HEALTH COMMUNICATION CAPACITY COLLABORATIVE

Addressing Advanced Maternal Age, High Parity and Healthy Timing and Spacing of Pregnancies

A Guide for Working with Community-Based Groups

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Acknowledgments

Acronyms

AIDS   Acquired Immune Deficiency Syndrome

AMA   Advanced Maternal Age

CCP   Johns Hopkins Center for Communication Programs

CFA   West African Franc

CHW   Community Health Worker

DHS   Demographic Health Survey

FP   Family Planning

HC3   Health Communication Capacity Collaborative

HIV   Human Immune Deficiency Virus

HP   High Parity

HTSP   Healthy Timing and Spacing of Pregnancies

I-Kit   Implementation Kit

IPC   Interpersonal Communication

IUD   Intrauterine Device

LAM   Lactational Amenorrhea Method

LARCs   Long-Acting Reversible Contraceptive (Methods)

M&E   Monitoring and Evaluation

MCH   Maternal and Child Health

NGO   Non-Governmental Organization

PA   Public Address

PE   Peer Educator

PM   Permanent (Family Planning) Methods

RMNCH   Reproductive, Maternal, Neonatal and Child Health

SBCC   Social and Behavior Change Communication

SDM   Standard Days Method

SMART   Specific, Measurable, Achievable, Relevant and Time-bound

STI   Sexually Transmitted Infection

USAID   United States Agency for International Development

Introduction

Healthy timing and spacing of pregnancy (HTSP) is a family planning (FP) approach that emphasizes the prevention of four types of high-risk pregnancies: those that are too closely spaced, those that occur too early in a mother's life, those that occur too late in a mother's life and those that occur in a mother who has had many previous births (live or stillborn).

A woman is of advanced maternal age (AMA) when she is 35 years old or older. A woman is high parity (HP) when she has had five or more births. Pregnancies in AMA or HP women can be risky for a mother and her baby.

To reduce the risks of AMA and HP pregnancy in West Africa, qualitative research points to the need to reach:

- Women before they turn 35 or have a fifth birth
- Women who are 35 or older and have had five or more births
- Partners of women at risk
- Family, peers, community or religious leaders and others who influence men's and women's FP decisions
- Youth, so that they have the information they need to plan their family and avoid AMA and HP pregnancies
- Health care and FP providers

Purpose of the Guide

This guide is designed to help health-focused and, especially, non-health community groups in West Africa use community mobilization and peer-to-peer communication strategies to initiate dialogue around individual and social determinants of AMA and HP pregnancies and health consequences. It also aims to increase community/ social support for contraceptive use, especially long-acting reversible contraceptive methods (LARCs) and permanent methods (PMs). To the extent that such dialogue should increase demand for FP services, programs should also ensure the availability of and access to quality FP services.

Audience

The intended audience for this guide are program or project managers hoping to mobilize their communities to prevent AMA and HP pregnancies by reaching audiences such as women's groups and agricultural or other workplace groups that include men.

Objectives

Following this guide will help program/project managers to:

1. Identify and assess community groups and workplaces for initiating dialogue about AMA and HP pregnancy

2. Assist community/workplace groups to identify community facilitators and peer educators (PEs) for AMA and HP outreach

3. Motivate facilitating teams, community facilitators and PEs to act in ways that help their communities discuss AMA and HP pregnancy

4. Assess the effectiveness of peer education and community mobilization efforts to stimulate dialogue about AMA and HP pregnancy

How to Use This Guide

This guide is focused on West Africa, which is made up of many different countries, communities and contexts. You will need to adapt the activities, terminology, forms and other elements of this guide to your particular context.

We recommend you read through the guide from cover to cover to understand its content and approach. On the first or second reading, note what changes should be made to fit your particular situation (e.g., funding, types of community groups, use or nonuse of PEs, etc.). Consider what your program wants to accomplish and the types of community/workplace groups available to help. Draft a tentative scope of work to adjust with your eventual partner groups to decide what role each group will play. Then, decide or revisit what kind of staffing and support are needed and available to implement your community mobilization project.

This guide is organized around the six stages of the **Community Action Cycle**.[1] Each stage contains steps that your organization and community/workplace groups can use to address AMA and HP at the community level.

Figure 1: Community Action Cycle

STAGE 1
Getting Prepared: Building Mobilization Skills

STAGE 2
Getting Organized for Community Action

STAGE 3
Promoting Community Dialogue

STAGE 4
Building Consensus and Planning Together

STAGE 5
Taking Collective Action

STAGE 6
Evaluating Together
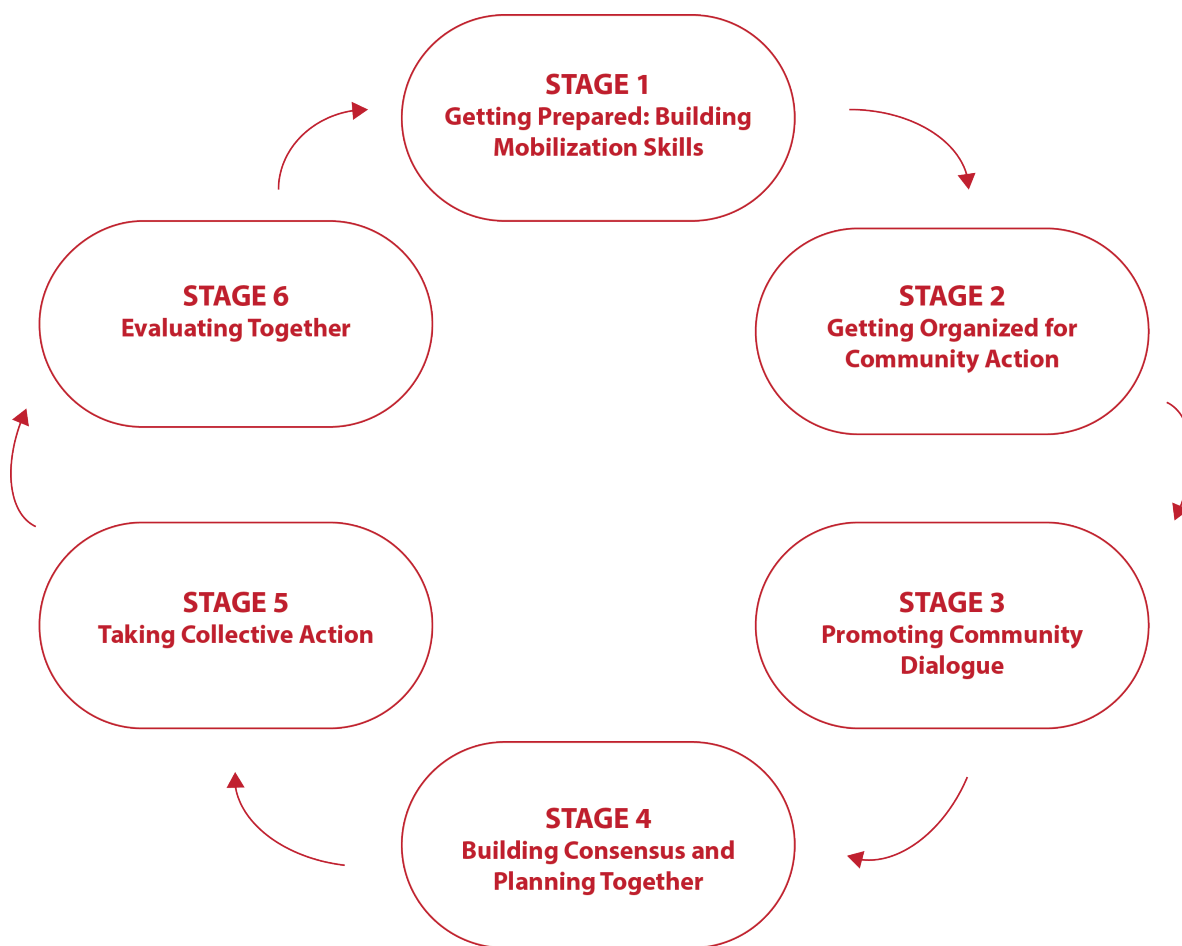
The guide details the **steps** in each stage for you to organize, conduct and assess community mobilization and peer education activities. You might find it necessary to adapt and even reorder the steps to meet the needs of particular community or workplace groups. Each stage ends with a **checklist** to help determine if you are ready to move to the next stage.

Tools referred to in the steps are also found at the end of each stage. You may need to adapt the tools to meet the needs of your organization and community or the workplace groups with which you will work.

Materials from the **HTSP Implementation Kit** (I-Kit), such as the client pamphlet, can be used or adapted to facilitate learning and discussion. You should work with groups to develop or adapt additional materials as needed.

Monitoring forms included here are also adaptable and will help you track progress.

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[1] Howard-Grabman, L. (2007). Demystifying community mobilization: an effective strategy to improve maternal and newborn health.

Definitions

This guide uses several terms to identify those involved in community mobilization and peer education. They are defined here to orient you and are presented again for reference later in the guide:

Community	A **community** is a group of people that have something in common. In this guide, "community" refers to a program's priority audience(s). This might include members of workplace associations and their families, members of women's groups, the population served by a community-based organization or the broader community defined by geographic location (e.g., an entire town or district).
Priority Audience	A **priority audience** is a group of people whose behavior must change so that the health situation can improve. In the case of AMA and HP pregnancy, priority audiences may include women who have had five or more births; women 35 to 49 years old; individuals attending university or medical/nursing school; married men and providers of reproductive, maternal, neonatal and child health (RMNCH) services. More information on identifying priority audiences can be found in the **HTSP I-Kit** [add link when available].
Facilitating Teams	**Facilitating teams** are community and workplace association staff/volunteers who want to mobilize their members around AMA/HP issues.
Community Facilitators	**Community facilitators** are individuals who take a leadership role in the community mobilization process. These might be leaders or members of workplace or community groups.
Peer Educators	**Peer educators** (PEs) are community group or workplace association members who engage individuals who are similar to them in discussion (and often action) around the issue.
Evaluation Teams	**Evaluation teams** are groups of two to three people in each community or workplace group who are responsible for monitoring and evaluating the community mobilization and peer education efforts and reporting their findings to the facilitating team.

Before moving through the Community Action Cycle, the next section briefly discusses two additional important concepts: social and behavior change communication (SBCC) and monitoring and evaluation.

A Note on Social and Behavior Change Communication

What Influences People's Behavior?

A person's behavior is influenced by many factors. The **Socio-Ecological Approach** (Figure 2) is one way to summarize the levels of influence on behavior. This approach recognizes that behavior change can be achieved through activities that target four levels: individual, interpersonal (family/peer), community and social/structural.

Figure 2: Socio-Ecological Approach

Communication used to overcome barriers to normative & social change

SOCIAL & STRUCTURAL
Leadership
Resources & services
Policies & regulations
Guidance & protocols
Religious & cultural values
Gender norms
Media & technology
Income equity

COMMUNITY
Leadership
Access to information
Social capital
Collective efficacy

FAMILY & PEER NETWORKS
Peer influence
Spousal communications
Partner & family influence
Social support

INDIVIDUAL
Knowledge
Skills
Benefits & values
Self-efficacy
Perceived norms
Perceived risk
Emotion

Qualitative research on AMA and HP pregnancy in Niger and Togo found profound factors at each level of the Socio-Ecological Approach that influence women and couples' ability to make healthy decisions.

At the **individual** level, women need information about:

- The risks associated with AMA and HP pregnancy

- Safe and effective methods for planning, delaying or avoiding pregnancy

- Where such methods are available and how to get them

They also need skills for discussing pregnancy risks and negotiating FP method use with their partner and perhaps other family members, such as in-laws, as well as skills for using their FP method of choice. They also might need support to navigate social norms (i.e., to understand them or to act in accordance with or contrary to them). The skills required might be different according to a woman's specific age, parity and relationship status.

At the **family and peer** ("interpersonal") level, women and couples might need close relatives or friends who can advise and support them in their decision-making about childbearing, including providing accurate information and sharing their experiences.

In the **community**, women need available, accessible and good-quality FP/reproductive health services. These services should provide information about AMA and HP pregnancy, how to avoid risky pregnancies, assurance of confidentiality and reassurance that there will be no negative consequences from the community for accessing FP services.

At the **social/structural** level, women and couples may need supportive norms around the number and timing of pregnancies (including supportive statements from religious leaders), policies that support affordable contraception for everyone and the availability of high-quality services.

At each level, there are factors that affect behavior in a positive way (facilitators) and factors that affect behavior in a negative way (barriers). This guide addresses the interpersonal and community levels.

Time to Reflect: Applying the Socio-Ecological Approach to AMA/HP Activities

Maryline is a married, 25-year-old woman with three children. She does not practice modern FP. She lives in a rural community where most women have six or more children, and many women die or experience severe problems during pregnancy or childbirth. FP services in Maryline's community are minimal, relatively expensive and hardly used. Unfortunately, it is common for children in her community to die before age five. If Maryline continues to have a pregnancy every 12 to 18 months, she will soon be at risk for HP and eventually AMA pregnancy complications.

How can your organization use the Socio-Ecological Approach to support women in Maryline's community to:

1. Space their pregnancies by at least two years?

2. Make and implement the decision to avoid pregnancy after age 35, both of which protect the health of mothers and children?

A Note on Monitoring the Peer-to-Peer and Community Mobilization Process

Typically, monitoring and evaluation (M&E) are described together and near the end of SBCC guides. Because monitoring should take place from the very beginning of community outreach, this guide addresses monitoring at the beginning. This is intended to help program managers and staff that organize community mobilization programs to keep in mind and plan for monitoring needs throughout the planning and implementation of the peer-to-peer and community mobilization program.

What is monitoring? Monitoring is checking on what we are doing to see if we are keeping to the schedule and doing the activities we planned to do. We keep asking ourselves, "Are we doing what we had planned"? Monitoring also helps identify problems and changes that need to be made to address these problems.

Why monitor? Monitoring the process of community mobilization and peer education helps us record what we have done and assess whether we are on the right track.

How to monitor? The most important part of monitoring is honesty when recording the information. For example, when five people attend the meeting, the monitoring form should reflect the true meeting attendance (e.g., it should not state that nine people attended). When we have an accurate representation of what has happened, we can work together to understand what has gone right or wrong and to solve any challenges faced.

What is the aim of the monitoring tools? The aim of the monitoring tools is to document the frequency, attendance, leadership and content of meetings, peer education contacts and events. The program/project manager should complete the Community Mobilization Monitoring Tool after every meeting or event as part of the mobilization process. PEs should complete the Peer Education Monitoring Tool daily, weekly or after each peer contact.

Form 1: Community Mobilization Monitoring Tool

Instructions to Program/Project Managers: Complete this form for each meeting or event that takes place as part of the community mobilization process. This can include meetings with women, workers, leaders, or youth; community-wide meetings; and Facilitating Team meetings. It can also include events organized by the community, such as rallies or drama performances.

Name of Program/Project Manager: _____

Name of Locality: _____   Date: _____

Community Action Cycle Stage (tick one): Getting Prepared __   Getting Organized __ Promoting Dialogue __   Building Consensus __   Taking Action __   Evaluating __

Type of Event: _____Start Time: _____   End Time: _____

1. Count the approximate number of people attending the event and record.

Number of People Attending	Women (ages 24 and older)					Men	Youth (male / female, ages 15 to 24)	Leaders	Other	Total
	AMA	HP	Both AMA & HP	Neither	Unknown					

2. Who organized this meeting?

Organizer	Check
Me, the Program/Project Manager	
The Facilitating Team	
Health/FP Facility Staff	
Other (Specify):	

3. **What were the specific steps of the Community Action Cycle or determinants of AMA/HP pregnancy discussed?** Example issues: AMA/HP knowledge, access to LARCs, improved IPC, polygamy, education, etc.

Issue	
Decision Made	
Next Steps/Activities Planned	
Problems Encountered	
Problems Solved? How?	

Form 2: Peer Education Monitoring Tool

Instructions to Peer Educators: *This form will be used to record multiple events. Complete a new entry in this register after each time you meet with a peer or peer group to discuss AMA/HP. For "Materials Distributed," write the type of material (e.g., "pamphlet") or "none." For "Comments/Observations," include things such as interesting questions or comments the learner had, new misinformation you heard, key insights or other things that could help inform Peer Educator training or activities.*

Name of Peer Educator's Community/Workplace Group: _____

Name of Peer Educator: _____   Name of Locality: _____

Age of Peer Educator: _____ years   Gender of Peer Educator: Female / Male (circle one)

Date	Start Time	End Time	Number of Learners					Session Feedback		Materials Distributed	Comments/Observations
			Female				Male	What worked?	What did not?		
			AMA	HP	Both AMA & HP	Neither					

What is the Community Action Cycle?

The Community Action Cycle is a set of stages and steps designed to help you prepare community members, in a participatory and systematic way, to engage their communities in discussions about AMA and HP.

The key stages of the Community Action Cycle are listed here.

Stage 1. Getting Prepared: Building Skills for Community Mobilization and Championing HTSP

Program/project managers prepare by learning about the communities in which they will work and the key issues related to AMA/HP and FP. By reviewing information, research, data and statistics – and maybe by conducting additional research of their own – managers will better understand the importance of avoiding AMA/HP pregnancies. This step is crucial before mobilizing community members.

Stage 2. Getting Organized for Community Action: Learning to Work Together, Establish Relationships and Invite Participation

Program/project managers make contact with community leaders and organize the first community-wide meeting. At this meeting, those interested will form a "facilitating team" that program/project managers will work with to engage community facilitators and PEs and to lead the community through the process of initiating dialogue on AMA/HP and changing attitudes about FP for women who are nearing or already AMA/HP. Also, the "evaluation team," which will assess the program, will be selected so they can keenly observe the full mobilization process.

> **Facilitating teams** are staff/volunteers of the community and workplace groups seeking to mobilize their members around AMA/HP issues.
>
> **Evaluation teams** are groups of two to three people in each community or workplace group who are responsible for monitoring and evaluating the community mobilization and peer education efforts and reporting their findings to the facilitating team.

Stage 3. Promoting Community Dialogue: Exploring AMA/HP in the Community

Program/project managers explore and discuss AMA/HP with the facilitating team and then support them to do so with the wider community to identify why women have late/many births.

Stage 4. Building Consensus and Planning Together: Developing a Community Action Plan for Reducing AMA and HP

The facilitating team uses the information gathered to set priorities for action and then works with the community to find answers to the main problems identified. The team then develops a Community Action Plan that sets out what activities the community will take on and when and who will be responsible for which tasks. Also included in this Stage (**Stage 4.5**) is information on creating a peer-to-peer communication program.

Stage 5. Taking Collective Action: Acting Together for Strong Families

Program/project managers support the community groups in putting their plans into action and monitoring their activities.

Stage 6. Evaluating Together: Assessing Collective Efforts to Address/Discuss AMA and HP

Program/project managers work with the evaluation team to conduct participatory evaluations and thereby measure the impact of activities. You can use these findings to begin a new cycle. This is also the time to start sharing success stories!

What Is the Role of the Program/Project Manager?

As program/project manager, your role is to:

- Establish good relationships with communities

- Work closely with community facilitators – members of the community leading the community mobilization

process

- Assist in training PEs

- Create awareness and interest in the topic of AMA/HP pregnancy

- Guide and facilitate the process of community mobilization

- Encourage the community to value its own internal assets and resources

- Set realistic expectations – be honest with the community about what the project will and will not provide

- Facilitate linkages with other organizations when your project is not able to provide assistance (e.g., providing permanent contraceptive methods)

What Behaviors and Attitudes Do Program/Project Managers Need for Community Mobilization?

Program/project managers who are successful at community mobilization share many behaviors and attitudes:

Behavior/Attitude	For Example…
Listen instead of lecturing.	Do not interrupt.
	Comment on what someone else has said to show active listening.
	Use positive nonverbal communication, such as making appropriate eye contact, leaning in when others talk and avoiding disengaging body language, such as crossed arms.
Learn from other people.	Let people give testimonials.
	Spotlight role models for their behavior and as positive examples when talking about AMA and HP.
Relax instead of rushing.	Have enough time for comments and questions.
	Let people brainstorm.
	Allow for silence if people need time to think.
Respect local knowledge.	Respect everyone's views.
	Acknowledge everybody's contributions.
Maintain awareness of one's own attitudes and behaviors.	Be aware of your own prejudices and preconceptions.
Keep things simple.	Avoid mixing languages. Use the language shared by most of the community to ensure common understanding.
	Do not use technical or programmatic language – not everyone will be familiar with these terms.
Do not blame.	Do not assign blame – it will create enemies.
Let local people take charge.	Allow community members to take on leading roles
Reach out to those who are difficult to reach.	Use existing community structures to identify people, and go beyond existing structures to identify those who are usually missed.
Seek out diversity instead of the average.	Do not be satisfied with one answer.
	Encourage everyone to share their views.

STAGE 1: GETTING PREPARED

Building Skills for Community Mobilization and Championing HTSP

Stage 1 is your time to review the information provided about AMA, HP and FP in the following steps. You may also want to review your local information to provide the local context in later stages.

Step 1: Learn about AMA and HP

What is HTSP?

Healthy timing and spacing of pregnancy (HTSP) is a family planning (FP) approach that emphasizes the prevention of four types of high-risk pregnancies:

1. Those that are too closely spaced
2. Those that occur too early in a mother's life
3. Those that occur too late in a mother's life
4. Those that occur to a mother who has had many previous births (live or stillborn)

*A woman is of **advanced maternal age** (AMA) when she is 35 years old or older.*

*A woman is **high parity** (HP) when she has had five or more births.*

Why Focus on AMA and HP?

AMA or HP pregnancies can be risky for a mother and her baby. These risks include:

- **Hypertension** – Also known as high blood pressure, hypertension can lead to early delivery and stillbirth.

- **Pregnancy-related diabetes** – Diabetes is when a mother has high levels of sugar in her blood. It can cause high blood pressure, miscarriage and overweight babies.

- **Anemia** – Anemia is when a mother does not have enough iron in her blood. Left untreated, it can lead to sickness or death in the mother or child.

- **Cesarean section** – Surgical removal of the baby from the mother, which is usually due to problems during pregnancy or delivery.

- **Postpartum hemorrhage** – Too much bleeding after delivery is the main cause of maternal death.

- **Maternal death** – Many of the conditions discussed here can result in the mother's death.

- **Early delivery** – When a baby is born before it is fully developed, this can be dangerous to both the baby and the mother.

- **Low or high birth weight** – When the baby is too small or too large, the chance of sickness or death in the mother or baby increases.

- **Abnormalities** – These include Down syndrome.

- **Death of the baby in utero** – The loss of the baby after 20 weeks of pregnancy.

- **Stillbirth** – This occurs when a baby is dead at birth.

Women, men and communities often are aware of at least some of these problems but not of their association with the mother's age and parity. HP and AMA are prevalent issues in many countries of sub-Saharan Africa.
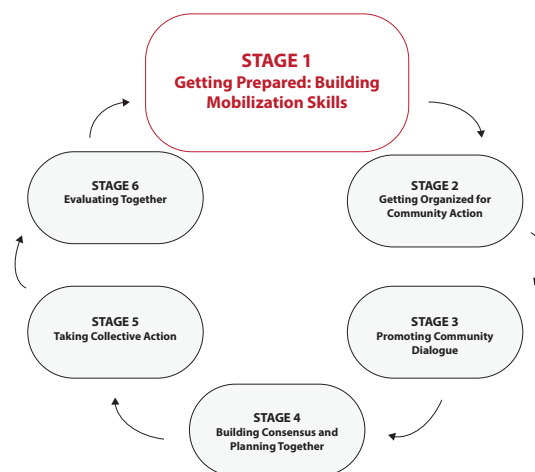
Learning about the risks associated with AMA and HP pregnancies can motivate women and couples to seriously consider modern FP to prevent these risks.

What is the Overall Goal of AMA/HP Peer and Community Outreach?

The overall goal of AMA/HP peer and community outreach is to initiate dialogue around reasons for AMA/HP pregnancies and AMA/HP health consequences, and to increase community support for contraceptive use, especially LARCs and PMs.

What Are the Main Objectives of AMA/HP Peer and Community Outreach?

The main objectives of AMA/HP peer and community outreach are to motivate individuals and communities to:

- Discuss AMA and HP pregnancy

- Identify, discuss and understand the reasons for AMA and HP pregnancy

- Understand the risks of AMA and HP pregnancy

- Know what they can do to support women's use of modern contraceptives to avoid AMA and HP pregnancies

What Should I Know about AMA/HP in My Community?

The frequency of and reasons for AMA and HP can vary by country, community and family. Stimulating discussion about AMA/HP in your community will reveal a lot about how common it is, reasons women have many or late births, reasons women do not have many or late births and ways women and couples avoid unwanted pregnancy. Talk to women and men, young people, opinion leaders, health professionals and others. You can also request information about your area from the Ministry of Health, Provincial Health Department, **Demographic and Health Survey** (DHS, **http://www.dhsprogram. com**) or local health center. An online search can help you find out if any other research related to the number, timing and spacing of births (by an NGO or research organization, for example) has been done in your area.

For a review of the evidence across countries, see *Engaging Families for a Healthy Pregnancy* (**http://www.healthcommcapacity.org/wp-content/uploads/2014/03/HTSP-AMA-HP-Assessment-Final-Report-approved-21Mar14.pdf**), which provides a review of the literature on AMA and HP pregnancy.

Some common reasons for AMA/HP pregnancy include:

- Lack of awareness that AMA/HP pregnancies can put women at risk for serious health problems and death

- Poverty (e.g., lack of access to family planning services)

- Social pressure to have a large family or a child of a certain sex

- Low knowledge or use of FP

- High infant and child mortality rates or fears

- Late marriage or remarriage

- Delayed conception from infertility or academic and career pursuits

- Desire for a large family

> ### Time to Reflect:
> ### Fati, A Case Study
>
> Fati is 37 years old and the third wife of her husband. They have six (living) children together. Labor during her sixth pregnancy was very long and difficult. Her family was able to get her to the hospital before she gave birth, but the long ride on the rough road in an old car made her labor even more painful and dangerous. The child was stillborn, and Fati bled so much that she nearly died as well. After the birth, the nurse recommended that Fati use FP, but she and her husband feared side effects that they had heard about. Eight months later, Fati found herself pregnant again. This time, she had a Cesarean section, and the baby, while small, survived.
>
> - What aspects about AMA and HP pregnancies do you see represented in Fati's story?
>
> - What risk factors of AMA and HP pregnancies did Fati suffer?
>
> - How could Fati's difficult deliveries have been avoided?

- In polygamous unions, competition among co-wives to bear more children

Step 2: Learn about FP

What Should I Know about FP?

Before starting to work with communities, program/project managers should ensure that they have a good understanding of FP and the key issues related to FP use or non-use in the community.

You may already know a little or a lot about the communities in which you will be working, but have you had the opportunity to work in your community on issues related to FP? If not, it is important to become familiar with the environment for FP in your community. Appendix 1 contains an overview of FP methods, including LARCs.

How to Talk about FP and AMA/HP Pregnancy

When discussing FP and AMA/HP pregnancy with community members, it is important to use simple, straightforward language. The following table lists examples:

Instead of Programmatic Terms Like These	Use Alternatives Like These
At risk	• Women who have given birth five times • Women who give birth when they are 35 or older
Indicators	• Seeing if we are on the right track
Evaluation	• Finding out how things have changed because of our actions

It is also important not to judge women, couples and youth for their reproductive choices and to be careful not to frighten them – this could damage trust and make women less willing to hear the information you are sharing with them.

How to Talk about Sensitive Issues, Such as Marital Relationships and Reproductive Choices

The factors that put women at risk of AMA/HP pregnancy require talking about some potentially difficult/socially sensitive issues, such as sexual intercourse, relationship dynamics and limiting births. There are ways that you can make it a little easier:

- Be knowledgeable – the more confidence you have in your understanding of the issue, the easier it will be to discuss. If you are asked a question you do not know the answer to, say that you will look for that information and follow up with them at a later time (and make sure to do so to retain trust).

- Feel comfortable yourself – showing your own discomfort will make it difficult for others to feel comfortable.

- Focus on the issue – the purpose of the discussion is to talk about important issues, such as protecting the health of women and children.

- Use polite local words for sensitive words – all languages and cultures have words that are more acceptable to use rather than direct language, such

> More detailed information on FP methods can be found in:
>
> *Approaches for Expanding Choice and Access to Long-Acting Reversible Contraceptives and Permanent Methods of Family Planning* (USAID)
>
> This guide provides a set of questions and answers about long-acting reversible contraceptives (LARCs) and permanent methods (PMs). The guide is directed at service providers and program managers and provides information about the methods and how to promote them.
> **https://www.usaid.gov/sites/default/files/documents/1864/LARCPM_FactSheet.pdf**.
>
> *Facts for Family Planning* (FHI 360, 2012).
>
> This book provides key information for people who communicate about voluntary family planning and reproductive health in developing country settings. This book will help advocates and others develop materials and key messages about family planning. Chapter 7 is especially helpful for learning about FP methods.
> **https://www.fphandbook.org/sites/default/files/factsforfamilyplanning_0.pdf**

as "sex," "vagina" and "limiting" births. Be sure to ask community members if you are using the correct terms and phrases.

- Where religion is a key deterrent to modern FP use, understand the religious justifications for and against FP. If the idea of limiting births is not accepted, emphasize delaying and spacing pregnancies to safeguard the mother's and child's health, planning for the safest pregnancy and childbirth possible or planning a happy and healthy family that a couple can adequately care for.

- Create a comfortable environment – grouping people with others who are similar (e.g., by sex or age) will make it easier to discuss sensitive issues.

- Use techniques, such as drama or storytelling – by directing the focus of conversation to a drama or story, people will be less likely to feel threatened and will be more objective in their analysis.

Step 3: Learn about Community Mobilization and Peer Education

What Is a Community?

A community can describe many different groups of people. For example, a community can be:

- A group of people who live in the same physical location (e.g., town, village, etc.)

- A group of people who share resources (e.g., the same well or marketplace)

- A group of people who share a religion

- A group of people united by shared cultural beliefs.

A community is a group of people who have something in common. Although they share common interests or needs, it is important to remember that there will always be differences within a community.

What Is Community Mobilization?

Community mobilization is the process of bringing people together to share a vision, promote discussion, build their capacity and take actions together to address problems affecting the entire community. Community mobilization makes people feel that they are a member of a community even if they are not directly affected by the issue.

What Is Peer Education?

Peer education is a strategy in which individuals from a priority audience provide information, skills-building or resources to their peers. These priority audiences can be determined by social or demographic characteristics (e.g., age, education, number of children, type of work, religion), interests (e.g., economic empowerment) or behavior (e.g., smoking). Peer networks can increase the credibility and effectiveness of the message being presented, because they reflect the population they try to reach.[2] PEs also can and should be good role models for those they reach, demonstrating through their knowledge, attitudes and behaviors what others like them can do. PEs know well the communities they serve. Once trained, PEs can reach many people in a short time. Eventually, PEs also can recruit and train their peers to conduct peer education, increasing an activity's reach and sustainability. Peer education is most effective when PEs are trained continually (instead of just once at the beginning of a program) and when their work is monitored carefully. Peer education is most beneficial when it is paired with other supporting activities, including printed material distribution, message reinforcement through other communication channels or other means.

Peer education can improve knowledge in larger groups of people in areas where other health promotion methods, such as radio advertisements or clinic-based health education, are limited. The method has been used successfully to increase community knowledge about reproductive health, HIV/AIDS prevention, drug abuse and breast cancer.[3] More information on peer education is provided in **Stage 4.5: Developing a Peer-to-Peer Communication Program.**

[2] USAID Project SEARCH. (2010). *Peer Education: Rigorous Evidence – Usable Results*. In R2P series.

[3] Mens, P.F., Scheelbeek, P.F., Al Atabbi, H., & Enato, E.F. (2011). *Peer education: The effects on knowledge of pregnancy related malaria and preventive practices in women of reproductive age in Edo State, Nigeria*. BMC public health, 11(1), 1.

Program/Project Manager Checklist for Stage 1

Issue	Check
Do you understand the goal and objectives of AMA/HP outreach?	
Do you have a good understanding of FP?	
Do you have a good understanding of the key social, cultural and health issues related to why women continue to give birth at and after age 35 and after five births?	
Do you know the advantages of peer education and community mobilization?	
Do you know the six stages of the Community Action Cycle?	
Are you ready to be a champion for reducing AMA/HP pregnancy in your community?	

If you have achieved all of these things, it is time to move on to **Stage 2 Getting Organized for Community Action: Learning to Work Together, Establish Relationships and Invite Participation**.

If you have questions or concerns about these areas, bring them up with a knowledgeable health worker or someone in your organization who is more familiar with them, and read up on the resources suggested in this section.

STAGE 2: GETTING ORGANIZED FOR COMMUNITY ACTION

## Learning to Work Together, Establish Relationships and Invite Participation

Step 1: Identify and Meet with Key Leaders, Including Religious Leaders

In this step, program/project managers should learn from local leaders as much as possible about their community. Your project might have already met with some leaders to gain their commitment to participating in the project. This means that some of the people you speak to may already be aware of the program activities and will be eager to begin!

- Identify formal and informal community leaders. To identify informal leaders, be sure to ask community members who represent your priority audiences (e.g., AMA or HP women, male partners of AMA or HP women, newly or soon-to-be married couples who will soon be planning their family, etc.) for suggestions on who they think is well-respected and influential in the community.

- Meet with formal and informal community leaders at a convenient time. Meet a variety of leaders, such as by ethnic group, sex, age or religion. You may meet them individually or in a small group, depending on the nature of the meeting. (For example, it might not be appropriate to mix formal and informal leaders).

- The main purpose of these meetings is to build support from key leaders for the project and to seek their assistance in planning the first community meeting. Also, ask each leader who you meet to suggest a few other widely known and accepted community members who can help plan the first meeting.

What to Discuss with Community Leaders
- Introduce yourself and your purpose. Note that your purpose is to work **together** with them. Do **NOT** say anything like, "I have come to organize the community leadership for this initiative." Instead, say something like, "We would like to work together with community members to look at the effects of giving birth often or at a late age." This partnership approach is important to maintain to develop a trusting working relationship with the community.

- Introduce your project and discuss all implementation partners' roles.

- State that implementation begins with community mobilization and that community members will lead and manage the mobilization process.

- Request the support and active involvement of leaders. Explore concrete and realistic actions that they can take, and tell them about the advantages of taking action (e.g., they will be seen as leaders who care about the health of their community and its mothers, children and families).

- This is also a good opportunity to learn about this leader's role in the community, to learn more about the community in general and to understand what factors might affect community participation. Some potential questions you could ask are:

  » How many years have you lived in/been a part of this community?
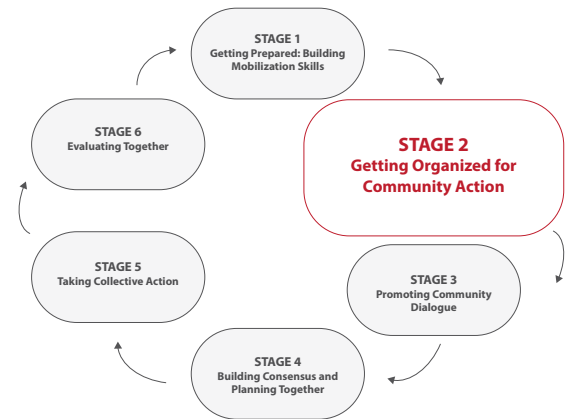
Who Are Leaders?

Formal leaders include people such as chiefs, village headmen, political representatives, government representatives, religious leaders, elected officials or other people with official titles.

Informal leaders include those who have influence in the community, even if they are not officially nominated or elected, such as workplace leaders, women's group leaders, youth group leaders, religious leaders, teachers and a range of others.

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» What do you think are your community's greatest strengths when faced with challenges?

» What are the greatest challenges you face when trying to address a problem in the community?

» How are decisions made in the community about priorities and resource allocations? For example, do monetary issues outweigh more people-oriented concerns?

» Have community groups or organizations here worked together on issues about health or FP? If yes, which issues, which groups, and what did they do? What were the results?

» Which individuals, groups and/or organizations should we include in community efforts to discuss AMA/HP pregnancy?

» Are there trusted health/FP service providers who could participate?

Identify the individuals mentioned by different leaders – they may be good representatives of the community. Remember, people often decide whether to attend a meeting based on whether they "belong" there and "whose" meeting it appears to be.

Step 2: Plan the First Community Meeting

• Try to get a group of leaders with similar interests to plan the first meeting. If their interests differ too much, there may be arguing instead of organizing. Sometimes, it is enough to have just two to three people **IF** they are effective in bringing the community together. If not, you may need to identify additional formal or informal leaders.

• Work with those community leaders to plan the first community meeting. This involves preparing for logistics, such as when and where the meeting will be held, and deciding on the content for the meeting – the agenda. Use **Tool 1: Planning Checklist for the First Community Meeting** to assist you.

• Suggest that community leaders prepare for participation by using local networks, such as youth groups, women's groups, churches and mosques, to spread the word about the upcoming meeting. Also suggest making general announcements at markets and through town criers or other means. Advise the leaders to circulate the notices about one week in advance. If they announce too far in advance, people may forget. If they announce too close to the event, people may not be able to attend.

> **Remember:** Although the program/project managers help organize behind the scenes, it should be the community members who publicly call for participation so the effort comes from within the community.

• It is essential that community leaders encourage all in the community, especially men and youth, to attend. Some of these groups may be hesitant to participate, so extra effort will be

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How to Deal with Resistant Leaders/Gatekeepers

Family planning is often a taboo topic, especially among religious leaders. Leader buy-in and support will be crucial to your community mobilization, so here are some tips on how to improve your relationship with leaders who might not agree with your program at first:

1. Be patient. Do not give up. Continue to work with them.

2. Find out why they are opposed to or mistrustful of your program. Do they have something to lose? Did you anger him/her by doing something disrespectful (such as disrespecting protocol or wearing inappropriate clothing)? The issue could be easily overcome or something more deep-rooted that takes time to resolve.

3. Talk to other people who have worked with this leader in the past – find out more about the leader, including their objections and how other people managed to work with them.

4. Work with those who have influence with the leader (e.g., family members, colleagues, supervisors) and get them on your side.

5. Review the leader's priorities and try to find and explain any overlaps or commonalities with your goals and objectives.

6. Publicly acknowledge and applaud individual contributions (however small).

needed to personally invite them. Also, be sure that the leaders invite those who are already working on FP, HTSP, family welfare, maternal and child health, premarital counseling or similar issues, such as community-based organizations, economic growth or savings cooperatives, women's groups, youth clubs and so on. They can also consult these people or organizations for specific people or groups to invite.

- Use public announcements by a town crier, over PA systems or on the radio as a reminder a few days before the meeting.

Overcoming Barriers to Participation

Large communities may require more than one introductory meeting. Work with the community representatives to decide this based on distance, local transportation and size of available meeting places. If more than one meeting is held, send separate invitations for each.

Some people may want to participate but face challenges in doing so. For example, women may have to look after young children; men may not traditionally get involved in family-focused community activities; people may be busy with work and family commitments; some may not think that they belong at the meeting; and some may be shy or embarrassed to speak out or may not be confident that they can make a contribution. To overcome these barriers, work with the community members organizing the meeting to identify the barriers and develop strategies to overcome them.

What if women do not usually attend community meetings?

It is essential that women participate in community meetings. In cases where women are usually excluded from such events, it might be necessary to have a separate meeting or small group sessions with women of the community. Alternately, try to identify activities, meeting places or groups that women take part in and bring the meeting to them.

What if only men or elders are talking?

In some communities, it has been observed that women and youth are shy among males or elders. If something like this happens, use smaller groups to separate participants according to these characteristics and to give women and youth a chance to express themselves. They deserve the opportunity to share their thoughts with the larger group in an appropriate manner.

Step 3: Hold the First Community Meeting and Form a Facilitating Team

Before the meeting, visit the venue, and ensure that it is clean and large enough. If the venue is normally locked, assign someone to get a key. Also, review your agenda.

Use the agenda developed in the previous step as a guide for what to address during the meeting. The meeting should not be too formal. Allow anyone to ask questions, and do not rush them if they are not ready to move on to the next topic.

> **Remember** to complete the **Community Mobilization Monitoring on page 8** for each community meeting or activity!

Building trusting relationships with the community takes time. People may not be immediately interested in the issue of AMA/HP pregnancy, or they may be hesitant about their ability to take action. If it is difficult to form a representative facilitating team during the first meeting, so it may be necessary to arrange more community-wide meetings or meetings with smaller groups to build strong relationships.

> **Appendix 2** contains tips for group facilitation techniques and best practices.

What to Discuss at the First Community Meeting

A known community member should introduce you and invite you to speak.

- Explain that you have spoken with community leaders about the risks associated with AMA/HP pregnancy and that you want to discuss the issue with everyone.

- Present an overview of what is known about AMA/HP pregnancy. Ask questions about local views on family size, pregnancies late in life and maternal, child and family health. Help the community members come to the conclusion that they should expand the discussion within the community. It is useful to discuss facts (e.g., the number of women and infants negatively affected by AMA/HP pregnancies last year, which you can get from health centers or offices). You can also use a drama to introduce the issues and raise awareness that AMA/HP pregnancy is a problem.

- Let them know there will be follow-up meetings to talk about the issues in depth and identify solutions.

- Make sure the meeting opens for discussion, and let community members ask questions, raise concerns and express fears. Let community representatives answer the questions as much as possible.

- Ask those attending who is interested in forming a facilitating team. Depending on community norms, those in attendance may prefer to nominate community members for the facilitating team. Explain that the facilitating team will: (1) lead community efforts to advance the discussion of AMA/HP pregnancy, (2) involve all community members in discussions about the issue and finding solutions and (3) identify and work with PEs, if the community agrees. Encourage all types of people to participate, such as the young, old, male and female, and not only those traditionally involved in health or family planning activities. It is also good to ensure a representative facilitating team. Try to get members from different geographic locations or subdivisions within the community.

- The key roles of the facilitating team are to:

  » Bring people together to discuss AMA and HP pregnancy in depth

  » Identify non-health groups or audiences who would benefit from learning about AMA and HP pregnancy

  » Bring in outside people with special knowledge of the issue, such as health workers or representatives of community-based organizations

  » Make sure that everyone has a chance to participate and is heard

  » Help community members to organize and take action.

- It is important to emphasize how people will benefit personally from participating in the facilitating team. For example, they will build skills, have the opportunity to meet new people, help protect families and have a lasting impact on their community. Remember, when families are healthy, the whole community benefits!

- Set a date, time and venue for those interested in forming the facilitating team to attend. If some people are not ready to commit immediately, encourage them to think it over and attend this follow-up meeting if they are interested.

- Ask people to communicate the details and outcomes of the meeting to those who did not attend.

Remember: What you say and do during the first community meeting is critical. If people are not interested or convinced to take action on AMA/HP, it is unlikely that they will participate in future events. Keep in mind the following tips:

- Use appropriate verbal language that is simple and straightforward

- Use appropriate nonverbal language, such as facial expressions, gestures and even the clothes you wear

- Be convincing about the need to take action on AMA/HP pregnancy

- Explain the link between AMA/HP and social factors (e.g., community norms, education, poverty, stress, etc.)

- Have a positive attitude

- Provide opportunities for people to ask questions

- Listen to what others say, and respond appropriately

- Make sure women and youth express their opinions

- Reinforce that individuals and communities can support women, children and families to thrive

- Ask a literate team member to record meeting minutes and outcomes to share later with those not able to attend the meeting, and to capture any decisions or commitments made at the meeting

Step 4: Form the Evaluation Team

The evaluation team facilitates the evaluation at the end of the community mobilization process. By selecting the evaluation team members early in the process, they become more careful observers of the process as it happens so that they can effectively evaluate at the end.

In deciding who wants to be involved in the evaluation team, consider the many people and groups who will be involved or have an interest in the project. These may include:

- Community leaders

- Members of community organizations and group

- Women's or men's cooperatives or associations

- Youth

- Community members with experience and interest in evaluation, such as health center staff

When putting together an evaluation team, consider group dynamics, credibility, diversity of strengths and weaknesses, team members' availability and logistics.

Once you have established the evaluation team, set ground rules for team members (e.g., being on time for meetings, allowing everyone to participate in discussions).

Step 5: Meet with the Facilitating Team and Build Their Capacity

- When individuals and groups have expressed interest in participating, you will begin to develop the facilitating team, which will lead the effort on behalf of the community. Developing and supporting this facilitating team is one of the program/project manager's most important jobs.

- If the facilitating team has too few members, reach out to others who may be interested. Have current members approach others as well. You could also ask community leaders to recommend candidates.

Remember, the more diverse the group, the better!

- A very large facilitating team can make it difficult to get things done. If many people want to join the group, work with them and mutually determine the facilitating team's leadership. The leadership will be responsible for meeting regularly and providing direction to the rest of the group.

- Outline the facilitating team's key roles at your first meeting. Note that the group does not "direct" the community; it assures that the community works collaboratively. You should also explain the Community Action Cycle.

- Once the facilitating team is formed and its members understand their roles, you will need to develop it into an effective team. Part of this process is to agree on group norms. Use **Tool 2: Determining How the Facilitating Team and the Evaluation Team Will Work Together**, to guide a discussion with the facilitating team. Note that you can refer to the group as a "Task Team," "Task Force," "Committee" or any other name.

> **What About Incentives?**
>
> Using monetary incentives for people to join can cause problems. For example, if incentives stop in the future, participation is also likely to stop. Remind people of the nonmonetary incentives, such as creating healthier families and a healthier community and possibly saving women's lives. It is preferable to work with a small, committed group that is interested in addressing AMA/HP pregnancy and improving the health of their community rather than a group interested mainly in monetary incentives.

Strengthening Capacity

Program/project managers can provide valuable assistance to the facilitating team by strengthening their skills in areas that will help them to mobilize the community. Some useful skills are:

- Community mobilization techniques and tools

- Participatory leadership

- Participatory techniques

- Public speaking and communication

- Negotiation

- Conflict resolution and problem solving

- Supportive supervision

> *Providing this skills building will be an ongoing process throughout mobilization. It does not all have to be completed at this time. Consider providing an opportunity for the community leaders, both formal and informal, to build capacity and to learn about the community mobilization process so that they can be involved in the process from the beginning.*

Program/project managers play an important role in building the capacity of the facilitating team in community mobilization techniques; therefore, teach the group how to use the various tools in the manual.

When introducing new skills, keep it participatory and interactive. Role play is a good way to rehearse practical skills. For example, the following exercises could be conducted:

Practice public speaking about AMA/HP pregnancy: Ask each facilitating team member to stand at the front of the meeting or sit in smaller discussion groups and explain one aspect of AMA or HP pregnancy as if they were talking to a group of community members. Make up different audiences (e.g., have them practice explaining AMA and HP pregnancy and their risks to young people, at-risk women and men). This way, they can practice how to adjust their language and the messages that they deliver to their audience. Encourage participants to share what they liked about someone's explanation and to make suggestions to each other on how to improve.

Practice negotiation skills: Ask a few facilitating team members to act out a role play in which two to three people act as facilitating team members and another two to three people act as agricultural workers. Give the two groups 10 to 15 minutes to prepare how they will negotiate the issues of modern FP acceptance and desired family size with this audience. Then, ask the groups to act out their negotiation for 10 minutes and try to reach an agreement. When they finish, ask the rest of the audience to analyze the discussion and suggest possible

alternatives that could have helped them come to a good outcome (e.g., audience acceptance of FP, recognition of FP's merits in preventing dangerous pregnancies, recognition of the benefits of having a smaller family, etc.).

What other exercises can you think of?

Dealing with Different Opinions and Learning to Compromise

It is best to prevent conflict as much as possible by encouraging open communication, focusing on shared goals and promoting team building with respect for differences of opinion. However, conflict does happen and may occur within the facilitating team or between groups in the broader community.

When negotiating conflict, it is best to focus on "win-win" solutions. In this way, each side may not get 100 percent of what they wanted, but they benefit enough in some way to be satisfied with the solution. Thus, both sides "win." It is not always possible for everyone to "win," but it is worth trying. See **Tool 3 Dealing with Conflict** for some key steps in dealing with conflict and negotiating resolutions.

Program/Project Manager Checklist for Stage 2

Issue	Tick
Have you met with key leaders to find out about the community and plan the first community-wide meeting?	
Did you make every effort to have maximum participation in the first community meeting, especially from women, youth and non-health groups (e.g., agricultural workers)?	
Were the opinions of women and youth heard?	
Were the opinions and ideas of other subgroups heard?	
Did you form a facilitating team?	
Has the facilitating team developed a set of norms to follow?	
Have you helped the facilitating team to build useful skills?	
Have you worked with the facilitating team to learn how to deal with different opinions and to compromise?	
Have you formed the evaluation team and explained to them their role in the process?	

If you have achieved these things, proceed to **Stage 3: Promoting Community Dialogue: Exploring AMA and HP in Our Community.**

If you still have questions or concerns, talk with someone in your organization who is more familiar with building the capacity of community groups.

Useful Tools for Stage 2

Tool 1: Planning Checklist for the First Community Meeting

Tool 2: Determining How the Facilitating Team and Evaluation Team Will Work Together

Tool 3: Dealing with Conflict

Tool 1: Planning Checklist for the First Community Meeting

> **Purpose:** This checklist helps program managers and the facilitating team work with community leaders to plan a first community meeting. Use this to think through meeting logistics, purpose and invitees.

✓ **Invite participants.**
Who has been invited and how many participants do you think will attend? What methods will you use to announce the meeting and encourage attendance?

✓ **Determine when the meeting will be held.**
The time, date and length of the meeting should be convenient for the community members. Give community members adequate advance notice. Make the agenda fit into about an hour and a half. If people want to stay longer because they are excited, that is OK, but do not let the meeting go on until people become bored.

✓ **Determine where the meeting will take place.**
In some cases, there is little choice of venue due to a limited number of community meeting places. When there is a choice, the team should consider who owns the space, what size it is, whether weather or other conditions may affect the suitability of the space and other relevant factors.

✓ **Set an agenda.**
The purpose of the meeting is to (1) create awareness among community members of the need to avoid AMA/HP pregnancy and (2) create interest in taking action as a community. Another objective of the meeting is to identify volunteers who are willing to form the facilitating team and evaluation team. Use these objectives to create an agenda: Decide which topics will be covered and in what order. Also, think about how much time each topic will take.

A typical agenda for this first meeting with the community may include:

- Introductions and purpose of the meeting

- Overview of the issue of AMA and HP pregnancy

- Recognition of efforts made by other groups and community members

- A brief description of the process that communities can use to take action

- Identification of potential facilitating team and evaluation team members

- Discussion of how community members want to be involved

- Determination of when and where the facilitating team and evaluation team will next meet

✓ **Confirm who will speak at the meeting.**
Who will run the meeting? Who will be asked to prepare or present information? Ensure that the whole process is driven by the community. If people say, "This group called us to their meeting," they will be less likely to commit to collective action. In fact, they may think, "What is this project going to do for us?" On the other hand, if they see that the meeting is organized by other community members, they will be more likely to think about how they can use the meeting to improve their community. It may be useful to invite knowledgeable and respected members of the community to talk during the meeting. For example, a trusted nurse or local organization representative could give an overview of AMA and HP pregnancy. Make sure that all speakers are aware of time limits and the need to be simple and concise.

✓ **Encourage participation and activities.**
How will participation be encouraged and supported? What activities will the meeting use, such as small discussion groups, song or role plays?

✓ **Prepare to document the meeting process and outcomes.**
It is helpful to document what happens during meetings to provide a record of past activities so that participants learn from their experiences. Complete the monitoring tool during or immediately after each community mobilization meeting or activity.

Tool 2: Determining How the Facilitating Team and the Evaluation Team Will Work Together

Purpose: This exercise helps the facilitating team and the evaluation team think about how they will work together. Use this to guide discussion with group members.

Work together to answer the following questions:

1. How do group members want to work together?

2. Do they want to elect official group leaders?

3. How will they assign roles and responsibilities?

4. How will they communicate with each other? How often will they meet?

5. What role do members want to play in relation to program/project managers?

6. What norms do participants want to set for the group (e.g., rules about confidentiality, timeliness and listening to and questioning other participants)?

7. How do members of the group want to document the process and outcomes of their meetings, activities and results?

8. Would the group like to name itself? Something as simple as a name can provide a shared sense of identity.

Documenting Activities

Documentation can be in writing, but it can also use other forms, such as tape recordings or drawings. Some groups may not want to record meetings, particularly if they do not trust how the information will be used. However, if you explain the advantages of having the meetings documented, participants will likely agree if they can make their own decisions as to how the records will be kept and used.

Tool 3: Dealing with Conflict

> **Purpose:** This tool outlines five steps for conflict resolution. This conflict may be within the facilitating team or the evaluation team, or it may be between one of those entities and others in the wider community.

The issue of discussing improving FP services is used as an example in the following steps. In this example, nurses have shown resistance to the idea that FP services need improvement and the community would like to negotiate with them.

1. **Understand the conflict.**

    *   What are our (in this case, the community's) interests? *We want to protect women, children and families from dangerous pregnancies and births and from maternal and child death.*

    *   What do we really care about? *We want women to have access to effective FP and be able to select the method that is right for them.*

    *   What do we want? *We want a health center that provides high-quality FP care and counseling.*

    *   What do we need? *We need a commitment from health workers to talk respectfully to women and couples about their risks and options.*

    *   What kinds of agreements might we reach? *Health workers might agree to include AMA/HP as a topic in health education sessions and to discuss AMA/HP with all clients who are at risk and all clients who are starting to plan their family.*

    *   What are the interests of the other side? *Having enough time to spend with clients and materials to facilitate counseling.*

    *   What do they want? *They want support to do their jobs better.*

    *   What do they need? *They need to know that their supervisors support them and value their work.*

2. **Communicate with the other side.**

    *   Listen carefully to the other side (in this case, the nurses) to understand their issues, grievances and concerns. Identify areas of shared interest so that you can reach a win-win situation.

    *   Keep asking questions and gathering information.

    *   Encourage active participation.

    *   You can reduce tension with humor or by taking a break so that people can calm down. Sometimes, an apology can be a rewarding technique.

    *   Be concrete, but flexible. (*Example: The community definitely wants nurses to counsel about all FP methods that are appropriate to the client's situation and to explain why if the client's choice is not appropriate*).

3. **Brainstorm possible resolutions.**

    *   Hold a brainstorming meeting with a small group of people from both sides.

    *   Choose an informal setting where people feel comfortable.

    *   Find a neutral facilitator who can structure the meeting without sharing his or her own feelings about the conflict.

    *   Consider all of the interests the other group has. Are there any common interests?

    *   Work on coming up with as many ideas as possible. Do not judge or criticize the ideas yet – this will stop

people from thinking creatively.

- Look for win-win solutions, in which both parties get something they want.

- Find a way to make the other group's decision easy.

4. **Choose the best resolution.**

- Review your brainstorm ideas.

- Mark the best ideas.

- Which resolution gives both groups the MOST? That resolution is probably the best one.

- If appropriate/necessary, develop a plan to implement the resolution.

5. **Explore alternatives.**

Sometimes, despite hard work, an acceptable resolution cannot be found. Think about the following questions before and after negotiations:

- At what point will you decide to walk away from negotiations?

- What are your alternatives if you cannot reach agreement with your opponent?

- What are the pros and cons of each alternative?

- Which alternatives are realistic and practical?

- What alternatives might your opposition have?

- What can you do to make your choice better than their alternative?

STAGE 3: PROMOTING COMMUNITY DIALOGUE

Exploring AMA and HP in Our Community

Step 1: Explore the Causes of AMA and HP with the Facilitating Team

Facilitating teams need correct information about AMA and HP pregnancy. Some members may already be aware of these issues, but it is important for them to explore and discuss the issue in more depth.

- A good way to do this is to use a problem tree analysis. See **Tool 4: Drawing a Problem Tree** for guidelines on how to do this.

- After doing the problem tree, it is useful to ask the facilitating team to think about a few questions before going out to explore the issue with the wider community:

    » Why are you interested in working on AMA/HP pregnancy?

    » Have you had any experience working on FP or AMA/HP in the past? What was the outcome?

    » Do people in this community see women who are over 35 and women who have already given birth five times as being vulnerable in the case of a new pregnancy? If not, why not, and what do we need to do to convince them?

    » Have people in this community taken any steps to discuss the risks and frequency of AMA/HP pregnancy or increase access to FP? How can we involve them?

- The number of sessions it takes to carry out this action will vary. Facilitating team members should feel comfortable with the issue and learn as much as possible about their current feelings, practices and beliefs about AMA/HP pregnancy. However, they do not need to be experts in FP or AMA/HP issues. Remember, the key roles of the facilitating team are to:

    » Bring people together to discuss the issue in depth

    » Bring in outside people with special knowledge of the issue, such as trusted health workers or representatives of community-based organizations

    » Make sure that everyone has a chance to participate and is heard

    » Help community members get organized to advance the discussion

    » Support AMA/HP peer education efforts

Step 2: Plan and Hold an Event to Launch the Community Mobilization Process

- Work with the facilitating team to prepare for a community event to launch the community mobilization process. This venue can also be used to introduce additional program components.
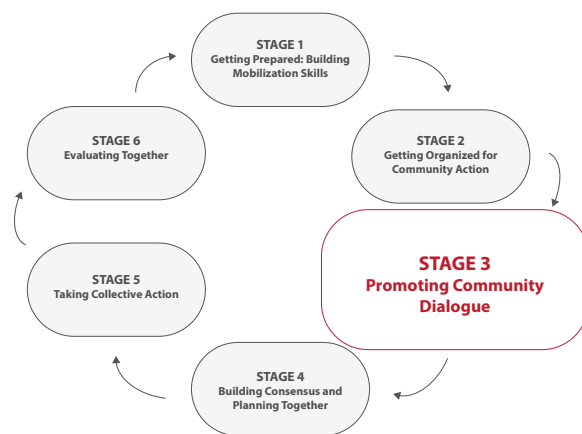
> The HC3 HTSP **desk** and **evidence** reviews can be used to support discussion on issues that are identified or to initiate discussion on those issues that are not addressed.

> **Getting people to talk about AMA/HP pregnancy**
>
> When discussing AMA/HP pregnancy, it is useful to ask simple, straightforward questions that bring the issue close to home. For example, when talking about AMA/HP pregnancy, you can ask a series of simple questions, such as: Do you know people in this community who have had serious health problems during pregnancy or childbirth? *Yes.* What happened? *She became diabetic.* Then what happened? *Her baby was very large, causing a lot of problems during birth.* Do you think she knew that getting pregnant would be dangerous because of her age? *No.*

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- Talk with your program staff to plan the event. When and where will it take place? What will happen? What will be discussed? How will we invite participation? Who will lead the meeting? Will we provide food and drinks?

The launch event should (1) introduce the upcoming programming activities and encourage full participation and (2) motivate community members to participate in the facilitating team's upcoming discussions and activities.

Step 3: Explore the Causes of AMA and HP with the Broader Community (Including FP Attitudes, Behaviors and Access)

Now that the facilitating team has explored and discussed AMA/HP pregnancy, it needs to plan to discuss the issue with the broader community. The first step is to decide how to engage with the wider community to discuss the issue. The interactive methods listed below are some suggestions. What other interesting interactive methods can you think of?

> Remember to complete the **Community Mobilization Monitoring** form (located at the beginning of this manual) for each community meeting or activity!

- Before starting the discussion with the wider community, it is useful for the facilitating team to gather information and data on some of the key issues related to AMA/HP pregnancy. For example, how many AMA/HP pregnancies did the health center see in the last year? How many pregnancy and birth complications did they see? How many women go for prenatal care? How many do not? How many women use modern FP? This information can be obtained from health centers and perhaps from key informants in the community. Program/project managers should critically review the data to ensure that it is based on facts. The facilitating team can use this data during meetings with community members to enhance understanding of the issue.

Interactive Methods to Explore and Discuss AMA/HP Pregnancy

Introduce and explain the following methods. The facilitating team can decide to use just one of these methods or a combination of methods. Members may also have some other ideas of gathering information, such as storytelling.

Problem tree analysis. This method explores the underlying causes of a problem in a small group setting. It helps to identify main issues and potential solutions. Use **Tool 4: Drawing a Problem Tree**.

Discussion groups. This method involves small groups of people who are similar to each other discussing the issue. Discussion groups provide a comfortable setting for people to talk, though some people may be hesitant to say what they think in front of others. Use **Tool 5: Holding a Discussion Group.**

Small group work in a large meeting. You can divide large meetings into small groups when appropriate. Divide participants into groups of five to six people and assign a different question or topic to each group. One group might talk about health care, another might talk about education and so on. Allow each group a short time to discuss how the issue affects AMA/HP pregnancy. At the end, ask one person from each group to present a summary of their findings, and invite the wider group to ask questions and share opinions.

> The facilitating team should carefully record the meeting by taking detailed notes. Keep this information in a safe place!

Dramas. An individual or group from the community develops and presents a drama related to the issue while other community members observe. Dramas are a useful way to initiate discussion. For example, when talking about a sensitive issue, such as rape, sometimes it is easier for people to talk about a fictional drama, rather than about themselves or other people in the community.

Step 4: Analyze the Information Gathered and Set Priorities for Action

Now that the facilitating team has gathered information from the community about what makes women have AMA/HP pregnancies, it is time to think about the results.

- Make sure you have documented the discussions with the wider community by using the **Community Mobilization Monitoring** form included at the beginning of this guide in addition to meeting notes. Review these as a group to remind participants of what has been said.

- Be aware of the different opinions between individuals and groups. Do not merge responses, as this may cause you to miss important differences.

- Emphasize major themes, rather than getting lost in the details. When participants have a better idea of the big issues and have set priorities, they can return to the relevant details.

- To help decide on priorities, use **Tool 6: Assigning Priorities for Action.** It is best to limit priorities to two or three issues.

- Consider peer education as a way to reach women and couples about AMA/HP.

Step 5: Share Results with the Community and Build Consensus on Priorities

- After the facilitating team has reviewed the information gathered and sorted the priorities, discuss and agree on how to share the results of the information gathering with the community, including the results of community discussions and the priority causes of AMA/HP pregnancy that were proposed for action.

- It is important to present the information in a way that will be interesting to the community. For example, the facilitating team could use a bulletin board with pictures or drawings that represent the priority causes, hold a community-wide meeting or perform a drama or song. Can you think of any other ways?

- Ensure that community members have the opportunity to provide feedback on the top priorities for action. These should be openly discussed with community members until an agreement is reached.

Program/Project Manager Checklist for Stage 3

Issue	Tick
Has the facilitating team discussed AMA/HP pregnancy among themselves?	
Has the facilitating team held a launch event with the community?	
Has the facilitating team explored AMA/HP pregnancy with the wider community?	
Did women and husbands/partners participate in this exploration?	
Has the facilitating team analyzed the information gathered?	
Has the facilitating team used the information gathered to identify the major causes of AMA/HP pregnancy for action?	
Have the results of the analysis been shared with the community? Is there consensus around the priority issues?	

If you have achieved all of these things, it is time to move on to **Stage 4: Building Consensus and Planning Together: Developing a Community Action Plan for Reducing AMA and HP**.

If you still have questions or concerns, talk with a knowledgeable health care worker or someone in your organization who is familiar with these issues

Useful Tools for Stage 3

Tool 4: Drawing a Problem Tree

Tool 5: Holding a Discussion Group
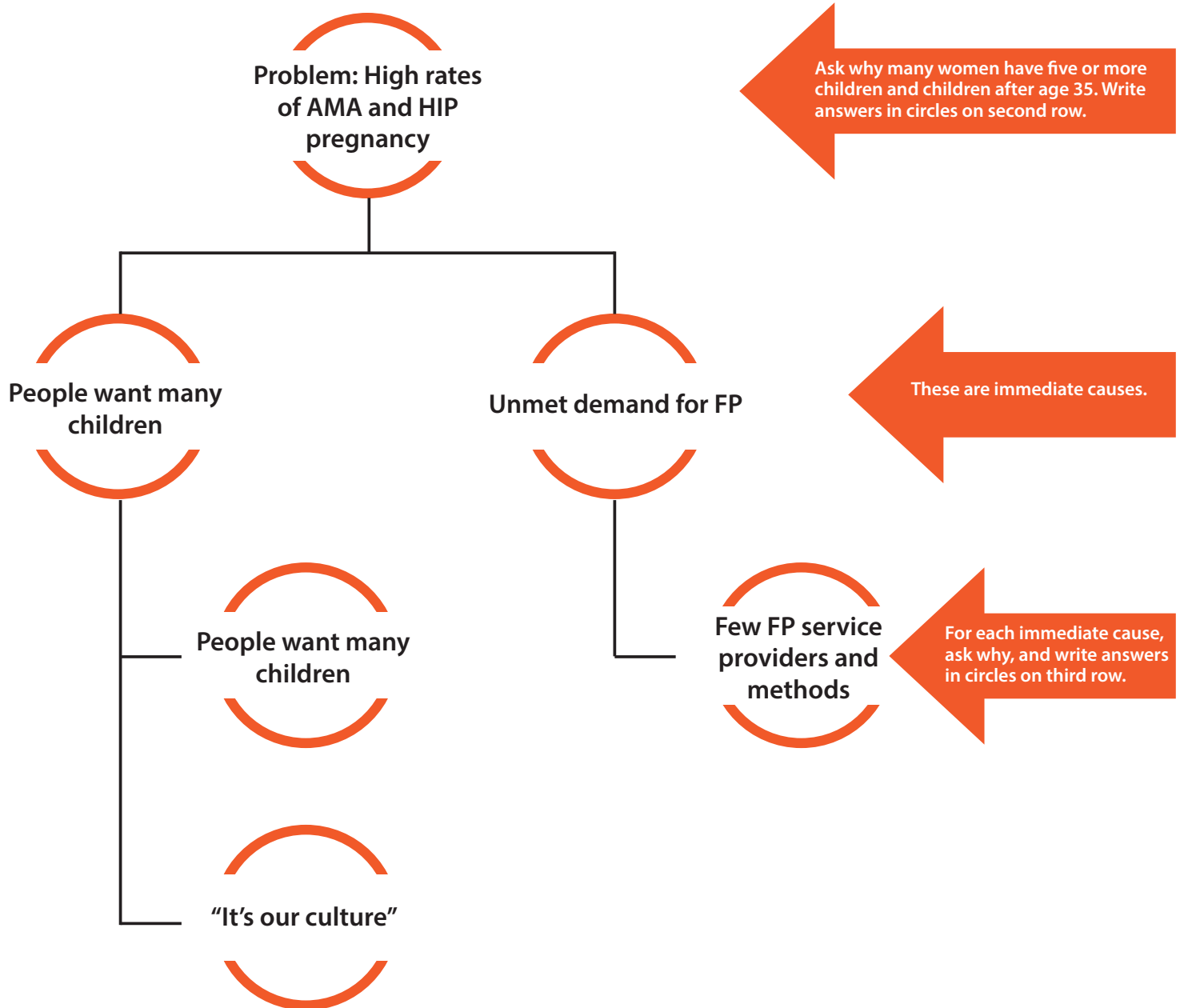
Tool 6: Assigning Priorities for Action

Tool 4: Drawing a Problem Tree

> **Purpose:** This exercise helps you to explore and discuss the underlying causes of AMA/HP pregnancy. This ensures that communities take action on the underlying causes rather than on the effects. This exercise is also known as the "Why? Why? method" or "root cause analysis."

1. Draw a tree with leaves, branches, a trunk and roots. (Note: This is to give your community an idea of how to think through the root causes of problems. In the exercise, the drawing does not have to look exactly like a tree, but it should contain the ideas and concepts. An example of a problem tree is on the next page).

2. Explain that the trunk of the tree represents the problem (i.e., AMA/HP pregnancy). The roots are the causes of the problem, and the branches and leaves are the effects. Like a tree, each problem has deep roots. If we address only the effects, we have no impact on the problem, but if we cut the tree down at the roots, we can eliminate the problem.

3. Explain that you would like the group to analyze the main causes of AMA/HP pregnancy and the underlying, deeper root causes. First, draw a circle in the middle of a large piece of paper, blackboard or other available material. Inside the circle, write, "Many women have five or more births or births at or after age 35."

4. Start by asking the group, "What are the most common causes of AMA/HP pregnancy"? or "Why do women have AMA or HP pregnancies"?

5. For each reason they give, draw a circle outside of the main circle, and write the reason in it. Draw a line connecting each one to the main circle. Depending on the literacy of the group, it may be useful to draw pictures instead of writing.

6. Once participants have identified the main reasons, take each reason in turn and ask, "What are the underlying causes"? or "Why does this happen"? (An example answer may be, "Women fear FP method side effects.") For each answer, draw another circle and a line connecting it to the reason, and ask, "Why"? again.

7. By repeatedly asking "But why?," participants will explore the deeper reasons for AMA/HP pregnancy.

Figure 3: Example of a Problem Tree

- Problem: High rates of AMA and HIP pregnancy
  - Ask why many women have five or more children and children after age 35. Write answers in circles on second row.
- People want many children
- Unmet demand for FP
  - These are immediate causes.
- People want many children
- "It's our culture"
- Few FP service providers and methods
  - For each immediate cause, ask why, and write answers in circles on third row.

We can use the immediate cause "People want many children" to show how each cause can be explored in detail.

Figure 4: Example of a Problem Tree, In-Depth
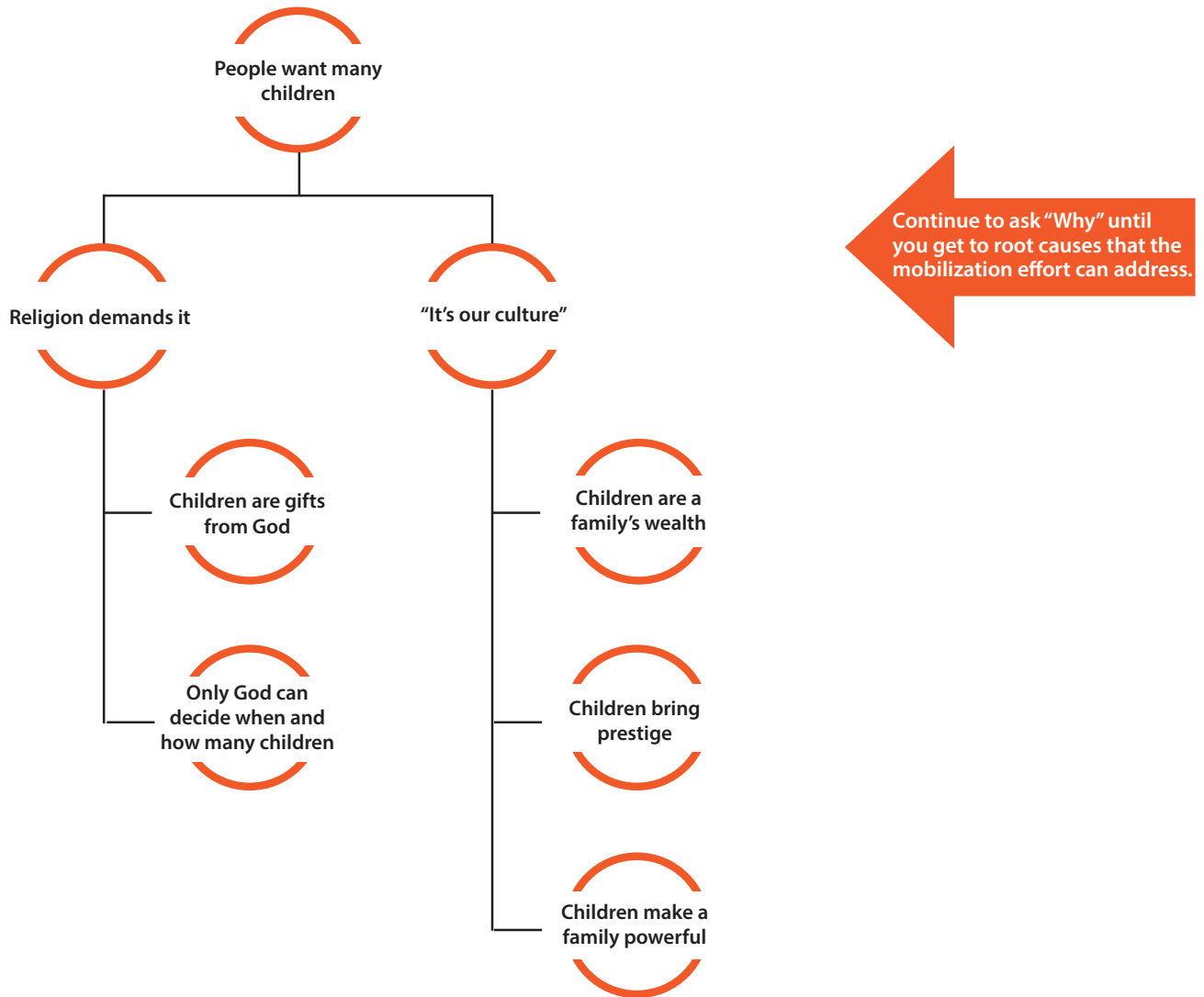
Remember, these are just examples of possible causes, and even these causes may have deeper causes. The community members use this "Why? Why"? process to identify causes specific to their community.

You may also find it useful to discuss the "branches" and "leaves" (i.e., the consequences of the problem). This can help community members understand how AMA/HP pregnancy can lead to a wide range of problems. Remember that the community needs to address the root causes, not the effects, if they are to have an impact on the problem.

Discussing the Results of the Problem Tree

The group should discuss the problem tree after completion by asking questions, such as:

- Do different types of people (e.g., men and women) see things differently?

- Are there any surprising results? Why are they surprising?

- What are the conclusions we can draw from the results?

- Which results have the most important implications for future activities? Why?

For more information on conducting a Root Cause Analysis, consult HC3's How-To guide on the topic: **http://www.thehealthcompass.org/how-to-guides/how-conduct-root-cause-analysis**

Tool 5: Holding a Discussion Group

> **Purpose:** This tool provides guidance on how to set up discussion groups to explore what people know, think and feel about AMA/HP pregnancy.

Preparations

1. Work with the facilitating team to list the different types of people in the community with whom they should meet. It helps to group people similar to each other (e.g., women over age 35, young women, adult men, etc.) so they can speak more freely.

2. Does the facilitating team want to hold one session with each member group or more than one? It is a good idea to have around six to 10 people in one group.

3. Decide what questions the discussion groups should address. Having three to five main questions will allow time for participants to talk about each question in depth. For example, you may start with a general question, such as, "Why do some women have five or more births"? You also may ask more specific questions, such as, "How do community norms affect the number of children that couples have"?

4. Decide on a quiet space in the community where groups can meet. It could be under the shade of a tree, in a classroom after school hours or the regular meeting place of the community group with which you work. Make sure you have permission to use the space.

5. Decide on a time for each group to meet that is convenient for community members. Pay particular attention to the demands on the women's time for family duties. Plan how long the discussion groups will last – they should be long enough to allow in-depth discussion but not so long that people get bored. Around an hour is a good length.

6. Invite people to participate in the discussion groups. Reach out to all parts of the community and not only those people whom the facilitating team knows personally.

7. When someone agrees to participate, give them the date, time and location of the group.

At the Discussion

1. One member of the facilitating team should aid the group as a facilitator; another member should take notes on what is discussed.

2. The facilitator should first ask people to introduce themselves.

3. The facilitator should then explain the purpose of the group (e.g., to find out what people in this community think and feel about timing and spacing pregnancies for the health of mothers and children.) Ask participants to keep anything discussed in the group confidential.

4. Once introductions are complete, conduct the discussion (referring to the questions you developed).

5. At the end of the discussion, thank everyone for participating.

> **Some Basic Principles for Discussion Groups**
>
> - The role of the facilitating team is to ask questions and **LISTEN CAREFULLY** to the answers from the group, noting all answers.
>
> - Ensure that the facilitating team does not give the answers or lecture community members if they disagree with an answer.
>
> - Let everyone say what they think. Do not let one person dominate.
>
> - Ask quiet people for their opinions. Encourage them to talk.

Tool 6: Assigning Priorities for Action

Purpose: The facilitating team can use this tool to prioritize the causes of AMA and HP pregnancy.

Ask the facilitating team, "What main causes of HP and AMA pregnancy did the community identify"? Write them on pieces of paper, and place them on the floor. If the literacy level of the group is low, you can use symbols or other objects to represent the causes.

- Give each person the same number of beans/seeds/pebbles.

- Ask participants to think about each cause by considering the following questions:

  » How many people does this affect?

  » What is the impact of this issue?

  » Is anything already being done about this issue? If so, is it effective?

  » Are community members motivated to do something about this issue?

- Based on their thoughts on these questions, ask participants to use their beans to give each cause a score from 1 to 5, where 1 is not important and 5 is very important. Participants should have enough beans to score each cause.

- When everyone has finished, tally the number of beans for each problem.

- Discuss the results with the group, referring back to the key questions. Get everyone to agree on the top three issues that they can address with available resources.

- Have someone from the facilitating team record the results.

> Ensure that everyone has a chance to share their opinion and that most, if not all, participants agree with the final priorities.

STAGE 4: BUILDING CONSENSUS AND PLANNING TOGETHER

Developing a Community Action Plan for Reducing AMA and HP

During this stage, you will work with the facilitating team and the community to prepare a Community Action Plan to reduce AMA and HP pregnancy. The Community Action Plan will include:

1. What the community would like to do

2. How it will be done (and with what activities)

3. What resources are needed and how and where the community will get them

4. Who will be responsible for each activity and for the results

5. When and where activities will take place

6. How and who in the community will monitor progress and will know when the project has achieved results
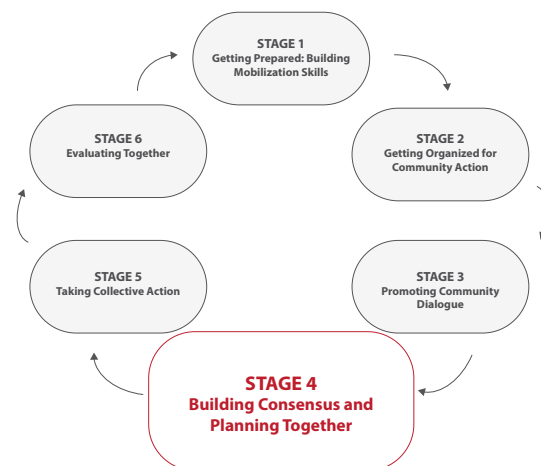
A written Community Action Plan (see **Step 3**, below) helps the facilitating team and the community to:

1. Jumpstart agreed-upon activities

2. Monitor progress

Step 1: Map Local Resources

Once the community has agreed on priorities for action, work with the facilitating team and a large group of community members to make a map of local resources. This map helps the community see what resources they already have to address the specific AMA/HP pregnancy priorities they have decided to address.

1. The facilitating team gets a group of community members together, including men, women and young people. Remember, it is important for everyone's ideas to be heard. This also can be done by a small group and shared with the community to complete and correct.

2. Ask community members to draw a large map of the community, perhaps on the ground with sticks, on paper or on a blackboard. Natural materials, such as sticks, leaves and stones, can be used as symbols. This area may include several villages or may be part of an urban area.

3. Once the map is drawn, ask them to mark on the map community resources that are either (1) the cause of the problems they have identified related to AMA/HP pregnancy or (2) useful in community dialogue and action to reduce AMA/HP pregnancy.

   Community areas identified might include:

   » Households

   » Institutions (e.g., churches, mosques, schools, health centers)

   » Homes of community health workers (CHWs)

   » Markets and shops

   » Youth clubs

   » Sports grounds

   » Locations of community leaders and other influential people

» Water sources

» Communication channels, such as radio stations or town criers.

4. Add any other areas that the community feels are important to have on the map, such as roads and transport options.

5. Put a star next to health centers, health posts and homes of community health workers to show and understand where (and how far) community members must go to get information and services.

6. Next, think about potentially helpful partners that are outside of the community, such as groups and leaders in a bigger city or provincial capital. Mark these outside the borders of the map.

7. A facilitating team member should copy the entire map in detail on a piece of paper for safekeeping.

Figure 5: Example of a Community Map
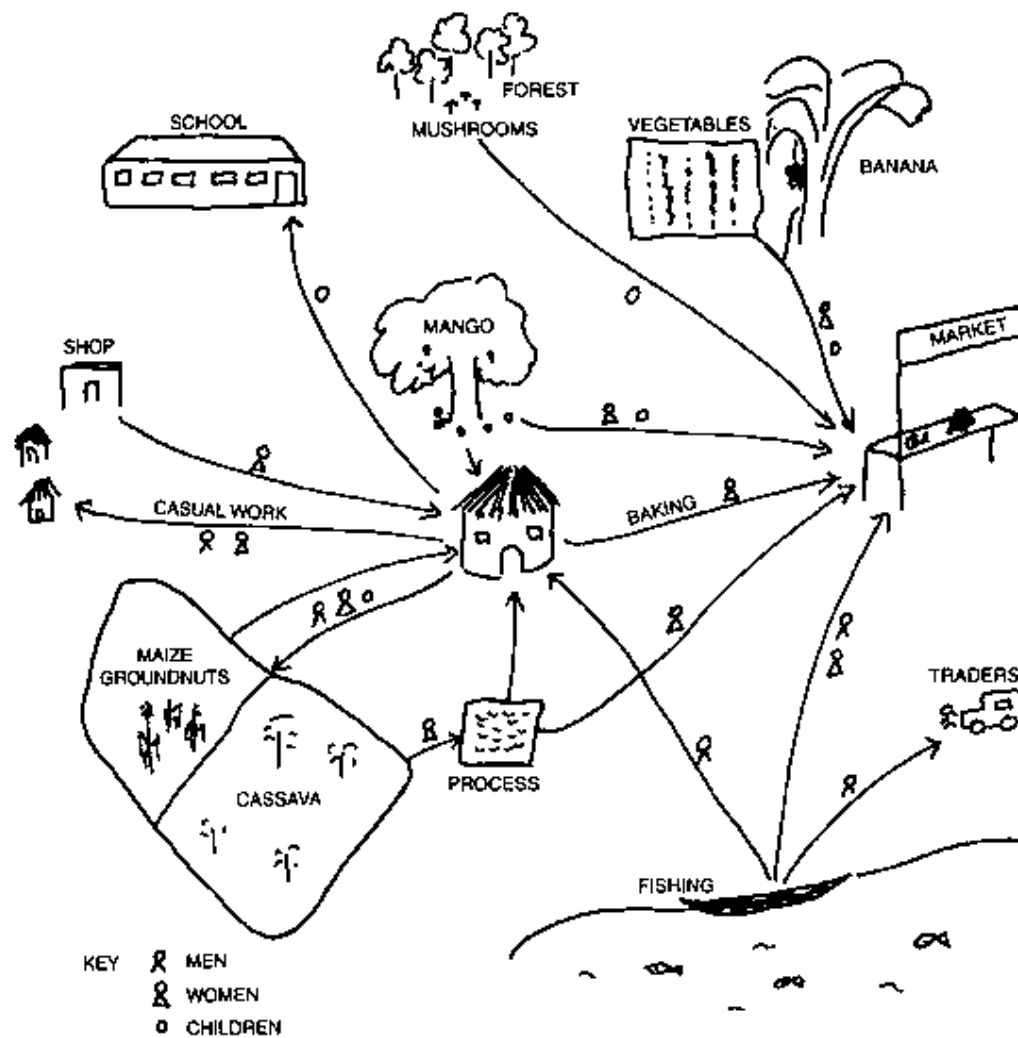
Step 2: Find and Choose Solutions to Problems and Opportunities for Action

Once the facilitating team has worked with the community to prioritize causes of AMA and HP pregnancy that they would like to address, it is time to ask the community for ideas for solutions.

1. Start by getting as many ideas as possible. **Tool 7: Finding Solutions Together with the "Margolis Wheel"** is a useful method of generating creative ideas.

2. Ask if peer education would be useful for reaching more people and for more in-depth discussions with community members about personal experiences, motivations and constraints related to the number, timing and spacing or pregnancies.

3. Review the top causes of AMA/HP pregnancy and the information collected about available resources in the community.

4. Once you have a list of ideas for solutions, it is time to decide on what solutions the community should adopt. The facilitating team can use **Tool 8: Deciding on Solutions** to select those that are most feasible and effective for the community to put into action.

Step 3: Make a Community Action Plan

Now that the community has selected solutions, the facilitating team can make a Community Action Plan to provide details on each activity. The key components of the plan are to ensure that everyone agrees on:

- Goals and objectives

- Action to be taken

- Person/people doing it (try to make sure that responsibility is shared among group members and that each person has a specific activity to work on)

- Time for action (make sure that immediate actions are possible in a short timeframe – in the next weeks or months)

- Necessary resources

1. Agree on an overall goal – what does the community want to achieve related to AMA/HP pregnancies in the long term?

2. Define specific, measurable, achievable, relevant and time-bound (SMART) objectives. See the following text box for more information on defining goals and objectives.

3. If resources exist, on a large piece of paper, draw a table like the one below ("Example of a Community Action Plan"), and list (in the first column) the priority areas for action.

Setting Goals and Objectives

The program goal reflects the needs of the population with which you want to work, based on the needs assessment and overall goals of your organization's community mobilization program. The goal describes a general change that is desired in the long term. Generally, the program cannot accomplish the goal alone, but rather contributes to the achievement of the goal. Therefore, do not expect that the project will be able to measure changes at this level.

Specific objectives describe in detail how to achieve the goal and serve to clarify the direction of the program. Objectives should be "SMART":

Specific – clearly define the program's priority audience, the program's location and what change is expected

Measurable – include an amount or proportion of change expected,

Achievable – make sure the expected change is one that the community is capable of achieving given their needs and preferences, as well as the social norms and expectations,

Relevant – make sure the change expected is important to your community, your organization, your implementation teams and also contributes to your program goal, and

Time-bound – include the time period for achieving the expected change.

It is important to be realistic when developing program objectives. One program cannot address all issues in a community. One program also cannot reduce the rate of AMA/HP pregnancy in a given community within a short time frame. Changing behaviors is a long process, and unless the program has financing for several years, it is more appropriate to expect changes in knowledge with only incremental changes in behavior. A realistic program not only increases its opportunities for successful implementation, but it also helps to reduce the burnout that participants feel if they are not achieving their objectives.

4. Next, fill in what the community chose to do to address the issues and the specific activities that they will carry out. Encourage the group to be very specific about the activities. For example, if the community would like to "provide information about AMA/HP pregnancy," the specific activities could be to "perform a drama once a week" and "work with pastors and imams to discuss AMA/HP pregnancy with their followers."

5. Once all the activities are listed, go back and fill in the rest of the table, including who will be responsible for making sure each activity is completed, the resources that will be needed, a timeline and indicators of success.

An Alternative Way to Form a Community Action Plan

It is possible to develop the Community Action Plan in a way that does not require literacy. Have someone who is literate record the details of the Plan as follows:

1. Agree with the group about the main actions to be taken.

2. For the first action, ask for volunteers to be responsible. Ask those people who volunteer to stand together in a group. Repeat for each action.

3. Once everyone has volunteered for at least one action, ask each group to agree on a timeline and resources needed. The whole group should then agree.

4. Finally, the group needs to decide how it will monitor and evaluate actions, such as how they will know when they have achieved their goals. These should be measurable and observable.

5. The facilitating team should keep a record of the decisions.

Overcoming Common Challenges in Making a Community Action Plan

Challenge: There is not enough time to complete all tasks.

Solution: Help the facilitating team to prioritize the most important tasks, or cut the time it takes to complete some tasks.

Challenge: The Community Action Plan requires a lot of resources.

Solution: Help participants think about how they can link with other organizations and resources internal and external to their community. This is a valuable skill to develop and can be used in future projects to improve community life. Alternatively, think of different activities that require fewer resources.

Challenge: The participants are having trouble thinking of activities.

Solution: Share some of your experience with other communities and issues. The aim is not to push the group into a particular strategy but rather to spark ideas and creative solutions.

Challenge: Participants cannot agree on solutions or activities.

Solution: If participants still do not agree, they can try both strategies (if feasible) to see which one works best. A combination of strategies is a possibility, as is brainstorming a new idea that meets the same goals. They could also collect more information about each idea before making a decision.

Example of a Community Action Plan

Issues Identified	What Community Wants to Do	Specific Activities	Who is Responsible	Resources Needed	When Started & Completed	Monitoring Progress
Most community members not aware of AMA/HP consequences	Provide information about AMA/HP pregnancy	Perform a drama once a week	Martha	Community members to write and perform	February to July 2016	# of dramas performed # of people at performances
		Work with pastors and imams to discuss AMA/HP pregnancy with their congregation	John and Saidou			# of sermons mentioning AMA or HP, January to June

Step 4: Present the Community Action Plan to the Wider Community and Revise if Necessary

1. Once the Community Action Plan is complete, the facilitating team should arrange a meeting with the rest of the community and organizations already working in the area.

   This meeting will help to:

   • Make the community feel that they can act together and make things better for themselves

   • Involve other groups, community organizations, community leaders, religious leaders and health service

providers to build support for the Community Action Plan

- See what resources are needed

- Involve men, women and young people

- Encourage community members who may not have been involved in coming up with the plan to participate

2. During the meeting, help community members find ways to participate. An example might be that local churches/mosques agree to share information about one of the key problems during their regular meetings with their members.

3. Ask the community for their comments and suggestions on the Community Action Plan.

4. After the meeting, make any necessary revisions to the Community Action Plan based on the feedback from community members.

<p align="center">Congratulations! Now, the community has a plan to put into action!</p>

Program/Project Manager Checklist for Stage 4

Issue	Tick
Has the community mapped local resources?	
Has the facilitating team worked with community members to identify solutions to address the priority causes of AMA/HP pregnancy?	
Has the facilitating team created a Community Action Plan based on the discussions with community members?	
Does the plan specify what activities will be carried out (and when), who is responsible and what resources are needed?	
Does each activity have an indicator of success against which to measure progress? Has the Community Action Plan been presented to the community?	
Has the Community Action Plan been revised to include feedback from the community?	

If you have achieved these, it is time to move on to **Stage 4.5: Developing a Peer-to-Peer Communication Program.**

If you still have questions or concerns about these areas, bring them up with a knowledgeable community organizer or someone in your organization who is more familiar with them.

Useful Tools for Stage 4

Tool 7: Finding Solutions Together with the "Margolis Wheel"

Tool 8: Deciding on Solutions

Tool 7: Finding Solutions Together with the "Margolis Wheel"

Purpose: This exercise helps participants to develop creative solutions to address the causes of AMA/HP pregnancy. It can be used to identify a range of potential solutions.

1. Divide participants into two small groups of four to five people each. The groups should be equal in size. If you have an odd number of participants, a facilitator can step in to even the groups.

2. One group will sit in a circle facing out. The other group will sit in a circle facing in, with each participant opposite and face-to-face with one of the participants from the inner circle. The inner circle participants will be "consultants"—people who will offer advice to problems; the outer circle participants will be "solution seekers"—people seeking solutions to problems.

3. Assign one of the priority causes of AMA/HP pregnancy that was identified for action to each solution seeker.

4. The solution seeker has five minutes to describe his/her problem to the consultant sitting opposite him/her. The consultant then has five minutes to respond with advice. All pairs should talk together at the same time. Do not rush participants—if they need longer than 5 minutes, that is OK. However, try not to let each pair talk for more than 10 minutes to encourage people to think quickly with spontaneous ideas.

5. When time is up, solution seekers stand up and move to the next chair to the right. Consultants stay seated. The solution seekers then repeat the process with the next consultant.

6. Continue until each solution seeker has consulted with every consultant in the circle.

7. Ask participants to switch places and roles so that former consultants are now solution seekers and vice versa. Repeat the exercise.

> Encourage people to **brainstorm ideas**. They will have time to think about which ones they actually want to put into action in the next step.

Questions to ask participants after the "Margolis Wheel" exercise

1. What types of possible solutions did you identify?

2. Who will try something that you hadn't thought of doing before this exercise?

Tool 8: Deciding on Solutions

Purpose: After the community has identified a range of potential solutions, this tool can be used to decide on the best and most feasible solutions.

This is the same tool used to prioritize causes of AMA/HP pregnancy – this time, it can be adapted to prioritize solutions.

Once the facilitating team has identified each priority cause of AMA/HP pregnancy, use the following steps to decide which solutions it will implement.

1. Ask the facilitating team, "For the first priority area, what solutions did the community identify"? Write them on pieces of paper and place them on the floor. If the literacy level of the group is low, you can use symbols or other objects to represent the causes.

2. Give each person the same number of beans/seeds/pebbles.

3. Ask participants to think about each solution by considering the following questions:

   » Can we do it? Do we have the necessary resources, skills and time?

   » Is there a good chance we will succeed?

   » Do we have support from leaders?

   » Will the solution be easy for everyone to understand?

   » How long will it take?

   » How many people will this solution affect?

> The program/project manager should help the community with ranking of answers but should not impose any decisions on the group.

4. Based on their thoughts on these questions, ask participants to use their beans to give each solution a score from one to five, where one is least feasible and effective and five is most feasible and effective.

5. When everyone has finished, tally the number of beans for each solution.

6. Discuss the results with the group. Get everyone to agree on the top solutions that can be put into action using available resources.

7. Now, do the same exercise for the second and third priority causes of AMA/HP pregnancy.

8. Have someone from the facilitating team record the results.

The selected solutions can now be used to develop the Community Action Plan. Remember, if solutions were not selected at this time, it might be possible to use them later on (e.g., when the community has more resources).

> Be careful of conflicting solutions, such as those that might seem to solve the problem but end up having a negative effect. For example, if the problem is that in-laws pressure women to keep having children, working only with these women on HTSP may result in conflict within the family. It will be necessary to also identify solutions that include influencing the influencers – in this case, the in-laws.

STAGE 4.5: DEVELOPING A PEER-TO-PEER COMMUNICATION PROGRAM

Peer education is a strategy in which individuals from a priority audience provide information, skills-building or resources to their peers. Research suggests that peer-to-peer communication would be an effective way to get many women and couples talking about AMA/HP pregnancy. The following are guidelines for using peer-to-peer communication to initiate dialogue around individual and social determinants of AMA and HP pregnancy, health consequences and increasing social support for contraceptive use through peer education.
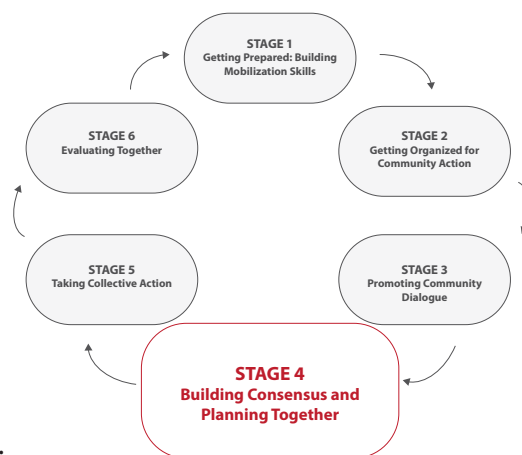
Step 1: Plan Your Peer Education Program

With the facilitating team, think through the purpose, priority audiences, modalities and resource needs for the peer education part of the program. Ask what are the benefits and disadvantages for initiating and advancing the discussion of AMA/HP pregnancy.

1. **Involve potential PEs in the planning process.** During community discussions, identify people who might be willing and able to serve effectively as PEs. Characteristics of good PEs include:

   » Member of the priority audience

   » A demonstrated interest in working with peers and in the community

   » The ability to be respectful, nonjudgmental and to maintain client confidentiality

   » Acceptability among the people who will be reached by the PEs

   » The ability to establish good relations with individuals and within a group

   » The ability to serve as a role model and to exercise leadership

   » The ability to deal with relevant information and program content

   » A commitment to family planning and to positive reproductive health practices[4]

   Also, ask priority audience members what qualities/characteristics they like to see in people who seek to teach them something (or what makes it easy for them to learn from their peers), and include the most relevant responses in the list of PE qualifications.

2. **Learn from the past.** If peer education programs have been conducted in the area previously (on any topic and with any audience), get information about what worked well and what did not work well in those programs. Also, learn if there are ways to build on existing peer programs, such as adding AMA/HP to the topics that their PEs discuss with their peers.

3. **Determine who is best reached through peer education.** To do this requires thinking through the audience segments that the program must/should reach. For example, should it reach women older than 35, newly married women, married young men, married older men, women in polygamous households, women pursuing higher education, married couples, religious community members, factory workers or agricultural workers?

4. **Consider what strategies might be effective for PEs to use**. Peer-to-peer communication about AMA and HP pregnancy can take place in many forms. Examples include:

   » Peer outreach, where PEs seeks out individuals like themselves in the workplace or neighborhood, for example, to find out what they know, think and do about planning or preventing pregnancy and to share her or his own knowledge and experience on these topics

   » Couple outreach, where PE couples seek out other couples in the neighborhood or faith community, for

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[4] Senderowitz, J. (1997). Using peer promoters in reproductive health programs for youth.

example, to find out what they know, think and do about planning or preventing pregnancy and to share their own knowledge and experience on these topics

» Group sessions, where one or more PEs organize group activities, such as presentations, group discussions, storytelling, dramas, games or site visits (e.g., to the health center) to engage several of their peers at once

» Social media interaction, where PEs use social media channels – such as Facebook, Twitter, Google+, YouTube and even texting – to share information, ideas, examples and thought-provoking images to engage their peers on AMA and HP topics.

Each of the above can also be an opportunity to generate support for encouraging women and couples to choose to adopt modern FP methods as part of protecting and planning family life.

5. **For each peer group, decide where PEs should try to reach them.** Peer education can take place in homes, work places, schools and a variety of other places. Consider where peer group members will be at ease and able to focus on the conversation.

6. **Set up a structure for recruiting, training, supervising and supporting PEs.** Someone in the facilitating team – because it represents the community – or the FP/health program will need to coordinate the peer education program. Coordination responsibilities will likely include:

» Recruiting PEs

» Developing and conducting training and refresher training for PEs

» As needed, matching PEs with community members who might benefit from peer education

» Providing supportive supervision, including reviewing reports, recognizing achievements and assisting with problem solving

» Consolidating and submitting monitoring forms/reports

» Identifying and implementing ways to improve the program

Because of the amount of skill and work involved, this should be a paid position.

7. **Identify resources.** Determine the human, financial, technical and material resources needed to implement and monitor peer education. How many PEs are needed? Assuming no more than 10 to 15 PEs per supervisor, how many supervisors are needed? Will the coordinator also supervise PEs? Who will conduct training, how long will it be and where will it take place? Are there transportation costs (e.g., participation in quarterly PE meetings)? What kinds of incentives will PEs get (e.g., T-shirts, identification cards, certificates, bags and performance awards)? How much will support materials cost? Will any peer education activities have costs (e.g., snacks for group education sessions)? Are there any operating or other costs? Creating a work plan that includes all costs will help ensure that all resource needs are considered.

Tool 9: Questions to Answer in the Planning Phase provides a list of questions to help in the planning phase. **Tool 10: Ways Peer Educators Can Influence their Peers** contains some specific things that PEs can do to reach/influence their peers. **Tool 11: Sample One-Year Costed Work Plan** is a sample work plan.

Step 2: Recruit Peer Educators

1. Recruit more PEs than needed, because some will likely leave the program within the first several months. In addition to identifying potential PEs during community meetings, ask them, facilitating team members and health/FP program members who have expressed interest in reaching out to others about health and FP topics, including AMA/HP. Also, ask PEs who else they think should be recruited and why. Recruitment brochures distributed in the work place, advertising and presentations to groups can also be used. As the program progresses, PEs will be able to identify people whom they have reached who would be good additions to the program.

2. Meet with candidates one-on-one or in groups to orient them and assess their potential. Explain how the project works, what is expected of PEs (including the time commitment) and the benefits of participating. In

addition to the previously listed qualifications, consider the extent to which each candidate:

» Represents the priority audience

» Likes people

» Can master the information to be communicated

» Is motivated by a desire to help others

» Is willing and able to share her/his own experience

» Uses or supports the use of modern FP by people like her/him

Tool 12: Model Recruitment Interview provides a sample list of interview questions to adapt for selecting PEs.

Step 3: Train Peer Educators

Developing an effective training program requires, among other things, being very clear about what PEs are expected to know and do. The training should cover at least three areas:

Technical Knowledge	Values and Interpersonal Skills	Administrative Skills
• Program overview • What are AMA and HP • AMA and HP consequences • Contraceptive methods, including how they work, potential side effects and so on. • PE roles and responsibilities	• Respecting confidentiality • Discussing sensitive topics • Being empathetic and nonjudgmental • How to ask and answer questions • How to convey (health) information clearly • How to use educational materials • Presentation skills • How to identify, clarify and solve problems	• Making FP/health referrals • How, when and why to complete reporting and referral forms • Activity planning • What to expect from the supervisor • What to expect from the program

Begin with a training workshop that is long and comprehensive enough to teach PEs all the basics that they need to know and do to be good PEs, including how to use the communication strategies highlighted in **Step 1: Plan**. Make the training participatory, and involve several trainers/resource persons if possible, because they will make the training more interesting and effective. Use and build on what PEs already know and do.

Plan to provide follow-up coaching and training throughout the life of the program. Improving and acquiring new skills helps keep PEs interested and improves the quality of their interactions with their peers. Effective monitoring and supervision will point to new training topics as well as areas for improvement.

Step 4: Supervise and Support PEs on an Ongoing Basis

Supportive supervision is crucial for keeping PEs motivated, updated and on track with program objectives. Supportive supervision means that supervisors continuously monitor and constructively interact with PEs to ensure that the activities they deliver are of a high quality and that the educators understand the importance of their role. Supervisors should visit and occasionally observe PEs where they live and work. This is an opportunity to provide one-on-one coaching, identify and address any challenges, encourage good work and attitudes, and even let communities know that the program remains important. In addition to these visits, regularly scheduled group meetings and refresher trainings with all or a subset of the PEs also should take place. Regrouping with all PEs at once is efficient for the supervisor, and it encourages PEs to share, support and learn from each other and to express themselves about the program, problem solve and identify and address additional performance issues as a group.

Program/Project Manager Checklist for Stage 4.5

Issue	Tick
Have you identified which audiences should be reached through peer communication?	
Have you identified where and how to reach those audiences?	
Have you set up the structure needed to maintain an effective peer program?	
Have you identified the resources needed to manage an effective peer program?	
Have you recruited and trained appropriate PEs?	
Have you developed a costed work plan?	

If you still have questions or concerns, talk with a knowledgeable health care worker or someone in your organization who is familiar with these issues.

Useful Tools for Stage 4.5

Tool 9: Questions to Answer in the Planning Phase

Tool 10: Ways Peer Educators Can Influence their Peers

Tool 11: Sample One-Year Costed Work Plan

Tool 12: Model Recruitment Interview

Tool 9: Questions to Answer in the Planning Phase [5]

> **Purpose:** This tool provides, a number of suggested questions to be answered during the planning phase to focus the peer education program.

The following questions should be answered in the planning phase:

1. Is the peer education program an appropriate mechanism to meet the needs of the target population?
2. What are the objectives of the program?
3. Who is the target population?
4. How large is the population?
5. What is the ideal profile of the PEs, given the target population?
6. Are there people within the target population who have the time, interest and ability to work as PEs?
7. How many PEs will be necessary to reach the population?
8. Can the project train this number of PEs?
9. What will the PEs need to do (e.g., provide information, make referrals, etc.)?
10. What do the PEs need in order to reach these objectives (e.g., training, materials, etc.)?
11. Can the project provide these things?
12. How will the PEs' activities complement the project's other activities?
13. Does the budget include supervision and refresher training expenses?
14. How can we make sure that women and youth can participate and express their opinions?
15. For this project, will it be possible to attract and maintain the interest and support of opinion-makers and influential people in the project community?

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[5] Adapted from International Planned Parenthood Federation Western Hemisphere Region. (2004). Peer to Peer: Creating Successful Peer Education Programs.

Tool 10: Specific Ways Peer Educators Can Engage Their Peers [6]

Purpose: Starting conversations about delicate and often taboo topics, such as AMA and HP pregnancy and FP, can be difficult. This tool provides a number of suggestions on how PEs can engage their peers on these and related topics.

1. Ask questions about family life, pregnancy and childbirth experiences as they relate to AMA and HP pregnancy.

2. Start conversations with men and women about how many children they would like to have and why.

3. Inform about the health consequences of AMA and HP pregnancy *alongside* strategies to help avoid or manage these risks (e.g., FP method use, careful pregnancy spacing, regular antenatal care visits, professionally attended births, etc.).

4. Share personal experiences with AMA/HP pregnancy, FP or polygamy.

5. Be a role model by showing how FP is helping family life, individual well-being and peace of mind or other priorities key to your priority audience.

6. Provide examples of others' experiences (with their permission).

7. Answer questions about AMA/HP, FP, service providers, costs, dealing with family pressure to continue childbearing or refuse modern FP and so on.

8. Refer interested peers to trusted FP providers.

9. Provide emotional/moral support to peers contemplating modern FP or dealing with fertility-related issues, perhaps accompanying women and their partners to the clinic.

10. Give health communication materials on AMA/HP, FP and maternal and child health (MCH) and review the material.

11. Encourage and praise steps toward adopting FP.

12. Discuss concerns about real and threatened side effects.

13. Discuss concerns about religious taboos (with supporting scripture, sayings, interpretations, referrals to supportive clerics, etc.).

14. Assist with problem solving (e.g., ways to convince partner, where to get free or low-cost services, etc.).

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[6] Adapted from International Planned Parenthood Federation Western Hemisphere Region. (2004). Peer to Peer: Creating Successful Peer Education Programs.

Tool 11: Sample One-Year Costed Work Plan [7]

Purpose: This tool provides an example of how to map out a peer education work plan, including program objectives, activities, timeline, resources and all associated costs.

Objective	Activity	Priority Audience	#	When	Educators Responsible	Resources Needed	Estimated Cost
Improve AMA/HP awareness and knowledge in 4 work places	AMA/HP presentation	Women nearing AMA/HP status	4	March June	Claire Fatima	• Posters • Referral cards • Snack, drinks	CFA 50,000
	One-on-one PE sessions	Women nearing AMA/HP status	50	Weekly	Female PEs	• Pamphlets • Referral cards	CFA 100,000
	One-on-one PE sessions	Married men	40	Weekly	Male PEs	• Pamphlets • Referral cards	CFA 100,000
Strengthen PE skills	Training	PEs	2	Jan July	Coordinator	• Trainer • FP provider • Manuals • Materials • Meals	CFA 200,000
	Group meeting	PEs	4	Each quarter	PE Supervisors	• Completed monitoring forms • Quarterly report • Snack, drinks • Transportation	CFA 100,000
	Individual meeting	PEs	2/PE	TBD per PE	PE Supervisors	• Supervision form • Transportation	CFA 75,000

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[7] Adapted from International Planned Parenthood Federation Western Hemisphere Region. (2004). Peer to Peer: Creating Successful Peer Education Programs.

Tool 12: Model Recruitment Interview [8]

> **Purpose:** This tool gives examples of questions you can use to interview PE candidates to better understand their experience and their fit for the PE role.

1. How did you hear about this program?

2. What do you know about the peer education program?

3. Why do you want to do this type of work?

4. Do you have experience as a facilitator or leader?

5. If so, what was being a facilitator like? What do you consider to be your main strengths and weaknesses as a facilitator?

6. What personal compensation do you expect from this position?

7. What do you do when someone questions your system of values and beliefs?

8. What are your strengths and weaknesses in personal relationships?

9. How do you make friends or meet other people?

10. How do you think you would feel discussing issues of health and family planning with your friends or people of the same sex? Of the opposite sex? In mixed groups?

11. Tell me something special about yourself, something that differentiates you from other people or something interesting that happened to you.

12. Is there anything else you think it is important that I know?

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[8] Adapted from International Planned Parenthood Federation Western Hemisphere Region. (2004). Peer to Peer: Creating Successful Peer Education Programs.

STAGE 5: TAKING COLLECTIVE ACTION

Acting Together for Strong Families

The preparations are over! You have worked closely with the facilitating team and other community members to design a detailed Community Action Plan. This stage assumes that the plan is being implemented by the community. The following steps outline your support role.
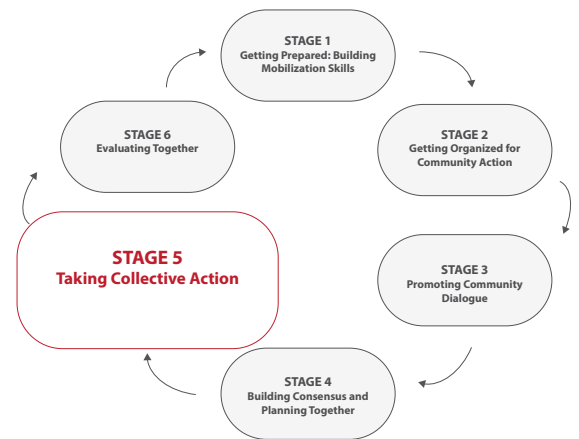
Step 1: Continue to Build the Capacity of the Facilitating Team

As the community puts its Community Action Plan into action, program/project managers can provide valuable support by continuing to build the skills of the facilitating team. Perhaps they need skills in interpersonal communication (IPC), group facilitation or using support materials. Program/project managers can also help the facilitating team by providing technical guidance and/or logistical support. For instance, if communities want to hold awareness-raising meetings or rallies, program/project managers can attend or invite knowledgeable resource persons to help explain key issues and answer questions.

> To help decide where participants need assistance, use **Tool 13: Capacity-Building Worksheet**. Once you have an idea of what skills and knowledge the community needs, program/project managers may be able to use their own experience and knowledge to assist the community. If that is not possible, think about whether there are other resources in the community that can meet their needs.

Step 2: Deal with Challenges

Despite the best planning and intentions, you may encounter difficulties as you implement your Community Action Plan. These difficulties may occur for many reasons.

> The facilitating team should use **Tool 7: Finding Solutions Together with the "Margolis Wheel"** at the end of **Stage 4**, during these challenges. Ask solution seekers to think of implementation problems (e.g., poor event attendance), and then have them brainstorm potential solutions.

Common Problems and Approaches to Problem-Solving

Problem: An individual or group tries to block communication activities, usually because the activity threatens this individual or group's interests.

- Did you involve this individual or group in the planning phase? Did he/she/they agree to the plan?

- Do you know why they are blocking the action?

- Can participants and the group work together to negotiate a solution?

- Can participants think of alternative actions that might be more acceptable to the group and also acceptable to participants?

Problem: The community does not have the capacity to carry out the communication activity.

- Did you create a capacity-building plan with the community?

- Is the action not feasible? If so, how can you revise the strategy? It is a good idea to encourage community members to start with activities that they can do quickly and easily. This will build their confidence as they work up to more difficult activities.

Problem: A proposed communication activity does not seem to have an effect on initiating or broadening discussion about AMA/HP pregnancy.

- Have you allowed enough time for observable effects to occur?

- If you have, but no change is seen, review the community's analysis of the causes and potential solutions. Do the activities truly address the causes? If not, how can they be revised?

Problem: Participants lose interest in the program and communication activities.

- Are they frustrated because they are not seeing results?

  » Make sure that the community identifies successes and celebrates them.

  » Review activities and identify why results are not positive. Revise the Community Action Plan if necessary.

  » Review community history and identify times when the community faced difficult challenges. What strengths pulled it through? What can people build on now to maintain their motivation and energy?

  » Take a break. Let people rest and reflect on their experience, and then call a new meeting to see what everyone wants to do.

- Have competing interests or needs overtaken their desire to participate in the program?

  » Is there another cause of AMA/HP pregnancy that people want to address? Find out what participants want to focus on and discuss how the plan can be revised.

  » Agricultural needs and other community events may decrease participation. Know the community calendar and identify suitable activity times.

  » Work with a smaller group of those who are most committed.

  » Take a break, and start up again.

- Do they feel their efforts are not recognized?

  » The facilitating team should regularly present awards for good effort; these awards can be as simple as congratulating and thanking people at public meetings.

Problem: Communities want to engage in activities that do not contribute to advancing the discussion about AMA/HP pregnancy.

- Encourage communities to follow their plans to advance the discussion and perhaps take action to increase access to FP for women at risk, but also encourage them to pursue their other dreams for community action.

- If you cannot provide assistance, help link the community to other organizations that may be interested in the proposed activity.

- Continue to work with whomever is committed to advancing the discussion of AMA/HP pregnancy. This may mean working with a smaller group or finding new members.

Problem: Other organizations compete for community participation by offering incentives and other "perks."

- Discuss the ideas of sustainability, voluntary participation and community autonomy with participants.

- Continue to work with those who are truly interested in protecting women from AMA/HP pregnancy.

- Remind people of the non-monetary incentives, such as improving health and family welfare in their communities.

- Do not respond by offering better incentives! When the incentives end, so will the participation of those only interested in the incentives.

Step 3: Monitor Community Progress

The facilitating team has already developed some indicators of success for each activity as part of the Community Action Plan. Now that the activities are being carried out, you can help the facilitating team monitor effort and progress.

> The type of tool you use to collect monitoring information will depend on the type of activity. A simple tool is a checklist of the number of activities planned and implemented. See **Community Tool 14: Checklist of Community Activities.**

What is monitoring? Monitoring is checking on what you are doing to see if you are keeping to time and doing the activities you planned to do. Keep asking yourself the question, "Is the team doing what is in the Community Action Plan"? It also helps to identify any problems that have arisen and any changes that need to be made to address these problems.

1. The facilitating team can also develop information-collection tools that enhance monitoring capacity.

2. The facilitating team should meet regularly to ensure that each responsible group or person completes assigned activities. If delays or problems occur, the group must decide on needed changes before it is too late.

3. The facilitating team should document its own activities and the community's response. A literate member of the group should keep minutes of the meetings. At the beginning, program/project managers can help take notes to show them why it is important to document their activities.

4. Meetings should include a regular review of the Community Action Plan and documentation of progress, difficulties faced and decisions made to overcome those difficulties.

5. Matters arising from monitoring should then be used to improve the Community Action Plan.

Step 4: Report Back to the Community

Maintain continuous dialogue with the community; the dialogue builds support and enthusiasm for the Community Action Plan.

1. Remind facilitating team members to regularly share updates with the community about activities undertaken and the results achieved.

2. Facilitating teams can decide how to share information. They may wish to use a bulletin board, call a community meeting, perform a drama or use another approach.

These updates are also useful times to encourage more members of the community to get involved. Some people may have been reluctant to join the efforts at first, but once they see the activities underway, they may be interested in becoming more active. Encourage this type of growth – the more people in the community who are engaged and committed to the Community Action Plan, the more successful the community will be in achieving its goal!

Program/Project Manager Checklist for Stage 5

Issue	Tick
Have you worked with the facilitating team to assess where help is needed to build capacity to carry out the Community Action Plan?	
Is the facilitating team finding solutions to the challenges they face?	
Has the facilitating team developed tools to collect information to monitor progress? Has the facilitating team used those tools to collect information?	
Has the monitoring information been analyzed and the results fed back into the activities?	
Has the facilitating team reported to the community on progress achieved on a regular basis?	

If you have achieved all of these things, it is time to move on to **Stage 6: Evaluating Together: Assessing Collective Efforts to Engage Communities in Discussing AMA/HP Pregnancy.**

If you still have questions or concerns about any of these areas, do not forget to bring it up with someone in your organization who is more familiar with them.

Useful Tools for Stage 5

Tool 13: Capacity Strengthening Worksheet

Tool 14: Checklist of Community Activities

Tool 13: Capacity Strengthening Worksheet

> **Purpose:** This worksheet will help facilitating teams to identify what knowledge and skills they need to strengthen to carry out the activities in the Community Action Plan.

1. Draw a large matrix, like the one below ("Capacity strengthening worksheet") on the ground or on a large piece of paper.

2. For the first activity planned by the community, discuss with the facilitating team what knowledge and skills are needed to carry out that activity. Record this in the second column.

3. Next, ask the facilitating team to assess its own ability to carry out the activity. Do they have all of the skills needed? For example, are they comfortable talking in front of large groups? Do they know how to deal with conflict? Record this in the third column.

4. What areas does the facilitating team need to strengthen? Record these in the next column.

5. For each of these areas, how will they be strengthened? Can it be done using existing resources in the community, or should the facilitating team seek outside assistance for this activity? Record these in the next column.

6. Lastly, who can help build knowledge and skills? Can the program/project manager assist them to build their skills or knowledge? What about other people in the community – can they help? Record this information in the last column.

7. Now, return to the other activities and ask these questions again.

Capacity Strengthening Worksheet

Activity Proposed (taken directly from Community Action Plan)	Knowledge and Skills Needed	Self-Assessment of Ability to Carry Out the Action	Areas to Strengthen	How Will Knowledge and Skills Be Strengthened? What Methods Will Be Used? *(Strengthen community capacity or seek external assistance for this activity)*	Who Can Help Build Knowledge and Skills? *(Mobilizers, other organizations, etc.)*

Tool 14: Checklist of Community Activities

Purpose: This checklist will help facilitating teams monitor their activities by ensuring that they adhere to a Community Action Plan and accompanying timeline. This is just an example of a tool – the facilitating team can develop its own tools.

1. For each cause of AMA/HP pregnancy in the Community Action Plan, create a table like the one below.

2. In the first column, write the planned activities that will address the cause.

3. In the next column, write how many activities were planned.

4. On a regular basis, update this checklist with the number of completed activities.

5. Facilitating teams can then use this checklist to discuss whether they respect the timeline and whether they are doing what they planned to do. If activities are falling behind schedule, this checklist helps to remind the facilitating team to either increase their efforts or revisit the Community Action Plan if they find their plans were not realistic.

| Activities for Priority Area	Number Planned	When Planned?	Number Carried Out	When Completed?
Example				
Number of dramas about the importance of reducing AMA/HP pregnancy				
Number of sermons on AMA/HP				
Number of PEs recruited and trained				
Number of peer education sessions held				
Number of community dialogue sessions held				

STAGE 6: EVALUATING TOGETHER

Assessing Collective Efforts to Address/ Discuss AMA and HP

What is evaluation? Evaluation is the practice of collecting and using information to find out how well an activity achieved what it was supposed to achieve.

Step 1: Identify What the Community Wants to Learn and Achieve

The evaluation team (formed in **Stage 2**) should review the Community Action Plan, including the main indicators of success for each activity and how and when the community should collect this information. In addition to these indicators, the evaluation team should consider some additional questions:
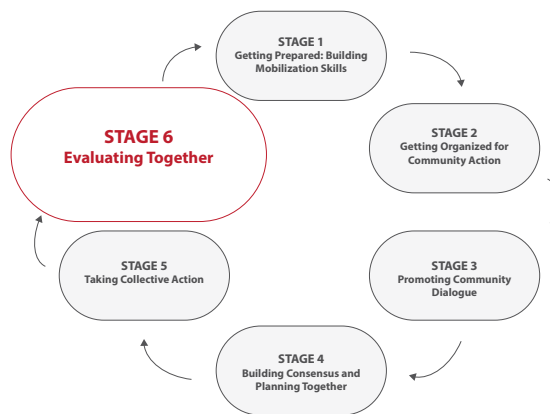
1. What do we need to learn from the evaluation?
   » What happened?
   » What activities worked? What activities did not work?
   » What were some of the successes? What were some of the failures?
   » To what extent did we achieve our goals?
   » How much did it cost?
   » What would we have done differently?
   » What still remains to be done?
   » What is the community's vision for the future?
   » How has the community's capacity to take action grown?

2. From whom should we learn? For example, you can consult:
   » PEs involved in the program activities
   » Facilitation team members
   » Activity participants themselves
   » Community leaders involved in the program activities
   » Other implementing partners

Step 2: Conduct Participatory Evaluation

1. When the evaluation team knows what it wants to learn and achieve, it should decide on methods. Some helpful methods include:
   » In-depth individual interviews
   » Group discussions
   » Analysis of meeting notes and other documents
   » Analysis of participation in activities
   » Social mapping to show relationships before and now

- » Stories (e.g., about peak moments or achievements)
- » Drawings (e.g., depicting history of the project or changes achieved)
- » Dramas or skits to present important milestones or events
- » Ranking or sorting activities from those that worked best to those that did not work.

2. Next, decide when the information will be collected and by whom.

3. Develop information-gathering tools for the evaluation team (e.g., checklists and interview guides). These ensure that everyone collects the same information.

4. When the evaluation team begins to collect information, emphasize the importance of good record-keeping.

Step 3: Analyze the Results

1. Evaluation team members begin by reviewing collected information. Analysis tables, such as the one below, help the team organize information from various sources that relate to the same question.

What Is the Desired Result?	What Was Actually Achieved?	What Contributed to These Results?	What Are the Lessons Learned?	What Are Our Recommendations?

2. If there is a lot of information, the team may want to split into smaller groups to answer specific questions and then report back to each other.

3. Use the information gathered to answer the questions identified during **Step 2**.

Step 4: Share Information and Success Stories with the Community

1. When the team has finished its analysis, it is important to feed the results back to the community in a way that everyone can understand.

2. When preparing to share feedback, the evaluation team should think about what they would like to achieve in this step. Do they want to provide information, seek community answers, stimulate discussion or advocate for some kind of action?

3. The evaluation team should then decide how it will share information and achieve its other aims. Will they call a community meeting, perform a drama or draw a story in pictures?

4. Celebrate success! Recognize efforts made by community members; it makes them feel appreciated, and they will be more likely to take action in the future.

Do not forget to share successes with people or organizations outside of the community, too. This can be a good opportunity to get support for current or future community activities from local government, NGOs or other groups with resources.

Step 5: Prepare to Reorganize and Update the Community Action Plan

1. If the community believes that there is still work to be done on the issue, the facilitating team can use the results of the evaluation to decide whether they need to reorganize or revise the Community Action Plan.

2. If the community has made advances to the point where it is ready to take on another issue, it is time to return to the beginning of the Community Action Cycle.

Program/Project Manager Checklist for Stage 6

Issue	Tick
Has the evaluation team identified what it wants to learn and achieve?	
Has the evaluation team conducted a participatory evaluation of the community's activities?	
Have the results been analyzed by the evaluation team?	
Has the evaluation team shared the results with the wider community?	
Have successes been celebrated?	

If you have achieved all of these things, congratulations! You have successfully guided a community to mobilize around AMA/HP pregnancy.

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Appendix 1: Overview of Modern FP Methods

Pill	• Effective, short-acting method that must be taken every day and at the same time of day. • Safe for women of any age, including women who have not yet had a baby. • The mini-pill is safe for breastfeeding mothers with a baby older than six weeks.
Injectable	• Effective, short-acting method that lasts two to three months. • Safe for women of any age, including women who have not yet had a baby. • Safe for breastfeeding mothers with a baby older than six weeks.
Implant	• Effective, long-acting method that lasts three to five years. • Safe for women of any age, including women who have not yet had a baby. • Safe for breastfeeding mothers with a baby older than six weeks.
IUD	• Effective, long-acting method that lasts five to 10 years. • Can use within 48 hours of childbirth. • Safe for breastfeeding mothers.

Male Condom	• Effective, short-acting method that is used at the time of sex.
	• If used correctly every time, it:
	  » Prevents pregnancy
	  » Prevents sexually transmitted infections (STIs), including HIV/AIDS

Female Condom	• Effective short-acting method that is used at the time of sex.
	• If used correctly every time it:
	  » Prevents pregnancy
	  » Prevents sexually transmitted infections (STIs), including HIV/AIDS
	• Safe for breastfeeding mothers.

Exclusive Breastfeeding Method/Lactational Amenorrhea Method (LAM)	• Works by naturally delaying the return to fertility.
	• Effective postpartum method when women meet all three criteria:
	  » Are breastfeeding exclusively (day and night),
	  » Have an infant younger than six months old and
	  » Have not had menses return.

Standard Days Method (SDM)	• A natural method that uses Cyclebeads® to track the menstrual cycle. • Only for women with a regular menstrual cycle of 26 to 32 days. • Safe for breastfeeding mothers whose menstrual cycle has returned, is regular and lasts 26 to 32 days.
Tubal Ligation	• Effective permanent method for women who do not wish to get pregnant again. • Nothing to remember.
Vasectomy	• Effective permanent method for men who do not want their partner to get pregnant again. • Does not affect virility.

Note: *As with all pharmaceutical products, FP methods can have side effects. If you experience side effects, return to the health center to get help managing them or to choose a different method.*

Appendix 2: Group Facilitation Techniques/Best Practices

How to Be a Good Facilitator

A key role of the program/project manager, community facilitators and PEs is to **facilitate** a learning and mobilization process in which participants (e.g., community facilitators, PEs, community members) work out and develop their own understanding of AMA/HP issues and how to address them.

Facilitating is different from teaching. Teaching involves passing on "expert" knowledge to others. You may do a little bit of teaching when you know something that none of the participants do. However, participants learn much more from these activities if you let them do most of the talking and come up with their own answers.

In facilitating any discussion:

- **Listen** carefully at all times

- **Guide** the group and keep discussions focused – do not let participants stray too far from the subject of the session

- **Control** those who talk too much

- Ensure that everyone has a chance to **participate** – make sure quiet participants have opportunities to speak and get involved

- **Summarize** the discussion from time to time and at the end of a session

- **Share leadership** – a workshop often works better if there are two facilitators supporting each other and taking turns to lead

- **Be ready to translate** – in meetings, use the language(s) that your group feels most comfortable with so that everyone can join in the discussion

Facilitation skills are something you can learn and practice; you do not need to be an expert. Here are some suggestions and ideas for helping you to be a very good facilitator:

Preparing Yourself Before the Session

- **Find out** what you can about the needs and issues of the participants. Who are they and how many will be attending? What do they already know about FP and AMA/HP pregnancy? What particular issues and needs do they have? What do they want or expect from you and this workshop/session/meeting? Try to get some answers to these questions ahead of time so that you can plan properly.

- Read through the notes for the different activities. **Plan** which activities you will use and in what sequence. Think about how you might adapt them to make them more relevant to the needs and issues of your participants.

- **Practice** what you will say on your own or with a friend/colleague. Practice using and demonstrating the materials.

- Be clear in your own mind about **what you want to achieve** by the end of the workshop/session/meeting.

- Plan how you will get **feedback from participants** to help you evaluate the session.

Preparing Materials and the Venue

- Make sure you have all the materials you need.

- Make photocopies of any handouts you want to give to participants.

- Arrive at the venue at least 15 minutes before the start time.

- Set up the area where discussions will take place. Push any desks or tables to the side of the room. Arrange

chairs in a circle or a semicircle around a large table or open "demonstration area" that everyone can see. This will:

- » Show that all are equal and that the views and experiences of one person are as valuable as another's
- » Allow everyone to see everyone else's face and hear them clearly
- » Show that this is different from "teaching," where everyone faces the same way to look at the "expert," who knows all the answers
- » Create a relaxed, informal atmosphere

At the Beginning of the Session

- Greet each person as they arrive.
- Be friendly. Smile!
- Welcome participants, and introduce yourself.
- Explain the purpose of the session and what participants can expect to get from it.
- If this is a follow-up session, do a recap or summary of the last meeting. This is necessary, because people may forget what was shared and discussed, and some may have missed the last meeting.
  - » Ask participants to complete the attendance register.
  - » Check that everyone understands the language you are using. If not, find someone to translate.
  - » Agree with your participants about some guidelines for working together, such as:
    - – Start and end on time
    - – Respect each other's views
    - – Have only one person speaking at a time
    - – Give everybody an opportunity to participate in discussions
    - – Keep confidential any personal things that others in the group share
- If you think it will help, use a warm-up or energizer exercise to relax and engage participants (see **Appendices 3** and **4**).

During the Session

- **Listen** carefully to what participants say, and get participants to listen to and appreciate each other's contributions.
- **Observe body language,** and try to understand what it means.
- **Help each participant** to feel that his/her contribution is important.
- **Encourage participation** by helping group members to talk about ideas, feelings and experiences, rather than telling them what is right and wrong or criticizing.
- **Allow people to "think aloud,"** and find out what they believe and value.
- **Show interest and respect** for the views other people have, even if you disagree with them.
- If the energy level of the group drops, **use an energizer** (see **Appendix 4**).
- If a participant says something you disagree with, first ask the rest of the group, "What ideas do other people have on this subject"?
- Be **honest and open** in answering questions from participants and colleagues. If you do not know something, say so, and then find out the answer so that you can give correct information next time you meet.

- **Encourage participants to answer their own questions**. Understand that the way an answer is reached is often as important as the answer itself. If participants work out an answer themselves, they learn much more than if you just tell them.

  - **Ask open-ended questions** that encourage the group to talk in detail, such as:

    » What are the different ways we can support women to avoid risky pregnancies?

    » What are the things that make it possible for you to work as a group?

  Unlike **closed questions** that produce only "Yes" and "No" answers.

    » Can we support women by making FP more available?

    » Is it possible to work as a group?

At the End of the Session

- **Summarize** the major points and results of the discussion.

- **Get evaluative feedback on the session and your facilitation of it.** Good facilitators always invite and welcome honest, specific feedback, because this helps them to improve and make their next session even better. During the session, you can get a lot of feedback from observing how the session is running and the reactions of participants. At the end of the session, you can get further feedback, either written or verbal.

    » Written – Ask participants to complete a short written **evaluation/feedback form** before they leave the session.

    » Verbal – Ask for **verbal feedback** to questions from individuals or small groups of participants.

- Explain what will happen next (e.g., if there will there be another session or a follow-up session).

- Let participants know how they can contact you and/or a facilitating team member if they want more information or to discuss the issues around AMA/HP in more depth.

After the Session

- Review and evaluate the session with others who observed or facilitated with you. Reflect on the feedback from participants. Discuss what worked well and what you could do to make it even better next time.

- Follow up on any issues from the session:

    » Find out information that you did not know when asked during the session

    » If any of your participants seemed distressed or confused about anything, contact them during the following few days to see if they want to discuss their issues further

- If possible, plan with the group to meet again a few weeks after your program with them has finished, so you can review and evaluate how they have applied what they learned or discussed.

Appendix 3: Warm-Up Exercises

These warm-up exercises[9] allow participants to get to know each other and their facilitator at the beginning of a session. Warm ups also help build trust between participants and reveal the resources and talents each participant has to offer.

Trainer's Note:
There may be some groups in which these exercises might be culturally inappropriate or offensive. Some exercises may need to be altered to include individuals in wheelchairs or those with physical limitations.

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[9] International Rescue Committee. (2012). Training of Trainers for Community Case Management of Childhood Illness.

Warm-Up: My Place in History

Time: One to two minutes for each participant, up to 35 minutes' total time

Purpose: This exercise gets participants moving and allows them to get acquainted with other participants. It helps participants see where everyone fits into the larger picture.

Group Size: Up to 35

Materials: Flipchart paper, taped together sideways (three to four pages, depending on how many years are included in the history), with different years written along the top. (Alternatively, you can draw a timeline on the wall with chalk.)

Half sheets of colored or regular paper.

Trainer's notes **Instructions:**

1. Explain that you want to know more about where everyone in the group fits into the larger picture.

2. Ask everyone to think about when they first joined the organization or started working in this field, as appropriate.

3. Ask each person to take a half sheet of paper and draw a symbol or picture or write a word that captures something about how they got involved in this work or organization. Give an example, such as, "I might draw a picture of a nurse's hat, because I was a nurse working in a women's health clinic, and someone asked me to work on this project." Emphasize that this is not about great artwork. People can use stick figures or whatever else they used to draw pictures when they were young. Ask each participant to write their first name and first letter of their last name on the paper.

4. Give participants five minutes to do this individual work. Then, bring attention back to the large group.

5. Ask that people who joined the organization or started this type of work in the first five years to come up to the timeline. Ask people to tell their name, what their role is in the organization/field and a brief sentence or two about what got them involved. Ask that they post their paper on the timeline under the appropriate year. Repeat this process for each five-year period. Encourage people to be brief.

6. Summarize the activity by observing how much collective experience appears to be in the room. Some people have been with the organization/field for a long time and thus have much of the institutional memory. Others are newer and bring a fresh perspective and energy. All organizations/fields need both the experience of those who have been around a while and those with a new perspective.

7. Link to the next activity.

Warm-Up: Birth Order

Time: 10 to 15 minutes

Purpose: This exercise provides an opportunity for participants to get to know each other better
                            and build a sense of team identity.

Group Size: 20 to 25

Materials: Signs labeled "Only Child," "Oldest Child," "Youngest Child" and "Middle Child"

Trainer's notes   ***Instructions:***

1. Introduce this activity as an opportunity to get to know each other better.

2. Post each of the signs in a different corner of the room.

3. Ask participants to go to the appropriate corner of the room, based on their own birth-
   order position.

4. When everyone is assembled, ask each group to discuss what special characteristics
   their birth order has and how it is reflected in their choice of job. Assign a reporter,
   based on criteria, such as the person who travelled the farthest to the training.

5. After five to 10 minutes, bring attention back to the larger group. Ask each group to
   report back to the larger group.

6. Link to the next activity.

Warm-Up: Found Objects

Time: 10 to 15 minutes

Purpose: This exercise provides an opportunity for participants to get to know each other better and to get oriented to the content of the training. Furthermore, it challenges participants to think creatively and look at the workshop topic in a new way.

Group Size: 10 to 15

Materials: A variety of objects displayed on the table. There should be 1½ times as many objects as there are people. Some examples of objects include (but certainly are not limited to) a ruler, paper money, rock, rubber ball, flowers, leaves, sticks, candle, paper clip, eyeglasses, bell, pen or small toy.

Trainer's Notes   **Instructions:**

1. Introduce this as an opportunity to get to know each other better and get oriented to the training topic.

2. Explain that you would like each person to choose an object from the table that speaks to them in some way about the training topic. Acknowledge that it might not seem obvious at first how these objects might relate to the training, so they should think creatively.

3. After everyone has picked an object, ask them to take the object back to their seats.

4. Explain that each person will say his or her name and explain how a particular object speaks to him or her about the training topic. Inform them that they can speak from personal experience or anything else.

5. Ask for a volunteer to go first. Go around the room until everyone has talked about their object.

6. Discuss the activity, using the following questions as a guide:

    • What did you feel about doing this exercise?

    • What was difficult or easy?

    • What associations most pleased you and surprised you?

    • What aspects of the training topic surfaced during the activity?

    • How might you look at the topic differently as a result of this activity?

7. Link to the next activity.

Warm-up: **Concentric Circle Introductions**

Time: 15 to 20 minutes

Purpose: This exercise provides an opportunity for participants to get to know each other better. Furthermore, it is designed so that each participant has the opportunity to have his or her voice heard in the room. Participating in this way helps create an atmosphere in which contributions are validated and participation is encouraged.

Group Size: Any

Materials: Bell, whistle or other noisemaker

Flipchart

Marker

Trainer's Notes **Instructions:**

1. Introduce the activity as an opportunity to get to know each other better.

2. Ask the group to brainstorm questions that they would like to ask to get to know each other better. Ask for questions that would gather personal information (e.g., what do you like to do in your free time?) and professional information related to the training (e.g., what do you hope to get out of the training? What three things do you like best about _____ [training topic]?) Write the questions on a flipchart.

3. Have participants form two concentric circles in which each person in the inner circle faces one person in the outer circle to form pairs. (A trainer should join the circle if there is an odd number of participants.)

4. Have the pairs exchange names and discuss some of the questions for three minutes.

5. After three minutes, ring the bell, and ask people in the outer circle to move a few steps to the right to form new pairs. Repeat this until participants have had the chance to meet a few different group members.

6. Ask the group to return to their seats. Ask each person to share one interesting thing that they learned about another group member.

7. Link to the next activity.

Warm-Up: **What is in a Name?**

Time: 20 to 45 minutes (depending on the size of the group)

Purpose: This exercise provides an opportunity for participants to get to know each other better based on a deeper exploration of their names. Furthermore, it is designed so that each participant has the opportunity to have his or her voice heard. Participating in this way helps create an atmosphere in which contributions are validated and participation is encouraged.

Group Size: Any

Materials: Flipchart prepared with questions about names

         Markers

Trainer's Notes   *Instructions:*

1. Introduce the activity as an opportunity to get to know each other better.

2. Explain that you are going to go around the room and ask each person to share the following things about his or her name (refer to flipchart):

   - Your whole name

   - As much as you know about how you got your name, such as its history, origin and family stories about it

   - How you feel about any part of your name or how you feel you have been shaped (aided or hindered) by your name

   - Any nicknames you have had that you are willing to share and any feelings about these nicknames

3. Encourage the group to only listen and to refrain from commenting during this sharing.

4. Close the activity by reminding participants that there is often much more to a name than meets the eye. Explain that we need to be mindful of creating spaces where we can ask such questions about each other and get to a deeper level than where customary introductions take us. Getting to know each other is the essential first step to healthy group relations and a safe learning environment.

5. Link to the next activity.

Warm-Up: Picture This

Time: 20 to 45 minutes (depending on the size of the group)

Purpose: With this activity, each participant will get to know a little bit about other participants based on the cards that they choose.

Group Size: Up to 20

Materials: Picture postcards or photos (there should be more postcards or photos than participants)

Trainer's Notes   **Instructions:**

1. Display the photos or postcards on a table for all to see.
2. Ask each participant to pick a card or photo that speaks to them in some way.
3. After everyone has picked a card, ask people to introduce themselves by name and to hold up their photo/postcard and tell why it spoke to them. (If the room is large and/or the visibility is compromised, then ask people to briefly describe the picture first.)
4. Thank everyone for sharing.
5. Close activity by asking the group what patterns or themes they observed.
6. Link to the next activity.

Warm-Up: Hopes and Hesitations

Time: 15 minutes

Purpose: This exercise provides an opportunity for participants to identify their expectations for the training, as well as concerns they may have. The activity will allow trainers to acknowledge any expectations that may be beyond the scope of the training and to be sensitive to the concerns that participants have about the training. It is designed so that each participant has the opportunity to have his or her voice heard. Participating in this way helps create an atmosphere in which contributions are validated and participation is encouraged. When doing this activity, it is a good idea to schedule time at the end of the training for participants to revisit their hopes and hesitations.

Group size: Any

Materials: Index cards, Flipchart paper, Markers

Trainer's Notes   ***Instructions:***

1. Introduce the activity as an opportunity to discuss what people hope to get out of the training and what concerns they may have about the training.

2. Pass out the index cards. Ask participants to take five minutes to write down their hopes for the training, as well as any hesitations or concerns they may have as they begin this experience.

3. After five minutes, ask for a volunteer to share one or more of his or her hopes and then hesitations. Write these up on two separate pieces of flipchart paper as each person shares. Note: do not judge or evaluate anyone's comments; simply write them as they are stated.

4. After everyone has contributed, acknowledge that the trainers will do their best to meet the group's expectations but indicate that some may be beyond the scope of the training.

5. Close by saying that participants should keep their index cards and refer to them at the end of the training as a means of checking in with themselves to see if they have met their goals.

6. Link to the next activity.

Warm-Up: Human Scavenger Hunt

Time: 15 to 20 minutes

Purpose: This exercise provides an opportunity for participants to get to know each other better. It is designed so that each participant has the opportunity to have his or her voice heard. Participating in this way helps create an atmosphere in which contributions are validated and participation is encouraged. Trainers can create their own scavenger hunt categories that link directly to the training topic or might be more culturally appropriate.

Group size: 10 to 30

Materials: Scavenger hunt handout (one per participant)

                          Pens/pencils

Trainer's Notes   *Instructions:*

1. Introduce this activity as an opportunity to get to know each other better.

2. Explain to participants that they will be given a worksheet with several statements of things that people in the room may have done or experienced in their personal or professional life. They should roam around the room and speak with as many participants as possible to determine if they have ever done any of the listed things. If so, they should sign the worksheet next to the activity in which they have participated.

3. Encourage participants to find out more details related to the activities, but remind them that they also want to try and talk with as many participants as possible during the next ten minutes.

4. Distribute the worksheet, and allow ten minutes to complete.

5. After ten minutes, bring attention back to the larger group. Go around the room, and ask each person to introduce him or herself and say one interesting thing they learned about another member of the group.

6. Link to the next activity.

Human Scavenger Hunt Worksheet

1. A person who has not watched television in the last month _____

2. A person whose birthday is the same month as yours _____

3. A person who is an artist _____

4. A person who has more than six siblings _____

5. A person who can speak four or more languages _____

6. A person not born in [Togo] _____

7. A person who has planted corn _____

8. A person who has lived in three different countries _____

9. A person who has only one or two children _____

10. A person who is a grandparent _____

11. A person who recently read a good book _____

12. A person who knows French _____

13. A person who can cook a dish from another country _____

14. A person who likes to dance _____

15. A person who grows a garden _____

16. A person with a new baby in his or her home _____

17. A person who woke up with a smile this morning _____

18. A person who played football last week _____

Warm-Up: Assets Mapping

Time: 20 minutes

Purpose: The purpose of this exercise is to identify the individual and group assets and needs of the participants. This activity will also enable participants to get to know each other better. Trainers can tailor the questions specifically to the training topic to use the activity as a way to learn more about how participants perceive their own strengths in relation to the training topic, as well as the areas in which they would like to improve.

Group size: Four to 15

Materials: Paper, markers and tape

Trainer's Notes   **Instructions:**

1. Introduce this activity as an opportunity to get to know each other better and to learn more about the various skills and strengths that people bring to the group.

2. Give each participant three sheets of paper, tape and a marker.

3. Ask participants to complete the following three statements on the separate sheets of paper.

   • One thing I think I am good at…

   • One thing others think I am good at…

   • One thing I would like to improve on…

   If you are focusing this activity on the training topic, make this clear to participants. Also, some participants might not think they are good at anything or may be modest about sharing skills. You might have to probe or convince them that there are many types of skills and that they are all important.

4. Ask participants to tape their assets and needs on the wall so that everyone can see them.

5. Ask for volunteers to group the assets and needs according to patterns so that the assets and needs complement each other. Help as needed.

6. Discuss the observed patterns and reactions to the activities. Acknowledge that each person brings unique skills, experiences and perspectives to the group. By working together, the members of the group can learn a lot from each other and address areas that they think need improvement.

7. Link to the next activity.

Warm-Up: Paired Interviews

Time: Depends on number of participants

Purpose: This exercise provides an opportunity for participants to get acquainted and practice their interview skills. Participants also have the opportunity to reflect on and share their motivation for participating in the training and their expectations for the training.

Group size: Up to 20

Materials: Postcards or playing cards, cut in half (enough for each participant to get half of a card)

Scrap paper, pens/pencils

Trainer's Notes   *Instructions:*

1. Pass out postcards or playing cards that are cut in half.

2. Instruct participants to find the person who has the other half of their card. (This gets people up and moving around.)

3. When all pairs have matched up, ask them to take turns interviewing each other. Explain that they will have four minutes to learn the following things about their partners:

   - Name

   - How they spend their day (e.g., their jobs)

   - Their interest in or connection to the training topic

   - One hope that they have for the training

   - One interesting thing about them (e.g., their hobbies)

4. Tell participants that they will be introducing their partners to the entire group when it reconvenes. Suggest that they may want to take notes on the scrap paper.

5. After four minutes, the trainer will give participants a signal to change partners.

6. After eight minutes (or after each person has had a chance to be an interviewer and be interviewed), call the entire group back together.

7. The trainer should start the introductions by modelling a succinct introduction of her or his co-trainer.

8. If some participants give lengthy introductions, remind the group that time is limited and that it is important to hear from everyone.

9. Assure participants that they will have other opportunities at breaks and meals to network with the other participants.

10. Thank participants for their introductions.

11. Link to the next activity.

Appendix 4: Energizers

These energizers[10] are activities designed to help participants maintain energy and attention throughout a course by breaking up periods of concentrated learning with short, fun activities.

Trainer's Note:

There may be some groups for which these exercises might be culturally inappropriate or offensive. Some exercises may need to be altered to include individuals in wheelchairs or those with physical limitations.

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[10] International Rescue Committee. (2012). Training of Trainers for Community Case Management of Childhood Illness.

Energizer: **Going Blank**

Time: 5 to 10 minutes

Purpose: This energizer provides an opportunity for participants to get up and move around.

Group Size: Any

Materials: None

Trainer's Notes   *Instructions:*

1. Introduce the activity as an opportunity to get up and move around.

2. Ask the group to brainstorm three categories of anything at all – foods, fruits, cities, political leaders, flowers, birds and so on.

3. Ask for a volunteer to start by being "it."

4. Ask the group to form a circle with the person who is "it" standing in the center. Explain that whoever is "it" points to anyone in the circle and names one of the three categories. The person picked must name something within that category, such as a type of fruit, within three seconds. If the person fails to respond in time or responds incorrectly, that person becomes "it." The person who is "it" must move quickly around the circle to try and catch people off guard.

Energizer: **I Write My Name**

Time: 5 minutes

Purpose: The purpose of this energizer activity is to get people up, moving around and having some fun.

Group Size: Any

Materials: None

Trainer's Notes   **Instructions:**

1. Ask participants to stand up. Then, put an imaginary pen in the hand with which they normally write. Instruct them to write their first name in the air with the imaginary pen.

2. Ask them to put the imaginary pen in their other hand and write their first names in the air.

3. Repeat, asking them to put the imaginary pen in their mouth and write their first name in the air.

4. Finally, ask the participants to put the imaginary pen in their belly button (navel) and write their first name in the air. This usually generates lots of laughter, and everyone is energized!

Variation: Have participants write their names or other words with their heads.

Energizer: Three Things in Three Minutes

Time: 5 to 10 minutes

Purpose: The purpose of this energizer is for participants to practice listening and agreement skills.

Group Size: Two players at a time

Materials: None

Trainer's Notes **Instructions:**

1. Ask for two volunteers for this activity, and have them come to the front of the room. Have the volunteers decide who will leave the room and who will stay to receive instructions.

2. Ask Volunteer 1 to leave the room.

3. Ask the group to decide on three things for Volunteer 1 to do upon returning, such as sneeze, roar like a lion or take a nap. Volunteer 2 will have three minutes to get Volunteer 1 to do all three things. However, Volunteer 2 cannot directly say what to do. He or she has to hint, imply and suggest. For example, to get them to sneeze, Volunteer two might say, "You look like you have a cold." Volunteer 2 will have to continue with hints until Volunteer 1 successfully performs the intended action. When Volunteer 1 gets it right, the group should applaud. Volunteer 2 will then quickly move on to the next action.

4. After explaining the activity and having the group pick the three actions, call Volunteer 1 back into the room and explain that the group has come up with three things they want him or her to act out. Volunteer 2 will allude to them but not say them directly. Suggest that the best way to accomplish this task is to act rather than to think.

5. Allow three minutes for the exercise.

6. Link to the next activity.

Energizer: **What Are You Doing?**

Time: 10 minutes

Purpose: This energizer activity calls on participants to focus on what is said rather than on what is actually happening. The purpose is for participants to separate action from discussion or to allow mind and body to operate separately.

Group Size: Two players at a time

Materials: None

Trainer's Notes *Instructions:*

1. Ask the group to form a circle.

2. Explain that one person will start out by mimicking a physical action, such as writing a letter, while the person to his or her right asks, "What are you doing"? The first person responds by naming some other activity, such as, "I'm washing the cooking pot." The person to his or her right then acts out washing the cooking pot. The person to this person's right will then ask, "What are you doing"? This pattern continues around the circle.

3. Ask the group if they have any questions about the activity. Allow the activity to continue until everyone has had a chance to participate.

4. Link to the next activity.

Energizer: YES!!!

Time: 5 minutes

Purpose: This energizer calls on participants to lose feelings of self-consciousness, follow through on agreements and accept others' ideas and offers unconditionally. It also builds enthusiasm within a group.

Group Size: Any

Materials: None

Trainer's Notes   **Instructions:**

1.   Tell the group that the game will begin with everyone wandering aimlessly around the room.

2.   Explain that you will shout a physical activity in a loud, enthusiastic voice. For example, you could yell, "Let's go running"! After you announce the activity, everyone in the room should immediately, enthusiastically and loudly shout, "Yes"! At that time, everyone will begin acting out the activity.

3.   Explain that the activity will continue while others in the group take turns offering other activities by calling them out. Each time, the group responds by shouting, "Yes"! and acting out the new activity. Any group member can make a suggestion at any time.

4.   Link to the next activity.

Energizer: The Chief Says

Time: 5 to 10 minutes

Purpose: This energizer gets the group up and moving around and deals with the importance of following directions and knowing whose example to follow.

Group Size: Up to 45

Materials: None

Trainer's Notes   ***Instructions:***

1. Ask participants to stand up.

2. Explain that you will be the leader.

3. Tell participants that the goal of this exercise is to follow the directions of the leader. Every time the leader says, "The chief says to do something," they should do it.

4. Explain that what makes this exercise challenging is that they should not do anything unless it is preceded by the phrase, "The chief says…

5. Give an example: "If I said, 'The chief says pat your head,' you would pat your head. Go ahead now and pat your head until I give the next direction." Say, "The chief says clap your hands." Wait for participants to clap their hands. Then say, "Stick out your tongue."

6. Point out that because the chief did not say to stick out your tongue, no one should be doing it. Participants who stuck out their tongues would be out of the game and have to sit down.

7. Answer any questions, and then start the exercise.

8. The last person standing is the winner. Encourage the group to clap for the winner. This process can be repeated several times, with the winner from the previous round becoming the leader.

9. Link to the next activity.

Energizer: The Telephone

Time: 15 minutes

Purpose: This exercise provides a structured way for participants to interact with each other while illustrating the importance of good communication.

Group size: Any

Materials: None

Trainer's Notes **Instructions:**

1. Participants should sit or stand in a circle.

2. The trainer quickly whispers a message to one participant. This participant passes the message in a whisper to the next person and so on.

3. The last person shouts out the message.

4. Chances are the final message will be different from the initial message. Here is an example of an initial message: "I ate rice for dinner and then dressed in blue to go dancing." Note how three different activities are blended into this initial statement, which will likely cause confusion when the message is whispered quickly.

5. Link to the next activity.

Energizer: Ball Toss Brainstorming

Time: 15 minutes

Purpose: This exercise provides a fun way to initiate the participation of every member of a training group in a brainstorming activity. It can be used before a training session as a "topic lead-in" or after a session as a summarizing or reflecting activity.

Group size: Any

Materials: A small ball

Trainer's Notes   **Instructions:**

1.   Announce a topic (e.g., things associated with a topic, a holiday, the course content, etc.).

2.   Toss around a ball.

3.   When someone catches the ball, they shout out something related to the topic and then toss the ball to someone else.

4.   Continue the exercise until everyone has had a chance to speak.

5.   Link to the next activity

Variations: Link the exercise to a theme in the training course.

*   Variation 1: When they catch the ball, each person tells what they think is the most important concept that they have learned in the training course. Continue the exercise until everyone has caught the ball at least once and explained an important concept of the material just covered.

*   Variation 2: Each person tells one step of a process or concept when the ball is tossed to them. For example, after covering "organize a community meeting," the trainer would start the ball toss by naming the first step in organizing a community meeting and asking each participant to name the subsequent step when they catch the ball. While participants outline the process, the instructor or participant writes each step on a chalkboard or flipchart.

*   Variation 3: Play "cabbage throw." Before the training, the trainers write key concepts or statements on pieces of paper, and they wrap the pieces of paper around each other like a cabbage. When each participant catches the "cabbage," they peel off a piece of paper and read it to the group, which discusses each statement, as appropriate. For example, each piece of paper might include a key community mobilization step, or a key contributor to AMA and HP pregnancy that the group will briefly discuss as it is read aloud.

Energizer: **This Is Not a Rope**

Time: 10 to 20 minutes

Purpose: The purpose of this energizer activity is to encourage participants to see things from different perspectives and to find new ways of looking at familiar objects.

Group size: Five to 15

Materials: A rope that is about one meter in length

Trainer's Notes   *Instructions:*

1. Arrange the group in a circle. (With a large group, you may set up several circles.)

2. Explain that the purpose of the activity is for each person to transform the rope into something other than what it is.

3. Give the following instructions:

   - When it is your turn, step forward, take the rope and say, "This is not a rope, it is a…" As you name it, demonstrate its new use. For example, you might say, "This is not a rope, it is a snake," and get down on the floor and slither the rope around.

   - When you are done with your demonstration, place the rope on the floor, and return to your space.

   - Another person then immediately steps in, picks up the rope, says, "This is not a rope, it is a…" and demonstrates its new use.

   - Continue until everyone has had an opportunity to work with the rope. If two people reach for the rope at the same time, the preference goes to the person who has not yet participated.

4. Place the rope in the center of the circle, and begin the activity. Continue until all participants who want to participate have done so or until time is up.

5. Link to the next activity.