action for Community Mobilization and Empowerment Focused on Postabortion Complications**

## ***Facilitator's Manual***

**Community Mobilization for Postabortion Care (COMMPPAC) Kenya**





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The RESPOND Project

c/o EngenderHealth

440 Ninth Avenue

New York, NY 10001 U.S.A.

Telephone: 212-561-8000

Fax: 212-561-8067

e-mail: [info@respondproject.org](mailto:info@respondproject.org)

[www.respondproject.org](http://www.respondproject.org)

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## Acknowledgments

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# Introduction for the Facilitators

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## Background

Maternal mortality remains a challenge in Sub-Saharan Africa, where estimates exceed 1,000 maternal deaths per 100,000 live births in some countries. Abortion-related complications are a major cause of maternal death, with a woman dying every eight minutes somewhere in a developing country due to complications arising from unsafe abortion or miscarriage. In Kenya, postabortion complications was the fourth leading cause of morbidity among women in 2006.<sup>1</sup> Given these staggering numbers, interventions to prevent unintended or unwanted pregnancies in Africa and to ensure access to quality care for women with postabortion complications is a public health imperative.

Successful prevention of maternal deaths hinges on a combination of community awareness and the availability of adequate and quality emergency obstetric care. In addition to skilled personnel, a supportive environment is needed to provide community-facility linkage, essential drugs and supplies, equipment, and a referral system.

Postabortion care (PAC) is an effective intervention to reduce maternal morbidity and mortality. PAC contributes to improving maternal survival and reducing unplanned pregnancies that may result in repeat abortion. It is focused on bleeding in the first half of pregnancy that is related to unsafe abortion or miscarriage. The three components of PAC include:

1. Emergency treatment for complications of spontaneous or induced abortion
2. Family planning counseling, service provision, sexually transmitted infection (STI) evaluation and treatment, and HIV counseling and/or referral for testing
3. Community empowerment via community awareness and mobilization

Common barriers to accessing PAC services often include lack of knowledge of sources of care, fear of stigma, dissatisfaction with provider attitudes and performance, cost of services, transportation difficulties, and misperceptions among communities regarding PAC and the perceived severity of complications.<sup>2</sup> Community mobilization and empowerment for action in prevention of unplanned pregnancies and management of abortion complications are guided by the three-delay model:

1. Delay in recognizing a problem
2. Delay in deciding to seek care in an appropriate obstetric facility
3. Delay in receiving appropriate care once the person is at the facility

Based on a model implemented in Bolivia, the Community Mobilization for Postabortion Care (COMMPAC) project in Kenya worked with community groups from five divisions of Nakuru district in Rift Valley Province from 2005 to 2007. The groups were trained in using the community action cycle (a participatory problem-solving approach involving community

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<sup>1</sup> Kenya Ministry of Health. 2008. Annual Health Sector Status Report: 2005–2007.

<sup>2</sup> Rasch, V., Huber, D., and Akande, E.O. 2007. *Report of the Postabortion Care Technical Advisory Panel*. Washington, DC: United States Agency for International Development (USAID), Bureau for Global Health, Office of Population and Reproductive Health, USAID Development Experience Clearinghouse DocID/Order No. PN-ADJ-329). Accessed at [http://pdf.usaid.gov/pdf\\_docs/PNADJ329.pdf](http://pdf.usaid.gov/pdf_docs/PNADJ329.pdf).

diagnosis, planning together, implementation of plans, participatory evaluation, and scaling up, as appropriate).

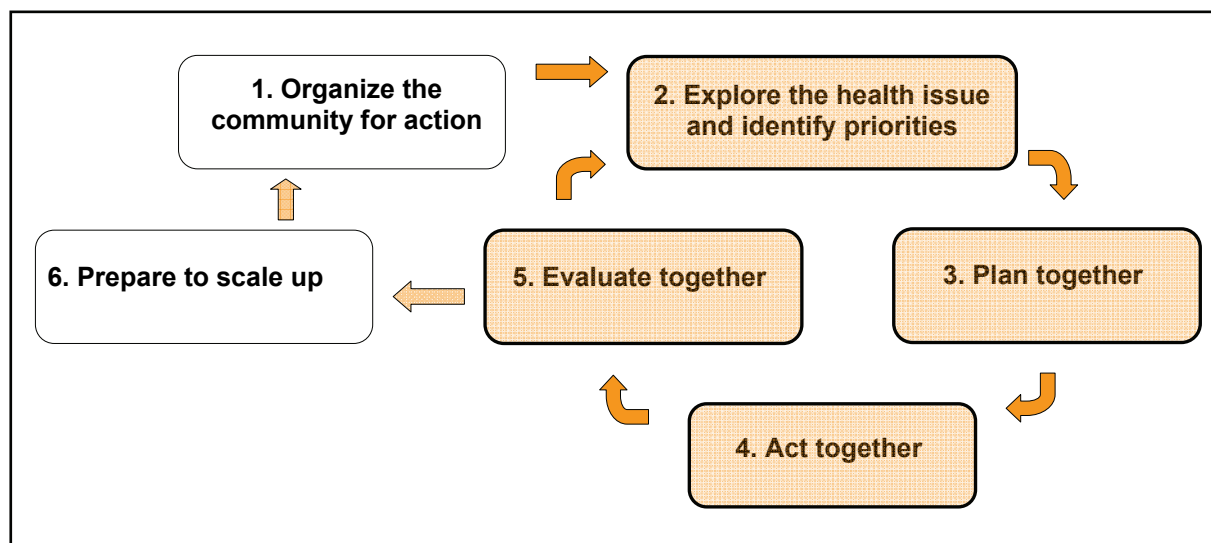
As a result of these experiences, the project team found it necessary to revise the training guide to expand its focus to work through the Kenya Ministry of Health's Community Strategy in support of community health extension workers (CHEWs) and community health workers (CHWs).

### **Important considerations when using this COMMPAC guide**

1. Begin by getting buy-in from the community and orienting them on the analysis of the causes and consequences of general problems during pregnancy, unplanned pregnancy, and postabortion complications.
2. Use the community action cycle model to help communities identify their problems and prioritize and solve the major problems relating to PAC.
3. Collaborate with different stakeholders and partners in resolving such problems while enhancing communication in reproductive health within families, between spouses, and among men, women, and youth.
4. Use different strategies/techniques when facilitating the workshop sessions to ensure group diversity (literacy level, culture, religion, etc.)
5. Consider the community calendar and gender roles and responsibilities when planning the workshop sessions. This affects availability for and participation in the community action cycle process.
6. Register, observe, and support the participation of the community members to achieve the indicated objectives.
7. Ensure that the participants reflect and talk about actual cases of pregnancy complications and related experiences in their community during the sessions.
8. Ensure that the sessions that facilitate the community's identification and prioritization of needs use a framework that relates to the "three delays."
9. After defining the community's needs, have the community groups proceed to the next step—the development of a community action plan.
10. Ensure that the CHWs and representatives of the community are in charge of implementing the plan.
11. Once the implementation and monitoring of the action plans is complete, instruct the groups to carry out a participatory evaluation by having the community evaluate the success of their action plans.
12. Once the participatory evaluation is concluded, have the same groups begin a new community action cycle and continue to address other identified problems.
13. Observe whether community empowerment advances with the completion of each cycle.

An overview of the community action cycle is presented in the illustration below.

### Overview of the Community Action Cycle



#### First Step: Organize the Community for Action

##### Objectives:

1. Orient the community and invite participation.
2. Build relationships and create trust, credibility, and a sense of ownership within the community.

#### Second Step: Explore the Issue and Set Priorities

##### Objectives:

1. Initiate reflection and create dialogue on life-threatening problems in the community related to pregnancy with a focus on unplanned pregnancy, incomplete abortion, and postabortion complications.
2. Know the perceptions and real life experiences of the community in relation to the delays of safe motherhood that contribute to maternal morbidity and mortality; achieve the identification and prioritization of needs in order to propose possible solutions through the creation of a Community Action Plan.

#### Third Step: Develop a Community Action Plan

##### Objectives:

1. Develop a document that identifies the causes of community-identified problems and organizes them through the search of possible solutions.
2. Organize the plan while taking into account the health establishments within the area of the project influence, categorizing the problems encountered, and thinking about the three delays.
3. Ensure community participation in the application, implementation, execution, follow-up, and evaluation of the plan.

#### Fourth Step: Act Together to Implement and Monitor the Community Action Plan

##### Objectives:

1. Apply the proposed solutions to the community needs and problems identified during the previous steps.
2. Proceed with interventions at the health establishment level, to conduct activities relating to health centers.
3. Using the provided matrix, develop a plan that addresses the themes proposed in the action plan.

## **Fifth Step: Conduct Participatory Evaluation**

### **Objectives:**

1. Know the degree to which the action plan has been implemented.
2. Ensure the community itself can identify whether different proposed solutions addressing the needs and problems in the participatory action plan are successful using different techniques (using provided matrix, mapping, and story telling)
3. Ensure the elements are present to initiate a new community action cycle.
4. Rise to another level of community empowerment.

## **Sixth Step: Scale Up**

### **Objectives:**

1. Assess the potential to scale up.
2. Build consensus and begin the cycle again.

## **Tips for the Facilitator**

### ***Prepare yourself***

Before working with communities, it is important for CHEWs and CHWs to consider their own feelings about unsafe abortion and related bleeding complications in the first half of pregnancy, as these feelings might affect how they do their work. This training manual is based on the principle that the process of change begins with each of us as individuals. As such, it is important for the team to become accustomed to talking openly about such matters.

### ***Make group sessions accessible***

It is usually easier to work regularly with community members who already belong to groups. However, the most marginalized and vulnerable members of communities are often less likely to be members of such groups or institutions; therefore, to target these people, the CHW needs to think about how to conduct outreach and how to encourage these community members to participate fully in the group work process.

It is also important to consider practical ways to make group sessions as accessible as possible. For example, ensure that work sessions are carried out at a time and place that is appropriate, easy, and safe for community members.

### ***Build relationships with participants***

To work successfully in the area of reproductive health, it is vital that health care providers build trusting relationships with the community groups. Without this, community members may be unwilling to share their own experiences and discuss what needs to change.

### ***Plan group mobilization sessions***

The ability to arrange a series of sessions will depend on local circumstances but, in general, taking the following steps will be helpful:

- Work with informal leaders and respected members of the community and ask them to help convene sessions.
- Work with key stakeholders to ensure that community members affected by the issue can attend the sessions.
- Ask for volunteers to ensure that others come to the sessions.
- Arrange sessions at places and times where community members already meet.
- Make any special arrangements to enable people to attend, such as childcare for women with children.
- Welcome everyone, especially new members.

- Remind everyone about why the group is meeting, what the group is working on, and how it has agreed to work.
- In subsequent sessions, invite the group to recap the previous session's discussion, review actions taken since the last session, and discuss any issues.
- Agree on the issues you will discuss and use one or more tools to explore those issues.
- Agree on recommendations for action arising from the discussion.
- Summarize the key points.
- Check participants' feelings about the session and how to improve it.
- Make plans for the next session.

### **Introductions**

Some groups may contain community members who know each other well, while others may not. Whatever the case, it is helpful to begin any group work with activities that help people feel more comfortable with each other. This can involve thinking of fun ways for group members to get to know each other better, such as playing games.

### **Setting ground rules**

It is important to set ground rules because they describe how people will work together. Ground rules are important for any group process, but especially when discussing sensitive subjects.

### **Energy and humor**

Maintaining participants' energy during group work is important. Members may feel overwhelmed by difficult issues, which will reduce their energy levels. Using humor, however, can be a helpful learning tool, because people learn better when they feel more comfortable and relaxed. The group's energy and good humor can be maintained through the use of energizers and icebreakers. (Examples are offered in Annex 3.)

### **Key skills**

A critical part of the process is to find ways to help people work together productively. To do this, facilitators need skills in the following:

1. **Active listening**—Active listening means more than just hearing what a person said. It means letting people know that they are being heard and understood. Active listening encourages people to be more open in sharing their experiences, thoughts, and feelings. Active listening involves the following:
  - Using body language and facial expressions to show interest and understanding.
  - Listening not only to *what* is said, but also to **how** it is said, by paying attention to the speaker's body language.
  - Asking questions of the person who is speaking, showing a desire to understand.
  - Summarizing the discussions to check understanding of what has been said.

Participants also need good listening skills. From the start, it is important to make it clear that the purpose of the sessions is to encourage discussion **among** participants, rather than between participants and the facilitator.

2. **Effective questioning**—Effective questioning involves the following:
  - Asking open-ended questions; for example, using why, what, when, where, who, and how to propose a question.
  - Asking probing questions, which follow people's answers with further questions that look deeper into the issue or problem.

- Asking clarifying questions by rewording a previous question.
  - Asking questions about how people feel, not just what they know.
3. **Facilitating group discussions**—Facilitating discussions is another basic skill for mobilizing communities. This skill is needed to increase participation in group discussions and to ensure that members are given the opportunity to express their interests. Good facilitation helps to improve the quality of discussions and problem solving. It also helps groups to agree on changes that are needed and commit to acting on them.
  4. **Clearly introducing each session**—It is important to provide an introduction and explanation of the objectives and what will be discussed before each session. This should be clear and followed by simple instructions. It is important to check that the participants have understood what you have said and whether they have any questions. If there are specific tasks to be completed in small groups, take time at the beginning, before they have started the task, to go around to each group and check that they are clear about what to do.
  5. **Involving everyone**—Helping everyone to feel comfortable taking part in discussions is an important part of facilitation. This involves paying attention to each member’s level of participation. There may be many reasons why someone is quiet during a discussion. The person may be shy or ill, or he/she may simply be thinking deeply. In general, it is a good idea to try to bring quiet group members into the discussion, for example, by asking them direct questions. If someone is very talkative, you can ask him/her to allow others to take part. One way to encourage full participation is to ask every member to say something in turn or to break into pairs or small groups.
  6. **Guiding the discussion and staying focused**—Help the group to explore issues by asking probing questions and encouraging the expression of different points of view. Summarize the discussion (checking for areas of agreement and conflict) and note any action points that have arisen. A key task is to help the group stay focused. If the group seems to be losing its focus, remind them of the objectives for the activity and the issues that are being addressed. Posting on the wall a “parking bay” (a sheet of flipchart paper on which to “park” a topic for future discussion) is also important, to address issues that come up but that may not be relevant to the current discussion. These items should be revisited later.
  7. **Managing conflict**—Talking about unsafe abortion and bleeding in the first half of pregnancy may give rise to disagreements in the group. Facilitators need to welcome this kind of disagreement, anticipate it, identify safe ways to respond, and move forward. Often, it is through disagreement with others that we come to better understand our own thoughts and feelings. But there may be situations when disagreement turns into conflict. When this is the case, people put their energy into defending their own positions rather than exploring the issues with each other. Helping the group to manage conflict is a key role for the facilitator. The following are examples of how to manage conflict:
    - Have people state clearly their concerns and their reasons for the concerns to reduce the danger of other people making assumptions.
    - Ensure people are listening carefully to others, and, if necessary, have them repeat what others said to make sure they heard correctly.
    - Help people identify areas of agreement and shared concern to create common ground so they can come together to resolve a conflict.

8. **Achieving common ground**—It will often not be possible or desirable to achieve agreement among group members. In such cases, ask people to reflect on areas of ‘common ground’ for the group, as well as points of difference that may need further discussion. The facilitator or group should also summarize the main points of the discussion and any action points that they have agreed on. Encourage people to thank each other for their contributions and to celebrate the achievements of the meeting.
9. **Dealing with challenges**—Facilitating a group meeting will almost certainly mean dealing with negative or disruptive behaviors, such as participants chatting amongst themselves or a few vocal individuals dominating the discussion. Reminding the group of its ground rules and asking everyone to be responsible for maintaining them is a good way to deal with such disruptions.
10. **Challenging harmful points of view**—Members of the group are likely to have strong views about issues such as bleeding in pregnancy. Everyone has a right to their opinion, but it is the role of the facilitator to see that harmful points of view are challenged, ideally, by participants themselves, but, failing that, by the facilitator. The best way to do this is not only to repeat the core values and messages of the training, but also to give the person a chance to think more deeply about their point of view and the impact that it has. The facilitator should also encourage everyone to listen more closely to different points of view in the group. This can be difficult, but it is vital in helping members to work towards positive change. Some things the facilitator may say or do to deal with such a situation may include the following:
  - Ask for clarification. For example, say: *“I appreciate you sharing your opinion with us. Can you tell us why you feel that way?”*
  - Seek a different point of view. For example, say: *“Thank you. So at least one person feels that way. What do the rest of you think?”*
  - If another point of view is not offered, provide one. For example, say: *“I know that a lot of people disagree with that statement. Most women and men I know feel .....”*
  - Offer facts that support a different point of view. For example, say: *“The facts are clear”* and elaborate on them.

It is important to remember that changing deeply held views is difficult. Even after the facilitator has used these four steps, it is unlikely that the group member will openly change his/her opinion. But, by challenging the statement, the facilitator has provided another point of view that the member will be more likely to think about and, it is hoped, adopt later.
11. **Using role plays effectively**—Role plays (including acting, singing, and dancing) can be helpful. Role-playing demands more from people than just talking about an issue. It involves going deeper into what they think and feel. Ways to ensure that role plays are useful and effective include the following:
  - Remain aware of not only what is happening in the scene, but how the rest of the group is reacting.
  - Pause a role play when there is an opportunity to discuss a key issue. Then ask questions of the actors and the other participants about what is happening, why it is happening, and the implications—and use those questions to develop key learning points.
  - Support humor as a way to relax people, but ensure that it does not take over and lose the point of the role play.

### The Do's and Don'ts of Facilitation

Do ✓	Don't ✖
Introduce yourself	Forget to tell people who you are and why you are there
Listen	Talk all the time
Listen actively to others	Interrupt others
Observe nonverbal communication	Just listen to what is said
Create a relaxing environment	Allow constant distractions
Be flexible	Be rigid
Be patient	Be impatient
Respect different viewpoints	Dismiss or ignore different viewpoints
Talk slowly and clearly	Mumble
Be tolerant	Be intolerant
Be open and transparent	Be secretive
Be practical	Be theoretical all the time
Have a good understanding of the issues	Try and fake your way through
Build trust with people	Let people down or make promises you can't keep
Discuss	Keep silent or refrain initiative
Ask open-ended, problem-posing questions, such as "why do you believe that?"	Ask "yes" or "no" questions
Focus on the issue not the person	Focus on one person alone
Involve everybody	Exclude some people or favor others
Talk calmly	Shout
Use visual aids where possible	Just talk, without using visual aids to engage people
Give constructive feedback	Give destructive feedback
Learn	Lecture or pretend you know all the answers
Relax	Rush
Give people time to think	Interrupt silences too often
Show you understand what they have said by repeating it	Worry about asking for clarification
Summarize	Just listen without ever summing up the points raised
Work with people	Encourage the participants to be engaged and support them
Facilitate	Dominate or lead people down your own agenda
Use appropriate body language	Be physically dominating
Empathize and be supportive	Judge
Share: time, food, ideas, and knowledge	Keep everything to yourself

Note: This chart is adapted from the content of a workshop entitled "The challenge of inclusion," conducted by Oxfam in Albania in 2000.



## Sample Agenda

### Day 1:

8:30–9:30 AM	Welcome and Introductions
9:30–10:00 AM	What Is Comprehensive Postabortion Care?
10:00–10:30 AM	What Is Community Mobilization?
10:30–11:00 AM	Tea Break
11:00 AM–12:00 PM	Introduction to the Community Action Cycle
12:00–1:00 PM	Overcoming Barriers to Participation
1:00–2:00 PM	Lunch
2:00–3:00 PM	Gender: Understanding Reproductive Health
3:00–4:00 PM	Gender: Agree-Disagree
4:00–5:00 PM	Gender and Violence
5:00–5:15 PM	Daily Evaluation

### Day 2:

8:30–8:45 AM	Recap of Day 1
8:45–9:30 AM	Introduction—Recognizing Problems in the First Five Months of Pregnancy
9:30–10:30 AM	Pregnancy in Our Life (Life Histories)
10:30–11:00 AM	Tea Break
11:00–11:30 AM	Group Presentations
11:30 AM–12:00 PM	Analysis and Identification of First Delay
12:00–1:00 PM	Routes Taken
1:00–2:00 PM	Lunch
2:00–3:00 PM	The Bridge of Possibilities
3:00–3:30 PM	Assigning Homework
3:30–3:45 PM	Daily Evaluation

### Day 3:

8:30–8:45 AM	Recap of Day 2
8:45–9:30 AM	Review of Homework
9:30–10:30 AM	Prioritizing the Needs Found in the Community
10:30–11:00 AM	Tea Break
11:00 AM–12:00 PM	Mapping Health Resources and Services
12:00–1:00 PM	Group Presentation and Analysis
1:00–2:00 PM	Lunch
2:00–3:00 PM	Bridge of Possibilities
3:00–3:30 PM	Assigning Homework
3:30–3:45 PM	Daily Evaluation

## Sample Agenda (cont. )

### Day 4:

8:30–8:45 AM	Recap of Day 3
8:45–9:30 AM	Review of Homework
9:30–10:30 AM	Prioritizing the Needs Found in the Community
10:30–11:00 AM	Tea Break
11:00 AM–12:00 PM	Resolving the Health Problem (Role Play)
12:00–1:00 PM	Group Presentation and Analysis
1:00–2:00 PM	Lunch
2:00–3:00 PM	Bridge of Possibilities and Final Prioritization
3:00–5:00 PM	Developing a Group Action Plan
5:00–5:15 PM	Daily Evaluation

### Day 5:

8:30–8:45 AM	Recap of Day 4
8:45–10:00 AM	Developing a Community Action Plan
10:00–10:30 AM	Tea Break
10:30 AM–1:00 PM	Developing an Action Plan
1:00–2:00 PM	Lunch
2:00–4:15 PM	Creating a Joint Plan of Action
4:15–5:30 PM	Planning the Presentation of the Action Plan to Local Authorities

### Day 6: Preparing for Challenges Ahead

8:30–10:00 AM	Building Leadership Skills
10:00–10:30 AM	Tea Break
10:30 AM–12:00 PM	Identifying Strategies for Resolving Conflict
12:00–1:00 PM	Couple Communication
1:00–2:00 PM	Lunch
2:00–3:30 PM	Building Financial Management Capacity
3:30–4:15 PM	Linking to Outside Funding Resources
4:15–5:00 PM	Proposal Writing
5:00–5:30 PM	Workshop Closing

## Session I: Welcome and Introductions

### Objective

To know the participants and their expectations regarding the workshop.

### Time

1 hour

### Materials

- Name tags, notebooks, pens
- Participant attendance sheet
- Large sheets of paper
- Markers
- Index cards
- Masking tape
- Previously filled out session plan/program (see “Session Plan for Facilitators,” page 23)
- Initial pretest questionnaire
- Large sheet of paper with the objective and agenda for each session

### Advance Preparation

1. Create a welcome poster and hang it in the meeting room so that it can be seen during the sessions.
2. Make enough copies of the participant registration form to hand out to all attendees. (See Annex 1 for a sample registration form.)
3. Write down the session objectives and agenda on a piece of flipchart paper and post it in a place that is accessible to all participants.
4. Draw a poster of the community action cycle, without labels. List each of the steps of the community action cycle on separate pieces of paper that can be placed on the cycle at the end of each session as the participants learn about them.

### Activities

1. Have the participants complete the registration form (name, gender, age, etc.)

#### Note to the Facilitators

It is important to begin this activity from the time the first person enters the room. Make sure to check the registry to confirm that complete data have been collected for each participant. If information is missing, complete it in the next session.

2. Have the participants introduce themselves so that they can get to know each other and establish relationships of trust, and to express their expectations. Write these expectations on a piece of flipchart paper. In the last session, these expectations will be reviewed to determine if they have been fulfilled.
3. Explain to the participants that they will establish their own workshop rules. Develop the ground rules of the session with all of the participants and write these on a piece of flipchart paper.
4. Hand out the pretest (Annex 2). After collecting the questionnaires, check them over to make sure that all questions have been filled out completely.
5. Explain the community action cycle and the point of the training.

### Notes to the Facilitators

You need to ensure that the participants understand the importance of the sessions. Explain that the community mobilization sessions will permit dialogue and conversation about the community, how community members feel, their experiences, and what preoccupations and problems they have concerning their sexual and reproductive health, with an emphasis on postabortion complications.

Ensure that the participants understand that the sessions will be a conversation and not a lecture **(the objective being not to teach participants, but to learn from them and facilitate learning among them)**. Stress that their opinion is important, that they must feel free to say what they think (note that nothing they say will be correct or incorrect, everything is important, and this is how we will learn), and that they are the ones who can recognize the problems of the community (note that they are representatives of their community and that they are not being graded or evaluated). Also remind them that all of their ideas will be respected.

6. Post the prepared flipchart showing the session objectives and agenda and review these and the schedule with all of the participants. Remind them that all participants should commit to attending the sessions during the hours decided upon.

### Note to the Facilitators

Do not forget to check off each objective as it is achieved during the session.

## Postabortion Care (Bleeding in Pregnancy) and Community Mobilization: An Introduction

### Session 2: What Is Comprehensive Postabortion Care?

#### Objectives

To help the participants understand postabortion care (PAC)

#### Time

30 minutes

#### Materials

- Flipchart paper
- Markers

#### Advance Preparation

1. Prepare a flipchart, outlining the three elements of PAC, as follows:

Postabortion care (PAC) is made up of three main elements:

- Emergency treatment for complications of miscarriage or abortion
- Family planning counseling and services as well as testing for sexually transmitted infections and HIV
- Community empowerment through community awareness and mobilization

## Activities

1. Ask the participants what they understand by the terms “postabortion care” or “PAC.” If no one has heard of the term, ask them about what causes bleeding in the first half of pregnancy.
2. Ask them if they think this is an issue in their communities. Whether or not they see this as a problem, help them to understand that bleeding in pregnancy (either because of miscarriage or unsafe abortion) is common. Highlight that in Kenya, complications from unsafe abortion or miscarriage (bleeding in pregnancy) represented the fourth-leading cause of illness among women in 2006. The Rift Valley Province has consistently had the highest number of cases of abortion-related outpatient morbidity in the country since at least 2003.
3. Post and review the prepared flipchart on the three elements of PAC. Explain that this training manual focuses primarily on the third element—mobilizing communities to action around bleeding in pregnancy—but that it is important to understand all three elements.
4. Ask the participants:
  - Why is it important to understand emergency treatment for complications of miscarriage or abortion?
  - Why are family planning counseling and services (including provision of a contraceptive method, if desired) important?

### Note to the Facilitators

Make sure that the group is aware that a woman who has had an abortion or miscarriage is at immediate risk of another pregnancy, since ovulation can occur within **two weeks** following the end of a pregnancy. Remind them that having a caring and well-informed provider is critical to good quality care.

5. Wrap up this session by explaining that we will continue to explore these issues as the training progresses, but, at the very least, this session serves as an introduction to those not familiar with PAC and as a refresher for those who already are. Community engagement is a critical factor for preventing unwanted pregnancies and unsafe abortions and in increasing women’s access to PAC services.

## Session 3: What Is Community Mobilization?

### Objective

To help the participants understand the meaning of the term “community mobilization” and its characteristics.

### Time

30 minutes

### Materials

- Notecards approximately 4” x 2” (10 white cards, plus enough cards of another color to give each participant one colored card, plus a few extras)
- Masking tape or pins to stick cards to the wall
- Colored markers (one per participant, several for the trainers)
- Flipchart paper

### Advance Preparation

1. Prepare a flipchart defining the term “community mobilization” (as defined in Trainer’s Resource 1).

2. On the white cards, write some of the key aspects of community mobilization presented in Trainer's Resource 1.
3. Prepare a flipchart outlining the community action cycle.

### Activities

1. Ask the participants to explain what they understand by the term "community mobilization." Hand out the cards and ask each participant to write one major characteristic of community mobilization in big letters on a colored card, using a colored marker. When they are done, have them post their cards on the wall at the front of the room.
2. Review the list of characteristics the participants have developed. Post the definition of community mobilization and the white cards on the front wall. Ask the participants to note where similarities exist between the white cards and the colored cards. Move the colored cards next to those that are similar. Ask the group to compare and contrast the cards and the definition.
3. If there are colored cards that are not similar to the white cards, discuss why these items should or should not be included as part of the characteristics of community mobilization.
4. Take about 15 minutes to share with the participants the overview of "What is community mobilization" (Trainer's Resource 1). Ask whether the participants have questions, observations, or other comments, and discuss these further.
5. Hang the flipchart showing the community action cycle on the wall and explain the cycle, indicating where in the cycle they are and where they will be at the end of the sessions.

## Session 4: Introduction to the Community Action Cycle

### Objectives

To review the steps within the community action cycle and become familiar with the important elements within each step.

### Time

1 hour

### Materials

- Flipchart paper
- Markers

### Advance Preparation

1. Write out on a piece of flipchart paper the following steps:

#### Community Action Cycle

1. Organize together
2. Explore the issue and set priorities together
3. Plan together
4. Act together
5. Evaluate together
6. Scale up together

2. Prepare flipcharts describing the key elements of the six steps of the community action cycle, as follows:

**1. Organize together**

- Orient the community
- Build relationships, trust, credibility, and a sense of ownership with the community and opinion leaders
- Invite community participation
- Ensure that those most affected by the problem are included
- Raise awareness

**2. Explore the issue and set priorities together**

- Explore the health issue
- Gather information
- Analyze information, including the underlying causes behind the problem
- Set priorities for action

**3. Plan together**

- Determine who will be involved, what their roles and responsibilities are, and when the action will take place
- Decide what resources are needed to carry out the actions and how progress will be monitored
- Facilitate the planning session with the community
- Coordinate with other relevant stakeholders

**4. Act together**

- Strengthen community capacity to carry out its action plan
- Ensure that the community does what it planned to do
- Monitor community progress
- Problem-solve, troubleshoot, advise, and mediate conflicts

**5. Evaluate together**

- Conduct a participatory evaluation to see how well the community is doing and if it is meeting its goals
- Analyze the results to determine whether the effort is making a difference and what efforts or activities may need to change in the future
- Provide feedback to the community
- Document and share lessons learned and recommendations for the future

**6. Scale up together**

- Assess the potential to scale up community action to address the health problem
- Build consensus to scale up
- Begin the community action cycle process again, to continue addressing priority problems in the community

## Activities

1. Begin by asking the participants what key elements they believe are necessary in organizing a community. List their ideas on a blank piece of flipchart paper. When the discussion is finished, post the prepared flipchart showing the six steps of the community action cycle. Lead a short discussion of any differences.
2. Begin a discussion of the prepared flipchart for Step 1. Summarize the key elements within this first step and discuss any elements that the group may not have brainstormed already.
3. Work through the same process for steps 2–6, listing the participants' responses and then sharing a summary of the key points for each step.
4. Ask the participants to form small groups and give them the following tasks:
  - Think about community mobilization efforts you are currently involved in. Are you applying these steps to your current work? If yes, how? If no, why not?
  - Based on your experiences, what are the challenges you have faced in applying some or all of the steps? How did you overcome them?
  - What problems could occur if the steps are not followed?
5. For plenary feedback, ask the groups to share some of their responses to the questions discussed in the small groups. Summarize the feedback received.
6. Close this session by explaining that each step will become clearer as the training progresses over the next few days, but it is clear that many of the participants have already encountered problems when essential steps weren't followed. This exercise is merely an introduction and overview to guide the rest of the training.

## Session 5: Overcoming Barriers to Participation

### Objectives

- To identify common barriers to participation
- To determine which barriers exist in the community
- To identify strategies to overcome these barriers

### Time

45 minutes to 1 hour

### Materials

- Flipchart paper
- Markers

### Advance Preparation

1. Write “Barriers” at the top of one piece of flipchart paper, and “Ways to Reduce Barriers” on another piece of flipchart paper.

#### Note to the Facilitators

The participation of those most affected by the health issue is a key element in successful community mobilization. Those same people, however, are often the ones facing the most barriers to participation. This exercise asks the participants to anticipate or identify those barriers and devise means to overcome them.



## Activities

1. Begin by asking the participants what types, categories, groups, or subgroups of people they believe should be encouraged to participate in the community mobilization effort. Make a list on a piece of flipchart paper.
2. Ask the participants if they can give some examples of why some of these individuals and groups might not want or be able to participate in such an effort (e.g., limited physical access to meeting sites, cultural limits to mobility).
3. Ask the participants to form small groups of three to four people and tell them that they will be listing barriers to participation and developing strategies to overcome or minimize these barriers. Make sure that the participants understand the task. Allow approximately 20 to 30 minutes for the group discussions to take place.
4. After time is up, bring the subgroups back together and ask each to present their findings. Post the prepared flipcharts and record their responses on the relevant flipchart. Afterwards, set these aside for future reference.
5. If this point has not been covered in the previous steps of this session, ask the participants to discuss the following questions:
  - How will you ensure that the people who are the most affected by and interested in bleeding in pregnancy know that they are invited to participate?
  - What barriers to participation have priority individuals and groups (i.e., those most affected) identified?
  - How can these barriers be removed or reduced?
6. Determine if the participants now want to include others who should participate in the community mobilization effort, and have them make a list of people they know who:
  - Are most affected by the health issue
  - Are respected/listened to by others in the community
  - Have certain skills or knowledge that will be useful in carrying out the community mobilization effort
  - Have some background in community mobilization
  - Are interested in this effort
7. Have the participants discuss the best way to approach and recruit core group members, once the list of candidates has been put together and agreed upon.

## Exploring Issues of Gender Together

### Session 6: Gender: Understanding Reproductive Health

#### Objective

- To provide the participants with an opportunity to explore how gender norms affect reproductive health
- To help the participants identify the different reproductive health needs of men and women

#### Time

1 hour

#### Materials

- Flipchart paper
- Markers

## Advance Preparation

1. Write the following text on a piece of flipchart paper:

- **Sex** refers to biological attributes that identify a person as male or female, such as a vagina, penis, and so on.
- **Gender** refers to widely shared ideas and expectations assigned to women and men. They include ideas about typical male or female characteristics and abilities and commonly shared ideas about how men and women should behave.

2. Prepare a flipchart paper with the following questions:

- What does this person need to have his/her needs met?
- Does this person have a partner?
- Does this person have sexual relations?
- What is needed for this person to be healthy?
- Does he or she want to have children?
- If not, what does he or she need to avoid an unwanted pregnancy?
- If yes, what does she need in order to have a healthy pregnancy? A healthy delivery?
- What are this person's most common reproductive health needs?

## Activities

1. Explain that this session will clarify some terms before exploring the role of gender in our lives.
2. Ask the participants to share what they understand are the differences between “sex” and “gender.” After getting feedback from the group, post the prepared flipchart on sex and gender.
3. Ask the participants: What do you understand reproductive health to mean? Write down their responses on a piece of flipchart paper or a chalkboard.
4. Complement their responses by explaining that reproductive health is that part of our health that has to do with the following:
  - Reproduction
  - Relationships with our spouse or partner
  - Sexual relationships
  - Decisions about having children or not, how many to have, and when to have them
  - Our body and its reproductive parts
  - Pregnancy and access to a clinic or trained birth attendant
  - Safe motherhood (safe delivery and a healthy baby)
  - Male involvement in reproductive health

5. Divide participants into same-sex groups. Explain that we will explore what an average man and woman of the community needs to have a healthy reproductive life. Ask the women to discuss their reproductive health needs and the men to discuss men's reproductive health needs. Ask them to start the exercise by drawing a picture of a typical man or woman so that they have a sense of who they really are focusing on.

**Note to the Facilitators**

The drawing of a man or woman may be general or specific, depending on the group's inclinations. Be prepared to discuss or answer questions about the drawing—in particular, if the group draws an anatomically specific figure, be prepared to discuss the names of body parts in their local language.

6. Post the prepared flipchart of questions and tell them to let it guide them through their discussions.

**Note to the Facilitators**

If the participants do not mention the importance of good communication, love, pleasure, etc., ask about them.

7. Ask one participant from each group to share their ideas about men and women with the larger group and then lead a discussion on how the lists are similar and how they differ, using the following discussion questions.
  - In what ways are the men's and women's needs different?
  - Why are they different?
  - How are they similar?
  - Do men and women in this community have all they need to lead a healthy reproductive life?
  - What can we do as individuals and as a community to improve this aspect of life?

**Note to the Facilitators**

It is important to highlight aspects that only one sex has mentioned, yet can be valid for both. Ask questions that help participants think about this (e.g., Is it only important for women to get family planning information? Why? What would be the advantage if both men and women went to the family planning clinic together?)

## Session 7: Gender: Agree-Disagree

**Objective**

To encourage debate and understanding about attitudes and beliefs about gender and sexuality and how these beliefs affect family planning and reproductive health

**Time**

1 hour

**Materials**

- Flipchart paper
- Markers

### **Notes to the Facilitator**

- Remember that changing behavior usually involves changing some part of our attitudes and beliefs. This is hard, as we hold them deeply and are reluctant to value different views.
- Encourage people to understand each other and discuss deeply rather than to blame each other. Allow people to express their views before inviting others to comment. Welcome disagreement and do not move on to the next statement quickly.
- Be aware of your own attitudes and do not let them influence the first discussions. Challenge harmful attitudes in a helpful way after people have had their say.

### **Advance Preparation**

1. Before the training, think of three or four statements that express attitudes or beliefs about gender and sexuality. Choose statements that people are likely to have different or strong views about, such as “men and women should decide together how to use household money.” Other examples might include the following:
  - It is easier to be a man than a woman.
  - It is a woman’s responsibility to plan the number and spacing of children.
  - A woman should give sex to her husband or partner whenever he wants it.
  - Men should not be expected to assist women who are bleeding in pregnancy at night.
2. Write these statements on a sheet of flipchart paper.
3. Make three signs on pieces of letter-size paper, each bearing one of the following statements:
  - I agree
  - I disagree
  - I am not sure

### **Activities**

1. Post the prepared flipchart showing different views about gender and sexuality.
2. Designate three corners of the room to represent (1) “I agree,” (2) “I disagree,” and (3) “I am not sure.” Place the signs with these statements in different parts of the space in which you are working.
3. Ask all of the participants to stand. Read aloud one of the statements. Ask the participants to decide whether they agree, disagree, or are not sure about the statement and then to stand beside the appropriate sign based on their belief.
4. Ask the participants who agree with the statement why they hold that opinion. Do the same with people who disagree or are not sure. Ask everyone to listen carefully to each group’s views and try hard to understand them. Then invite people to comment on others’ views, one group at a time.
5. Repeat the process for the other prepared statements. If there is time, you may want to ask the group to call out some statements of their own.
6. Bring the participants back together. Invite them to discuss what they have learned about their own and other people’s attitudes and beliefs. How do these beliefs affect reproductive health in their communities?

## Session 8: Gender and Violence

### Objective

- To explore the links between gender-based violence and reproductive health
- To identify possibilities for reducing gender-based violence

### Time

1 hour

### Materials

- Flipchart paper
- Markers

#### Notes to the Facilitators

- This session can bring up strong feelings and disagreements. It may remind people of experiences (as victims or as those who perpetrated violence) that they may have never talked about. Reactions may include anger, sadness, shame, defensiveness, and denial. It is normal for people to have these kinds of feelings.
- Be careful when dealing with this issue, but at the same time, be willing and able to challenge the idea that violence is ever acceptable.
- Emphasize that this activity is not about blaming people for not intervening against violence. It is about learning from our experiences.
- Support the discussions by being prepared to respond sensitively to people who want the group to discuss their own experiences of violence and by challenging group members who try to reduce the significance of violence, in particular against women and children.

### Advance Preparation

1. Write possible definitions of gender-based violence on a sheet of flipchart paper.

#### Note

Definitions might include the following:

- Gender-based violence is any form of violence that results from and contributes to gender problems.
- Sexual violence involves the deliberate use of sex to hurt another person. It includes acts such as rape, incest, child sexual abuse, and sexual harassment that targets someone with less power than the person who is doing it.
- Domestic violence is physical, sexual, or emotional violence between close sexual partners (such as married couples) that takes place in the home.

2. Prepare two sheets of flipchart paper, one labeled “Who suffers from gender-based violence?” and the other labeled “Who carries out gender-based violence?”

## Activities

1. Ask the participants to discuss what they understand gender-based violence to be and have them define it, using local language. Post the prepared flipchart and discuss any differences.
2. Post the two prepared sheets of flipchart paper and ask the participants to respond to the questions on them. Write their responses on the appropriate flipchart.
3. Ask the participants to consider the first list and to identify who is **most likely** and **least likely** to suffer from this type of violence. Repeat the process for the second list.
4. Encourage the participants to discuss why some people are more likely to suffer violence and why others are more likely to carry out violence.
5. Ask the participants to share what they think the impact is of gender-based violence on women, on their health, and on communities.

### Note to the Facilitators

Survivors of gender-based violence may experience physical injury, unwanted pregnancy, and sexually transmitted infections (STIs), including HIV. The physical consequences of sexual violence may be easier to understand than the psychological, emotional, or spiritual damage that can result.

6. Some people intervene when they see violence happen and some do not take any action. Ask the participants to share their experiences of violence in their communities (not mentioning any names, of course). Guide the discussion using the following questions:
  - How did they feel when hearing about the violent incident or seeing it happen?
  - Did they take any action?
  - Why or why not?
7. Ask the participants to discuss why some people may not intervene in violent situations. Some responses might include:
  - “She probably deserved to get beaten—it’s a private matter.”
  - “My friends won’t take me seriously if I speak against violence.”
  - “I may get hurt myself if I get involved.”
  - “That is the job of the police.”
8. Divide the participants into small groups. Ask each group to prepare a short role play showing a conversation between two friends, one of whom tries to persuade the other to do something about a violent situation.
9. Bring all of the participants back together. Ask some of the groups to perform their role plays. Encourage the participants to discuss what they have learned from the activity, especially concerning how to persuade people to take action to prevent and stop violence.
10. Finally, ask the participants to reflect on what kind of effort men and women would need to make to successfully decrease gender-based violence in their communities.

### Note to the Facilitators

A key aspect of any community action is to raise awareness of the problem and its impact, particularly among men. Because men do not live with the daily threat of sexual violence, they often do not realize the extent of the problem that women face. Addressing gender-based violence is a complicated matter, but since women are at an increased risk for miscarriage if they experience physical violence during pregnancy, gender-based violence must be addressed.

11. Upon ending the session, offer to stay after the close of the day if anyone would like to talk further about these issues or has any questions. (Since this topic is likely to raise a lot of emotion, participants may want to discuss issues in a smaller group or one on one.)

## Day 1 Resources

### Session Plan for Facilitators

#### Session 1: Recognizing Problems during Pregnancy

Objective	Contents/Theme	Activity/Technique	Materials	Responsible	Time
Step 1: Introduction					
Step 2: Life Histories					
Step 3: Routes Taken					
Step 4: The Bridge of Possibilities					
Assign and explain the homework					

# Trainer's Resource I

**What is community mobilization?** A capacity-building process through which individuals, groups, and organizations plan, carry out, and evaluate activities on a participatory and sustained basis to achieve an agreed-upon goal, either on their own initiative or through stimulation by others.

**What is a community?** A geographically defined area of people who have shared interests, identity and/or characteristics, and shared resources.

**Why is community mobilization important?** Decentralization and the implementation of the Kenya Ministry of Health Community Strategy are meant to increase community-level decision making. Community mobilization builds systems to sustain improvements in individuals', families', and communities' health and well-being.

Communities can apply pressure to improve services and bring in additional resources. Community mobilization can strengthen community members' capacity to address the underlying causes of health problems and improve health overall.

**What skills do community mobilizers need?** They must be good listeners and communicators while also able to understand the dynamics within their community. They must be politically and gender sensitive and have basic facilitation skills. They must be committed to supporting and building community capacity and leadership.

**Does community mobilization lead to better health?** Yes, it does. There are plenty of examples of community action leading to better health outcomes. Community mobilization also strengthens local ownership and accountability while resulting in an increase in attention and resources to health. Community mobilization increases the ability of communities to act together and address health at the individual, household, and community levels.

## ***Definition:***

“Community mobilization is a capacity-building process through which community individuals, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis to improve their health and other needs, either on their own initiative or stimulated by others.”

## ***Characteristics of community mobilization:***

1. Develops an ongoing dialogue among community members regarding health issues.
2. Creates or strengthens community organizations aimed at improving health.
3. Assists in creating an environment in which individuals can empower themselves to address their own and their community's health needs.
4. Promotes community members' participation in ways that recognize diversity and equity, particularly of those who are most affected by the health issue.
5. Identifies and supports the creative potential of communities to develop a variety of strategies and approaches to improve health status.
6. Assists in linking communities with external resources (organizations, funding, technical assistance, etc.) to aid them in their efforts to improve health.
7. Commits enough time to work with communities.



### Recognizing Problems in the First Five Months of Pregnancy

#### Session 1: Pregnancy in Our Life (Life Histories)

##### Objective

To identify the principal characteristics of being a woman, man, or adolescent in the community, in relation to our social, family, and reproductive lives, with a focus on pregnancy.

##### Time

2 hours, 30 minutes, to 3 hours

##### Materials

- Green-colored index cards
- Markers
- Flipchart paper or poster board
- Sheets of blank paper

##### Advance Preparation

1. Prepare a flipchart showing the following information on life stages:

##### Life Stages

- **Birth:** Emphasize the birthing event (e.g., who helped during the pregnancy, what were the cultural practices pertaining to the sex of the child)
- **Childhood:** Emphasize the family environment, gender roles, etc.
- **Adolescence/Youth:** Emphasize the sexual and reproductive life (e.g., What happened with the first girlfriend/boyfriend? What were their first sexual relationships? Their first pregnancy? Rites of passage?)
- **Adult:** Emphasize the sexual and reproductive life (e.g., Was there an unplanned pregnancy? Did they experience a pregnancy accompanied by family, social, or physical problems?)

- Using sheets of flipchart paper or poster board, draw two copies of the Life History matrix below—or more, if more than two groups will be formed (see **Matrix S2-1**, page 32, for an example).

Life Stage	Life history at stage	Commentaries
Birth		
Childhood		
Adolescence		
Adult		

### Note for the Facilitators

Beginning with this activity, green cards should be handed out and used to make note of problems and needs.

## Activity 1. Creating a Life History

- Divide the participants into two groups. (If the groups are too large, subdivide them further.)
- Explain that one group is to describe the life of a woman, while the other group will describe the life of a man. Post the prepared Life Stages flipchart and tell the participants that they are to create a life history for an average person in their community, using those life stages.

### Trainer's Tip

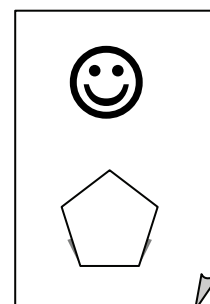
Be careful when the history is of a man. Since there is a tendency to automatically talk about women, make sure that they return to detailing the man's history.

- For each group, post a copy of the prepared Life History matrix and a blank sheet of flipchart paper alongside it.
- Explain that each group is to fill in the Life History matrix for their person and then, on the blank flipchart, draw the history's progress—For example, birth at home of a girl due to unplanned pregnancy; childhood depicting the sexual and reproductive health problems that may occur, such as female genital mutilation; challenges of adolescence, such as rape or STI; and finally, lack of access to family planning as an adult (see examples below).

### Life History Matrix

Life Stage	Life history at stage	Commentaries
Birth		
Childhood		
Adolescence		
Adult		

### Drawing



### Note to the Facilitators

The drawing may reveal other elements that are not part of the narrative. It is important that the participants themselves interpret their drawings, so that they may express their own perceptions, separate from those of the facilitators.

5. Have a representative of each group present their person's life history. Guide the analysis, stimulating discussion on the participants' opinions, to compare the distinct histories developed by each group.
6. Write each opinion on a sheet of flipchart paper so everyone can see it.

**Note to the Facilitators**

Do not allow any one person to monopolize the meeting; encourage the participants to be considerate of the others. If the same person keeps talking, it is wise to ask him or her to allow others to contribute; the trainers might also give such a person an extra activity, to occupy him or her during the session (such as writing ideas on a flipchart).

7. Guide the discussion and analysis to determine how representative the story is of a real life history, using questions such as the following:
  - What really happens during a first pregnancy?
  - How is a pregnancy planned?
  - What is the difference between a planned and an unplanned pregnancy?
  - Why do women get pregnant without planning to?
  - What is the reaction of a woman who becomes pregnant without planning to?
  - Do you know family planning methods?
  - What is your opinion on family planning methods?
  - Do you know someone who uses a family planning method? How is it going?
  - Do you know someone who has had a miscarriage?
  - What happened to cause the miscarriage?
  - Do you know other causes of miscarriage?
  - Where do women who have miscarriages go?
  - Why don't they go to a health center?
  - How do you believe the health services treat a woman who has had a miscarriage?

**Note to the Facilitator**

If participants do not talk about a man's participation in the pregnancy, ask the following question: How does the man react to the pregnancy? To the miscarriage? What does he do?

8. Invite comments from the participants: Would you like to say something more? What are the opinions of the group? Are there things not understood that you would like to be clarified? Are there opinions that you don't agree with?
9. Write the results of the life history analysis on the corresponding matrix (**Matrix S2-2**).

**Notes to the Facilitator**

In each stage, guide questions toward the theme of pregnancy. The questions should be general and thought-provoking, not asked with the purpose of prompting a desired response.

**Caution:** Write each of the problems and needs mentioned in the session only on the green colored cards. (This color will represent the problems and needs related to recognizing the problem.)

Be sure that each problem written on the cards is explained well. A well-written problem statement contains only one problem, explains who is affected by that problem, and provides any other necessary information

10. Facilitate an energizer (see Annex 3) or ask for one from the participants.

## Session 2: Steps Taken: Problems of Unplanned Pregnancy and Bleeding during the First Five Months of Pregnancy

### Objective

- To identify steps one can take in reaction to problems during pregnancy with a focus on the first delay: Recognizing the problem.

### Time

1 hour

### Materials

- Green and white index cards
- Markers (enough for all group members)
- Flipchart paper
- Large poster with the three delays
- Posters

### Advance Preparation

1. Write “unplanned pregnancy” on two green index cards.
2. Write “bleeding in the first five months of pregnancy” on two white index cards.

### Activity 1: Steps Taken

1. Divide the participants into four groups.
2. Give each group one of the prepared cards listing a problem. (Therefore, two groups should have one problem and two groups should have the other problem.)
3. Ask each group to reflect on and talk about an actual case that occurred in their community that concerns this problem. Explain that the people in the story may remain anonymous, even if the story is about one of the group members.
4. Ask the participants to draw and write on flipchart paper the steps taken in relation to the pregnancy problem, illustrating the actual case on the paper. The drawing must start at the presentation of the unplanned pregnancy or bleeding, emphasizing the three delays.

#### Note to the Facilitators

It is important to guide each group so that they focus on a specific case. They must draw all of the actions that happened.

### Activity 2. Presentation and Analysis of the Steps Taken

1. When the groups have completed their discussions, bring them back together and invite a representative from each group to present their problem and give an explanation of the steps taken.
2. Do not forget to have them determine the following:  
*Causes and consequences*
  - What are the causes of unplanned pregnancy? Why does this happen?
  - What are the causes of bleeding that we have talked about today? Why does this happen?
  - Who is most affected by these issues? How does it affect them?
3. Have participants consider the following questions:
  - In what moment is the problem recognized?

- How do you arrive at the decision of how to resolve the problem?
  - What do you do to try to resolve the problem?
  - What could have been done differently around the problem? *Why wasn't that done?*
  - How dangerous is the problem for the woman's health?
  - How would the future of the person be affected if a solution is not found?
4. Ask the group to compare and contrast the steps taken, and to consider what they have in common and how they were different. *Why were there differences?*

#### **Note to the Facilitators**

When stories with similar themes are compared, talk about the attitudes and practices demonstrated in one story compared with the other. Don't forget that problems and needs mentioned in this session relate only to recognizing the problem and should be written on green cards.

5. At the conclusion of the activity, facilitate an energizer (Annex 3) or ask a participant to share one of theirs.

## **Session 3: The Bridge of Possibilities**

### **Objectives**

- To identify the most important problems relating to unplanned pregnancy and bleeding in the first half of pregnancy within the community and how they might be addressed.

### **Time**

1 hour to 1 hour, 30 minutes

### **Materials**

- Green index cards prepared in previous sessions
- Blank index cards or small sheets of paper
- Large sheets of paper
- Markers

### **Advance Preparation**

1. Prepare photocopies of questions to distribute to participants. Handouts should have the following questions:
  - What happens in cases of **unplanned pregnancy** in our community? Why does it (unplanned pregnancy) occur? What are the consequences?
  - What happens in cases of **bleeding during the first five months of pregnancy**? Why does this occur? What happens when a woman has this problem?
2. Prepare a flipchart showing the following questions for evaluation:

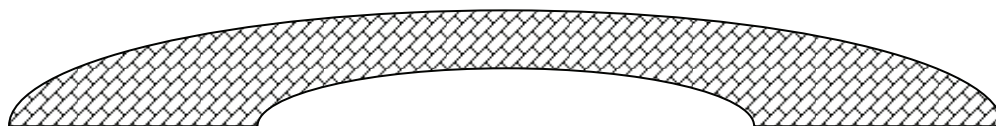
- What did you find most useful and relevant about today's sessions and why?
- What did you find least useful about today's sessions and why (what would you change)?
- What will you take away that will be most useful in helping you in your work on COMMPAC?
- Do you have any other comments?

3. Make enough copies of assignment Homework: Community Research (page 35) to distribute to all participants.

### Activity 1

1. Summarize all of the themes discussed during the day, to reinforce and outline the content of the workshop and to create interest in attending the next session.
2. Invite one of the participants to draw a bridge on a large sheet of paper (see below for example).

**The Bridge of Possibilities**



#### **The Community Reality**

What is the pregnancy experience like?

#### **What We Can Do**

What is lacking? What do we need?

3. *At the beginning* of the bridge, hang the cards that correspond to the most important issues (problems or needs that arose during the session) that were discovered about the problems of pregnancy in the community and delays in recognizing the problem (“The Community Reality” in the graphic). Hang the problems/needs cards according to group consensus.
4. Ask the group if there are more problems/needs that should be written down. If there are, write them on green cards and hang these cards on the bridge as well.
5. *At the end* of the bridge, write against each problem what the community needs to do to address the need or problem (possible solutions), or what individuals can do to enjoy a healthy pregnancy (“What We Can Do”). Other problems and needs can also be placed on the bridge, and more questions can be asked about what we can do to solve the problem or make it better.

#### **Note to the Facilitators**

The facilitators should note the needs identified on the green cards to be used in the prioritization activity of the next session.

It is important to have clear, complete, and well-written ideas on the cards, so that they can be used to develop the Community Action Plan in a later session. Take into account that the “What we can do” cards will also be incorporated into the Community Action Plan.

6. Transfer everything mentioned during the bridge exercise from the poster to the corresponding matrix (**Matrix S2-3**).
7. Ask: What are the causes of the problem? Why did this happen to this person? Who else is affected by the problem (family members)? *How*?
8. Ask: Where do you go? Who did you turn to for help? Did you find a solution? A cure? *Why*?

### Activity 2

1. Hand out a photocopy of Homework: Community Research (page 35) to each group member and explain that that the handout includes the questions with which to conduct interviews with people in the community.

2. Explain that each participant should write the answers on the homework sheets handed out. If the answers are not written down, the participants must remember the answers the interviewees gave.

**Note to the Facilitators**

The interview can be done by individuals or by two or more people. Each participant can do one or more interviews.

3. Hand out small cards or sheets of paper, post the prepared flipchart, and ask the participants to evaluate the day's training by answering the questions on the flipchart.

**Note to the Facilitators**

If some participants are illiterate, ask other participants to assist them in filling out the day's evaluation.

4. Conclude the session by thanking the participants and wishing them success in completing their homework.

## Matrix S2-1: Life Histories: Presentation

☐ Woman  
☐ Man

Name of Facilitator: \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Unit/Group: \_\_\_\_\_  
 Page #: \_\_\_\_ of \_\_\_\_

Stage of Life	Life History at Stage	Commentaries
Birth		
Childhood		
Adolescence		
Adulthood		



## Matrix S2-2: Analysis of Life History

☐ Woman  
☐ Man

Name of Facilitator: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Unit/Group: \_\_\_\_\_  
Page #: \_\_\_\_ of \_\_\_\_

	Opinion of the Woman	Opinion of the Man
What really happens during the first pregnancy? (In relation to family, social, and/or physical problems)		
What is the difference between a planned pregnancy and an unplanned one in relation to family, social, and physical problems?		
(In case there are no comments about the man's involvement in pregnancy, ask the following question:)  What is the woman's opinion on the participation or involvement of the man when dealing with pregnancy?		

Matrix S2-3: The Bridge of Possibilities

Name of Facilitator: \_\_\_\_\_ Name of Unit/Group: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Page #: \_\_\_\_ of \_\_\_\_ Session #: \_\_\_\_

Reality*	What We Can Do

QUESTIONS:

- What are the causes of unplanned pregnancy? Why does this happen?
- What are the causes of bleeding that we have talked about today? Why does this happen?
- Who is most affected? How are they affected?
- What resources do we have in the community to respond to the problems?
- Where do they go? Do they find a solution or cure? Why?

## Homework: Community Research

Date: \_\_\_\_\_ Unit/Group Name: \_\_\_\_\_ Division: \_\_\_\_\_

Age	Sex	Is the person interviewed a family member, friend, neighbor, or other?	Occupation	Where does the person live?

### QUESTIONS :

1. What happens in the case of **unplanned pregnancy** in our community?

---

---

Why does this occur?

---

---

What are the consequences?

---

---

2. What happens in cases of bleeding during the first five months of pregnancy?

---

---

Why does bleeding occur?

---

---

What are the consequences? What happens to a woman with this problem?

---

---

3. Do you know of any cases of women in your zone or neighborhood who lost their baby during the first five months of pregnancy?

---

---

Approximately how many cases do you know of that occurred in the last month? \_\_\_\_\_



## **Deciding How to Resolve the Problem and How to Get to a Health Facility**

### **Note for the Facilitators**

The overall objective for this day is to identify which health resources community members use and how they make decisions when faced with the challenge of solving problems during pregnancy. (The participants will draw a detailed map indicating where the health resources are located in the community.)

## **Session 1: Prioritizing the Needs Found in the Community**

### **Objective**

To prioritize the needs identified in the Bridge of Possibilities of the previous session, along with the new needs that appear during the review of the homework.

### **Time**

2 hours to 2 hours, 30 minutes

### **Materials**

- Flipchart paper
- Markers
- Index cards
- Masking tape
- Previously completed session plan
- Green index cards completed in the previous session (Day 2), identifying problems/needs from the Bridge of Possibilities
- The Kenyan flag

### **Advance Preparation**

1. Prepare the following flipchart:

<b>OPINION</b>	<b>AGE</b>	<b>SEX</b>	<b>RELATION</b>	<b>OCCUPATION</b>	<b>LIVES WHERE</b>
1.					
2.					
3.					

2. Prepare a flipchart indicating the significance (for this exercise) of the three colors of the Kenyan flag:



**Black—Highest Importance**

Community: Affects many people in the zone  
Gravity: Requires a solution in the short term

**Red—Medium Importance**

Community: Affects some people in the zone  
Gravity: Requires a solution in the medium term

**Green—Lowest Importance**

Community: Affects few people in the zone  
Gravity: Requires a solution in the long term

### Activity 1. Review of Last Session and Homework

1. Invite all of the participants to think about the last session.
2. Review “Recognizing Problems during Pregnancy” and themes from the last session.

**Note to the Facilitators**

At this point, it is good to again review the community action cycle posted on the wall and clarify that the group is exploring the issue and prioritizing problems to be addressed.

3. Invite a participant to share the information gathered in his or her interview.
4. Allow three to five participants to present their homework.
5. Afterwards, ask everyone if they had similar or different experiences and ask the participants to share these with the group.
6. Gather the cards of all participants who did the homework. Promise to make copies and to return the originals to the participants so that they also will have a copy.
7. Using the poster prepared beforehand, write down the information gathered by the participants. For example:

OPINION	AGE	SEX	RELATION	OCCUPATION	WHERE LIVE
1. “I think that...	32	M	Neighbor	Store owner	Karagita
2. “In my experience...	22	F	Sister	Housewife	Maraigushu
3. “You must improve...	11	M	Friend	Student	Elementaita

**Note to the Facilitators**

The review of the tasks should not take longer than 15 minutes.

**Caution:** If various people mention the same problem, you only need to say it once.

8. Together with the group, analyze the results of the homework assigned. Ask questions such as:
  - Do you agree with the information?
  - Is this new information? Why?

**Note to the Facilitators**

It is important to write down any new problem/need mentioned on a green card (same color as the Bridge of Possibilities activity from the last session).

**Activity 2. Prioritizing the Needs Identified in the Community: Recognition of the Problem**

1. Hang the Kenyan flag (colors: black, red, and green) on the wall. Post the prepared flipchart on the wall and explain that for this workshop, the colors of the flag correspond to the characteristics shown on the flipchart.

**Note to the Facilitators**

Using a patriotic symbol shows the pride felt in prioritizing problems.

2. Distribute the **green** cards that were completed during the Bridge of Possibilities exercise in the last session and any additional green cards representing new needs discovered during the homework assignment, giving each participant two or three cards.
3. Invite each person to read his or her cards (or if they do not read or do not understand what it says, help them, but always in a respectful manner).
4. Place the card on the color of the flag where it belongs.

**Note to the Facilitators**

To choose where a card should be placed on the flag, relate it to both the community and the gravity of the problem. Place the card according to group consensus.

5. Classify and prioritize the problems. On the back of the cards, write “Black Day 3 Session 1, Recognize” (perhaps abbreviated as “B/3-1/R”) and store them in an envelope until they are needed later.
6. Once the prioritization is completed, separate the cards that the community categorized as **Most Important**. These will be used for the final prioritization, which will occur during the elaboration of the action plan.

## Session 2: Mapping Health Resources and Deciding Where to Go for Health Services in the Community

### Note to the Facilitators

Beginning with this activity, **blue cards** will be used to write down problems and needs.

### Objective

To develop a map of resources that identifies health services and other resources in the community.

### Time

2 to 3 hours

### Materials

- Flipchart paper
- Markers
- Posters
- Blue index cards

### Advance Preparation

1. Prepare a flipchart showing the types of information you want participants to collect for community resources.

### Activity 1. Mapping Health Resources and Services

1. Divide the participants into small groups, according to the neighborhood, zone, or unit where they live. (Group size does not matter.)
2. Give each group a piece of flipchart paper and markers.
3. Ask each group to draw a map of their neighborhood or zone, indicating their own house, health institutions, and other resources that the community uses when looking for solutions to health problems. Use a legend by creating symbols on the map to indicate different services.
4. Make sure that the participants draw a map that indicates everything found in their neighborhood, including where they live and the following:
  - Streets, bridges, rivers
  - Health institutions: hospitals, health centers and health posts, pharmacies, clinics, dispenserries, private practices, etc.
  - Other resources: All other health resources, such as community health workers, traditional birth attendants, traditional healers, herbalists, those that offer injections, and all others who offer health-related services.
  - Community water tanks, soccer fields, markets, quarries, etc.
  - Houses (participants draw their own house), administrative buildings, stores, schools, churches, mosques, shopping centers, bridges, rivers, and businesses
5. Ask the participants to consider the availability of communication and transportation outlets in their community by answering the following questions as they present their maps:
  - Do we have radio? If so, what radio programs do we listen to?
  - Do we have television? If so, what television programs do we watch?
  - Does our community have mobile cinemas?
  - Do we have telephones?



- Do we have computers? Does the neighborhood have Internet access?
  - What type of transportation do we have (buses, taxis, boda boda, tuk tuk, mkokoteni, wheelbarrow, home stretchers, mini-buses, matatus, motorcycles, bicycles, etc.)?
  - Do we have all-weather roads and bridges?
6. Ask the participants to consider what types of basic services are available in their community by asking the following questions:
- Do we have electricity?
  - What are our water sources (tap, dam, river, borehole, spring, vendors)?
  - What type of waste disposal do we have (sewer system, pit latrine, ventilated indirect pit, septic tanks, cat method)?

#### **Note to the Facilitators**

Do not forget that having participants identify health services and resources within the community, including transportation to the health resources, is critical to this activity.

7. Have each group present their map, giving a tour of their neighborhood, indicating where each group member lives and explaining where health resources are located and the means available to get there.
8. Ask the participants to consider what is easy or difficult in accessing their health resources by answering the following questions
- What do we know about the institutions (operating hours, personnel, services offered)?
  - Where are they located? How do we get there?
  - What other resources do we have (traditional birth attendants, traditional healers, etc.)?
9. Ask the participants how they decide where to go when they need health services by answering the following questions
- How do we decide where to go when we have problems during pregnancy?
  - Are pregnancy problems covered by the National Hospital Insurance Fund (NHIF)?
  - How do we decide where to go when we have bleeding during the first five months of pregnancy?
  - Is bleeding during the first five months of pregnancy covered by NHIF?

#### **Note to the Facilitators**

During the presentation, further develop the mapping exercise by investigating where participants go when they experience health issues and why they go there. Also, have them indicate their traditional resources for medicine and any pharmacies or chemists.

During the presentations, write down on the flipchart with a prepared matrix the traditional and nontraditional health resources and the analysis that was discussed during the mapping exercise, to be placed on the Bridge of Possibilities.

Do not forget to write any problems identified on the **blue cards**.

10. Invite a participant to carry out an energizer or conduct one yourself (Annex 3).

## Session 3: Identifying Resources and Constraints

### Objectives

- To identify the resources available and the constraints communities will be working under to support the community mobilization process
- To identify strategies to deal with the constraints.

### Time

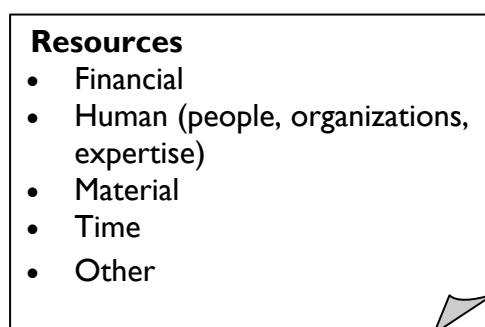
45 minutes

### Materials

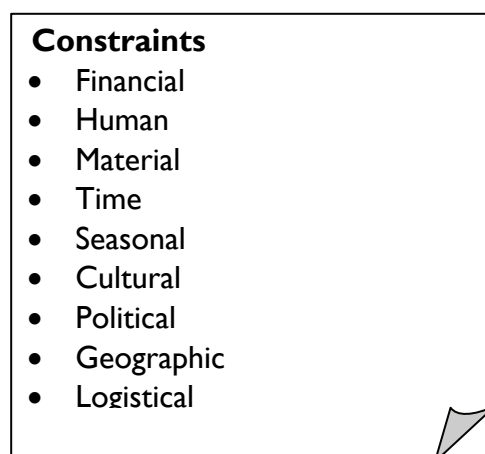
- Flipchart paper
- Markers

### Advance Preparation

1. Prepare a flipchart titled “Resources” and listing the following examples of categories of resources:



2. Prepare a flipchart titled “Constraints” and listing the following examples of categories of constraints:



### Activities

1. Explain to the participants that now that they have gathered information about bleeding in pregnancy and about their community, it is time to see what resources are available to them and what constraints they may face in carrying out their community mobilization plan.

2. Post the prepared “Resources” flipchart and review the categories of resources; then ask the participants if they can think of any other categories, and add those to the list.
3. Explain that the participants will help make a list of available resources under each category. To do this, ask the participants to form two lines, one on each side of the room. Give each line leader a marker. Have the line leaders start by writing one available resource under any of the categories and then pass their marker to the next person in each line, who will do the same. Continue until all participants have had a chance to add something to the lists.
4. Next, post the prepared “Constraints” flipchart and review the categories of constraints (and invite the participants to add others).
5. Explain that the participants now will help make a list of possible constraints under each category. Repeat the activity in Step 3.
6. When the list of constraints has been drawn up, lead a discussion to identify which of these are the most serious or significant.
7. Ask the group to brainstorm or discuss ways of minimizing or somehow getting around the most serious constraints.
8. List these constraints and strategies on a piece of flipchart paper and have this available when the group continues through the next step.

## Session 4: Conclusions to Deciding What to Do (The Bridge of Possibilities)

### Objectives

Use the Bridge of Possibilities to determine the problems/needs related to “deciding what to do”

### Time

1 hour to 1 hour, 30 minutes

### Materials

- Blue index cards
- Markers
- Flipchart paper
- Previously prepared Bridge of Possibilities
- Index cards with questions for participants to conduct homework assignment
- Sheets of paper or blank index cards

### Advance Preparation

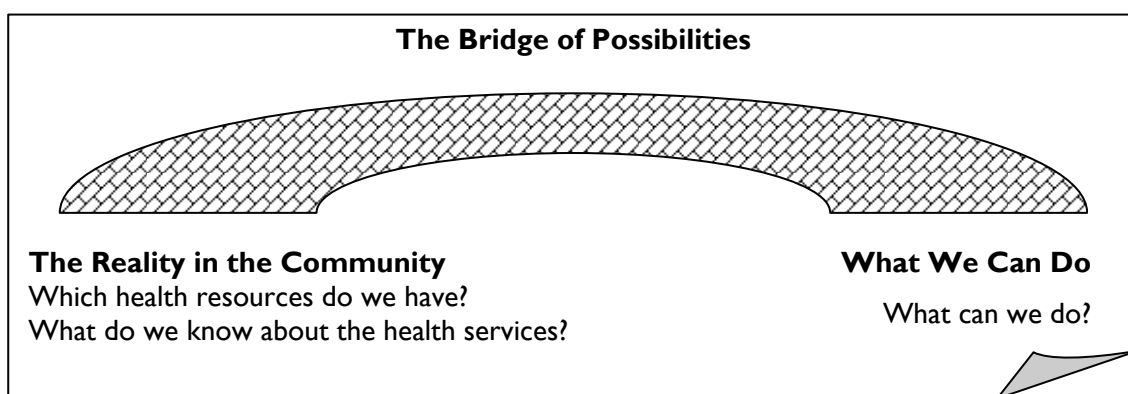
1. Prepare a flipchart showing the following questions:

- What options do we have for resolving health problems in our community? Do you usually go to the health post, traditional healer, or other medical personnel? Why?
  - In cases where there is bleeding during pregnancy, where do you go? Why? How do you decide what to do and where to go?

2. Prepare a flipchart showing the following questions:

- What did you find most useful and relevant about today's sessions and why?
- What did you find least useful about today's sessions and why? What would you change?
- What will you take away that will be most useful in helping you in your work in COMMPAC?
- Do you have any other comments?

3. Prepare a flipchart showing the Bridge of Possibilities, as shown below.



**Note to the Facilitators**

Write down the needs identified on the **blue** cards for the prioritization activity in the next session.

**Activity 1. Summary and Homework Assignment**

1. Prepare a summary of the themes covered during the day to reinforce and help the participants remember the contents of the course and to generate interest in the next session.
2. Review the Bridge of Possibilities developed in Day 2.
3. Assign individual or group homework. If choosing to assign individual homework, follow steps 4–6. If choosing to assign group homework, follow steps under “alternative assignment.”
4. Invite the participants to ask others in their community about their experiences with, and opinions of, their community's health resources, based on the questions given in the Individual Homework Assignment (page 48).
5. Distribute the previously prepared cards to the participants. Instruct them to ask the questions on these cards to those community members they choose to interview.
6. Instruct the participants to note the interviewee's answers on their homework, or if they do not write, ask them to remember the answers given. Tell them it is important to note the interviewee's age, sex, and relation to the interviewer. It is also good to find out men's experiences in these situations.

## Alternative Assignment Instructions

1. If choosing to assign group homework, invite volunteers to form a group of investigators to complete their homework as a group. The group of investigators will be responsible for **visiting the health resources** indicated on the map.
2. Suggest that they visit the health center to interview the health personnel, with the purpose of finding out all they can about the services offered there. They can ask the health personnel: What services do you offer? What are your hours?
3. Invite the group to also interview the users of the health services by asking the following questions: Why do you go there? How is the service? Do you know if their services are covered by NHIF?
4. Invite the group to conduct interviews in other treatment sites (e.g., pharmacy, dispensary, traditional healers, birth attendants, herbal healer) by asking the following questions: Do people come here with problems during pregnancy? What are the most common problems?
5. Stress to participants that it is important to consider all the health centers that community members use.

## Activity 2. Evaluation

1. Post the prepared flipchart. Hand out small cards or sheets of paper and ask the participants to evaluate the day's training by answering the questions on the flipchart.

### Note to the Facilitators

If some participants are illiterate, ask other participants to assist them in filling out the day's evaluation.

2. Conclude the session by thanking the participants, highlighting the valuable input they provided through sharing their knowledge, and wishing them success in completing their homework.

## Note to the Facilitators

1. After the participants have left and the day's sessions are over, transfer what was mentioned during the Bridge of Possibilities exercise to the corresponding matrix (Matrix S2-3).

The Reality in the Community		What we can do
What we have:		What we can do:

### Note

Write down the identified problems/needs only on blue-colored cards for the prioritization activities in the next session. Use a different color for the prioritizations in each session.

2. *Put the needs in order of **most important*** in the first session, using only **three problems or needs** related to deciding the problem, to prepare the final prioritization.

## Session Plan

### SESSION 2: DECIDING WHAT TO DO—OUR COMMUNITY'S HEALTH RESOURCES

Objective	Contents/Theme	Activity/Technique	Materials	Responsible	Time
Step 1: Introduction					
Step 2: Map of Health Resources					
Step 3: Identifying Resources and Constraints					
Step 4: Bridge of Possibilities					
Assign and explain the task					

Matrix S3-3: The Bridge of Possibilities

Name of Facilitator:

Date: / /

Name of Unit/Group:

Session # |

Page #

of

Reality*	What We Can Do

QUESTIONS:

- What health and other resources do we have in the community?
- What do we know about the health services?

## Day 3 Individual Research Homework

INTERVIEW Number		Unit/Group		Day 2
------------------	--	------------	--	-------

Age	Sex	Family member, friend from work, neighbor, or other?	Occupation	Where do you live?

### QUESTIONS :

1. In your neighborhood, zone, or unit, where do you go when you have health problems?

---



---

Where do you go to obtain medicine? (dispensary, health center, hospital, pharmacies, private clinics traditional healers, spiritual healers, or others)

---



---

Why?

---



---

2. In the case of bleeding problems during pregnancy

Where do you go?

---



---

Why?

---



---

How do you decide what to do and where to go?

---



---



## Day 3 Group Homework

HEALTH SERVICE:

GoK:

Private:

Mission: \_\_\_\_\_ Unit/ Group: \_\_\_\_\_

	<b>Cadre of health provider (doctor, nurse, clinical officer, etc.)</b>	<b>Name of facility</b>
1.		
2.		

### I. QUESTIONS FOR HEALTH PERSONNEL:

What services do you offer?

---



---

Do people come to you with problems during pregnancy?

---



---

What are some of the most common problems?

---



---

Do you offer postabortion care services?

---



---

Does the facility have functional PAC kits? (request to see them)

---



---

Does the facility have PAC providers?

What are their hours of operation?

From \_\_\_\_\_ to (hours) \_\_\_\_\_  
 From \_\_\_\_\_ to (hours) \_\_\_\_\_  
 From \_\_\_\_\_ to (hours) \_\_\_\_\_

## 2. QUESTIONS FOR HEALTH SERVICES CLIENTS:

### CLIENT #1

Why do you use this service?

---

---

Do you receive good quality attention?

---

---

Does NHIF cover the services? Name some services that it covers.

---

---

### CLIENT #2

Why do you use this service?

---

---

Do you receive good quality attention?

---

---

Does NHIF cover the services? Name some services that it covers.

---

---

## Day 3 Group Homework

Unit/Group

It is a good idea to conduct interviews with others who provide health services (pharmacists, herbalists, traditional birth attendants, etc.)

1. Who was interviewed?

Do people come to you with problems during pregnancy?

What are some of the most common problems you encounter?

2. Who was interviewed?

Do people come to you with problems during pregnancy?

What are some of the most common problems you encounter?

3. Who was interviewed?

Do people come to you with problems during pregnancy?

What are some of the most common problems you encounter?



## Session 1: Prioritizing the Needs Found in the Community

### Objective

To prioritize the problems/needs identified in the Bridge of Possibilities from the previous session and identify new problems/needs, which will appear during the session (blue cards).

### Materials

- Large sheets of paper
- Markers
- Index cards
- Masking tape
- Previously filled out session plan
- Blue cards completed in previous session, with the identified problems/needs from the Bridge of Possibilities.
- White cards
- “Flag” flipchart from Day 3, Session 1

### Time

2 hours to 2 hours, 30 minutes

### Advance Preparation

1. Prepare a poster with columns that have the following titles:

YOUR OPINION	AGE	SEX	RELATION	OCCUPATION	LIVES WHERE
--------------	-----	-----	----------	------------	-------------

### Activity 1. Gathering Community Interview Information

1. Invite the participants to share what they remember from the last session.
2. Review themes and remind the participants of where we are in the community action cycle.

*For the individual homework assignments:*

3. Invite two or three participants to share the information they gathered from their interviews. Afterwards, ask others if they encountered similar or different opinions.
4. Gather all cards from participants who completed interviews, review the information, and return the cards either at the end of the day or the following day.
5. Fill in the columns on the prepared poster with the information gathered by participants.

### Note to the Facilitators

Try to limit the review of the task to no more than 15 minutes.

*For the group homework assignments:*

3. Ask the group responsible for the task to present their findings on **health resources**.
4. Ask the group the following questions:
  - How did you do the work?
  - How did you organize yourselves?
  - What did you discover?

5. Facilitate an analysis of the results of the homework assigned. Ask the participants to consider the following: *Are the results the same or has new information been contributed?*
6. Analyze all of the group homework in this way. Use the same matrix to fill in the information concerning the health center, clients, traditional medicine, and others.

#### **Note to the Facilitators**

Write down on a blue card any new problems/needs mentioned and retain the cards (to later hang on the Bridge of Possibilities activity).

### **Activity 2. Prioritizing the Needs Identified in the Community: Decision to Seek Care**

1. Hang the Kenyan flag (colors: black, red, and green) on the wall. Remind the participants of the significance of the colors by posting the prepared flipchart used in Day 3, Session 1.
2. Distribute the cards (**blue**) that were completed during the Bridge of Possibilities exercise in the last session and the cards (**blue**) containing new needs discovered during the homework to participants, giving each participant two or three cards.
3. Invite each person to read his or her card (or if they do not read or do not understand what it says, help them, but always in a respectful manner).
4. Place the card on the color it belongs to, according to group consensus.

#### **Note to the Facilitators**

To choose where a card should be placed on the flag, relate it to both the community and the gravity of the problem.

5. Classify and prioritize the problems. On the back of the cards, write “Black/Day 4/Session 2/Decide” (or, B/4-2/D) and store them in an envelope until they are needed again.
6. After prioritization is completed, separate the cards that the community categorized as **Most Important**. These will be used for the final prioritization, which will occur during the elaboration of the action plan.

## **Session 2: Resolving the Health Problem**

### **Objectives**

- To identify reactions among family and community members when bleeding occurs during the first five months of pregnancy
- To investigate the perceptions and experiences of the community when they visit a health service with postabortion problems
- To develop a role play that represents both real and ideal scenarios of family and community support from the community’s perspective

### **Time**

3 to 4 hours

### **Materials**

- Markers
- Blank white index cards
- Flipchart paper

## Advance Preparation

1. Post the flipchart with answers to “What We Can Do” obtained from previous sessions.
2. Be sure the community action cycle graphic is posted on the wall.

## Activity 1. Acting to Solve Health Problems

1. Distribute blank **white cards** to participants to write down problems and needs beginning with this activity.
2. Divide the participants into four groups. Two groups will act out Theme 1 (group A will portray the “**real**” situation and group B, the “**ideal**” situation). The other two groups will act out Theme 2 (group C will portray the “**real**” situation and group D, the “**ideal**” situation).
3. Inform the participants that they will be role playing and that each skit should take **no longer** than 10 minutes.
4. Ask the groups to assign one person from their group to write a summary of the role play.
5. Give each group instructions based on their theme, as follows:

### Theme 1—Acting around the Problem

- Group A, **Real Situation**: Create a role play about the common reality in relationships among family members and the community in a situation where bleeding during pregnancy occurs; include what happens if the person involved goes to a health service center for help. Act out the common reality of what happens most frequently in the community.
- Group B, **Ideal Situation**: Create a role play about the ideal or best relationship among family members and the community in a situation where bleeding during pregnancy occurs; include what should happen when the person arrives at the health service center.

### Theme 2—Encounters among Community Groups and Health Institutions

- Group C, **Real Situation**: Create a role play about the common reality of relations among community groups and health institutions with respect to problems during pregnancy. Act out the common reality of what happens most frequently in the community. For example, what happens when a woman who is bleeding goes to a dispensary for help? How is she treated when she gets there?
- Group D, **Ideal Situation**: Create a role play about the ideal or best relationship among community groups and health institutions with respect to problems during pregnancy. If the group is not familiar with community groups, help them with a real example of a situation first, such as the one listed above.

6. Ask each group to present their role play. Each one should last no longer than 10 minutes.

### Note to the Facilitators

It is important that the role plays reflect the challenges and possibilities that arise from these community encounters.

7. After the presentations are completed, ask the participants to identify the following:

### Theme 1—Acting around the Problem

- How do the family and community respond to the problem of bleeding during the first half of pregnancy? Why?
- What happens when they seek help from health services? Why?

### Note to the Facilitators

Transfer the problems/needs identified during the role play onto the corresponding matrix.

## Theme 2—Encounters among Community Groups and Health Institutions

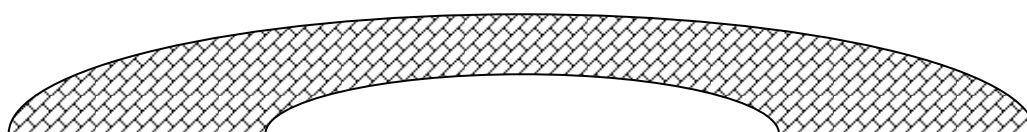
- How do the family and community respond to the problem of bleeding during pregnancy? Why?
- In the role-play, how is the relationship between community groups and health services represented? Why do you think this is so?
- In reality, what is the relationship between community groups and health services? Why do you think this is so?

### Note to the Facilitators

Transfer the problems and needs identified as priorities in the role play to **white** cards.

## Activity 2: The Bridge of Possibilities

1. Post the Bridge of Possibilities graphic on a wall.
2. *At the beginning* of the bridge, hang the cards that correspond to the most important issues (problems or needs that arose during the session) that were discovered about the problems of pregnancy in the community and delays in recognizing the problem (“The Community Reality” in the graphic). Hang the problems/needs cards according to group consensus.
3. Ask the group if there are more problems/needs that should be written down. If there are, write them on green cards and hang these cards on the bridge as well.
4. *At the end* of the bridge, write against each problem what the community needs to do to address the need or problem (possible solutions), or what individuals can do to enjoy a healthy pregnancy (“What We Can Do”). Other problems and needs can also be placed on the bridge, and more questions can be asked about what we can do to solve the problem or make it better.
5. Transfer everything mentioned during the bridge exercise from the poster to the corresponding matrix.
6. Ask: What are the causes of the problem? Why did this happen to this person? Who else is affected by the problem (family members)? *How*?
7. Ask: Where do you go? Who did you turn to for help? Did you find a solution? A cure? Why?



### The Reality in the Community

Recognizing problems during pregnancy  
Deciding to seek help from a health resource  
Resolving the problem

### What We Can Do

Synthesis: 3 or 4 principal things  
Synthesis: 3 or 4 principal things  
Synthesis: 3 or 4 principal things

### Note to the Facilitators

The answers of previous sessions from “What We Can Do?” must be present to remind the group of other answers that they may not be thinking of at the moment. These should be posted if possible.



### Activity 3. Prioritizing the Problems/Needs Identified in the Community: Resolving the Problem

1. Hang the Kenyan flag (colors: black, red, and green) on the wall in advance, and post the prepared flipchart.
2. Distribute to the group the (**white**) cards that were filled out during the Bridge of Possibilities in the previous activity, giving each participant two or three cards.
3. Invite each person to read his or her card (or if they do not read or do not understand what the card says, help them, but always in a respectful manner.).
4. Place the card on the color on which it belongs, according to group consensus.

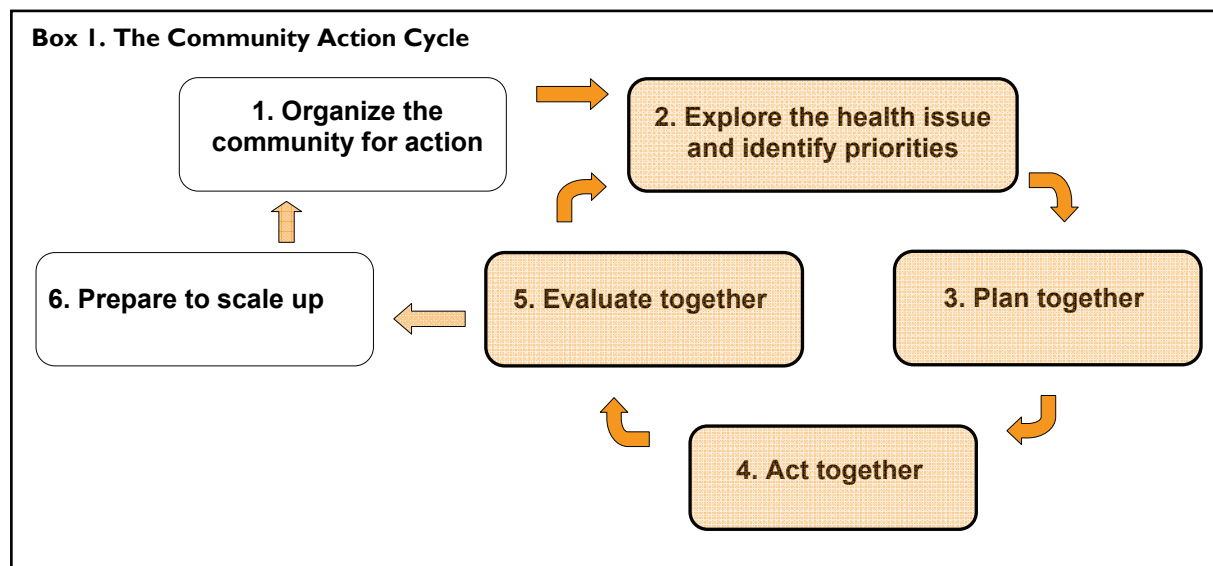
#### Note to the Facilitators

Only **three cards** should be prioritized. This means that there will be only three problems or needs for the delay in "resolving the problem."

5. Classify and prioritize the problems. On the back of the cards, write "Black/Day 4/Session 3/Resolve" (or, B/4-3/R) and store them in an envelope until they are needed again.
6. After the prioritization is completed, separate the cards that the community categorized as **Most Important**. These will be used to develop the action plan during the final prioritization.

### Activity 4. Reflecting on Where We Are in the Community Action Cycle

1. Refer to the community action cycle posted on the wall and help the participants reflect on where they are currently in the cycle. The participants have spent time exploring the issues and setting priorities, and they are now ready to move to the next step, planning together.



2. Hand out small cards or sheets of paper and ask the participants to evaluate the day's training by answering the following questions:
  - What did you find most useful and relevant about today's sessions and why?
  - What did you find least useful about today's sessions and why? What would you change?
  - What will you take away that will be most useful in helping you in your work in COMMPAC?
  - Do you have any other comments?

**Note to the Facilitators**

If some participants are illiterate, ask other participants to assist them in filling out the day's

3. Conclude the session by thanking the participants, highlighting the valuable input they provided through sharing their knowledge, and wishing them success in completing their homework.

**Note to the Facilitators**

1. After the participants have left and the day's sessions are over, conduct a final prioritization of all the needs by: transferring to the corresponding matrix (Matrix S3-4) the order of prioritization of the identified needs for each of the three categories:
  - Recognizing problems during pregnancy
  - Deciding to seek help from a health resource
  - Resolving the problem
2. *Bridge of Possibilities*  
Transferring the participants' conclusions concerning "What We Can Do" to the corresponding matrix (Matrix S3-6).

## Session Plan

### SESSION 3: ACTING TO RESOLVE HEALTH PROBLEMS

Objective	Contents/Theme	Activity/Technique	Materials	Responsible	Time
Step 1: Introduction					
Step 2: Role play					
Step 3: Final prioritization					

**Matrix S4-5: Final Prioritization of Problems and Needs**

Name of Facilitator: \_\_\_\_\_

Name of Unit/Group: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Page # \_\_\_\_\_

Of \_\_\_\_\_

Session #: 3

	Recognize	Decide	Resolve
Most important			
Medium importance			
Less important			

## Matrix S4-6: The Bridge of Possibilities

Name of Facilitator: \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Unit/Group: \_\_\_\_\_

Page # \_\_\_\_\_

Of \_\_\_\_\_ Session #: 3

The Reality in the Community		What We Can Do
Recognizing problems in pregnancy		(synthesis of three or four principal things)
Deciding to seek help from a health resource		(synthesis of three or four principal things)
Resolving the problem		(synthesis of three or four principal things)



## Session 1: Developing a Community Action Plan

### Objective

- To develop a participatory community action plan applying the most important results achieved through the community action cycle process relating to resolution of the three delays in respect to bleeding in the first five months of pregnancy:
  - Recognize
  - Decide
  - Resolve

### Time

1 to 2 hours, depending on the quantity of problems or needs prioritized

### Materials

- Name tags
- Flipchart paper
- Markers
- Envelopes containing green, blue, and white index cards prepared in previous sessions
- Masking tape
- Kenyan flag

### Advance Preparation

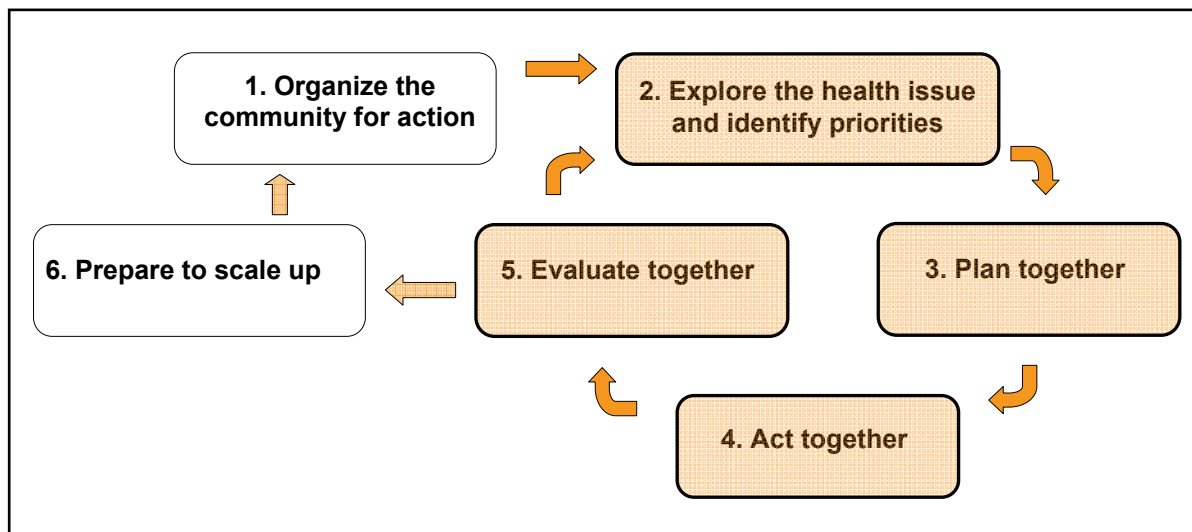
1. Write out the session plan on a piece of flipchart paper.
2. Write on a piece of flipchart paper the goal of the workshop—to develop a solution that is real, attainable, and can be accomplished.
3. Prepare a participant registry—a piece of flipchart paper listing the names of all of the training participants, their sex, their age, and where they are from—based on the information in the Register of Participants (Annex 1).
4. Have the poster of the community action cycle ready.
5. Have the previously prepared poster stating the project objective ready. (This states that the plan is to reduce unplanned pregnancies, abortions, and miscarriages, as well as to lower the maternal mortality and morbidity rates.)
6. Gather the previously prepared index cards with the final prioritization of the problems and needs. The ideal responses from the Bridge of Possibilities, the alternatives, and the possible solutions from previous sessions and the ideal responses from the role play will also be used in the session.
7. Prepare a prioritization chart similar to the following:

**PRIORITIZATION CHART**

	RECOGNIZE	DECIDE	RESOLVE
Highest importance			
Medium importance			
Lowest importance			

### Activity 1. Review of Problems and Possible Solutions

1. Invite all of the participants to consider the previous sessions by reviewing delays in recognizing, deciding about, and resolving problems during pregnancy and the themes from the sessions. Conduct this activity with an icebreaker.
2. Post the prepared flipchart showing the goal of the training
3. Ask the participants to try and remember the previous sessions, specifically, the community action cycle.



4. Ask the participants to consider the problems and needs of greatest importance prioritized in the previous exercises at the community level. When the problems or needs are related to the objective of the project, ask the participants to decide if it is necessary to reprioritize these problems/needs. Later in the process use these problems or needs to draft a sample action plan once the participants have reviewed them for consistency and editing.
5. Invite the participants to focus on the main goal, which is to contribute to **reducing maternal death attributed to bleeding in the first five months of pregnancy and to encouraging family planning uptake for those that want to delay pregnancy**.
6. Invite the participants to reflect on the process and content of the themes they focused on. What problems did they prioritize considering the reality encountered in their unit or neighborhood? What are some alternatives or possible solutions that they proposed in reaction to the prioritized needs or problems related to the main goal?
7. Ask the participants, in reference to the community action cycle: Which stage are we in now?

### Activity 2. Final Group Prioritization of the Problems/Needs Identified in the Community: Recognize, Decide, and Resolve

1. Take out the three envelopes with the cards that were marked as “most important” in the three sessions B1, B2, and B3 (**green, blue, white**).
2. Divide the participants into four or five groups.
3. Distribute all of the cards that were prioritized as “Most Important” from all three sessions (on the green, blue, and white cards). Each participant will receive several cards.
4. Post the flag on the wall of the training room.
5. Invite each person to read his or her card (or, if they do not read or do not understand what the card says, help them, but always in a respectful manner).



6. Ask each participant to place his or her card on the flag color it belongs to, according to group consensus.

**Note to the Facilitators**

Since this activity will consist of many cards, it is important to prioritize them.

7. Using masking tape, divide the flag into three columns to accommodate the green, blue, and white cards, and place a card with the name of each of the three delays over each column. The cards will first be classified according to the colors of the flag and then placed under the corresponding delay.
8. Ask each group to discuss each need and place it in its order of importance, also indicating which solution it refers to: Recognize, Decide, or Resolve
9. Verify that all of the participants agree with the order of importance of the problems/needs. If not, invite the group to give their opinions over how they want the needs to be prioritized, according to each theme. If a discrepancy exists in the group, arrive at a consensus or agreement. Always use the “multiple whys” approach (repeatedly asking “Why,” to get at underlying issues) to get the card to its exact place.

**Note to the Facilitators**

Be sure to post the prepared prioritization chart and remind everyone of the criteria.

**Note to the Facilitators**

Groups can place various cards under the same classification, but always in order of importance. The group is meeting to design a Community Action Plan, now that they have done a final prioritization using the nine problems identified (three to recognize, three to decide, and three to resolve). In the final prioritization, each group will select only six problems (two to recognize, two to decide, and two to resolve) of greatest importance.

## Session 2: Developing an Action Plan

**Objective**

- To develop a participatory Community Action Plan

**Time**

1 hour

**Materials**

- Markers
- Flipchart paper
- Previously prepared green, blue, and white cards
- Three copies of the Community Action Plan matrix (see page 66)
- Bridge of Possibilities prepared in previous session

**Advance Preparation**

1. Prepare copies of the Community Action Plan matrix for the participants.
2. Create a flipchart showing the matrix (see page 66).

### Activity 1. Participatory Technique: How to Respond to Problems and Needs

1. Explain to the participants that this is another step in the community action cycle (Planning Together)
2. Explain the exercise to all participants. Take an actual problem addressed by one of the groups and use it as an example for the activity, so that the participants can understand how to do this exercise on their own.
3. Divide all of the participants into three groups and give them the final prioritized cards, as follows;. Group 1 will work on problems to Recognize, Group 2 on problems to Decide, and Group 3 on those to Resolve.
4. In each group, ask the members to distribute the cards among themselves.
5. Post the flipchart showing “what we can do” in the Bridge of Possibilities developed for all of the three delays, to remind the participants of the solutions they had recommended for each delay. It is important to guide each group so that they focus on actions and possible solutions that are attainable.
6. Give each group the Action Plan matrix. Ask each group to talk about and fill out the plan in relation to these questions.

#### Community Action Plan Matrix

Key Problem	Data to Be Used	Steps You Will Take to Solve the Problem	Resources You Will Use	Short-Term (Three Months) and Long-Term Indicators	Person Responsible	Time Frame

##### Notes to the Facilitator

The facilitators should keep in mind some cautions concerning this exercise.

In particular, the problem must not contain additional problems. Keep the problem simple and straightforward rather than lump it with other problems.

##### Suggestion

Ask the participants to fill out the Community Action Plan Matrix in response to the problems listed on the cards that were distributed and the possible solutions or relevant alternatives. The following criteria must be considered in developing the plan:

- Is it realistic?
- Is it attainable?

7. Invite representatives from each group to present the plans they developed in response to their problem and need.
8. Invite other participants to provide observations, opinions, and suggestions to improve the Community Action Plan in response to each problem or need presented. Incorporate their suggestions and modify elements of the plan according to group consensus.

##### Note to the Facilitators

Be prepared to manage differences of opinion and discord and resolve any conflicts that arise during the development of the plan. Adhere to the principles of good dialogue (active listening, respect, nonaggressive expression, etc.)

9. Write down what the participants say during the process of developing the Action Plan and how they arrive at group consensus.
10. Direct an energizer or invite a participant to share one with the group. The exercise should highlight the importance of communication to transmit ideas among people.

## **Session 3. Implementation of Action Plans**

### **Objectives**

- To develop a strong way forward as to how the group will implement their Action Plans

### **Time**

1 hour

### **Materials**

- Flipchart paper
- Markers, including red markers

### **Advance Preparation**

1. Prepare the steps of community action cycle.

### **Activity 1. Planning the Presentation of the Action Plan to Local Authorities**

1. Using the community action cycle poster, explain to the participants that this is another step in the community action cycle—Acting Together.
2. Discuss the importance of sharing action plans with those in authority to get their support.
3. Ask the group members to identify and list key people with whom they would wish to share their action plans.
4. Ask the group members to agree on who will be responsible for presenting the action plan to local authorities. If more than one person is suggested, ask that they vote.
5. Ask them to propose dates to coordinate the meeting.
6. Remind the persons responsible for activities in the action plan to bring to this meeting relevant documentation on health status and available opportunities and resources that will be used to address identified problems.
7. Remind the group the importance of keeping a simple record as they go about implementing their action plans

## Session 4. Participatory Evaluation of the Action Plan

### Objectives

- To ensure that the community takes time to reflect, document, and learn from their experience on a regular basis
- To ensure that community members understand the importance of presenting a strong plan to the authorities

### Time

1 hour

### Materials

- Flipchart paper
- Markers, including red markers
- Previously prepared Action Plans
- Previously developed maps

### Activity 1. Evaluating Successes and Identifying Challenges

1. Explain to the participants that this is another step in the community action cycle—Evaluating.
2. Stress to the participants that the type of monitoring/evaluation and planning they have learned how to do during these sessions should occur at least once every three months in their community. (Some communities may prefer to do this monthly.)
3. Ask the participants to mention the other steps of the community action cycle and the three delays discussed in the previous sessions.
4. Put up the group's Action Plan and ask the core group member to remind the group what problems they had prioritized and what they agreed to do.
5. Ask the persons responsible for each problem to make a presentation on what they have done..
6. Fill out the table below as they present.

### Activity 2. Story Telling

1. Ask the participants to reflect on their experiences working with the community since they last met. Ask each team member to share two major “successes” since the last meeting. (These can be captured on flipchart paper and posted on the wall.)
2. Ask the participants to consider their successes by asking the following questions:
  - Have they forgotten any successes that they would like to add now?
  - How does it feel to have achieved these successes?
  - What contributed to making these successes happen?
3. Congratulate the team on these successes and take some time to celebrate them.
4. Ask the participants to think of two major challenges that they are currently facing in supporting the community's effort. Ask them to share these two challenges and capture them on a piece of flipchart paper.
5. Read all of the challenges aloud and divide the participants into groups of three people each.
6. Ask each group to choose two or three challenges (not their own) and spend 15 minutes working on ideas for addressing these challenges. Ask a member of each group to write down their advice on a piece of flipchart paper to share with all participants.

7. When all groups have finished, ask a member of each group to present their advice to all of the participants and invite others to offer any additional advice.
8. Discuss with the participants what they will do next and how they plan to work over the next month (or quarter).

### **Activity 3. Use of Maps in Evaluation of Action Plans**

1. Put up the previously developed maps during the mapping exercise in identifying the second delay.
2. Separate the participants into groups as per their units/divisions. Using the maps drawn during the mapping exercise, map new resources roads, health facilities, bridges, religious institutions, police stations, community-based organizations, nongovernmental organizations, and local partnerships) found in their community. Ask them to clearly mark in red on their map any new facilities and partnerships that have arisen since the last time they met.
3. Ask the groups to choose one person to present the group's unit or divisional map to the rest of the participants. Ask them to point out the various facilities, roads, and faith-based organizations, and to illustrate the changes that have occurred. The presentation can be done in the form of a story, which will be written down on the previously prepared matrix.
4. After the storytelling is completed, separate the participants into groups according to the those they represent.
5. Ask the participants to develop another action plan for the next three months or longer, using problems they have identified and prioritized. Any unresolved problems from a previous action plan may form part of the new action plan until these problems are completely solved.
6. Conduct a closing summary session to review the process, talking about challenges (about what went smoothly and what did not) and about what they learned. Explain that the next few sessions will provide them with some tips on how to address some common issues/problems when mobilizing the communities.

<b>Key problem</b>	<b>Source of data (information)</b>	<b>Steps taken to solve the problem</b>	<b>Resources you used</b>	<b>Outcomes</b>

## Session Plan

### DEVELOPING AN ACTION PLAN

Objective	Contents/Theme	Activity/Technique	Materials	Person Responsible	Time
Step 1: Introduction					
Step 2: Developing Our Action Plan					
Step 3: Steps to Follow					

## Preparing for Challenges Ahead

### Note to the Facilitators

The following sessions highlight some common challenges that many face when carrying out community mobilization efforts. The sessions below are meant to prepare the participants for potential issues that may become barriers to community action.

## Session 1: Building Leadership Skills

### Objectives

- To learn how to build on leadership strengths and challenges in the community
- To learn about leadership roles that involve shared responsibility versus concentrated power
- To learn tools that can be transferred to communities in developing participatory leaders

### Time

1 hour, 30 minutes

### Materials

- Flipchart paper
- Markers
- Handout 6-1: Leadership Styles Framework

### Advance Preparation

1. Make enough copies of Handout 6-1: Leadership Styles Framework to distribute to the participants.

### Activity 1: Practicing Leadership

1. Ask for three volunteers among the participants to assist in acting out a role play. One will play the role of a CHW and the other two will be community members. Ask them to act out the typical leadership style of a CHW. Give them a minute or two to organize themselves and ask that they keep the role play to 5 minutes or less.
2. Following the role play, distribute the Leadership Styles Framework handout to the participants and review its content.
3. Divide the participants into 3–4 small groups and ask them to answer the following questions using the leadership framework:
  - Which leadership style was being practiced in the role play?
  - How do you think the community members felt during this interaction?
  - Which leadership style would be more effective? Why?
  - Translate these leadership styles into the local language of the communities where you work.
4. Bring the participants back together and invite them to discuss the following questions:
  - What are the traditional role and actions of a leader in the communities in which you work?

- Have you seen effective leaders in your communities? What have they done to make them effective?
  - What should be the role of a leader in the community groups with which you work?
  - What are some methods communities could use to encourage emerging or new leaders?
5. Write their answers on a piece of flipchart paper and use these to summarize the discussions.
  6. End the session by reminding the participants that the purpose of COMMPAC is to build leaders among the CHEWs and CHWs, as well as within communities themselves, to support collective action around bleeding in pregnancy.

## Session 2: Identifying Strategies for Resolving Conflict

### Objectives

- To review and discuss common problems that arise during community mobilization efforts
- To identify solutions for dealing with those problems
- To learn skills to deal with conflict and tools that will help to resolve conflicts
- To understand how conflict evolves and different ways in which to deal with conflict

### Time

1 hour, 30 minutes

### Materials

- Flipchart paper
- Markers
- Handout 6-2: Causes of Conflict

### Advance Preparation

1. Prepare a flipchart with the following examples of common problems:

- An individual or group tries to block actions, because it threatens their power.
- The community does not have enough capacity (manpower, resources, knowledge, cohesion, etc.) to take an action.
- An action does not improve health situation.
- Participants lose interest in the program.
- Communities want to do activities that do not contribute to their health goal.
- Other organizations “compete” for community participation by offering incentives and other “perks.”

2. Prepare sufficient copies of Handout 6-2: Causes of Conflict for all participants.
3. Write out small group tasks on a piece of flipchart paper.



## Activities

1. Ask the participants to identify a word used for conflict in their local language. What is/are the word/s for conflict resolution?
2. Once the terms have been identified, ask for four volunteers to assist in acting out a role play that describes a conflict. One of the volunteers will act as a CHW and the other three will be family members. Explain to them and to the participants that the CHW has been called in to resolve a conflict in this family because the daughter has an unplanned pregnancy. Ask them to act out the conflict and for the CHW to try and resolve the conflict.
3. Invite the group to come back together and ask the following questions:
  - How did the CHW manage in resolving the conflict?
  - What did you like about how the CHW handled the situation?
  - Are there any other solutions that might have been successful?
  - What would you do if the solution doesn't work?
4. Distribute to all participants the handout on "Causes of Conflict." Go through the handout with the participants and review it to ensure that everyone understands. Ask the participants whether they agree with what is suggested on the handout and whether they have any other information to add. (For example, in their culture, would they agree with the stages of conflict? What are different ways in which conflict is dealt with in their communities?)
5. Ask the participants to practice dealing with some of the most common problems that occur during a typical community mobilization effort by brainstorming about how one might handle the problems. Show a list of these problems by posting the prepared flipchart.
6. Ask the participants to add any other problems that they can foresee (or that they have experienced) to this list and to remove any problems that do not seem relevant or likely.
7. Divide the participants into subgroups (no more than 10 per subgroup) and assign one or more problems to each subgroup. Ask them to brainstorm possible solutions or strategies for handling these problems.
8. After 20 minutes, reconvene the participants and discuss each problem and the proposed solutions. To end this session, summarize all of the input on how conflicts are actually resolved in communities.

## Session 3: Couple Communication

### Objective

- To create awareness of the need for men and women to equitably share decision making.

#### Note to the Facilitators

At many different levels, from issues that concern mainly couples (such as reproductive health, family planning, and management of household resources) to issues that concern the community as a whole (such as participation in activities to improve conditions in the community), it is necessary to help participants think about the importance of men and women sharing in the decision-making process.

### Time

1 hour

### Materials

- Flipchart paper
- Markers

## Advance Preparation

1. To be prepared to guide the participants in their thinking on this issue, the facilitators should first explore their own ideas on couple communication.
2. Prepare a flipchart with the following list of issues:

### Issues

- Family planning (number of children and spacing)
- Reproductive health
- Children's education
- Managing money in the household

3. Prepare a flipchart with the following questions:

- Who has the major say about this decision? Why?
- What are the major difficulties you find in talking to your partner when it comes to a decision?
- Are you working to improve this aspect of your life and make it more equitable? What are you doing specifically to improve the situation?

## Activity

1. Divide the participants into mixed-sex groups of three or four. Post the first prepared flipchart and ask them to think about how decisions are made with their spouses/partners about these issues.
2. Post the second prepared flipchart and explain that for each topic, the group should discuss these questions.
3. When the groups have finished their discussions, invite the groups to present to everyone the main ideas they discussed. Continue this activity for up to 10 minutes.
4. Summarize the main ideas of the groups, and then invite the entire group to think about how men and women participate in decisions that affect the whole community. Ask the following questions to encourage discussion:
  - When the members of your community decide to work together toward a goal, how are men and women involved and how do they participate?
  - Who plays a major role in deciding what is done? Why?
  - What can prevent men and women from equally participating in making community decisions?
  - Are you doing something to improve this aspect of your community life? What are doing? If nothing, what can be done?
5. Close the activity by highlighting the importance of the shared decision making for the family and community life.

## Session 4: Building Financial Management Capacity

### Objectives

- To understand the importance of building community financial management skills
- To learn how to build community capacity to manage finances and to learn tools of effective financial management

### Time

1 hour, 30 minutes

### Materials

- Handout 6-3: Financial Management Tools
- Flipchart paper
- Markers
- Notepaper and pens

### Advance Preparation

1. Make sufficient copies of the handouts to distribute to the participants.
2. Prepare the following flipchart:

#### Why Engage in Financial Planning?

- To assess where one is with regard to income and expenditure
- To understand how one can generate income
- To analyze one's sources of income, how much/often does one receive income, to whom/how often does one owe money/goods
- To find out how much one owes and what is left after all the debts are paid
- To understand the reasons why they need money and why they might need to save money.

3. Write out the small-group task.

### Activities

1. Ask the participants: What is financial management? One appropriate response is:  
*It is a financial plan that allows a person (or community or organization) to know how much money they need, how much money they have at any one time, and how much they have spent or will need to spend. It gives a person (or community or organization) control over their financial affairs and makes people accountable.*
2. Ask the participants the word for financial management in their local language. Ask them what experiences they have had, either as individuals or as part of a group, in managing

their finances. Also, ask them what experiences they have had when they have not managed their finances well.

3. Ask the participants why financial management is important. Write their answers down on a piece of flipchart paper. Answers might include:
  - It allows for planning for the future, so that bills can be paid and money can be saved.
  - It allows one to run an organization effectively.
  - It allows one to achieve one's goals and fulfill one's commitments to others.
  - It gives a person control over and insight into his or her financial situation at any point in time.
4. Remind the participants that financial planning exercises can also be helpful for a number of reasons and post the prepared flipchart. Read aloud the listed reasons and ask if they are all clear.
5. Ask the participants to spend a few minutes thinking of the key tools, if any, they currently use for financial management. Ask them to tell about these tools, and write their answers on a piece of flipchart paper. Share Handout 6-3 and review it with the participants. What would they add? What questions do they have about these tools?
6. Explain that these tools would form the basis for a financial management system that would be practical and usable for a community group. Ask the following summary questions:
  - How would you design a training at the community level on financial management tools?
  - How would you make this exercise practical and useful for the trainees?
  - How would you provide ongoing support to communities to increase their financial management capacity?

## **Session 5: Linking to Outside Funding Resources**

### **Objective**

- To build skills in how to link to funding sources

### **Time**

45 minutes

### **Materials**

- Cardboard or paper
- Flipchart paper
- Scissors

### **Advance Preparation**

1. Cut out pieces of puzzles for a “Broken Square” exercise: Make puzzle pieces by first drawing five large squares (1 ft x 1 ft) on hard cardboard or poster board. Using a marker, further divide these squares and, with scissors, cut up the squares into 4–5 pieces, according to the sections that have been drawn.
2. Make a list of funding sources available to the participants' communities for maternal and child health, family planning, and reproductive health, and make enough copies of the list for all participants.

### **Activities**

1. Divide the participants into smaller groups of five or six.

2. Give each group one of the five square puzzles, and ask that each player be given a few of the pieces of the square puzzle chosen at random. Explain that they will need to exchange some of their pieces with other members of their group for each person to form a perfect square.
3. Explain that the following rules must be observed:
  - Team members may not speak to each other.
  - Team members may not signal each other for a piece of the puzzle.
  - Members may give pieces to each other.
4. Inform the teams they have 15 minutes to form the squares.
5. Observe that the rules are being followed. Speak only if you need to remind the players of the rules; otherwise, the facilitator should not interfere.
6. After 15 minutes, stop the game and lead a discussion about what they have experienced. Debrief the participants using the following questions:
  - What was it like trying to form these squares?
  - Was anyone willing to give away all of their pieces?
  - Did anyone tend to keep pieces rather than give them to others?
  - Did anyone break any rules?
  - Did anyone seem frustrated?
  - What were some of the sources of frustration?
  - What did you do when you were frustrated?
  - Did the group begin to cooperate at any critical point?
  - Was the task a collection of individual problems or was it a group problem?
  - Did anyone finish the puzzle and then leave the group?
  - Was there a critical point where team work or productivity seemed to change?
  - Did anyone help others during the task? How?

### **Questions to ask concerning the work in community groups**

- Is it important to sometimes look outside your own environment for resources? Why?
  - What happens when we only look at our own problems without making linkages to outside resources?
  - What have you noticed in your community groups around making linkages to funding and resource outside of the community?
  - What issues have been raised here that may come up in community group or committee work?
  - What have we discussed that can make us more effective in helping community groups or committees be more productive?
  - What lessons can we draw from this exercise about how we can be more supportive of community group or committee work?
7. Ask the group: How have you raised funds in the past in this community? On a sheet of flipchart paper, make a list of when/what funds were raised.
  8. Now ask the group the following:
    - What funding resources are you aware of in your district?
    - What community groups do you know of that have already received funding?
    - How did they go about requesting these funds?
  9. Hand out the list of potential funding sources for maternal and child health, family planning, and reproductive health.
  10. Ask the participants: What are your capacity strengths and needs for accessing this funding? Brainstorm a list with the group, and write their responses on a piece of flipchart paper.

11. Develop next steps on how to build on this capacity and/or support needs and write these down so that participants are clear on what is needed.
12. Thank the group for their time and commitment.

## **Session 6: Proposal Writing**

### **Objective**

To build skills in proposal writing.

### **Time**

1 hour

### **Materials**

- Flipchart paper
- Markers
- Handout 6-4: Elements of a Proposal
- Handout 6-5: Proposal Template

### **Advance Preparation**

1. Print enough copies of the handouts to distribute to all participants.

### **Activity**

1. Ask the participants to share their experiences, if any, in proposal development, including any successes and challenges. Allow 10 minutes for discussion.
2. Explain to the participants that the key steps involved in developing a proposal include the following:
  - Identifying the problem or issue, and the actions and funds required to solve the problem.
  - Identifying potential funding sources.
  - Approaching funding sources for assistance.
3. Explain that the two key fundraising skills are developing a proposal and developing a budget. Explain that a proposal can be a very simple document that anyone can put together.
4. Ask the participants to brainstorm the basic elements or components of a proposal. Record their comments on a piece of flipchart paper and list their responses concerning the core elements of a proposal (see Handout 6-4: Elements of a Proposal).
5. Distribute Handout 6-4 and review each step of a proposal.
6. Ask the participants to select one problem currently facing their community for which they need outside funding. Distribute Handout 6-5: Proposal Template for each group to fill out.
7. Ask all of the groups to reconvene in plenary and ask each small group to present their work to the others. Encourage discussion and provide suggestions, as appropriate.
8. Wrap up the discussion by reminding the participants that a written proposal is only one format for requesting funds. Explain that whether or not one is going through the process of writing up a proposal, it is important to go through the process of identifying the specific problem that needs to be addressed, as well as the goal, objectives, activities, and strategies for monitoring and evaluation. Emphasize that any group that is trying to mobilize resources must think through and reach consensus on each of these areas. No donor is simply going to give away sums of money without a clear justification on why the money is needed and how it will be spent.

## Session 7: Workshop Closing

### Objective

To complete the training workshop in community mobilization

### Time

1 hour

### Materials

- Posttest (Annex 2)

### Advance Preparation

1. Make enough copies of the posttest for all participants.

### Activities

1. Hand out the posttest and ask the participants to complete it. Allow 15–20 minutes for this.
2. Wish the participants success with their community action plan, and advise them that mentoring and support will be ongoing as a follow-up to the training. Tell them to recognize that the training has included a lot of information, which can feel overwhelming, but reassure them that support will be provided as they master the use of the community action cycle over the months to come.

## Handout 6-I: Leadership Styles Framework

AUTHORITARIAN LEADERSHIP Survival					CONSULTATIVE LEADERSHIP Security			ENABLING LEADERSHIP Participation	
<p>Leader makes decision and announces it</p> <p>Leader announces his decision, but doesn't feel the need to share the reasons.</p>	Leader presents decision but "sells" it to members	Leader presents decision and invites questions	Leader presents tentative decision subject to change	Leader presents situation, gets input, makes decision	Leader calls on members to make decision, but overrides decision	Leader calls on members to explore situation, make decision	Leader maintains a facilitating role allowing members to identify problem, identify limits, explore and make decision.		
	Leader announces his decision and shares the reasons behind it, which were prepared in advance (monologue).	Leader announces his decision but responds with a rationale based on questions from the members. (Dialogue with no expressed willingness to change decision.)	Leader announces his "tentative" decision and says he is open to questions and discussion. (Dialogue with willingness to change decision if necessary.)	Leader identifies problem and moves into a facilitating role, then moves out of that role and makes a decision.	Leader calls on group to identify limitations, explore and make decision though the leader may override the decision.	Leader shares information on funds available, time, etc., and facilitates a decision by members.	Leader maintains a facilitating role allowing members to identify problem, identify limits, explore and make decision.		

*Adapted from: Hope, A., & Timmel, S. 1984. Training for transformation. Vol. 3. London: Intermediate Technology Development Group (ITDG) Publishing, p. 102.*



## Handout 6-2: Causes of Conflict

Conflict can result from a variety of causes:

- Lack of trust
- Fear
- Differences in information
- Differences in perception or opinion about the same information
- Differences in values and beliefs
- Differences in role
- Perceived scarcity of resources
- Unhealthy competitiveness
- Selfish behavior
- Lack of shared vision

What other causes of conflict can you think of?

### Stages in the Evolution of Conflict

#### 1. Anticipation

We expect that when a change or issue is introduced, there will be differences of opinion.

#### 2. Conscious but unexpressed differences

One or more people disagree, but don't openly express disagreement. Conflict may be expressed indirectly by withdrawal, sarcasm, cynicism, humor, etc. Tension will be felt in the environment.

#### 3. Discussion

Differing opinions begin to emerge openly. They may be implied by questions asked and language used. Differences may be expressed indirectly and tentatively.

#### 4. Open dispute

Differences are expressed as arguments and counter arguments. Differences sharpen into clearly defined points of view.

#### 5. Open conflict

Disputants are firmly committed to particular positions. They attempt to increase the effectiveness of their argument and undermine the influence of the opposition.

### Facilitating the Resolution of Conflict

#### 1. Summarize the disagreement

Be objective and focus on the issues, not personalities. List the points of conflict. If possible, reduce these points into subpoints that are easier to deal with.

#### 2. Confirm accuracy

Ask for confirmation or correction of the positions. This encourages individuals to take ownership. It may even lead to their resolving the conflict without further intervention on your part.

#### 3. Establish the last points of agreement

Establish points of agreement to focus individuals and the group on the issue in dispute and show those involved where the disagreement arose.

#### 4. Create a shared vision

Have each side express their desired goals, objectives, or visions. It may be helpful to keep asking 'Why do you want this or that?' Try to stimulate self-knowledge and knowledge of

the others' ambitions, motives, and attitudes. Have each side identify common goals or a shared vision.

**5. Generate possible solutions**

Use brainstorming or other techniques. It may be necessary to bring in a third party to move the conflict toward solution.

**6. Get agreement to implement and assess a solution.**

Ask the disputants either to collaborate or compromise in choosing a solution. Explore how they will know whether the solution is successful.

**Strategies for Dealing with Conflict**

<b>Strategy</b>	<b>Appropriate when.....</b>	<b>Inappropriate when.....</b>
<b>Avoiding</b>	The issue is relatively unimportant. The potential damage of confronting the conflict outweighs the benefits of resolution.	Bringing the issue up may lead to more important issues that need to be addressed.
<b>Accommodating</b>	The issue is much more important to them than to you. You wish to demonstrate goodwill.	Your commitment is required and you will not be able to commit to their choice. Your input is required for an effective outcome.
<b>Forcing</b>	Quick, decisive action is vital. You need to implement an unpopular choice for which commitment is not required.	The cost of forcing this issue outweighs the benefits of getting your own way.
<b>Compromising</b>	Goals are mutually exclusive.	Giving everyone some of what they want doesn't satisfy anyone. Compromise endangers self-esteem.
<b>Collaborating</b>	Working through hard feelings. When different perspectives could lead to a superior solution. When commitment to the solution is important.	Time is urgent.

## Handout 6-3: Financial Management Tools

### Example 1: A Register of Donations

Date	Description of donation	Quantity	Donor	Balance	Date disposed	Quantity disposed	Balance

### Example 2: Income and payments document

<b>INCOME</b>												
Sources	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Donor 1												
Donor 2												
Donor 3												
<b>Total income</b>												
<b>EXPENSES</b>												
Recipient 1												
Recipient 2												
Recipient 3												
<b>Total paid out</b>												
Grand total (income – payments)												
Amount (over or under)												

Time can be daily, weekly, or monthly.

## Handout 6-4: Elements of a Proposal

Definitions of Terms	Example
<b>Problem Statement:</b> A short explanation of the problem that needs to be addressed.	<b>Problem statement:</b> Maternal mortality is very high in the district, and the health center cannot conduct deliveries safely because the space is inadequate. As a result, women in the community have few options even though nurses are available on staff.
<b>Goal:</b> A description of the general issue that the project seeks to address.	<b>Goal:</b> To reduce maternal mortality in _____ unit.
<b>Objectives:</b> A more specific statement about what the project will address.	<b>Objectives:</b> To enable _____ health center/dispensary to provide quality delivery care to mothers.
<b>Activities:</b> A description of how the project will achieve the objectives, specifically, what activities will be undertaken and how.	<b>Activities:</b> (1) Renovating an unused room at the clinic to serve as a delivery room (2) Informing the community of the new services available
<b>Monitoring &amp; Evaluation:</b> <i>Monitoring:</i> A description of how activities will be tracked to ensure they are implemented as planned. <i>Evaluation:</i> A description of how to assess whether activities were effective in contributing to the achievement of the objective.	<b>Monitoring &amp; Evaluation:</b> <i>Monitoring</i> <ul style="list-style-type: none"> <li>Multiple bids will be solicited for construction and equipment purchases.</li> <li>Three members of the committee and the in-charge will supervise construction and an independent contractor will verify the quality of the work.</li> </ul> <i>Evaluation</i> <ul style="list-style-type: none"> <li>Service delivery records on maternity care will be monitored to assess the impact of the activities on client load.</li> </ul>
<b>Budget:</b> A clear presentation of the costs involved in undertaking the project.	<b>Budget:</b> <ul style="list-style-type: none"> <li>Building materials; unit price of each is _____.</li> <li>_____ will be needed for the activity.</li> </ul>

## Handout 6-5: Proposal Template

<b>Problem Statement:</b>	
<b>Goal:</b>	
<b>Objectives:</b>	
<b>Activities:</b>	
<b>Budget:</b>	
<b>Monitoring &amp; Evaluation:</b>	
<b>Monitoring Plan</b>	<b>Evaluation Plan</b>









## Annex I

### Registration of Participants

No.	NAME	SEX	AGE	DIVISION/ UNIT	CHEW or CHW	I.D No.	ADDRESS	Phone number	SESSION		

## Annex 2

### Pretest/Posttest

Date:	Unit/Group:	
1. What is your age? _____		
2. What is your marital status? <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Married</li> <li><input type="checkbox"/> 2. Single</li> <li><input type="checkbox"/> 3. Divorced/Separated</li> <li><input type="checkbox"/> 4. Widowed</li> <li><input type="checkbox"/> 0. Don't know/No response</li> </ul>		
3. Are you: <ul style="list-style-type: none"> <li><input type="checkbox"/> A woman</li> <li><input type="checkbox"/> A man</li> </ul>		
4. <b>Is the following true or false:</b> Contraceptive methods are used to delay or prevent pregnancy. <b>(Indicate ONLY ONE)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> True</li> <li><input type="checkbox"/> False</li> <li><input type="checkbox"/> Don't know/No Response</li> </ul>		
5. <b>Is the following true or false:</b> The use of contraceptive methods and planning family size are subjects suitable to be discussed only by women. <b>(Indicate ONLY ONE)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Don't know/No Response</li> </ul>		
6. If you were having sexual relations with your partner and did <b>not</b> want to become pregnant, what could you do to avoid an unplanned pregnancy? <ul style="list-style-type: none"> <li><input type="checkbox"/> Bathe yourself after having sexual relations</li> <li><input type="checkbox"/> Use a modern contraceptive method like pill, injectables, implants, etc.</li> <li><input type="checkbox"/> Drink teas to not become pregnant</li> <li><input type="checkbox"/> Have sex while standing up</li> <li><input type="checkbox"/> Other (specify): _____</li> <li><input type="checkbox"/> Don't know/No Response</li> </ul>		
7. Are you or your partner using a contraceptive method to delay or avoid pregnancy? <b>(Indicate ONLY ONE)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> No, because we would like to become pregnant</li> <li><input type="checkbox"/> Don't know/No Response</li> </ul>		

## Annex 2

### Pretest/Posttest (cont.)

<p>8. Which contraceptive method protects you from sexually transmitted infections? (Indicate ONLY ONE)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> IUD (Copper T)</li> <li><input type="checkbox"/> Depo-Provera (injection)</li> <li><input type="checkbox"/> Condom</li> <li><input type="checkbox"/> Calendar Rhythm Method</li> <li><input type="checkbox"/> Don't know/No Response</li> </ul>
<p>9. What is the minimum time recommended for a woman to wait before becoming pregnant again after a miscarriage or abortion? (Indicate ONLY ONE)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 3 months</li> <li><input type="checkbox"/> 6 months</li> <li><input type="checkbox"/> 1 year</li> <li><input type="checkbox"/> 2 years</li> <li><input type="checkbox"/> 3 years</li> <li><input type="checkbox"/> Don't know/No Response</li> </ul>
<p>10. For a pregnant woman, where is the most common place to go for prenatal checkups? (Multiple responses are fine)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Traditional healer</li> <li><input type="checkbox"/> Midwife</li> <li><input type="checkbox"/> Health center</li> <li><input type="checkbox"/> Health promoter</li> <li><input type="checkbox"/> She should not go for prenatal check-ups</li> <li><input type="checkbox"/> Don't know/No Response</li> </ul>
<p>11. What things should a woman do to have a healthy pregnancy? (Multiple responses are fine)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Eat well</li> <li><input type="checkbox"/> Drink teas</li> <li><input type="checkbox"/> Go to health services for prenatal checkups</li> <li><input type="checkbox"/> Visit a midwife/traditional healer for prenatal checkups</li> <li><input type="checkbox"/> Stop doing hard labor</li> <li><input type="checkbox"/> Other (specify): _____</li> <li><input type="checkbox"/> Don't know/No Response</li> </ul>
<p>12. In the case of an unplanned pregnancy, what would you do? (Indicate the two most important things)</p> <p>_____</p> <p>_____</p> <p>_____</p>

## Annex 2

### Pretest/Posttest (cont.)

<p>13. Is it possible to prevent a woman from having complications during her pregnancy? (Indicate ONLY ONE)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know/No Response</p>
<p>14. Could you tell me what are signs of danger during pregnancy? (Multiple responses are fine)</p> <p><input type="checkbox"/> Severe headache</p> <p><input type="checkbox"/> Fainting</p> <p><input type="checkbox"/> High fever</p> <p><input type="checkbox"/> Swelling of the feet/hands</p> <p><input type="checkbox"/> Convulsions or attacks</p> <p><input type="checkbox"/> Vaginal bleeding or hemorrhaging</p> <p><input type="checkbox"/> The baby stops moving</p> <p><input type="checkbox"/> Others (specify): _____</p> <p><input type="checkbox"/> Don't know/No Response</p>
<p>15. Could maternal mortality during pregnancy be prevented by knowing the danger signs? (Indicate ONLY ONE)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know/No Response</p>
<p>16. What do you believe are the most frequent causes of maternal death during pregnancy? (Multiple responses are fine)</p> <p><input type="checkbox"/> Pregnancy in young women</p> <p><input type="checkbox"/> The woman is not well nourished</p> <p><input type="checkbox"/> Violence against the pregnant woman</p> <p><input type="checkbox"/> Bleeding during pregnancy</p> <p><input type="checkbox"/> Don't know/No Response</p>
<p>17. A woman with bleeding during pregnancy should be taken first to a: (Indicate ONLY ONE)</p> <p><input type="checkbox"/> Traditional birth attendant</p> <p><input type="checkbox"/> Traditional healer</p> <p><input type="checkbox"/> Dispensary or health center</p> <p><input type="checkbox"/> Nowhere, wait until it stops</p> <p><input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Don't know/No Response</p>

## Annex 2

### Pretest/Posttest (cont.)

<p>18. If a woman in your community with bleeding during pregnancy came to you for help, you would: (Indicate ONLY ONE)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Make her wait until her husband came to help her</li> <li><input type="checkbox"/> Not give her any help to avoid getting in trouble</li> <li><input type="checkbox"/> Take her to a traditional healer or midwife</li> <li><input type="checkbox"/> Take her to a health center immediately</li> <li><input type="checkbox"/> Don't know/No Response</li> </ul>
<p>19. What health services offer postabortion care for a woman who has complications or bleeding during the first five months of pregnancy? (Multiple responses are fine)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dispensary</li> <li><input type="checkbox"/> Health center</li> <li><input type="checkbox"/> Traditional birth attendant</li> <li><input type="checkbox"/> Traditional healer</li> <li><input type="checkbox"/> Hospital</li> <li><input type="checkbox"/> Private clinic</li> <li><input type="checkbox"/> Others (specify): _____</li> <li><input type="checkbox"/> Don't know/No Response</li> </ul>
<p>20. In your last visit to a health center, what did the doctors and nurses do? (Multiple responses are fine)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Made me wait too long</li> <li><input type="checkbox"/> Explained the health problem that I have</li> <li><input type="checkbox"/> Were difficult and unhelpful</li> <li><input type="checkbox"/> Charged too much for me to receive attention</li> <li><input type="checkbox"/> Spoke to me with respect</li> <li><input type="checkbox"/> Solved the health problem that I had</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> Don't know/No Respons</li> </ul>
<p>21. Check the characteristics of the NHIF: (Select as many as you want.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> NHIF is only for children under 3 years of age.</li> <li><input type="checkbox"/> NHIF is for pregnant woman and for women up to six months after giving birth.</li> <li><input type="checkbox"/> NHIF covers postabortion costs.</li> <li><input type="checkbox"/> NHIF covers medical costs.</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> Don't know/No response</li> </ul>

## **Annex 3**

### **Sample Energizers**

#### **1. Body greeting game**

Participants find a space to stand. The facilitator shouts out a part of the body (such as knee). Everybody has to greet as many others as quickly as possible saying a greeting and using that part of the body (for example, saying "good morning" and touching knees together). The facilitator then shouts out another part of the body and the activity is repeated. Since this game involves touching, it may not be culturally appropriate in some countries.

#### **2. Three truths and a lie**

Everyone writes their name, three facts about themselves, and one lie about themselves on a large sheet of paper. For example, "Fred likes singing, loves football, is married, and loves doing community work." Participants then circulate with their sheets of paper. They meet in pairs, show their paper to each other, and try to guess which of the "facts" is a lie.

#### **3. Names and adjectives**

Participants think of an adjective to describe how they are feeling or what they think they are. The adjective must start with the same letter as their name, for instance, "I'm Henry and I'm happy," or "I'm Abraham and I'm amazing." As they say this, they can also mime an action that describes the adjective.

#### **4. COCONUT**

The facilitator shows the group how to spell out C-O-C-O-N-U-T by using full movements of the arms and the body. All participants then try this together.

#### **5. Body writing**

Ask the participants to write their name in the air with a part of their body. They may choose to use, for example, an elbow or a leg. Continue in this way until everyone has written his or her name with several body parts.

#### **6. Names in the air**

Ask the participants to write their name in the air first with their right hand, then their left hand. Finally, ask them to write their name in the air using both hands at the same time.

#### **7. Simon says**

The facilitator tells the group that they should follow instructions when the facilitator starts the instruction by saying "Simon says..." If the facilitator does not begin the instructions with the words "Simon says," then the group should not follow the instructions! The facilitator begins by saying something like "Simon says clap your hands" while clapping his or her hands. The participants follow. The facilitator speeds up the actions, always saying "Simon says" first. After a short while, the "Simon says" is omitted. Those participants who do follow the instructions anyway are 'out' of the game. The game can be continued for as long as it remains fun.

#### **8. What has changed?**

Participants break into pairs. Partners observe one another and try to memorize the appearance of each other. Then one partner turns his/her back while the other makes three

changes to his/her appearance (for example, puts his/her watch on the other wrist, removes eyeglasses, and rolls up shirt sleeves). The other player then turns around and has to try to spot the three changes. The players then switch roles.

### **9. The animal game**

(This game can be used to divide a large group into smaller groups.) Make slips of paper for each member of the overall group. Decide how many small groups you want to have, choose an animal to represent each group, and write the name of each animal on a slip of paper. (So, if you need to divide 12 people into four groups, choose four animals and write the name of each animal on three slips of paper.) Hand the papers out at random and ask people to make the noise of their animal to find the other members of their smaller group.

### **10. Get up, sit down!**

Give each participant a number (several participants could have the same number). Then tell a story that involves lots of numbers; when you say a number, the person(s) with this number has (have) to stand up.

### **11. Hokey pokey**

Participants stand in a circle to sing the song and do the actions. Participants must bring whatever body part is mentioned into the circle. For example, the first verse goes like this:

- You put your RIGHT FOOT in (stick right foot in circle)
- You put your RIGHT FOOT out (bring right foot back)
- You put your RIGHT FOOT in and you shake it all about (stick right foot in circle and shake it)
- You do the hokey-pokey (wiggling waist and turning around) and you turn yourself around.
- That's what it's all about!

With each new verse, substitute a different body part for “right foot”—left foot, right arm, left arm, head, and whole self.

### **12. Presenting gifts**

This can be used at the end of a workshop. Put the participants' names in a box or bag. Pass the box or bag around and ask each person to pick a name. If they get their own name, have them choose another. Give the group a few minutes to think of an imaginary gift they would present to the person whose name they have drawn. Ask them also to think how they would present it. Go around the group asking each person to present their imaginary gift.

### **13. Writing on backs**

At the end of a workshop, hand out paper and small pieces of tape and ask the participants to stick a piece of paper onto their backs. The participants should then go around the room and write something they like, admire, or appreciate about that person on the paper on his or her back. When everyone is finished, participants can take their papers home with them as a reminder.

### **14. Reflecting on the day**

To help the participants reflect on the activities of the day, crunch paper into a ball and ask the group to throw the ball to each other in turn. When they have the ball, participants can say one thing they thought about the day.