



**Save the Children**



# **CREATING DEMAND FOR COMMUNITY-BASED MATERNAL, NEWBORN AND CHILD HEALTH IN ETHIOPIA**

**A TRAINING PACKAGE**

March 2015 (finalized October 2017)

# Training Package

## Acknowledgements

The Training Package for *Creating Demand for Community-Based Maternal, Newborn and Child Health (MNCH)* and the companion *Demand Creation Strategy for Maternal Newborn and Child Health and Community-Based Newborn Care (CBNC)* in Ethiopia have been forged by a number of committed partners. Our deepest appreciation goes to the leadership of Save the Children Ethiopia who, through the Saving Newborn Lives Project and the USAID's flagship Maternal and Child Survival Program Ethiopia - Newborns in Ethiopia Gaining Attention (MCSP-NEGA) program, catalysed key partners in Ethiopia to pursue improved strategies for community engagement in MNCH-CBNC. Specifically, great appreciation goes to the Federal Ministry of Health (FMOH) in Ethiopia – Child Survival Working Group, UNICEF, JSI Research and Training Institute Inc./Last 10 Kilometers (L10K), John Snow, Inc. and Pathfinder International/Integrated Family Health Program (IFHP), Maternal and Newborn Health in Ethiopia Partnership (MaNHEP), the Maternal and Child Health Integrated Program (MCHIP) and the Konso Maternal, Newborn and Child Health Program, supported by Save the Children Italy, for sharing learning, evaluations and documentation on improved demand creation, participating in the “Demand Creation Strategy Design Workshop” and contributing their invaluable experience.



COVER: Recently delivered mother who has benefited from the project, Gibichu Woreda.  
*Photo credit: Sound Solutions/Save the Children.*

ABOVE: Strengthened kebele command post developing MNCH community action Plan, Gibichu Woreda.  
*Photo credit: Sound Solutions/Save the Children*

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## Acronyms

<b>ANC:</b>	Antenatal Care
<b>CBDDM:</b>	Community-Based Data for Decision Making
<b>CBNC:</b>	Community-Based Newborn Care
<b>CBO:</b>	Community-Based Organisation
<b>CET:</b>	Community Engagement Team
<b>CM:</b>	Community Mobilization
<b>DTL:</b>	Development Team leader
<b>FBO:</b>	Faith-Based Organisation
<b>FMOH:</b>	Federal Ministry of Health
<b>HEW:</b>	Health Extension Worker
<b>HPMRR:</b>	Health Post Monthly Report and Resupply
<b>ICCM:</b>	Integrated Community Case Management
<b>IPLS:</b>	Integrated Pharmaceutical Logistics System
<b>KCP:</b>	Kebele Command Post
<b>MNCH:</b>	Maternal, Newborn and Child Health
<b>PHCU:</b>	Primary Health Care Unit
<b>PNC:</b>	Postnatal Care
<b>PRT:</b>	Performance Review Team
<b>PWC:</b>	Pregnant Women's Conference
<b>PWF:</b>	Pregnant Women Forum
<b>TBA:</b>	Traditional Birth Attendant
<b>WDA:</b>	Women's Development Army

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## Introduction

About 3 million babies are born in Ethiopia each year, around 74% of them at home. The 2016 *Ethiopia Demographic and Health Survey* reports that newborn mortality rate is 29 per 1,000 live births, a rate that has stayed steady over the past 10-15 years. Newborn mortality accounts for 43% of under-five mortality.

To deliver on their commitment to end preventable newborn deaths, the Government of Ethiopia is scaling up Community Based Newborn Care (CBNC), strengthening the Primary Health Care Unit (PHCU) and Health Extension Program. Save the Children's Saving Newborn Lives project has played a catalytic role to support the government's efforts to scale up CBNC by providing technical support on the implementation of CBNC, including building the capacity of health extension workers (HEWs) and the provision of essential drugs and supplies to health posts.

In an effort to address the persistent low demand for CBNC, the Federal Ministry of Health (FMOH), implementing partners and the maternal, newborn and children health (MNCH) community have come together to review what has been learned and achieved from MNCH programs in Ethiopia. Through a review of the evidence and lessons learned, FMOH and partners developed a *Demand Creation Strategy for MNCH-CBNC*. The demand creation strategy empowers communities and health providers to support improved family MNCH-CBNC practices and to seek timely care for illness. If implemented and adopted by communities at scale, CBNC has the potential to reduce newborn deaths significantly in Ethiopia. The strategy is built on a foundation of community capacity strengthening that involves multiple actors and formal and informal community structures and that builds on existing social systems. The strategy identifies ten key approaches that may increase participation in MNCH-CBNC (Box 1) and outlines a stepwise process that can be applied to mobilise communities through strengthening their capacity to organise, explore, plan and act together (Figure 1).

### APPROACHES OF THE DEMAND CREATION STRATEGY FOR MNCH-CBNC

- Building and linking community social networks
- Engaging family decision makers
- Initiating and supporting Pregnant Women's Forums (PWFs)
- Active male involvement
- Teamwork for demand creation and service delivery
- Non-delivery role of Traditional Birth Attendants
- Woman-friendly health facilities – meeting demand with quality services
- Community-based data for decision making (CBDDM)
- Use of multiple channels to reinforce community efforts
- Creating an enabling environment



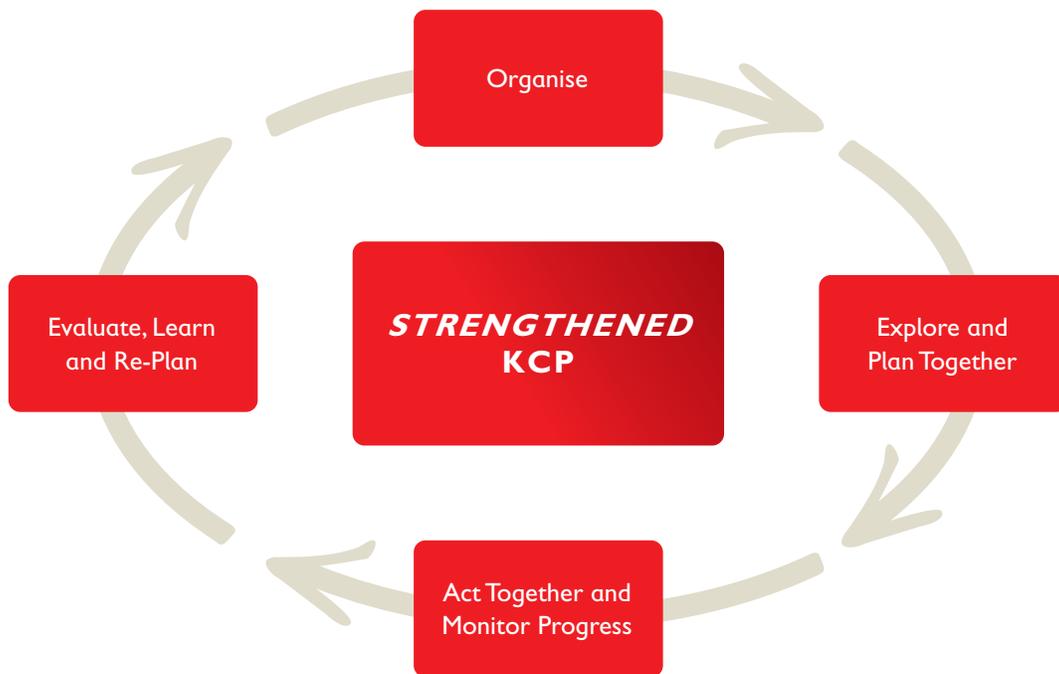
A newborn who has benefited from the project, Gimbichu Woreda.

Photo credit: Sound Solutions/Save the Children

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Community mobilisation as applied to increasing demand for services and behaviours does not merely raise community awareness about an issue or persuade people to participate in activities that have been prioritised and planned by others. Rather, it is a comprehensive, goal-driven approach that seeks to understand MNCH-CBNC practice, beliefs and attitudes and to invite and organise the participation of those most affected and interested in MNCH-CBNC to explore, prioritise, plan and act together, as well as monitoring and evaluating their own community progress. At the kebele level, the demand creation, community strengthening and mobilization process entails four stages, with associated steps (Figure 1).

**FIGURE 1: STAGES OF THE COMMUNITY STRENGTHENING AND MOBILISATION PROCESS FOR MNCH-CBNC**



## Purpose of this Training Guide

This *Training Guide* supports the implementation of the approaches outlined in the *Demand Creation Strategy for MNCH-CBNC*. It provides step-by-step guidance on how to strengthen the capacity of FMOH Zonal, Woreda, PHCU and community partners to implement community empowering approaches, which improve MNCH practices, timely care-seeking for illness and access to quality MNCH-CBNC services.

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## CONTENT OF THIS TRAINING GUIDE

This *Training Guide* is organised in three parts to support effective MNCH-CBNC demand creation support and implementation at multiple levels.

**Part 1** includes an **MNCH-CBNC Demand Creation Workshop for Zonal and Woreda Offices and PHCUs**. This three-day workshop guide can be used to begin to orient Zonal and Woreda health offices and their respective PHCUs on key MNCH-CBNC demand creation approaches and strategies and how to plan, budget and monitor implementation.

**Part 2** includes the **Primary Health Care Unit (PHCU) Supportive Supervision Guides for MNCH-CBNC Demand Creation**. A series of six *Supportive Supervision Guides* have been developed to assist PHCUs in the step-by-step implementation of MNCH-CBNC demand creation strategies in their communities. Woreda Health Offices will use these guides to train PHCU Performance Review Teams (PRTs). PHCUs can use the *Helpful Tools* section to apply empowering demand creation approaches with their community partners. Prior to PHCUs being trained in supportive supervision, the PRT should be expanded to include representation from staff working on MNCH, especially at the community level. A more fully representative *expanded* PRT can more effectively go on to plan, implement and monitor MNCH-CBNC demand creation efforts in their geographical area.

**Part 3** includes a **Community Partners Guide** intended for use by Kebele Command Posts (KCPs), faith-based organizations (FBOs) and other key community groups interested in improving MNCH-CBNC in their community. This guide includes simplified, user friendly guidance and tools for community partners.

The annex to this training package includes supportive monitoring tools for implementing demand creation activities and a half-day *Demand Creation Orientation Guide for Health Extension Workers*, which can be used at national and zonal levels to build understanding and consensus around MNCH-CBNC concepts.



A mother-in-law who has benefited from the project, Gimbichu Woreda.

*Photo credit: Sound Solutions/Save the Children*

# **PART 1**

# **MNCH-CBNC DEMAND CREATION WORKSHOP**

**for Zonal and Woreda Health Offices  
and PHCUs**

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## Purpose

This workshop guide provides direction for Zonal and Woreda health offices on how to support MNCH-CBNC demand creation at the PHCU and community level. It is organised as a three-day training workshop to be facilitated at the Woreda Health Office level, with participation from key PHCU and zonal partners.

The objectives of the Training Workshop are to:

- Familiarise participants with the *Demand Creation Strategy for MNCH-CBNC*.
- Develop an understanding of and commitment to the principles, methods and stages of participatory community mobilization (CM).
- Equip participants with the skills to support PHCU and community partners to mobilise effectively for improved MNCH-CBNC.
- Learn how to assess and strengthen community capacity and to plan and implement effective strategies for improved demand creation.
- Know how to develop a PHCU Demand Creation Action Plan.
- Understand how to monitor community mobilization outcomes, capacity building and learning across communities to improve and expand impact.

## Materials

The workshop provides an overview of the six *MNCH-CBNC Supportive Supervision Guides* which build skills of PHCUs and communities to improve MNCH-CBNC demand for services and improved family practice. The three days include a sampling of sessions from each of the guides.

- Guide 1: Orientation and Planning for Effective MNCH-CBNC Demand Creation.
- Guide 2: Organise the Community for Action (Part 1).
- Guide 3: Organise the Community for Action (Part 2).
- Guide 4: Explore and Plan Together (Part 1).
- Guide 5: Explore and Plan Together (Part 2).
- Guide 6: Act Together and Monitor Success.
- Evaluate, Learn and Re-Plan.

*Helpful Tools* for participants are provided at the end of each guide and should be printed out. The training manual is organised in an interactive manner and requires active engagement of participants. Learning sessions in each guide include:

- Session objectives.
- Time.
- Materials.
- Facilitator Preparation.
- Activities.

\*\* Note: Part 2 of this *MNCH-CBNC Demand Creation Training Package* includes the set of six *MNCH-CBNC Demand Supportive Supervision Guides for PHCUs*, which will be used after the workshop to roll out demand creation strategies. The *Supportive Supervision Guides* are to be used by Woreda health offices to train and support PHCU PRTs.

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The suggested times for each session are approximate and may vary from one workshop to the next. In the *Annex* is the Pre-Test and additional material on participatory facilitation. You may find the following *Training Agenda* a useful guide as you plan your workshop.

## TRAINING AGENDA

DAY 1
Introduction and Workshop Overview (60 minutes)
<b>GUIDE 1: Orientation and Planning for Effective MNCH-CBNC Demand Creation</b>
Session 1: Reflections on our MNCH-CBNC Demand Creation Experiences (30 mins)
Session 2: An Introduction to the <i>Demand Creation Strategy for MNCH-CBNC</i> (40 mins)
Session 3: How does Behaviour Change (45 mins)?
Session 4: Principles and Platforms for MNCH-CBNC Demand Creation (30 mins)
Session 5: Stages and Steps of the Demand Creation Process (30 mins)
Session 6: How to Implement MNCH-CBNC Demand Creation (30 mins)
Session 7: Roles and Responsibilities for Demand Creation (40 mins)
Session 8: Participatory Facilitation Tips (30 mins)
Session 9: Planning for MNCH-CBNC Demand Creation – Woreda and PHCU Level (20 mins)
Recap of Day 1 (10 minutes)
DAY 2
<b>GUIDE 2: Organise the Community for Action (Part I)</b>
Session 1: Orientation of the KCP(s) by PHCUs (60 minutes)
Session 2: Identification of Community Groups and Individuals Interested in Working on MNCH-CBNC (40 mins)
Session 3: KCP Orients the Broader Community and Invites Participation (40 mins)
<b>GUIDE 3: Organise the Community for Action (Part 2)</b>
Session 1: Organise the KCP for MNCH-CBNC Action (1 hour, 30 mins)
<b>GUIDE 4: Explore and Plan Together (Part 1)</b>
Session 1: Explore the MNCH-CBNC Issues with the Community (3 hours)
Recap of Day 2 (10 minutes)

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<b>DAY 3</b>
Session 2: Analyse What Was Learned and Set Priorities (45 mins)
<b>GUIDE 5: Explore And Plan Together (Part 2)</b>
Session 1: Develop an MNCH-CBNC Community Action Plan (1 hour, 30 mins)
<b>GUIDE 6: Act Together and Monitor Success</b>
Session 1: Defining Roles in Carrying Out Community Action Plans (40 mins)
Session 2: Strengthening Community Capacity to Carry Out Action Plan (1 hour, 30 mins)
Session 3: Monitoring Community Progress (45 mins)
Session 4: Prepare the Woreda-PHCU Demand Creation Plan (60 mins)
<b>Evaluate, Learn and Re-Plan</b>
Session 1: Evaluate and Re-Plan (20 mins)
Session 2: MNCH-CBNC Practice Demand Creation Orientation (40 mins)
Session 3: TOT Post-Test (20 mins)
<b>Workshop Closure</b>
<b>END OF THE TRAINING</b>

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## Introduction and Training Overview

### SESSION 1: INTRODUCTION AND CREATING A LEARNING ENVIRONMENT

#### Session Objectives:

- To help participants to get acquainted with each other and with the facilitators.
- To create a conducive learning environment.
- To identify ground rules for smooth running of the course.
- To explain the training objectives.
- To assess participants' current knowledge related to demand creation (pre-test).

**Time:** 60 minutes

#### Materials:

- Flipchart.
- Markers.
- ½ sheets of A4 paper or cards for expectations.
- Chart for workshop volunteers.
- Masking tape.
- Large bulletin board (VIP board) or wall for posting cards, papers.
- Preparation:
- Flipchart with Welcome/Title of Workshop.
- Flipchart with training objectives.
- Ensure that that all training materials are ready.

#### Activities:

1. Welcome and introductory remarks from the Woreda PHCU focal person and health centre head.
2. Participant introductions. Ask participants to introduce themselves and share the following (or another 'get to know' activity). Prepare flipchart:
  - Name and where they were born.
  - Current work responsibilities.
  - Favourite local quote.
3. Setting expectations. Ask participants what they expect to learn and do in the course, emphasizing that they should not sit back and be passive but take responsibility for their learning. Distribute small cards (half A4 sheet of paper) to participants. Ask participants to write their responses to the following question: *What do you expect to learn and do during this workshop?* Ask participants to come to the front one by one, read what they have written and post the cards on the wall in front of the room. Group cards by similar responses and summarise.
4. Course objectives and workshop program. Share the overall objectives of the training course and a brief overview of each day. Compare the training objective with the expectation. Check if there are key expectation(s) that are missing from the training schedule and try to find ways of addressing it/them. If there are expectations that are beyond the scope of the training, clarify that this is a three-day training session with limited focus areas.
5. Setting the ground rules. Explain that to make best use of everyone's time, it will be helpful to establish some ground rules or norms. Ask participants: *What guidelines should we follow to make this training successful?* Write all norms stated by the participants on the flipchart. When they have finished, ask participants if everyone agrees to these norms. If not, discuss what the concerns are. If they agree, tell participants that everyone will follow the norms throughout the entire training period. Hang the guidelines on the wall in a place where everyone can see them. During the course, if participants are not following the norms, remind them that they have all

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agreed to them (or require dancing or singing from the participant when norms are broken!).

6. Assigning roles. Request different volunteers each day to assist with the workshop. Post a sign-up flipchart to be completed by lunchtime on the first day. Request two volunteers per day for the following activities:
  - *Daily Summary*: Volunteers will prepare a debrief at the beginning of the day highlighting the training activities and learning of the previous day. They cannot use more than 60 words and they must be creative in their presentation (song, poem, news report, etc.).
  - *Energisers*: These volunteers will lead energisers or games and recreation to keep the training active, fun and energised. They will work with the facilitator to plan time and duration (the shorter the better!).
  - *Participant Feedback Group*: This will be set up to receive feedback from participants on a variety of issues, e.g., course content, venue, food, if someone is ill and needs assistance, etc. It is best to have one female and one male participant nominated.
  - A *Burning Question* box can also be placed in the room, for whatever questions or concerns participants might anonymously like to raise.
7. Pre-Test (20 minutes). Ask participants to turn to complete the pre-test based on their own knowledge and experience. They should not ask anyone for help or look at anyone else's paper. Explain that the facilitators of the course will use the results of the test to assess participants' progress (since they will take the test again at the end of the course) and will also know better which topics to emphasise during the course. When all participants have completed the tests, collect them and grade them after the training sessions have concluded for the day (use the pre-test questions in the Annex).

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## Guide 1: Orientation and Planning for Effective MNCH-CBNC Demand Creation

### SESSION 1: REFLECTIONS ON OUR MNCH-CBNC DEMAND CREATION EXPERIENCES

**Session Objectives:** At the end of this session participants will:

- Improve their understanding of family MNCH-CBNC care seeking practice.
- Analyse family and community barriers and enhancers to MNCH-CBNC care-seeking.

**Time:** 30 minutes.

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- *Demand Creation Strategy for CBNC-MNCH* Document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipcharts with the three questions in Step 2.

**Activities:**

- 1. Introduce** the topic and objectives for this session.
- 2. Ask** participants each question below. Start with the first question and brainstorm responses. Write on the flipchart:
  - What are the major barriers for women and their families to access ANC, delivery, PNC and newborn health services?
  - What are some helpful community strengths or actions you have seen that have increased the numbers of women and their families accessing ANC, delivery, PNC and newborn health services?
  - What solutions do you recommend to improve service utilization in your PHCU's catchment area?
- 3. Ask** participants to turn to Page 4 of the *Demand Creation Strategy for MNCH-CBNC* to review the major MNCH barriers. Ask each participant to read aloud each barrier.
- 4. Summarise** this session by asking participants what questions they have about barriers and enhancers to care. Thank participants and continue to the next activity.

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## SESSION 2: AN INTRODUCTION TO THE DEMAND CREATION STRATEGY FOR MNCH-CBNC

**Session Objective:** At the end of the session participants will be able to:

- Describe the purpose, objectives and approaches of the *Demand Creation Strategy*.

**Time:** 40 minutes.

**Materials:**

- Flipchart.
- Marker.
- Masking tape.
- *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipchart with group questions from Step 5.

**Activities:**

- 1. Introduce** the topic and objectives for this session.
- 2. Say:** *The Demand Creation Strategy for MNCH-CBNC* was developed from demand creation experiences in Ethiopia and globally, cross-learning visits and a *Demand Creation Workshop for Improving MNCH-CBNC* held in Addis Ababa in 2014 with FMOH and partners.
- 3. Present:** The *Purpose, Objectives and Components* of the Demand Creation Strategy. Tell participants to turn to **Pages 5 and 6** of the *Demand Creation Strategy* document. Refer to these pages while explaining each topic.
- 4. Ask:** *What are the health outcomes do we want to see from improved maternal and newborn demand creation? Write on the flipchart. Refer to **Page 6** Diagram 1, last column, **Improved CBNC Demand and Practice**.*

- 5. Say:** *Please form three groups and discuss the questions below (10 minutes group work, 5 minutes for presentation/discussion):*

*Group 1:*

- How can we engage family decision makers (fathers, mothers-in-law, grandparents and mothers) to improve CBNC household practices and timely care-seeking?
- How can we improve active male involvement in the process of creating demand for MNCH?

*Group 2:*

- How can we improve support for maternal health (e.g., pregnant women's conferences [PWCs]/PWFs)?
- How can we engage traditional birth attendants (TBAs)' non-delivery role for improving MNCH-CBNC practice and demand?

*Group 3:*

- How can we improve the quality of MNCH service to encourage demand?
- How can we strengthen teamwork for demand creation and service delivery?

- 6. Say:** *Please briefly present your groups' discussion points.*
- 7. Present:** Present Tool #1. Review *Approaches for Demand Creation* on **Page 9** of the *Demand Creation Strategy* document. Tell the participants that Tool #1 is an elaborated version of the key approaches.
- 8. Summarise** this session by asking participants, *What questions/reflections do you have on the purpose, objective and components of the demand creation strategy?*
- 9.** Thank participants and continue to the next activity.

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## SESSION 3: HOW DOES BEHAVIOUR CHANGE? REINFORCING POSITIVE MNCH-CBNC PRACTICE BY MOBILIZING AND STRENGTHENING COMMUNITIES

**Session Objectives:** At the end of this session participants will:

- Understand three behaviour change models.
- Define community mobilization (CM) and understand why it is important.

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipchart: Question on *How Does Behaviour Change?* Step 3 below.
- Flipcharts: *Three Behaviour Change Theories* (Facilitator Note #1, attached).
- *Demand Creation Strategy for MNCH-CBNC*, Pages 11 and 12.

**Time:** 45 minutes.

**Activities:**

1. **Introduce:** the topic and objectives for this session.
2. **Share:** The following equation on the flipchart.



**+ KNOWLEDGE = BEHAVIOUR**

3. **Ask:** *Do you agree that if you give an individual knowledge (information), this will change his or her behaviour? Allow for discussion.* **Say:** *We have learned a lot about how behaviour changes (and does not).*
4. **Present** the three behaviour change models below (Facilitator Note #1). Explain that these represent only a few models, but that we know that an enabling and supportive environment is often needed for behaviour to change and be sustained. CM is one approach that can create this enabling environment.
5. **Ask:** When you hear the term *community mobilization*, what comes to mind? Write responses on the flipchart.
6. **Share** the definition of CM on **Page 11** of the *Demand Creation Strategy* document.
7. **Ask:** *Why do we use a CM approach?* Review **Page 12** in the *Demand Creation Strategy for MNCH-CBNC* document.
8. **Ask:** *How might CM create an enabling environment for MNCH-CBNC behaviour change?*
9. **Summarise** by asking: *What questions, reflections, or comments do you have on behaviour change and community mobilization?* Thank participants and continue to the next activity.

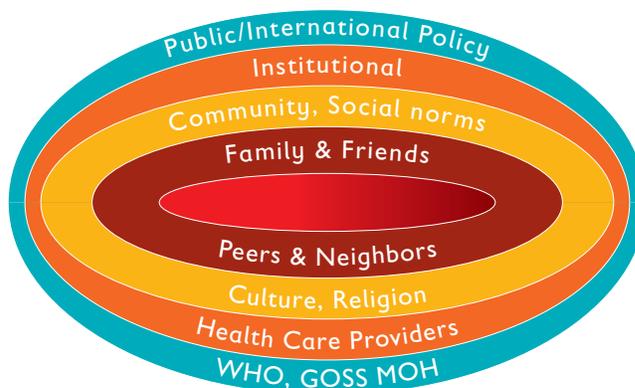
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## Facilitator Note #1<sup>1</sup>

### BEHAVIOUR CHANGE MODELS



### LEVELS OF INFLUENCE ON HUMAN BEHAVIOUR



### STEPS TO BEHAVIOUR CHANGE



### MOTIVATORS AND INHIBITORS OF BEHAVIOUR CHANGE

1. **RATIONAL** Thought
2. **PHYSICAL** Sensations
3. **PRACTICAL** Skills and Abilities
4. **ENVIRONMENTAL** (Social, Cultural, Religious)
5. **INTERPERSONAL** Networks and Relationships
6. **EMOTIONAL** Reactions

### SUMMARY OF BEHAVIOUR CHANGE MODELS

LEVELS OF INFLUENCE	STEPS TO BEHAVIOUR CHANGE	MOTIVATORS & INHIBITORS
<ul style="list-style-type: none"> <li>• Individual</li> <li>• Family, Friends, Peers</li> <li>• Community, Culture, Religion</li> <li>• Institutions</li> <li>• Policies, Laws, Economy</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge</li> <li>• Approval</li> <li>• Intention</li> <li>• Practice</li> <li>• Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Rational</li> <li>• Physical</li> <li>• Practical</li> <li>• Environment</li> <li>• Relationships</li> <li>• Emotional</li> </ul>

<sup>1</sup> Behaviour Change – A Summary of Four Major Theories: <http://www.fhi.org/en/aids/aidschap/aidpubs/behres/bcr4theo.html>.

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## SESSION 4: PRINCIPLES AND PLATFORMS FOR MNCH-CBNC DEMAND CREATION

**Session Objective:** At the end of this session participants will be able to:

- Describe the principles and platforms for mobilizing communities for MNCH-CBNC.

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipchart: *Levels of Participation (Facilitator Note #2 attached)*.
- *Demand Creation Strategy for MNCH-CBNC, Principles and Platforms*, Pages 7 and 8.

**Time:** 30 minutes.

**Activities:**

- 1. Introduce:** the topic and objectives for this session.
- 2. Brainstorm:** *What do you understand by community participation?* Explain that community participation is an important element of CM. However, there are different levels at which communities participate.
- 3. Share:** the *Levels of Participation* flipchart (Facilitator Note #2). Explain that fuller (or higher) levels of community participation are realised through *co-learning* and *collective action*. Lower levels of participation are *co-option* and *compliance*. With fuller participation, there is a greater chance for sustainable MNCH-CBNC practice.
- 4. Explain** that the *Demand Creation Strategy for MNCH-CBNC* has *Guiding Principles* which support the higher level of community participation and action.
- 5. Tell** participants to turn to Page 7 in their *Demand Creation Strategy* document and take turns reading aloud each guiding principle. **Ask:** *What questions or comments do they have?*
- 6. Brainstorm:** *What existing woreda, PHCU and kebele individuals and groups can we use to realise sustainable community mobilization for demand creation?* Write on the flipchart.
- 7. Explain** that the *Demand Creation Strategy for MNCH-CBNC* uses a variety of these platforms. Ask participants to turn to Page 8 and read aloud the *Platforms for Creating Demand*.
- 8. Ask:** Are there some platforms we have not utilised to their full potential?
- 9. Summarise** by asking: *What questions, reflections, or comments do you have on Principles and Platforms of MNCH-CBNC demand creation?* Thank participants and continue to the next activity.

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## Facilitator Note #2

### LEVELS OF PARTICIPATION



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## SESSION 5: STAGES AND STEPS OF THE MNCH-CBNC DEMAND CREATION PROCESS

**Session Objective:** At the end of this session participants will be able to:

- Describe the four stages of the Community Strengthening and Mobilization Process for MNCH-CBNC and their steps.

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Write each stage and step of the demand creation process (diagram, Page 13, *Demand Creation Strategy*) on A4 colour paper, or draw the diagram on the flipchart.
- *Demand Creation Strategy for MNCH-CBNC, Stages and Steps*, Pages 13-18.

**Time:** 30 minutes.

**Activities:**

- 1. Introduce:** the topic and objectives for this session.
- 2. Tell** participants that the community strengthening and mobilization process of for CBNC has four stages.
- 3. Ask** for four volunteers to come to the front of the room and give them each a card with a stage written on it, which the volunteer should read out. Ask volunteers to line up in the correct sequence of the stages. When they have lined up in sequence, ask the other participants if they think the sequence is correct. Why or why not?
- 4. Tell** participants to turn to Page 13 of the *Demand Creation Strategy* document and explain the diagram with the four stages of the community strengthening and mobilization process.
- 5. Explain:** This process will be used specifically to guide KCPs and other groups to *Organise* and to *Explore, Plan and Act* together to improve their MNCH-CBNC collective action.
- 6. Explain** each stage briefly. Tell participants that there are steps for each stage. Briefly review the *Demand Creation Strategy* document, Pages 13-18.
- 7. Summarise** by asking: *What questions, reflections, or comments do you have on Stages and Steps for CBNC Demand Creation?* Thank participants and continue to the next activity.

# Training Package

## SESSION 6: HOW TO IMPLEMENT MNCH-CBNC DEMAND CREATION

**Session Objectives:** At the end of this session participants will:

- Understand how MNCH-CBNC Demand Creation will be implemented.
- Know how to prepare for demand creation activities.
- Understand the Organise stage and steps (Stage 1).

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- FMOH *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipchart with the process for initiating implementation (Step 2).
- Flipchart with KCP roles and responsibilities (Step 10).

**Time:** 30 minutes.

**Activities:**

- 1. Introduce:** the topic and objectives for this session.
- 2. Explain** that the following process will need to be undertaken to initiate the demand creation strategy. The facilitator should adapt to programs receiving external support (write on the flipchart):
  - Conduct MNCH-CBNC demand creation orientation for Zone, Woreda Cabinets, Zonal Health Districts and Woreda Health Office.
  - Develop a Zonal and Woreda MNCH-CBNC Demand Creation Plan.
  - Train Woreda Health Office and partners using the Facilitator Training Guide for MNCH-CBNC Demand Creation. Orient PHCUs on MNCH-CBNC demand creation and the need to establish extended PRTs, where all health post focal persons and communities are represented.
  - Establish *extended* PRTs to lead MNCH-CBNC implementation and demand creation strategies in each PHCU catchment area:
    - Explain the role of PRTs briefly.
    - Explain the need for including some health workers who are not members of the PRT, but who are responsible for supporting the health posts.
    - Explain that it is possible to include additional important individuals in the PRT team based on the context.
  - Carry out six supportive supervision visits for the extended PHCU to train on the Organise, Explore and Plan, Act and Monitor, and Evaluate, Learn and Re-Plan stages.
  - Develop a PHCU MNCH-CBNC Demand Creation Plan.

# Training Package

- Roll out to Kebele level in phases applying the Community Partners Guide for MNCH-CBNC Demand Creation. Specifically, work with communities to:
  - Explain that the KCP will play a key role in the demand creation. Explain that the KCP will be strengthened to lead the demand creation activity.
  - Explain that the KCP strengthening process includes capacity-building activities/exercises as well as identification and inclusion of interested, influential and marginalised individuals and community groups process.
  - Explain that the KCP will need to organise itself for its MNCH-CBNC efforts. This may include establishing a *Strengthened KCP*, which will work specifically to address MNCH-CBNC and whose membership will include representatives from those who have been affected by maternal and newborn issues (such as a father who has lost a newborn) and marginalised and interested community groups. The *Strengthened KCP* may also include WDAs, religious leaders, youth and women groups, gere/ketene leaders and TBAs (in their non-delivery role) (use a picture of a train to explain how the work of KCP is key).
  - Explain that the KCP will continue to carry out its original role and responsibilities as well as now providing support for the *Strengthened KCP*. Oftentimes members of the KCP will also want to become members of the *Strengthened KCP*.
- 3. **Explain** that developing a plan and budget for MNCH-CBNC Demand Creation will be required and that a sample *Demand Creation Planning Matrix* will be reviewed at a future session.
- 4. **Summarise by asking:** *What questions do you have on this process to initiate MNCH-CBNC demand creation?* Explain that once these initial steps have been completed, specific work with the KCP (steering committees) can be initiated.

\*\* **Facilitator note – A picture is helpful here!** It is often helpful to draw a picture of train with an engine and smaller cars. Indicate that the engine is the *Strengthened KCP*, which leads and pulls the community and community groups forward towards their MNCH-CBNC goal. The cars attached to the engine could be religious groups, women's groups, youth groups, wise elders, etc., who will participate.

# Training Package

## SESSION 7: ROLES AND RESPONSIBILITIES FOR DEMAND CREATION

**Session Objective:** At the end of this session participants will:

- Understand the roles and responsibilities of key stakeholders, at multiple levels, for MNCH-CBNC demand creation.

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- FMOH *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- *Defining Roles and Responsibilities of Stakeholders, Demand Creation Strategy* document, Pages 20-22.
- *Key Approaches to Demand Creation*, Pages 9, 10 and 11.
- Flipchart with *Levels of Responsibilities* (Facilitator Note #3 attached).

**Time:** 60 minutes.

**Activities:**

- 1. Introduce:** the topic and objectives for this session.
- 2. Explain** that all levels (Zonal, Woreda, PHCU and kebele) will have the responsibility for implementing a variety of CBNC demand creation strategies.
- 3. Tell** participants to turn to Pages 20-22 in the *Demand Creation Strategy* document. Review and discuss the roles and responsibilities at each level.
- 4. Ask:** At the kebele level, would the KCP be a good platform to promote MNCH demand creation? If so, why? If not, why not? What other platforms might be used?
- 5. Review** again the *Key Approaches for Demand Creation* on Page 9.
- 6. Post** the *Levels of responsibility for MNCH-CBNC Demand Creation Action* on the flipchart. Divide participants into four groups: Zonal, Woreda, PHCU and kebele levels. Ask each group to discuss which key approaches (or other creative approaches) will need to be promoted at their level and write them on the flipchart. Allow 15 minutes. Note: Remind participants to include activities that would celebrate successes such as identifying and acknowledging MNCH-CBNC *champion kebeles*.
- 7. Tell** participants to share their groups' work. Explain that some approaches will need creative support and action at multiple levels.
- 8. Summarise** by asking: *What questions, reflections or comments do you have on Roles and Responsibilities for MNCH-CBNC demand creation?* Thank participants and continue to the next activity.

# Training Package

## Facilitator Note #3

LEVEL OF RESPONSIBILITY	DEMAND CREATION APPROACHES
Zonal	
Woreda	
PHCU	
Kebele	

# Training Package

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## SESSION 8: PARTICIPATORY FACILITATION TIPS

**Session Objective:** At the end of this session participants will be able to:

- Describe the principles and platforms for mobilizing communities for MNCH-CBNC.

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipchart with Feature of a Good Facilitator (Facilitator Note #4).

**Time:** 30 minutes.

**Activities:**

- 1. Introduce:** the topic and objectives for this session.
- 2. Ask:** *What makes a good participatory facilitator?* Write responses on the flipchart.
- 3. Share** the Features of a Good Participatory Facilitator (Helpful Tool #4).
- 4. Ask:** *What additional methods and tools have they used to create a participatory learning environment?* Write on the flipchart.
- 5. Summarise** by asking: *What questions, reflections, or comments do you have on participatory facilitation?* Thank participants and continue to the next activity.

# Training Package

## SESSION 9: GETTING FAMILIARISED WITH THE MNCH-CBNC DEMAND CREATION PLANNING TOOL – WOREDA AND PHCU LEVEL

**Session Objectives:** At the end of this session participants will:

- Understand how to plan for MNCH-CBNC demand creation at multiple levels.
- Practice using the MNCH-CBNC Planning Tool (in Annex).

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- *Demand Creation Strategy* for MNCH-CBNC document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Copy of *MNCH-CBNC Planning Matrix* for participants.
- Summarised data on MNCH-CBNC from the PHCU catchment areas.

**Time:** 20 minutes.

**Activities:**

- 1. Introduce:** the topic and objectives for this session.
- 2. Explain** that one of the most important steps for initiating the process of demand creation is to create a plan and budget for MNCH-CBNC demand creation at multiple levels.
- 3. Share** the *MNCH-CBNC Planning Tool* with participants and explain the matrix.
- 4. Tell** participants that this is the tool that they are going to use for developing the PHCU plan on Day 3. Tell them to keep on thinking about the plan they are going to develop at the end.
- 5. Summarise** by reviewing the action points below.  
**Ask:** *What questions, reflections, or comments do you have on Planning for CBNC Demand Creation?*
- 6.** Thank participants for their participation in the CBNC demand creation activities and suggest a time for the next supportive supervision visit, which will focus on *Stage 1: Organise the Community for MNCH-CBNC Action*.

# Training Package

## Helpful Tools for the PHCU!

### PHCU ACTION POINTS!

Orientation and Planning for Effective MNCH-CBNC Demand Creation:

- Ensure that *expanded* PRT is formed.
- Understand the desired results of MNCH-CBNC demand creation.
- Analyse the MNCH-CBNC data – How we are doing?
- Complete the PHCU Planning Matrix for demand creation.

## Tool #1: Demand Creation Strategy for MNCH-CBNC

The purpose of the *Demand Creation Strategy for MNCH-CBNC* is to **improve maternal and newborn outcomes through increased demand creation for MNCH and CBNC.**

Objectives focus on increasing the uptake of appropriate MNCH-CBNC behaviours, as promoted in the four Cs of the FMOH CBNC Package, and the objectives are:

1. To improve MNCH-CBNC-related household practices and norms.
2. To increase timely care-seeking for maternal and newborn illnesses.
3. To create enabling social norms that support appropriate MNCH-CBNC behaviour.

CBNC seeks to achieve its goal by improving linkages between PHCUs and health posts and the performance of HEWs and the Women's Development Army (WDA), to improve antenatal, intrapartum and newborn care through the four Cs:

1. **prenatal and postnatal contact** with the mother and newborn, including post-partum family planning;
2. **case identification** of newborns with signs of possible severe bacterial infection;
3. **care**, or treatment that is appropriate and initiated as early as possible; and
4. **completion** of a full seven-day course of appropriate antibiotics.

### COMPONENTS OF THE CBNC PACKAGE

- Early identification of pregnancy.
- Provision of focused antenatal care (ANC).
- Promotion of institutional delivery.
- Safe and clean delivery, including provision of Misoprostol in home deliveries or deliveries at health post level.
- Provision of immediate newborn care, including application of Chlorohexidine on cord.
- Recognition of asphyxia, initial stimulation and resuscitation of newborn baby.
- Prevention and management of hypothermia.
- Management of pre-term and/or low birth weight neonates.
- Management of neonatal sepsis/very severe disease at community level.

# Training Package

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## What do we hope to achieve?

- Early identification of pregnancy.
- Provision of focused ANC.
- Danger sign recognition and prompt care-seeking.
- Promotion of institutional delivery.
- Safe and clean delivery, including provision of Misoprostol in home deliveries or deliveries at health post level.
- Provision of immediate newborn care, including application of Chlorohexidine on cord.
- Recognition of asphyxia, initial stimulation and resuscitation of newborn baby.
- Prevention and management of hypothermia.
- Management of pre-term and/or low birth weight neonates.
- Timely and appropriate post-natal care.
- Management of neonatal sepsis/very severe disease at community level.
- Provision of post-partum family planning.
- Improved utilization and quality of child health/iCCM services.
- Communities to organise, explore, plan and act together for improved MNCH-CBNC.

# Training Package

## Key Strategies – How Will We Do It?

STRATEGIES	EXAMPLES
Improve early identification of pregnant mothers	WDA home visits, 1:5 discussions, peer mother referrals
Initiate and support PWCs	HEWs/the WDA and other women's groups help to organise PWCs and ensure attendance of all pregnant women, appropriate use of PWC guidelines and support
Strengthen KCP and/or other appropriate core group to explore, plan and mobilise their communities to act together to improve MNCH-CBNC	Build and link community social networks to conduct community mobilization, i.e., capacity building and follow-up of WDA leaders at gott level
Linking PHCUs, health posts and the performance of HEWs and the WDA to improve antenatal, intrapartum, post-partum and newborn care through the four Cs	Prenatal and postnatal <b>contact</b> with the mother and newborn, including post-partum family planning, <b>case identification</b> of newborns with signs and possible severe bacterial infection, <b>care</b> , or treatment that is appropriate and initiated as early as possible and <b>completion</b> of a full seven-day course of appropriate antibiotics
Promote active male involvement	Engage in dialogue on MNCH-CBNC by integrating into Agricultural Development Army activities, traditional male leader forums, discussions during home visits, participation in KCPs, etc.
Effective use of Family Health Card to create family dialogue for improved MNCH-CBNC	Supportive supervision of HEWs and the WDA on the use of the Family Health Card
Develop women (family)-friendly maternities to meet demand with quality services	Strengthen quality improvement efforts, talk to women and families about what they want in health services. KCP, HEWs and health centre staff jointly meet to identify quality issues and collaborate for quality improvement
Engage TBAs in non-delivery role to promote early pregnancy detection, ANC, skilled delivery, post-partum and newborn follow-up	TBAs encouraged to work actively with HEWs/the WDA and KCPs
Support local emergency transport systems at community level	KCP/community groups organise emergency transport system with a list of alternative transport options and contact addresses, raise funds for emergency transport, share the telephone number of the Woreda ambulance service with PWCs and families.
Engage family decision makers (and not just women) in MNCH-CBNC such as fathers, mothers-in-law, grandparents	Fathers, mothers-in-law, grandparents engaged during home visits, 1:5 discussions.
Community use of MNCH-CBNC data for decision making through Community Health Bulletin Boards	KCP/key groups working with HEWs to analyse health post data and to share it with the community. Use of mapping tools by the WDA for pregnancy and birth surveillance
Greater teamwork for MNCH-CBNC demand creation	Strengthen and motivate HEWs and the WDA, HEW availability at health post
Use of multiple channels to reinforce community efforts	School media outreach and health competitions, traditional and religious group MNCH champions, champion MNCH communities recognition

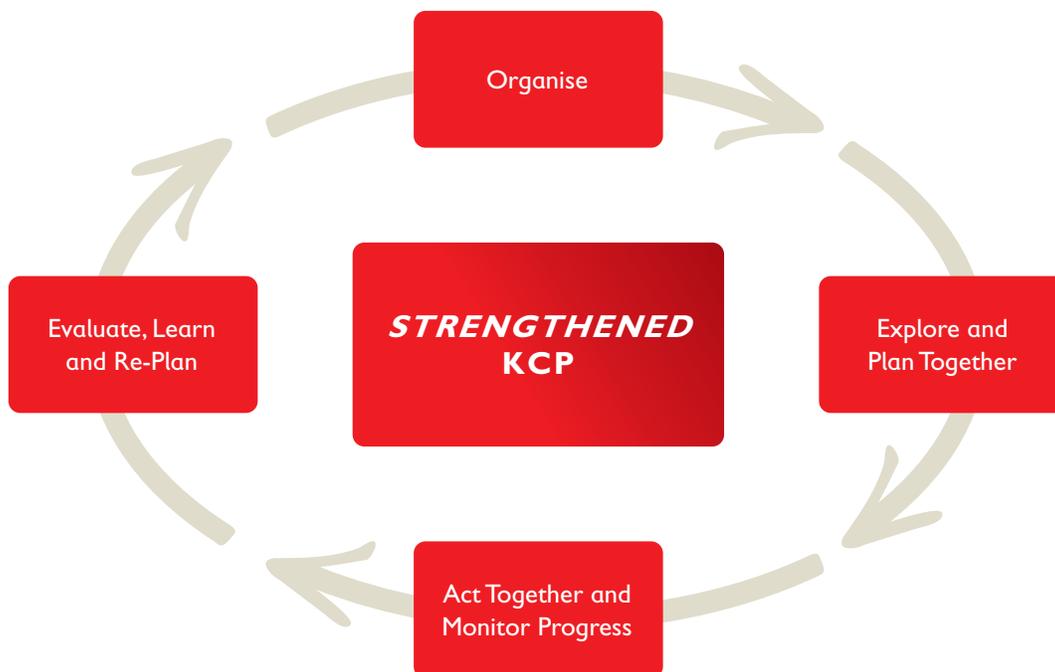
# Training Package

## TOOL #2: STAGES AND STEPS OF THE MNCH-CBNC COMMUNITY STRENGTHENING AND MOBILIZATION PROCESS

At the kebele level, the demand creation strategy has four stages, with associated steps:

- **Stage One:** Organise the KCP for improved MNCH-CBNC.
- **Stage Two:** Strengthen the capacity of the KCP to explore MNCH-CBNC issues and to develop an MNCH Community Action Plan.
- **Stage Three:** Act together, monitor and follow up.
- **Stage Four:** Evaluate, learn and re-plan.

## DIAGRAM: STAGES OF THE COMMUNITY STRENGTHENING AND MOBILIZATION PROCESS FOR MNCH-CBNC



# Training Package

## TOOL #3: KEY GROUPS' AND INDIVIDUALS' PARTICIPATION IN MNCH-CBNC IMPROVEMENT

- WDA
- HEWs
- PWCs
- KCP and Cabinet
- Health centres, health posts
- Households
- Neighbours
- Women's groups
- Traditional social networks/institutions (Idirs)
- Schools and youth groups
- Community-based organizations(CBOs)
- Faith-based organizations (FBOs)
- NGOs
- FMOH, Regional Health Bureau and Zonal Health Offices
- Woreda Administration, Health Office, Woman and Children's Affairs

## TOOL #4: HOW ARE WE DOING? DATA MATRIX FOR MNCH-CBNC (EXAMPLE)

Kebele name/location	
Total population per kebele	
Number of Development Team Leaders (DTLs) and 1:5 networks	
Proportion of pregnant mothers who attended ANC at a health post in the last 12 months*	
Proportion of pregnant mothers who attended four ANC sessions in the last 12 months*	
Proportion of mothers who delivered at a health centre (number of women at health centre/number of pregnancies identified as a percentage)*	
Number of two-month to five-year-old children who received treatment in the health post in the last three months*	
Number of 0-2-month young infants who received treatment from the health post in the last three months*	

\* preferably by each kebele if data is available

# Training Package

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## TOOL #5: FEATURES OF A GOOD PARTICIPATORY FACILITATOR

### Arrival

- Appropriate seat arrangement.
- Greet people as they arrive, create rapport, make people at ease.

### Introduction:

- Formally greet group, thank participants for coming.
- Introduce self and role as facilitator.
- Explain purpose of meeting.
- Have participants introduce themselves.
- Facilitate appropriate icebreaker.

### Discussion

- Know that participant has knowledge and he or she is there to help.
- Begin discussion with opening question or statement.
- Use open, probing, redirecting questions.
- Paraphrase.
- Encourage quiet members.
- Regulate overly dominant members in culturally appropriate ways.
- Handle other difficult participants while maintaining their self-esteem.

### Use of participatory methods

- Role play.
- Energisers related to topic.
- Debate.
- Use games, pictures, objects to start discussion.

### Non-verbal communication skills

- Use eye contact to encourage participants.
- Use other gestures to encourage participants (smiles, etc.).

### Verbal communication skills

- Speak clearly and slowly for all to hear,
- Use open-ended questions,
- Use local and easy-to-understand language,

### Closure

- Summarise, or have participants summarise.
- Clarify next meeting time and date and/or next steps and persons.
- Thank participants and conclude.

# Training Package

## Guide 2: Organise the Community for Action

### SESSION 1: ORIENTATION OF THE KCP(S) BY THE HEALTH CENTRE TEAM

**Session Objective:** At the end of this session participants will be able to:

- List the four steps in the *Organise the Community for Action* stage.
- Implement Steps 1-3 of the *Organise the Community for Action* stage.
- Develop a list of KCP(s) in the PHCU catchment.
- Review local maternal and newborn indicators from PHCU data.
- Develop a *mobilising* MNCH-CBNC goal to share with the community.
- Orient KCPs to the MNCH-CBNC goal/demand creation strategy.

**Time:** 60 minutes.

**Materials:**

- Copy of the *Demand Creation Strategy for MNCH-CBNC* document for all participants.
- Copy of Helpful Tool #2 at the end of this guide.

**Preparation:**

- Flipchart with a diagram of the four stages of the CM process.
- Flipchart with the steps of *Organise the Community for Action Stage, Demand Creation Strategy, Pages 13-14.*
- Flipchart with the task for creating a *mobilizing* goal.

**Activities:**

1. **Share** the session title and objectives.
2. Tell participants that the *Organise the Community for Action* stage has four steps. Tell them that each step will be discussed in the coming sessions.
3. **Ask** for four volunteers to come to the front of the room and give them each a card with the steps of Stage 1 written on it, which the volunteers should read out. Ask volunteers to line up in the correct sequence of the steps. When they have lined up in sequence, ask the other participants if they think the sequence is correct. Why or why not?
4. **Review** with participants the *Organise the Community for Action* stage and steps by asking them to read from Page 14 of their *Demand Creation Strategy* document. Tell the participants that there is no strict requirement to follow the steps. Sometimes it is possible to perform more than one step at the same time or to perform the steps in a different order depending on the context.
5. **Point** to the pre-prepared flipchart with the *Steps* and **Ask:** *How many steps and what are they?*  
**Answer:** Four steps in total:
  - Step 1:** Orient the KCP by the health centre
  - Step 2:** Identify interested community groups and individuals.
  - Step 3:** Invite community participation.
  - Step 4:** Organise the KCP for MNCH-CBNC action.
6. Explain that the activities in this *Supportive Supervision Guide #2* will focus on the first three steps of the *Organise the Community for Action* stage.
7. Say that Steps 1-2 will probably take one month depending on the number of KCPs. Step 3 will take perhaps two months or more, as the KCPs will go on to hold a number of meetings in their communities to invite broad participation.

It is anticipated that Steps 1-3 can be undertaken during the first PHCU meeting with KCPs.

# Training Package

Thereafter, the PHCU team will learn about and apply *Step 4: Organise the KCP for MNCH-CBNC Action*. This will take place in a second meeting with the KCPs.

**8. Tell** participants that to carry out Step 1, orient the KCPs in their area, they will need to prepare the following (write on the flipchart):

- A mobilizing MNCH-CBNC goal.
- A list of all the KCPs in their area.
- A summary of key MNCH-CBNC data to share with the community.
- General information on the *Demand Creation Strategy for MNCH-CBNC*.

**9. Say:** First, it is important to understand and to be able to share the overall goal of demand creation for MNCH-CBNC. So, let's get started! (Ask participants to form three groups and to review the MNCH-CBNC demand creation goal, objectives and components in the *Demand Strategy* document.)

**10. Ask** participants to write down the MNCH-CBNC technical goal. Ask them to change the technical goal, into one that is clear, attractive, motivating for communities.

Emphasise that a mobilizing goal should be clear enough to encourage community members to understand the program and to want to participate, as it affects their lives and those of their children. Write this new goal in local language.

**11. Ask** participants to present their mobilizing MNCH-CBNC goal in plenary.

**12. Ask** for feedback: *How would you suggest the goal be re-phrased so that it is a more effective mobilizing goal?* Share Helpful Tool #2: *Mobilizing Goal*.

**13. Post** the mobilizing goals on the wall and ask someone from the team to record them for future use with community partners.

**14. Tell** participants that to work effectively with communities, a list of KCPs in their area should be drawn up. Ask participants to work together to complete **Tool #1** in Helpful Tool #2 at the end of this guide (allow 15 minutes).

**15. Say:** Now we must prepare local MNCH-CBNC data/information to share with KCPs during their orientation.

**16. Ask:** Do we have all resources/materials ready to begin orienting our KCPs to the MNCH-CBNC? Or do we need more time to prepare? Refer to the flipchart with orientation materials.

**17. Summarise** by asking: *What questions, reflections, or comments do you have?* Thank participants and continue to Step 1 in the *Organise the Community for Action*.

# Training Package

## SESSION 2: IDENTIFICATION OF COMMUNITY GROUPS AND INDIVIDUALS INTERESTED IN WORKING TO IMPROVE MNCH-CBNC

**Session Objective:** At the end of this session participants will be able to:

- Work with KCPs to identify the community groups and individuals most interested and affected in MNCH-CBNC.

**Time:** 40 minutes.

**Materials:**

- Copy of the *Demand Creation Strategy for MNCH-CBNC* document for all participants.
- Copy of Helpful Tool #2 for all participants (at the end of this guide).
- Copy of Tool #5: *Inventory of Interested Community Group and Individuals*, on a flipchart.

**Activities:**

- 1. Explain** that Step 2 is carried out with KCPs to identify which community groups and individuals should be invited to participate in supporting MNCH-CBNC goals and strategies.
- 2. Ask:** Participants to review Tool #5 in their *Helpful Tools*. Explain that to achieve community ownership and action, we have learned that it is important to invite those most interested in and/or affected by MNCH. They should have a real voice in the issues that need to be addressed and in how to address them.
- 3. Brainstorm** with participants community groups that should participate (write on the flipchart). Responses could include existing women's groups, religious groups, etc.
- 4. Brainstorm** which community individuals should participate (write on the flipchart). Responses could include:
  - TBAs.
  - grandmothers/fathers.
  - parents who have lost newborns.
  - husbands who have lost wives during pregnancy/delivery.
  - spiritual leaders/wise elders.
  - leaders (formal or informal). Informal leaders don't have political power, but still are highly respected leaders in the community.
- 5. Say** that the PHCU team will help the KCPs to draw up a similar list. This list will be used by the KCP to invite community members to MNCH-CBNC orientation meetings in Step 3.
- 6. Summarise** by asking: *What questions, reflections, or comments do you have?* Thank participants and continue to Step 3 in the *Organise the Community for Action* section.

# Training Package

## SESSION 3. KCP ORIENTS THE BROADER COMMUNITY AND INVITES PARTICIPATION

**Session Objective:** At the end of this session participants will be able to:

- Help KCBs to prepare for their MNCH-CBNC community orientation meeting(s).

**Time:** 40 minutes.

**Materials:**

- Copy of the *Demand Creation Strategy for MNCH-CBNC* document for all participants.
- Copy of Helpful Tool #2 for all participants (at the end of this guide).

**Preparation:**

- Copy Tool #6: *Community MNCH-CBNC Orientation Meeting Guide* on the flipchart.

**Activities:**

1. **Share** the session title and objectives.
2. **Ask** participants why it is important to hold MNCH-CBNC orientation meetings with the broader community. Write responses on the flipchart. Answers include:
  - Create greater community awareness of the MNCH-CBNC problem.
  - Leverage multi-sectoral stakeholders' response (education, agriculture).
  - Generate interest in collective action towards a common MNCH-CBNC goal.
  - Create understanding of community responsibility in health and health services
3. **Explain** that preparation is needed for the KCP to carry out Step 3. During the first meeting with the KCP, the PHCU team can help prepare it to carry out its MNCH-CBNC community orientation meeting(s).
4. **Tell** participants that preparation for the community MNCH-CBNC orientation meetings includes:
  - Inviting those most affected/interested.
  - Setting dates/location for meetings.
  - Preparing a meeting agenda and materials.

5. **Explain** that the KCP will host multiple meetings to reach all villages and interested groups and individuals.
6. **Tell** participants that the KCP should refer to the list it drew up of interested groups and individuals from Step 2 to invite community members to the MNCH-CBNC orientation meetings.
7. **Say** that it is helpful for KCPs first to orient these groups/individuals by calling a special meeting. These stakeholders can then help to orient other community members. Religious groups and women's groups often meet regularly and can talk about the MNCH-CBNC goal and strategies during their regular meetings.
8. **Review** with participants Tool #6: *Community MNCH-CBNC Orientation Meeting Guide*. Explain that this *Orientation Meeting Guide* should be shared with the KCP to help it to plan its MNCH-CBNC community meetings.
9. **Summarise** by reviewing the action points below. Say, now the PHCU team is prepared to carry out Steps 1-3 with our KCPs. Suggest that a schedule be drawn up for when these steps will be applied and who will be responsible.

# Training Package

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## Action Points! Getting the Community Organised

### SUPPORTIVE SUPERVISION #2

#### PHCU Action Points!

- Develop a mobilising MNCH-CBNC goal to share with the community.
- Develop list of KCP(s) in the PHCU catchment.
- Orient KCPs to the MNCH-CBNC goal and demand creation strategy.
- With KCPs, identify community groups and individuals interested in MNCH-CBNC.
- Help KCPs to invite the participation of those most interested and affected to work together to address MNCH issues

#### KCP Action Points!

- The KCP orients the community to the MNCH-CBNC goal and invites the participation of those most interested and affected.

# Training Package

## HELPFUL TOOLS FOR THE PHCU!

### GUIDE #2 ORGANISE THE COMMUNITY FOR ACTION

**Step 1:** Orient the KCP.

**Step 2:** Identify interested community groups and individuals.

**Step 3:** Invite participation.

**(Step 4:** Organise the KCP for MNCH-CBNC action).

#### PHCU Action Points!

- Develop a mobilising MNCH-CBNC goal to share with the community.
- Develop list of KCP(s) in the PHCU catchment.
- Orient KCPs to the MNCH-CBNC goal and demand creation strategy.
- With KCPs, identify community groups and individuals interested in MNCH-CBNC.
- Help KCPs to invite the participation of those most interested and affected to work together to address MNCH issues.

#### KCP Action Points!

- The KCP orients the community to the MNCH-CBNC goal and invites the participation of those most interested and affected.

#### TOOL #1:

##### Orienting KCPs to MNCH-CBNC

Preparation Needed:

- A mobilizing MNCH-CBNC goal.
- A list of all the KCPs in the area.
- Summary of key MNCH-CBNC data to share with the community.
- General information on the *Demand Creation Strategy for MNCH-CBNC*, mobilization stages/steps (Helpful Tools, Guide #1).

#### TOOL #2: MNCH-CBNC MOBILIZING GOAL (EXAMPLE)

*“No mother should die while giving birth. Reducing mother and newborn deaths helps to ensure the survival of a coming generation!”*

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## TOOL #3: MATRIX OF KCPS ORIENTATION:

NAME OF KEBELE	ORIENTED TO MNCH-CBNC		
	Yes	When?	No
1.			
2.			
3.			
4.			

## TOOL #4: KEBELE LEVEL DATA ON MNCH-CBNC (EXAMPLE)

Total population of the kebele, number of DTLs and 1:5 networks	
Proportion of pregnant mothers who attended ANC at a health post in the last 12 months*	
Proportion of pregnant mothers who attended four ANC sessions in the last 12 months*	
Proportion of mothers who delivered at a health centre (Number of women at health centre/ Number of pregnancies identified as a percentage)*	
Number of two-month to five-year-old children who received treatment in the health post in the last three months*	
Number of 0-2-month young infants who received treatment from the health post in the last three months*	

## TOOL #5: INVENTORY OF INTERESTED COMMUNITY GROUP AND INDIVIDUALS

LIST OF GROUPS:	LIST OF INDIVIDUALS (TBAs, leaders -formal/informal, wise elders, etc.)

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## TOOL #6: COMMUNITY MNCH-CBNC ORIENTATION MEETING(S)

### Community MNCH-CBNC Orientation Meeting Guide

#### Pre-Meeting Preparation

- KCP works with Kebele Chairperson/Kebele Manager and HEW to plan community meeting together.
- Decide on meeting time and place (convenient to community members).
- Invite key community groups and individuals well ahead of the meeting.
- HEW prepares MNCH-CBNC data to share with community.

#### Sample Meeting Agenda to be facilitated by the KCP:

- Welcome attendees and introduce KCP members to the community.
- Share recent MNCH-CBNC data from kebele.
- Ask participants for some of the MNCH-CBNC issues they are concerned about.
- Describe roles and responsibilities of KCP for improved MNCH-CBNC.

## TOOL #7: PHCU COMMUNITY MEETING FRAMEWORK

**Note:** It is anticipated that once the KCP has formed a *Strengthened* KCP to address MNCH-CBNC issues, it will hold meetings on its own and carry out activities without always having the presence of the PHCU. This will demonstrate ownership and true community collective action for improved MNCH-CBNC!

Depending on the distance and resources available, it may be more efficient to bring a few KCP representatives to the PHCU for MNCH-CBNC capacity strengthening with the responsibility to return to their groups and to share new skills.

#### Meeting #1

- Share the mobilizing MNCH-CBNC goal.
- Orient KCPs to the MNCH-CBNC goal and demand creation strategy.
- With KCPs, identify community groups and individuals interested to work on MNCH-CBNC issues.
- Help to broaden representation and make a list of members (new and old).
- Help KCPs to prepare for their community meeting(s) to invite participation of those most interested/affected and the broader community.

**Meeting #2** (Prior to this meeting, new members will have joined the KCP and will be in attendance)

- Organise the *Strengthened* KCP for MNCH-CBNC action.
- Facilitate the *Strengthened* KCP Capacity Self-Assessment and review results.
- Build a basic understanding of the key MNCH-CBNC desired outcomes, demand creation strategies and community mobilization processes.
- The *Strengthened* KCP clarifies its roles and responsibilities, confirms leadership and how/when it will elect new leaders, sets norms for working together (how to work, when to meet, where).

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## Meeting #3

- Explore MNCH-CBNC with *Strengthened*KCP.
- Build the capacity of the *Strengthened* KCP to facilitate an MNCH-CBNC Problem Tree (maternal and newborn).
- Build the capacity of the *Strengthened* KCP to facilitate an MNCH-CBNC Resource Map.
- Practice with the Small Group Discussion Guide.
- Plan for the *Strengthened* KCP to explore MNCH-CBNC issues with community members.

## Meeting #4

- Build the capacity of the *Strengthened* KCP to analyse information learned during the explore phase.
- Build the capacity of the *Strengthened* KCP to set MNCH-CBNC priorities.
- Share the community MNCH-CBNC *action plan matrix* with the *Strengthened* KCP.
- Discuss who to invite to help with the community MNCH-CBNC action plan.
- Set dates for community MNCH action planning.

## Meetings #5 and #6

- Support the development of the Community MNCH-CBNC Action Plan.
- Set a meeting to share with broader community.

## Meeting #7 and #8

- Support the capacity needs of the *Strengthened* KCP to implement the Community MNCH-CBNC Action Plan.
- Leadership mentoring.
- Resource mobilization and management mentoring.
- Conflict resolution meeting.
- Use of local data for decision-making (Community MNCH Bulletin Board).

## Meeting #9

- Monitoring health post MNCH-CBNC data for change.
- Support the *Strengthened* KCP to implement the Community MNCH-CBNC Action Plan implementation.

## Meeting #10

- Celebrate successes!
- Re-do the MNCH-CBNC Action Plan for the new year!

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## Guide 3: Organise the Community for Action

### SESSION 4: ORGANISE THE KCP FOR MNCH-CBNC ACTION

**Session Objectives:** By the end of this step participants will be able to:

- Build the KCP's understanding of the MNCH-CBNC demand creation desired outcomes.
- Review KCP membership to include those most affected/interested and establish a *Strengthened* KCP to address MNCH-CBNC issues in their community.
- Support the *Strengthened* KCP on how to carry out a capacity self-assessment.
- Clarify the roles/responsibilities of a *Strengthened* KCP, which will work on MNCH-CBNC demand creation; this helps to establish norms of conduct.

**Time:** 1 hour, 30 minutes.

**Materials:**

- Copy of the *Demand Creation Strategy for MNCH-CBNC* document for all participants.
- Copy of Helpful Tool #3 for all participants (at the end of this guide).

**Preparation: Activities:**

1. **Share** the session title and objective(s).
2. **Ask:** What is the role of the KCP? Why might it be a good platform for mobilizing communities for MNCH-CBNC? Why might it not be?
3. **Review** with participants the anticipated role of the KCP in MNCH-CBNC demand creation (*Tool #1: KCP Roles and Responsibility for Improved MNCH-CBNC – Helpful Tool #3* at the end of this guide).
4. **Ask:** How might representation on the KCP (or how it is structured) be improved to support its MNCH-CBNC demand creation activities? Write responses on the flipchart. Examples are:
  - Representation of those most affected by or interested in MNCH-CBNC.
  - Representation from other groups who are interested in MNCH, for example, women's groups, religious groups, etc.

5. **Ask:** Who might be the most interested in women and newborns in their communities? Responses could include:

- Women who have lost babies.
- Women in the reproductive age group.
- Fathers whose wives/newborns died during pregnancy/delivery/post-partum.
- Wise elders.
- TBAs (in a non-delivery role).

6. **Explain** the **60/40** rule determined by sociologists which says that those most marginalised or interested in the issue should make up at least 60% of membership for them to have a true voice and decision-making power. In the case of MNCH-CBNC we would hope for at least 60% women membership. Draw a circle on the flipchart and divide with a line to show 60% and 40% of the circle on each side of the line.
7. **Ask** participants why it is important that those most marginalised have a true voice in supporting MNCH-CBNC community action? Response: the issues that are prioritised and planned by the group will then address true and felt needs of those who are most affected.
8. **Say** that during Step 4, the PHCU team will work closely with the KCPs to review their membership and to help to find a way to increase the representation of those most affected by and interested in, MNCH-CBNC. This may include creating a *Strengthened* KCP whose members include representatives of those who have been affected by MNCH issues (such as a father who has lost a newborn) and marginalised and interested community groups. The *Strengthened* KCP may also include the WDA, religious leaders, youth and women groups, gere/ketene leaders and TBAs (in their non-delivery role). This may involve a sub-committee focused on MNCH-CBNC, increasing membership, or reaching out to existing community groups. This will depend on the KCP. **Note:** there is no special size for the *Strengthened* KCP membership, but 15-20 members might be realistic.

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- 9. Brainstorm:** *Why is it important for a group to be well organised? When a group is not well organised what might be the consequences?* (Response: members understand their roles and what is expected, function better if organised, etc.) Explain that during this step, the PHCU team will work closely with the *Strengthened* KCP to review its structures, leadership roles and norms. These should be developed and documented by the KCP.
- 10. Say,** let's first review an example of how a group can be structured. Ask participants to review Tool #2: *Group Structure and Leadership Roles* (Helpful Tool #3 at the end of this guide). Explain that this is just an example of how a well-organised group might be structured, and leadership roles. Some groups might choose not to have a formal leadership structure in the beginning, especially if they are small. Explain that during Step 4 the PHCU team will work closely with *Strengthened* KCPs to review their *structures and leadership roles*. These should be developed and documented by the KCP.
- 11. Brainstorm:** *Why are might having norms or codes of conduct be important for a group?* (Response: know when to meet/where, how new leadership will be elected, how to work together, etc.). Ask participants to review Tool #3: *Group Norms – Code of Conduct* (Helpful Tool #3 at the end of this guide). Explain that during Step 4, the PHCU team will work closely with KCPs to review their *norms and codes of conduct*. These should be developed and documented by the KCP.
- 12. Say:** now we will learn about the *Strengthened* KPC Capacity Self-Assessment, Tool #4 (Helpful Tool #3 at the end of this guide). Together with participants, review Tool #4. Write on the flipchart that the purpose of the Capacity Self-Assessment is to provide group members the chance to reflect on:
- Their roles/responsibilities.
  - Their structures/norms.
  - How well they are organised.
  - How well they are succeeding in meeting their goals.
- 13. Explain** that the Capacity Self-Assessment should be completed by the *Strengthened* KPC itself, with guidance from the PHCU team. They should then reflect on:
- What do they feel are their strengths?
  - What do they are their weaknesses/challenges?
  - What would they like to do to improve?
- 14. Say** that the Capacity Self-Assessment should be done first during Step 4, and then the Tool for Roles and Responsibilities, Group Structure and Leadership Roles and Group Norms can be shared with them to adapt and adjust. These should be developed and documented by the KCP.
- 15. Lastly,** explain that part of the capacity strengthening for the *Strengthened* KCP is to build its understanding of MNCH-CBNC components and desired outcomes. During Step 4, Helpful Tools from Guide #1, which focuses on MNCH-CBNC components and desired outcomes, should be shared with KCPs and community partners. Their understanding of positive practices and demand seeking will need to be mentored over time.
- 16. Summarise** by sharing the **Action Points** below (also in Helpful Tool #3 at the end of this guide). **Ask:** *what questions/reflections do you have on Step 4?*
- 17. Say,** this concludes the Organise the Community for Action (Stage 1). The next Supportive Supervision for the PHCU will focus on how we work with communities to **Explore and Plan** for improved MNCH-CBNC (Stage 2).

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## Action Points! Getting the Community Organised

### SUPPORTIVE SUPERVISION #3

#### PHCU Action Points!

- Build KCP understanding of MNCH-CBNC desired outcomes.
- With the KCP, review membership to include those most affected and interested and help the KCP to establish a *Strengthened KCP* to address MNCH-CBNC issues in its community.
- Help the KCP to carry out a capacity self-assessment with the *Strengthened KCP*.
- With the KCP, clarify the roles/responsibilities of a *Strengthened KCP*, which will work on MNCH-CBNC demand creation, this helps to establish norms of conduct.

#### KCP Action Points!

- KCP reviews membership/structure to invite those most interested in establishing a *Strengthened KCP* to address MNCH-CBNC issues in their community.
- Carry out a capacity self-assessment.
- *Strengthened KCP* develops roles/responsibilities and norms of conduct for working together to improve MNCH-CBNC.

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## HELPFUL TOOLS FOR THE PHCU!

### GUIDE #3 ORGANISE COMMUNITY FOR ACTION (PART 2)

**Step 1:** Orient the KCP.

**Step 2:** Identify interested community groups and individuals.

**Step 3:** Invite participation.

**Step 4:** Organise the KCP for MNCH-CBNC action.

#### PHCU Action Points!

- Build KCP understanding of MNCH-CBNC desired outcomes.
- With the KCP, review membership to include those most affected and interested and help the KCP to establish a *Strengthened* KCP to address MNCH-CBNC issues in their community.
- Help the KCP to carry out a capacity self-assessment with the *Strengthened* KCP
- With the KCP, clarify the roles/responsibilities of a *Strengthened* KCP, which will work on MNCH-CBNC demand creation; this helps to establish norms of conduct

#### KCP Action Points!

- KCP reviews membership/structure to invite those most interested in establishing a *Strengthened* KCP to address MNCH-CBNC issues in the community.
- KCP carries out a capacity self-assessment.
- *Strengthened* KCP develops roles/responsibilities and norms of conduct for working together to improve MNCH-CBNC.

### TOOL #1: STRENGTHENED KCP ROLES AND RESPONSIBILITY FOR IMPROVED MNCH-CBNC (EXAMPLE)

- Promotes community participation in improved MNCH-CBNC in the kebele.
- Ensure that those most interested in and affected by MNCH participate.
- Explores MNCH-CBNC issues with key community members.
- Develops MNCH-CBNC community plan for improved family practice and demand for services.
- Works with health centre, HEW, DTL, the WDA, key community groups and individuals to implement MNCH-CBNC Community Action Plan.
- Mobilises and harnesses human and financial resources to realise improved MNCH-CBNC.
- Uses community data to monitor MNCH-CBNC progress.
- Provides regular community updates on MNCH-CBNC progress.

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## TOOL #2: GROUP STRUCTURE AND LEADERSHIP ROLES (EXAMPLE)

ROLE	KEY RESPONSIBILITIES
President or Chairperson	<ul style="list-style-type: none"> <li>• Day-to-day running of the group</li> <li>• Disciplinary action</li> <li>• Attending to community disputes regarding children</li> <li>• Liaison with partners</li> <li>• Chairing meetings to review progress and activities</li> </ul>
Vice President	<ul style="list-style-type: none"> <li>• Supports president in his or her absence</li> </ul>
Treasurer	<ul style="list-style-type: none"> <li>• Keeps a record of financial donations, disbursements and expenditures incurred by group</li> <li>• Responsible for banking and withdrawals (with second signature)</li> </ul>
Vice Treasurer (optional)	<ul style="list-style-type: none"> <li>• Supports treasurer in his or her absence</li> </ul>
Secretary	<ul style="list-style-type: none"> <li>• Keeps meeting minutes</li> <li>• Keeps records of all group activities</li> <li>• Calls meetings on behalf of president</li> <li>• Keeps records of individual children</li> </ul>
Vice Secretary	<ul style="list-style-type: none"> <li>• Supports secretary in his or her absence</li> <li>• May have additional responsibilities for record keeping</li> </ul>
Representative of local government or traditional authority	<ul style="list-style-type: none"> <li>• Acts as focal point for communication between the group and local decision makers</li> </ul>
Resource Manager (community volunteer member)	<ul style="list-style-type: none"> <li>• Oversees quality assurance and monitoring, includes a logistician to assist with tracking committee assets such as bicycles, rucksacks, office equipment.</li> </ul>
Members and/or other community volunteers who work with CLCs (e.g., activistas)	<ul style="list-style-type: none"> <li>• Individual house visits to pregnant women and families with children &lt; 5</li> <li>• Ongoing support to women, children &lt; 5 and their families</li> <li>• Organising activities within the community to carry out Action Plans</li> </ul>

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## **TOOL #3: GROUP NORMS/CODE OF CONDUCT: (EXAMPLE)**

- We will be transparent and open about what we do and why we do it.
- We will be clear about what we can/cannot do and avoid raising expectations.
- We will do what we say and we will keep all the promises that we make.
- We will respect confidentiality relating to MNCH-CBNC and sensitive information.
- We will make sure that all community members are involved in our activities, including those most marginalised or discriminated against.
- We demonstrate respect for everyone at all times.
- We will be accountable to community members at all times.
- We will strive to challenge harmful attitudes, behaviours or ideas.
- We will meet the last Friday of every month to plan activities.
- We will elect new leadership every two years through a vote.

All members have read and understood this code of conduct. They have signed this and agree to be kept accountable.

\* Adapted from International HIV/AIDS Alliance, 2006, *All Together Now! Mobilizing communities for HIV/AIDS*.

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## TOOL #4: STRENGTHENED KCP – CAPACITY SELF- ASSESSMENT

S/N	INDICATORS	YES/NO		COMMENT
		YES	NO	
1.	Does the <i>Strengthened</i> KCP have an MNCH-CBNC goal?			
2.	Does the <i>Strengthened</i> KCP have a list of its members?			
3.	Does the <i>Strengthened</i> KCP have 60% women, 40% men as members (most marginalised and affected)?			
4.	Is the <i>Strengthened</i> KCP organised with roles and responsibilities (Chair, Vice-Chair, Secretary, Treasurer)?			
5.	Does the <i>Strengthened</i> KCP have written norms that state how it will make decisions? How it will elect its leadership and how often?			
6.	Does the <i>Strengthened</i> KCP have an MNCH Action Plan?			
7.	Is the <i>Strengthened</i> KCP on track in terms of achieving its MNCH goal?			
8.	Are members regularly meeting sharing experience and lessons learned on improving MNCH-CBNC in their communities?			
9.	Does the <i>Strengthened</i> KCP leadership facilitate coordination and action?			
10.	Do members participate in group decision making?			
11.	Does the <i>Strengthened</i> KCP involve key community-level stakeholders (young mothers, men, wise elders, TBAs [non-delivery role], etc.)?			
12.	Is the <i>Strengthened</i> KCP working closely with its PHCU?			
13.	Does the <i>Strengthened</i> KCP monitor the implementation of its MNCH action plan?			
14.	Are key community leaders (formal and non-formal) now involved in promoting MNCH-CBNC			
15.	Has the <i>Strengthened</i> KCP mobilised local resources for MNCH-CBNC? Human: Financial: Material:			
16.	Is the <i>Strengthened</i> KCP managing these local resources well? If so, how?			
17.	Does the <i>Strengthened</i> KCP regularly evaluate its lessons learned and re-plan?			

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## Guide 4

### Explore and Plan Together

#### STEP 1: EXPLORE THE MNCH-CBNC ISSUES WITH THE COMMUNITY

**Session Objectives:** At the end of the session participants will be able to:

- List the three steps in the *Explore local MNCH-CBNC Issues, Prioritise and Develop a Community Action Plan*.
- Implement Steps 1-2 of *Explore MNCH-CBNC Issues*.
- Use participatory tools to help communities to explore their MNCH-CBNC issues, including the Problem Tree, Community Resource Map and small group discussions.
- Help the KCP to analyse what has been learned and to prioritise MNCH-CBNC issues to begin to address.

**Time:** 3 hours.

**Materials:**

- Copy of the *Demand Creation Strategy for MNCH-CBNC* document for all participants.
- Copy of Helpful Tool #4 at the end of this guide.
- Flipchart with sample Community Resource Map.
- Flipcharts.
- Markers.
- Tape.

**Preparation:**

- Flipchart with the Steps of the *Explore local MNCH-CBNC Issues, Prioritise and Develop a Community Action Plan* (Page 15, *Demand Creation Strategy*).
- List of participatory tools which will be reviewed (Problem Tree, Community Resource Map and small group discussion).
- Flipchart with a drawing of a sample Problem Tree: see *Helpful Tools*.

**Activities:**

1. **Share** the session title and objectives.
2. **Ask** for three volunteers to come to the front of the room and give them each a card with steps of Stage 1 written on it, which the volunteer should read out. Ask volunteers to line up in the correct sequence of the steps. When they have lined up in sequence, ask the other participants if they think the sequence is correct. Why or why not?
3. **Review** with participants the steps in *Explore Local MNCH-CBNC Issues, Prioritise and Develop a Community Action Plan* Stage by reading from Page 15 of their *Demand Creation Strategy* document.

4. Point to the pre-prepared flipchart with the steps and ask: How many steps are in this Stage of the community mobilization process, and what are they? *Answer:* Three Steps in total:

**Step 1:** Explore MNCH-CBNC issues with the community.

**Step 2:** Analyse what was learned and set priorities.

**Step 3:** Develop an MNCH-CBNC Community Action Plan.

5. **Explain** that the Explore and Set Priorities stage will provide communities an opportunity to explore and understand the underlying issues affecting MNCH-CBNC in their communities. In this stage, community resources that could help to address MNCH-CBNC will also be discovered. This stage will also help the community to choose one or more priorities related to the MNCH-CBNC to begin to work on together. It will also help communities to develop a Community MNCH Action Plan that will address their real needs.
6. **Tell** participants that at first, they will work with the now *Strengthened* KCP(s) to build this group's capacity to use the explore participatory tools. Thereafter, the *Strengthened* KCPs will use these explore tools a number of times within their own communities to generate dialogue on MNCH-CBNC issues and to

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build a greater understanding of the barriers that need to be addressed and positive resources that need to be leveraged.

- 7. Ask** participants: Why is it important for the *Strengthened* KCP(s) first to explore the MNCH-CBNC issues amongst their group members?

Answers:

- To practice with the tools.
- To learn about each other's beliefs, attitudes and practices related to MNCH-CBNC.

- 8. Now** ask participants: Why is it important for the *Strengthened* KCP(s) to explore the MNCH-CBNC issues with the broader community? Answers:

- To learn about community beliefs, attitudes and practices related to MNCH-CBNC.
- To create dialogue and conversation around MNCH-CBNC.
- To begin to identify MNCH-CBNC priority issues in the community.

- 9. Explain** that as the facilitator you will now demonstrate several participatory methods and tools and their applications. While there are many participatory methods available to explore MNCH-CBNC, the following three have been selected as they are user-friendly and they will provide information that appreciates community strengths, as well as identifying community barriers and challenges (write on the flipchart):

- The Problem Tree (1 hour).
- Community Resource Map (30 minutes).
- Small Group Discussions (45 minutes).

- 10. Say**, we will first practice with the Problem Tree. **Ask:** Has anyone has ever used a Problem Tree? If yes, the facilitator can ask them to come and assist, if he or she is comfortable. Say that we will simulate this as if participants are members of the *Strengthened* KCP. Therefore, we will ask them to play this role.

- 11. Tell** participants to look at their *Helpful Tools* to follow along with the demonstration. (Facilitator will now turn to the *Helpful Tools* at the end of this Guide to demonstrate a Problem Tree).

- 12.** Once the Problem Tree has been demonstrated, **ask** participants to work in small groups and to practice facilitating their own Problem Trees. One person will facilitate and others will play the role of community members. Allow 15-20 minutes. Give them the following task:

In your group, develop a sample Problem Tree as if you were a KCP member facilitating this with a group of men in the community (20 minutes). Each group will address a different MNCH-CBNC issue by placing one of the following MNCH-CBNC problems on the trunk of tree:

- Newborns dying.
- Women dying during pregnancy, delivery or after delivery.
- Sick children (< 5) not receiving care.

- 13.** Once completed, ask participants to post their Problem Trees on the wall and take a **Gallery Walk** to view each other's work (as if visiting a museum or art collection).

- 14. Summarise** the Problem Tree exercise by asking:

- What observations did you make about the sample Problem Trees?
- Why is it important not to combine women, newborn and child health issues on the trunk of the tree? Answer: Each problem often has different causes, beliefs, attitudes, so the problems need to be stated separately.
- What questions do you have about this tool?
- Would you be able to train the KCP how to use? If so, why? If not, why not?

**(Tea Break suggested)**

- 15. Say**, now we will learn about the second participatory tool which is call the Community Resource Map (Facilitator will now turn to the *Helpful Tools* at the end of this guide to demonstrate the Community Resource Map).

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- 16.** Once the sample Community Resource Map has been completed, **summarise** by asking:
- What observations did you make about the Community Resource Map?
  - What questions do you have about this tool?
  - Why is it important to look at community resources?
  - Would you be able to train the KCP how to use? If so, why? If not, why not?
- 17. Say**, now we will learn about the final participatory tool which is a small group discussion. (Facilitator will now turn to Helpful Tool #3 at the end of this guide to have participants practice with the *Small Group Discussion Guide*. Allow 25 minutes).
- 18. Ask** one participant to read aloud the *Preparation for Small Group Discussions*. Make small groups and ask each group to review the *Small Group Discussion – Question Guide*. Ask each group to create **two new questions** from each category related to knowledge, feelings, attitudes, practices and/or beliefs. Write on the flipchart.
- 19. Ask** each group to share in plenary (three minutes per group). Ask participants what they would change (if anything) about these questions?
- 20. Ask:**
- What questions do you have about small group discussions?
  - Would you be able to train the KCP how to use them? If so, why? If not, why not?
- 21. Say** that it will be important for the PHCU to build the KCP capacity to use these three tools with their community groups. They will need to plan with whom and when the tools will be used.
- 22. Ask:**
- How much time will it take to explore the issues? (Answer: normally, 2-3 one-hour sessions).
  - How much time should the KCP take to explore with the broader community? (Answer: normally 3-4 weeks using each tool with different stakeholders. Each tool might be used three times. Normally it takes a month for the explore phase, but it may be longer.) See *Helpful Tools* to plan the Explore Stage with the *Strengthened KCP*.
- 23. Summarise** by saying that the Explore stage creates important dialogue and awareness in the community on the need to improve MNCH-CBNC and to begin to find solutions. Thank participants for their participation and proceed to learn about the next step.

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## STEP 2: ANALYSE WHAT WAS LEARNED AND SET PRIORITIES

**Session Objective:** At the end of the session participants will be able to:

- Help KCP(s) to analyse what has been learned and to prioritise MNCH-CBNC issues to include in a community action plan.

**Time:** 45 minutes.

**Materials:**

- Copy of the *Demand Creation Strategy for MNCH-CBNC* document for all participants.
- Copy of Helpful Tools #5 and #6.
- Flipcharts.
- Markers.
- Tape.
- A4 paper.

**Preparation:**

- Bowl of dried beans, rice, or corn (maize).

**Activities:**

1. **Share** the session title and objective.
2. **Say** that an important part of the Explore stage is to consolidate what has been learned. As such it is best to analyse what has been learned from response immediately after using each tool explore tool (Problem Tree, Resource Map, small group discussion). Review with participants Helpful Tool #5 (at the back of these sessions), which shows how to consolidate responses. Key responses will help form strategies for the MNCH-CBNC Action Plan.
3. **Ask**, why is it important that the KCP sets priorities for MNCH-CBNC action? Possible answers:
  - Communities should not be expected to address all MNCH issues at one time.
  - Priority setting helps to focus efforts and increases the chance of succeeding.
  - Community individuals and groups will be motivated by initial successes.
  - Helps communities not to feel overwhelmed, but to plan for success.
  - Allows communities to evaluate outcomes and to take on additional issues with confidence.
4. **Tell** participants that they will now play the role of the KCP members. Select six of the key MNCH issues generated from the practice Problem Trees and place one issue each on a piece of A4 paper. Place these on the ground/floor. Ask for four volunteers.
5. **Say** that we will now practice *pile ranking* as one way to prioritise. Give one equal handful of dry rice/maize or beans to each volunteer. Tell volunteers to place the largest amount next to what they feel should be an MNCH priority to address, based on what they heard from their community members. Tell them to give the next largest amount to the second priority, and so on. Ask volunteers to keep in mind the following criteria: severity, frequency, risk and feasibility. Refer them to Helpful Tool #6.

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- 6. Gather** the piles of dry rice/maize or beans together for each issue and ask volunteers to rank which issue has the greatest amount, next largest amount and so on. Say that the those three issues with the largest amounts would be the three priorities. The other issues will be addressed in the future, as needed.
- 7. Explain** that priority setting in groups is not an easy task, particularly when participants have not done this before, or when the group has only recently been formed. Group leaders may be emerging and roles and relationships may be shifting as the group establishes its working style. Diverse groups are likely to have differences of opinion. In these circumstances, it is not unusual to see disagreement or conflict. Some strategies include:

  - First articulate issues on all sides.
  - Setting rules for decision making (voting, consensus building).
  - Negotiating.
  - Rotating priorities one time to the next.
  - Adding on additional priorities.
- 8. Summarise** by saying that the consensus-building process is important for the KCP (and other groups) to strengthen their collective voice about their priorities. Also, when they go on to plan together, they will be confident that they can defend their priorities with solid reasons that they have thought out and agreed.

# Training Package

## HELPFUL TOOLS FOR THE PHCU!

### GUIDE #4 EXPLORE THE MNCH-CBNC ISSUES WITH THE COMMUNITY

**Step 1:** Explore MNCH-CBNC issues with the community.

**Step 2:** Analyse what was learned and set priorities.

**Step 3:** Develop an MNCH-CBNC Community Action Plan.

#### PHCU Action Points!

- Explore MNCH-CBNC with *Strengthened KCP(s)*
- Build the capacity of KCP(s) to facilitate an MNCH Problem Tree (maternal and newborn).
- Build the capacity of KCP(s) to facilitate an MNCH Resource Map.
- Build the capacity of KCP(s) to facilitate a small group discussion.
- Plan with KCP(s) to explore MNCH with community members.
- Analyse information learned during explore phase.
- Help KCP(s) to set MNCH-CBNC priorities.

#### TOOL #1: THE PROBLEM TREE

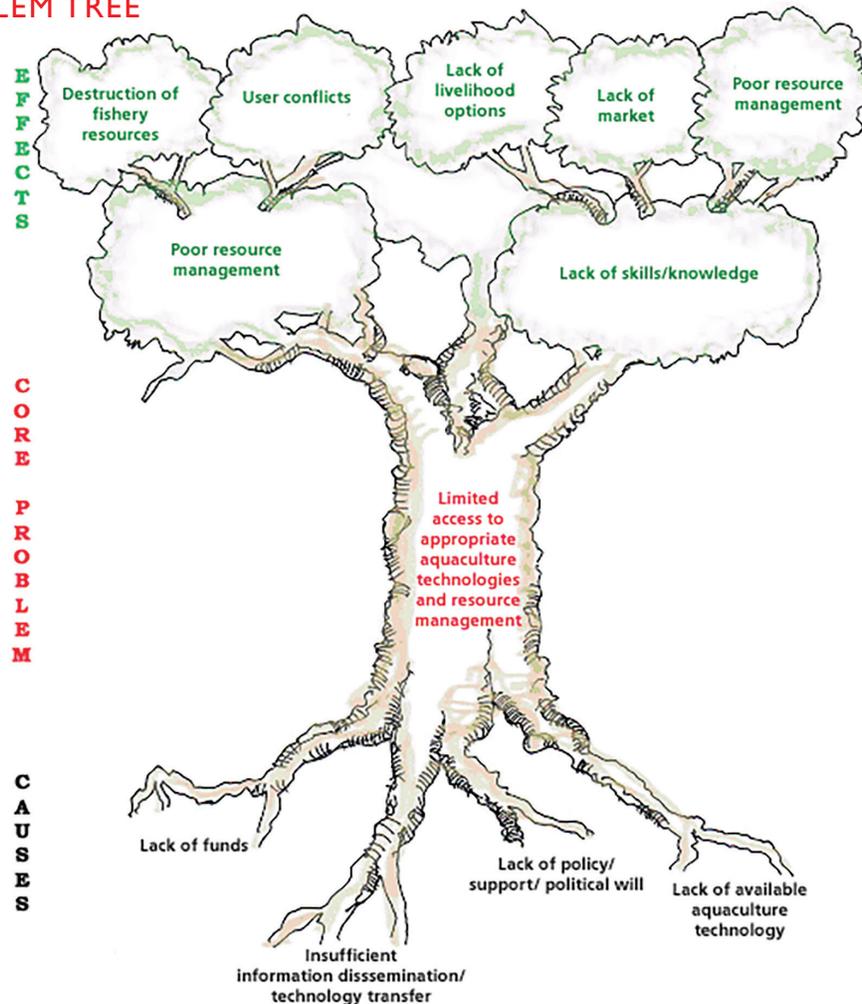
##### Steps:

- 1. Explain** that the focus of this meeting is to explore those things that prevent mothers and newborns in their community from being healthy and surviving.
- 2. Introduce** the Problem Tree as a participatory tool, which we will use to explore the MNCH-CBNC issues in your community.
- 3. Say** let's develop a Problem Tree together. Explain that the Problem Tree is used to show the root causes of any issue and the consequences or effects of an issue. In this case, we will be looking at the maternal and newborn health issues in your community.
- 4. Tell** participants: to do a Problem Tree, we will need first to draw a tree with roots, a trunk and branches. On the trunk, we will write the issue or problem. For our work, we will focus on three problem issues separately:
  - a.** Newborns dying.
  - b.** Women dying during pregnancy, delivery or after delivery.
  - c.** Sick children (< 5) not receiving care.
- 5. Say, let's get started.** First ask participants to think about why some newborns die in their community.
- 6. Write** every response suggested on one of the roots of the tree (you can add roots as needed). Every response (or cause) becomes a new root. Then take one cause at a time and look at the underlying causes of a problem by asking the question **Why (does this happen)?** For example, if the problem on the tree trunk is that mothers are not aware of newborn danger signs, ask **Why?** And then to that answer, ask **Why?** again. Continue in this way until community members feel that all the causes have been discussed and the roots get deeper and deeper.

# Training Package

- Point** to the branches of the tree, only this time ask: **What are the consequences (or effects) of newborns dying?** Some answers might be: grief and mourning by the family, loss of productivity, etc. Every response becomes a new branch. For each branch keep asking: What does that lead to? Ensure that they have painted a full picture of how newborn deaths affect their families, communities, districts, country.
- Ask** for a volunteer to summarise the findings from this Problem Tree, explaining what people see as the main causes and consequences of newborn death in their community.
- As a facilitator, record the responses from the Problem Tree and save this information to set priorities at a later time.
- Say**, now we will repeat the Problem Tree but now focus on problems of women dying during pregnancy, delivery or after delivery. Once this is completed, they can repeat again but with a focus on sick children (< 5) not receiving care.
- Summarise** by asking: What have we learned overall from this Problem Tree?
  - Why is it important not to combine women, newborn and child health issues on the trunk of the tree? Answer: Each problem often has different causes, beliefs and attitudes, so the problems need to be stated separately.
  - What questions do you have about this tool?
  - Would you be able use this tool now? If so, why? If not, why not?

## SAMPLE PROBLEM TREE



# Training Package

## TOOL #2: COMMUNITY RESOURCE MAP

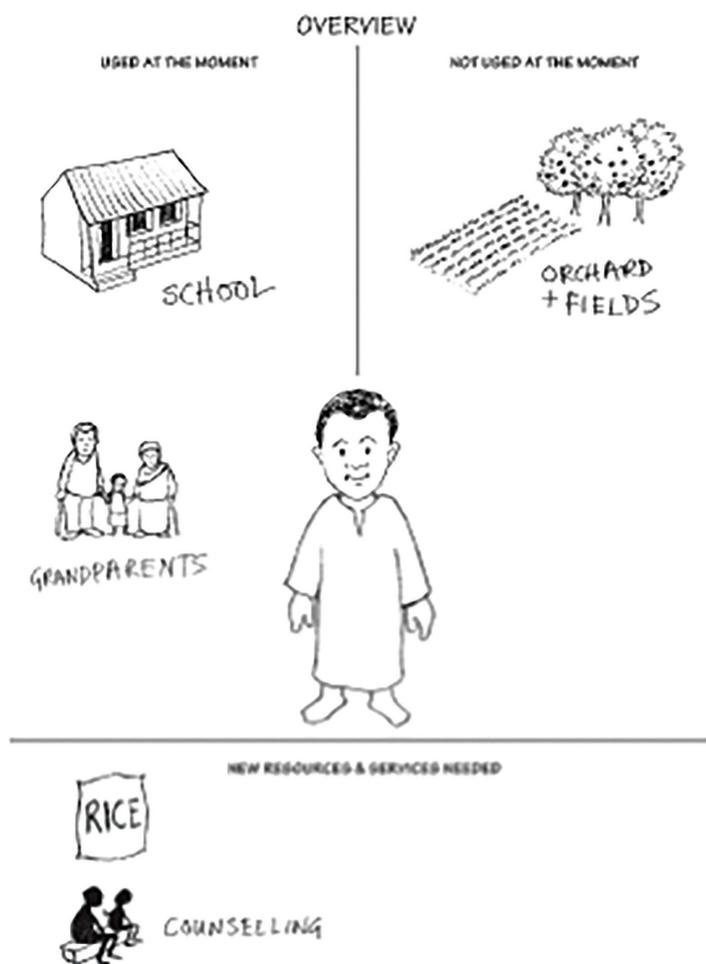
### Steps:

- 1. Introduce** this tool by saying that a Community Resource Map is participatory tool you can use to explore the MNCH-CBNC issues in your community.
- 2. Say**, let's develop a Community Resource Map together. Explain the Community Resource Map.
- 3. Explain** that there are various types of maps that can be made by community members. Many times, maps are made to lay out the physical dimensions and resources in a community (houses, roads, rivers, health posts, etc.) Alternatively, the type of map that is being suggested here will map the *resources* and *services* available to community members. We will gain a better understanding of whether these resources and services are used, or not, and *why*. In addition, this mapping process will show us what new services and resources may be needed.
- 4. Ask** participants to work outside, preferably on soft, sandy ground where pictures can be drawn and local objects can be placed. Or tape two flipchart papers together and draw the picture below.
- 5. First**, draw a picture of a newborn (and/or pregnant mother) in the centre of the paper or in the dirt on the ground.
- 6. Next**, if the goal is more newborns surviving, on the left side of the newborn you will ask community members what services, resources and assets they already have in the community that they are using to help the newborn? Write down responses on the paper, or ask them to select an object to describe that resource or service. For example, if they have a functional health post, they might select an unused brick or a large rock to symbolise this service.
- 7. Next**, on the right of the newborn ask what services, resources and assets does the community have to help newborns be born healthy and survive, *but it is not yet using?* Write down responses on the paper, or ask them to select an object to describe that resource or service.
- 8. Lastly**, under the newborn ask what services/ resources they still need to help newborns to survive? Write down responses on the paper, or ask them to select an object to describe that resource or service.
- 9. Summarise**, by asking community members:
  - What can we observe from our resource map?
  - How might we use these resources better to improve MNCH-CBNC?

\* Repeat the community resource map to address women dying during pregnancy, delivery or after delivery and children < 5 not receiving appropriate care.

# Training Package

## Community Resource Map (example)



# Training Package

## TOOL #3: SMALL GROUP DISCUSSION FACILITATION

### Preparation:

1. Explain that a small group discussion is another way we can help KCPs to explore the MNCH issues in their communities.
2. Explain that a small group discussion brings together people with something in common, for example, pregnant women, or fathers who have lost newborns, who will share their knowledge, attitudes, beliefs and practices. Small group discussions are undertaken without writing down the names of individuals. The process should be confidential and it should encourage people to speak openly.
3. Explain that the most important group we want to participate are those most affected by the MNCH issues. In preparation first decide: *Who in our communities should participate in a small group discussion on maternal and newborn health issues?*

### Suggested participants:

- Parents and family members of the most affected group(s), including fathers, mothers and grandmothers
- Idir leaders
- School directors
- TBAs
- Program specialists
- Religious leaders
- Community leaders
- HEWs/WDA leaders
- Traditional healers
- Agricultural Development Army members
- Kebele administration staff/team
- Etc.

4. Explain that small group discussions usually take 30-45 minutes and therefore the KCP will need to decide how many focus groups to undertake. Normally, 3-4 small group discussions per community is sufficient.
5. In preparation for a small group discussion you will need to decide the following:
  - Who will introduce the discussion (assure confidentiality, etc.)?
  - Who will ask the questions?
  - Who will take notes (see Tool #5 for guide to note-taking)?

### Facilitating a Small Group Discussion:

- Introduce yourself and thank participants for agreeing to this small group discussion.
- Explain that as part of the community effort to improve the health of mothers, newborns and children in their community they would like to hear their thoughts and opinions about current beliefs and practices.
- Say that you will be asking some questions and hope that they will discuss openly their feelings and ideas. Explain that no names will be recorded, but notes will be taken as this information will help to develop a community plan to improve MNCH
- Start with the first question in the guide below. Allow for discussion and thank participants after each response. If the response is not clear, probe by asking them to clarify or ask why do they think this happens?

# Training Package

## Small Group Discussion – Question Guide

### Deciding to Seek Care:

1. Do most pregnant women/family members recognise maternal and newborn danger signs, or if they or their babies are sick?
2. Are certain women less likely to seek care at some health posts and health centres than others? Which ones?
3. Are certain women/families less likely to delivery their babies at the health centre? Which ones? Where do they prefer to deliver?
4. Can you think of any examples of women who did not seek care? Which ones? Where do they prefer to seek care?
5. What prevents women/family members from seeking care in your community?
6. Do women wish to have modern family planning options? If yes, why? If no, why not? Do husbands? If yes, why? If no, why not?

### Reaching Care:

1. When women/family members seek MNCH care, do they always reach it? If not, why not?
2. Do you know of any women who did not reach care? What happened?
3. What prevents women from reaching care when they decide to seek it?
4. Are some women less like to reach care than others? Which ones? Why?

### Receiving Care:

1. Do women (newborns) who reach care always receive the care they are seeking?
2. What kinds of care do women most frequently not receive? Newborns?
3. What prevents them from receiving the care they seek at the health post or health centre?
4. Are certain women less likely to receive care than others? Which ones? Why?

\* What other points would you like to discuss regarding women/newborn/child health in your community.

\* Do you have any questions for us, or other comments?

# Training Package

## TOOL #4 SCHEDULING THE EXPLORE STAGE:

EXPLORE TOOL	WITH WHOM?	WHEN?
<b>Problem Tree</b>		
<b>Community Resource Mapping</b>		
<b>Small Group Discussions</b>		

## TOOL #5: RECORD WHAT HAS BEEN LEARNED

After each *Explore* tool is used, it is best to analyse the responses and what was learned immediately afterward. To do this, it is best to review the notes and write down only the key responses. As each tool is used, key responses can be added to help form strategies for the MNCH Action Plan. Here is a simple tool for capturing learning from the *Explore* stage:

EXPLORE TOOL USED:	
Explore Tool Used/Question Asked	Community Response or Issues Raised

# Training Package

## TOOL #6: SETTING PRIORITIES

Priority setting in groups is not an easy task, particularly when participants have not done this before or when the group has only recently been formed. Group leaders may be emerging and roles and relationships may be shifting as the group establishes its working style. Diverse groups are likely to have differences of opinion. In these circumstances, it is not unusual to see disagreement or conflict. Some strategies include:

- Articulate issues on all sides.
- Set rules for decision making (voting, consensus building).
- Negotiate.
- Add on additional priorities.

*Pile ranking* is one method which can be used by communities to prioritise MNCH issues. To use this method, first select the top 8-10 MNCH issues generated from the Problem Tree, or other explore tools and place one issue each on a piece of A4 paper (or use a symbol such as a stone or leaf which represents that issue). Place these on the ground/floor.

Give one equal handful of dry rice/maize or beans to each KCP member. Members will now rank the MNCH issues from most important to least by placing the largest amount next to issue they feel should be an MNCH priority, based on what they have heard from their community members. Tell them to give the next largest amount to the second priority, and so on. Keep in mind the following criteria: severity, frequency, risk and feasibility.

Gather the piles of dry rice/maize or beans together for each issue and review which issue has the greatest amount, next largest amount, and so on. Normally the top three issues with the largest amounts would be MNCH priorities. The other issues will be addressed in the future, as needed.

*Score ranking* can also be used, by giving members a marker pen, or three stones each. Each is allowed three strokes and can choose any issue to draw one mark. Marks are then added up for each issue, and those with the top three scores will be prioritised (if using stones, they would place one stone next to top three issues, and these are then added up).

A *priority ranking matrix* (below) can also be used by giving a score between 1 and 10 (10 being the highest) to each problem, and for scoring for each category of severity, frequency, risk and feasibility of response. The problems with the highest total score will be prioritised.

### PRIORITY RANKING MATRIX:

KEY MNCH PROBLEMS IDENTIFIED	SEVERITY	FREQUENCY	RISK	FEASIBILITY OF RESPONSE	TOTAL

# Training Package

## Guide 5

### Explore and Plan Together

#### STEP 3: DEVELOP AN MNCH-CBNC COMMUNITY ACTION PLAN

**Session Objectives:** At the end of the session participants will be able to:

- Apply the three steps in *Explore Local MNCH-CBNC Issues, Prioritise and Develop a Community Action Plan*.
- Implement Step 3: Develop an MNCH-CBNC Community Action Plan.
- Help the KCP/community to develop an MNCH-CBNC Community Action Plan.

**Time:** 1 hour, 30 minutes.

**Materials:**

- Copy of the *Demand Creation Strategy for MNCH-CBNC* document for all participants.
- Copy of Helpful Tool #5 at the end of this guide.
- Flipcharts.
- Markers.
- Tape.

**Preparation:**

- Post the steps to *Explore Local MNCH-CBNC Issues, Prioritise and Develop a Community Action Plan*.
- Write out the practice planning task on the flipchart.

**Activities:**

1. **Share** the session title and objectives.
2. **Review** with participants the steps in the *Explore Local MNCH-CBNC Issues, Prioritise and Develop a Community Action Plan* stage by reading from Page 15 of their Demand Creation Strategy document.
3. **Point** to the pre-prepared flipchart with the steps below and ask: How many steps are in this stage of the community mobilization process, and what are they? *Answer:* three steps in total:

**Step 1:** Explore MNCH-CBNC issues with the community.

**Step 2:** Analyse what was learned and set priorities.

**Step 3:** Develop an MNCH-CBNC Community Action Plan.

4. **Say**, in this session we will focus on Step 3: Develop an MNCH-CBNC Community Action Plan. At the end of this step the *Strengthened KCP* will have developed a written Community MNCH-CBNC Action Plan, which will address its needs based on what was learned during the Explore and Prioritise steps.
5. **Explain** that some planning is needed to help communities to develop their MNCH-CBNC Action Plans (see *Helpful Tools* at the end of this session). This includes:
  - Determine who will be involved in planning and their roles and responsibilities.
  - Design and facilitate the planning sessions (developing a community plan can take up to 2-3 half days or this amount of time spread over a couple of weeks).
  - Present a draft plan to the broader community and receive input.

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6. **Brainstorm:** Who should be involved in the planning sessions? Write responses on the flipchart. They would normally include:
  - People who are most affected by and interested in the MNCH-CBNC issue.
  - People who are respected/listened to by others in the community.
  - People who have certain skills, knowledge and/or access to resources that will be useful in carrying out the CM effort, such as the PHCU team, HEWs, the WDA, etc.
  - People who have some background in community mobilization or other participatory processes.
  - If certain persons are not invited, will they try to obstruct the implementation of the plan?
7. **Review** together the *Community Planning Matrix* in Helpful Tool #1 (at the end of this session). Explain to participants the need for identifying/developing objectives, strategies, activities, responsible person, resources, timeline and indicators of success.
8. **Review** together the definition of an objective, strategy and activity: see Helpful Tool #2 (at the end of this session).
9. **Tell** participants that they will now form small groups and practice developing a community action plan as if they were the *Strengthened KCP*. Divide participants into small groups and give them the following task:

*Task: (45 minutes)*  
Based on what was learned during the practice explore phase, practice developing an MNCH-CBNC Community Action Plan using the planning template. Develop:

  - Objective #1

Strategy #1(to reach this objective)

  - Activity #1
  - Activity #2

Objective #2

Strategy #2 (to reach this objective)

  - Activity #1
  - Activity #2
10. **Ask** the groups to share their results in plenary. Review by asking:
  - Is the objective SMART?
  - Does the strategy tell us how the community will do this?
  - Are the activities focused and clear?
11. **Explain** that once a draft plan has been developed, it will need to be shared with the broader community (this could be during a regular community meeting at the kebele level or at sub-kebele level). Ask, why is it important to share the plan with the broader community? (Answer: To seek broader community ownership commitment, additional input and commitment to resources [human, financial and material].)
12. **Summarise** by saying that the final MNCH-CBNC Community Action Plan should be approved by the community, and updates on progress should be provided at least quarterly to keep community interest and momentum.

# Training Package

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## HELPFUL TOOLS FOR THE PHCU!

### **GUIDE #5** EXPLORE THE MNCH-CBNC ISSUES WITH THE COMMUNITY

**Step 1:** Explore MNCH-CBNC issues with the community.

**Step 2:** Analyse what was learned and set priorities.

**Step 3:** Develop an MNCH-CBNC Community Action Plan.

#### **PHCU Action Points!**

- Determine who will be involved in planning and their roles and responsibilities.
- Design and facilitate the planning sessions (developing a community plan can take up to 2-3 half days or this amount of time spread over a couple of weeks).
- Present a draft plan to the broader community and receive input.
- Finalise the MNCH-CBNC Community Action Plan.

# Training Package

## TOOL #1: COMMUNITY PLANNING TEMPLATE

**Mobilizing MNCH-CBNC Goal:**

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**Objectives** (What do we want to achieve specifically?)

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**Key Strategies** (How are we going to achieve our goal?)

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**Indicators of Success** (How will we know if we've achieved the result? Measurable, observable results)

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PRIORITY PROBLEMS	ACTIVITIES	PERSON(S) RESPONSIBLE	TIMELINE	INDICATORS OF SUCCESS	RESOURCES
(problems that the community identified as priority)	What are we going to do to achieve the result? (activities)	Who is responsible for each activity (ADD HERE NAMES OF PERSON[S])	When? How long is needed for each activity? (from-to)	How will we know when we have achieved the result? (measurable, observable outcomes)	What resources do we need to achieve the result?

# Training Package

## TOOL #2: LEARNING TO PLAN: BUILDING ON WHAT WE ALREADY KNOW

This sample matrix<sup>2</sup> demonstrates how communities can apply what is familiar to them to develop their community action plans using a planting and health examples

PLANNING QUESTIONS	PLANTING EXAMPLE	VACCINATION EXAMPLE
What do you want to achieve (goal)?	<i>Food to feed my family and income to pay for school fees and other household expenses.</i>	<i>The children in our community will not become sick with diseases that can be prevented by vaccination.</i>
What will you see when you achieve your goal (desired results, objectives)?	<i>X# bushels of wheat, X# bushels of peas, etc.</i>	<i>All children one year and older will be completely immunised.</i>
What things do you need to keep in mind as you decide how you want to do it (opportunities, challenges, constraints, resources)?	<i>How much land I have, predictions for rain this year, amount of money I have for seed, amount of time it will take, # helpers who know how to plant, etc.</i>	<i>How much vaccine we have, # people who can help, time, whether parents will come, cold chain, etc.</i>
How will you do it (strategy) (ideally, you would generate alternatives here first and then select the most promising one)?	<i>We will plant X# hectares with wheat, X# with peas and will leave X# fallow, etc.</i>	<i>Work with community groups to increase awareness. Vaccinate at the market every week and at the health post every day.</i>
Describe step-by-step how it will be done (activities).	<i>1. Schedule people to help. 2. Purchase seed. 3. Prepare the soil. 4. Etc....</i>	<i>1. Ensure that cold chain is in place. 2. Meet with community leaders and organizations. 3. Train vaccinators, etc....</i>
What will you need to do it (resources)?	<i>Money, seed, three helpers X# hectares of land, etc.</i>	<i>Vaccine, four vaccinators, four thermoses, etc.</i>
When will you begin? How long will it take (timeline)?	<i>May 15, 2000 (five months)</i>	<i>June 1, 2000-December 31, 2000</i>
How will you know when you have succeeded (indicators)?	<i>We will have produced X# bushels of Y. My family will have three meals/day for six months. I will be able to pay school fees and will have \$___ left for household expenses.</i>	<i>By December 31, 2000, at least 80% of children one year and older will be completely immunised.</i>

<sup>2</sup> Hope, Anne, and Sally Timmel. 1986. *Training for Transformation—A Handbook for Community Workers*, Vol. 1-3. Gweru, Zimbabwe: Mambo Press.

# Training Package

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## What Is An Objective, Strategy And Activity?

**OBJECTIVE = WHAT YOU WANT TO ACHIEVE – THE DESIRED RESULTS OF ALL YOUR EFFORT**

An objective should be **SMART**. **S = Specific, M= Measurable, A= Achievable, R= Realistic, T=Timebound.**

**Example:**

- Increase the ANC-seeking behaviours in the village of Muzula by mothers from 30% to 80% by December 2009.
  - Increase the number of women delivering at a health facility assisted by a skilled attendant from 5% to 80% in Chimpeni Village TA, Dzoole, by November 2008.
- 

**STRATEGY = HOW YOU WILL ACHIEVE YOUR GOAL?**

Sets forth the direction in which you move toward achieving a specific goal.

**Example:**

- Organise and strengthen Pregnancy Support Groups.
  - Develop men MNCH-CBNC champions and ongoing dialogue from existing traditional and religious community groups.
  - Create women (family)-friendly maternities and delivery waiting areas.
- 

**ACTIVITY = A SPECIFIC DEED, ACTION, FUNCTION, OR SPHERE OF ACTION.**

**What specifically you will need to do.**

**Example:**

- Train 50 WDA members to reach out to men's groups.
- Every week peer mothers and TBAs will identify women with early pregnancies to join Pregnancy Support Groups.
- Community youth group will develop and perform three dramas talking about maternal and newborn danger signs.

# Training Package

## Guide 6

### Act Together and Monitor Success

#### SESSION 1: DEFINING ROLES IN CARRYING OUT COMMUNITY ACTION PLANS

**Session Objectives:** At the end of the session participants will be able to:

- Understand the steps in the Act Together and Monitor Success Stage.
- Define roles in the Act Together Stage.

**Time:** 40 minutes.

**Materials:**

- Flipchart.
- Marker.
- Plaster.
- Balloons or papers and extra plaster tape.
- Copy of Helpful Tools for each participant, at the end of this guide.

**Preparation:**

- Equal number of balloons (14 each) or papers (14 each) and plaster tape.
- Steps in the Act Together and Monitor Success Stage written on a flipchart.

**Activities:**

1. Tell participants that the Act Together and Monitor Stage has three steps. Tell them that the steps will be discussed briefly in the next sessions.
2. **Ask** for three volunteers to come to the front of the room and give them each a card with the steps of the Act Together and Monitor Progress Stage written on it. Volunteers should read out loud. Ask volunteers to line up in the correct sequence of the steps. When they have lined up in sequence, ask the other participants if they think the sequence is correct. Why or why not?
3. **Review** the steps in the Act Together and Monitor Success Stage together:
  - Step 1: Define roles in carrying out the Action Plan.

- Step 2: Strengthen the community's capacity to carry out its action plan.
- Step 3: Monitor community progress.

4. **Ask**, what do you understand by the term community capacity? Write response on the flipchart. Review the Dimensions of Community Capacity (Helpful Tool #1, at the end of this session).
5. **Divide** participants into four small groups of 5-6 persons each to carry out the next balloon/paper activity. Give each group 14 balloons and an equal amount of masking tape. Provide the following instructions:
  - Each group should build a structure out of the balloons. The group that makes the tallest, free-standing structure wins the game! Freestanding means the structure cannot be attached to anything – not a chair, a table, or the ceiling!
  - Each group has the same amount of material.
  - Tell them they have no more than 15 minutes to build their structure. When the facilitator shouts, GO! they may begin to make their structure.
6. **Allow** approximately 15 minutes for the groups to work, or until a free-standing structure has been erected. (The facilitator should take mental notes of the organizational dynamic of the groups, so that you can contribute to the de-brief.) When there is a winner, use the following questions to debrief with all participants. (Award the winning team with chocolate, sweets, etc.)
  - What did you see happening here?
  - Please describe how your group got organised for the task?
  - Did everyone perform the same role? Who took leadership? Who were the 'worker bees'?
  - How were the roles in your group divided?
  - What capacity did your group need to work well together?
  - What was the secret to building the tallest

# Training Package

structure? (Often the groups who have won the game have managed to create a base from the balloons which have been linked together before trying to build higher. The groups that tried to 'reach for the sky' without building a base fail.)

- What could this foundation, or base represent when we think about trying to reach our MNCH-CBNC goal?

**7. Brainstorm**, based on this experience what capacity or skills might the *Strengthened KCP* (or other community groups) need to implement their MNCH-CBNC action plans? Write on the flipchart. Review the list of *Community Capacities* in Helpful Tool #1 at the end of this guide.

**8. Ask** the following questions:

- What is our role in helping communities build their capacities to achieve the results they desire?
- How can we best support them to build on and share their strengths and/or receive assistance to build capacity?
- How might existing groups share their experiences?
- Ask participants to refer to Tool #1 and explain the tool briefly.

**9. Tell** participants that a common pitfall in this step is for the *Strengthened KCP* (or community core group) to try and carry out activities in the action plan on its own. It will be important to leverage the many community groups as *existing* social forums for volunteers who can support their MNCH-CBNC action.

**10. Explain** that to help communities to carry out their action plans, a quick capacity assessment can be undertaken that looks not just at needs or deficiencies, but also at strengths and capacities. Ask participants to refer to Helpful Tools #2 and #3 at the end this guide. Review the two tools with participants. Explain that these two tools can be used with *Strengthened KCPs* to learn about their existing capacity as well as those capacities that need strengthening.

**Note** that it is important to ensure that basic understanding of positive MNCH-CBNC family practice is understood by the *Strengthened KCP* members and key leaders so that they can be effective in their work.

**11. Ask** participants to divide into small groups of four persons and practice using the Capacity Assessment Tool Gifts of Head/Heart/Hands. Ask them to think about their own personal capacities when applying the tool. Allow 15 minutes. Share in plenary their group responses. Ask:

- What have we learned about each other from this exercise?
- What have we learned about the capacities in this room that we didn't know before?
- Why would it be useful for a *Strengthened KCP* (or other core group) to carry out this exercise amongst their own members? If so, why? If not, why not?

(Answer: They learn about their own existing capacities and skills; they can begin to think of other community members whose skills can be leveraged towards improving MNCH action.)

**12. Summarise** the session by asking: What outside resources could be used to support the range of capacity needs that may be needed, e.g., leadership skills, resource mobilization skills, financial management, MNCH-CBNC technical knowledge, etc.? (Answer: Retired businesspersons, retired teachers, local businesspersons, existing leaders who are respected, etc.). Thank participants and say that we will now move on to learning more about these capacities and how to support communities with which we work.

# Training Package

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## SESSION 2: STRENGTHENING COMMUNITY CAPACITY TO CARRY OUT THE ACTION PLAN

**Session Objectives:** At the end of the session participants will be able to:

- Strengthen the KCP (or other core group) capacity for improved leadership, resource mobilization, resource management, volunteer management and conflict resolution.
- Share with the *Strengthened KCP* (or other core group) a basic understanding of positive MNCH-CBNC household practice.

**Time:** Total Time for all parts of Session 2 is 1 hour, 30 minutes.

### Materials

- Flipchart.
- Marker.
- Plaster.

### Preparation:

- Copies of Helpful Tools for each participant, at the end of this guide.
- Copies of the *FMOH Family Health Card*.

### Activities:

1. Share the session title and objectives.
2. Explain that the next sessions will focus attention on the following six community capacities that have been found useful in demand creation:
  - Leadership.
  - Resource mobilization.
  - Resource management.
  - Volunteer management.
  - Conflict resolution.
  - Knowledge of positive MNCH-CBNC Practice.\*

\* **Note** that it is important to ensure that *Strengthened KCP* members and key leaders have a basic understanding of positive MNCH-CBNC family practice so that they can be effective in their work. See *Supportive Supervision Guide #1: Helpful Tools for MNCH-CBNC key positive practices*.

# Training Package

## SESSION 2A: PARTICIPATORY LEADERSHIP

**Session Objectives:** At the end of the session, participants will be able to:

- Identify and enhance leadership strengths.
- Build on leadership strengths and challenges in the community.
- Use tools for developing participatory leaders.

**Time:** 20 minutes.

**Materials:**

- Flipchart.
- Markers.
- Helpful Tools *Leadership Style Framework* for each participant (at the end of this guide).

**Activities:**

- 1. Share** session title and objectives.
- 2. Ask** participants to make small groups of 3-5 persons each and share a short description of a leadership challenge they have recently experienced. Give 10 minutes for discussion and then ask them to share one example with the larger group.
- 3. Refer** participants to their Helpful Tool #4: *Leaderships Styles Framework* at the end of this guide. Referring to the leadership challenges presented, ask the following questions, using the *Leadership Framework*:
  - Which leadership style was being practiced?
  - Which leadership style would be more effective? Why?
  - When might you effectively see authoritarian leadership style being used? (Answer: during an emergency situation, cholera epidemic, flood or natural disaster, where there is little time.)
  - What are some of the traditional roles and actions of a leader in the communities in which you work?

- Have you seen effective leaders in your communities? What have they done to be so effective?
- What should be the role of a leader in the community groups with whom you work?

- 4. Tell** participants to pair up with a neighbour and to draw a picture that symbolises empowering and effective leadership. Ask the pairs to share their pictures.

- What did we find in common about these pictures?
- What was different?
- What might we conclude about empowering and effective leadership styles?

- 5. Say** that as community action develops, it will be important to grow new leaders to address emerging MNCH-CBNC challenges. Ask:

- How can we promote new leaders?
- What are some methods communities could use to encourage emerging or new leaders?

Answer: Encourage informal leaders such as wise older women, young mothers promoting positive MNCH, etc. to take on leadership roles, or be mentored by formal leaders to take on new leadership activities.

- 6. Summarise** by asking: what has been learned in this session? How can we actively build good leaders in the communities we work with by sharing some of these tools?

# Training Package

## SESSION 2B: RESOURCE MOBILIZATION

**Session Objectives:** At the end of the session, participants will be able to:

- Say why resource mobilization is important for sustaining MNCH action.
- Improve their skills for mobilizing human, financial and material resources to support MNCH-CBNC Community Action Plans.

**Time:** 25 minutes.

**Materials:**

- Flipchart.
- Markers.

**Preparation:**

- Helpful Tool #5: *Building Resource Mobilization* for each participant (at the end of this guide).
- Helpful Tool #6: *Activity Volunteer Roster*.
- Helpful Tool #7: *Building Proposal Development Skills* for each participant.

**Activities:**

1. **Share** session title and objectives.
2. **Tell** participants that as the community begins to implement its MNCH-CBNC action plan, it will need various resources (human, financial, material) to succeed in its objectives.
3. **Say** that local resource mobilization and community contributions are important because they create community ownership and help to keep activities going. Reinforce that this can be in the form of *human resources* (volunteers, labour, etc.) and/or financial and material resources.
4. **Explain** that the *Community Resource Map* from the Explore stage is a tool to identify existing resources for MNCH.
5. **Review** Helpful Tool #5: *Building Resource Mobilization Skills* by rotating amongst participants to read each category of resource mobilization.

6. **Divide** participants into pairs and give each pair one of the following categories from Tool #5:

- Mobilizing local materials such as sand, brick, water, labour.
- Contribution of money, crops, livestock or land.
- Income-generation activities.
- Community volunteers.
- Mobilization of community-based agents.
- External resource mobilization.

7. **Ask** each pair to discuss the following:

- Please list one way you have seen this type of resource mobilization working well in a community. Discuss why.
- Please share your experience of when this type of resource mobilization has not worked well. Discuss why.
- Discuss the importance of valuing community *human resources* and share Helpful Tool #6: *Activity Volunteer Roster*.

8. **Ask** pairs to share their discussions in plenary. Ask what questions they have about resource mobilization.

9. **Say**, now we will move on to the area of proposal development for small funds.

10. Explain that having proposal development skills can help the community group to raise external funds for its proposed MNCH-CBNC action plans.

11. **Ask** participants if anyone has ever written a proposal and/or had a proposal successfully funded? Please share their experience.

12. **Review** Helpful Tool #7: *Building Proposal Development Skills* by making small groups of four persons each and asking each group to read through the tool. Allow 15 minutes.

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**13. Ask** the following questions related to *Proposal Development*:

- What are some pre-proposal considerations? Why are these important? (Answer: to understand what funds are available, to avoid wasting time, to focus the proposal, etc.)
- What needs to be included in the problem statement?
- Why is a clear goal statement and objective important?
- Why should a proposal talk about monitoring changes?
- Why should a proposal address sustainability?

**14. Summarise** by asking:

- What questions do participants have about proposal development?
- What have they learned about community resource mobilization?
- Thank participants for their active participation!

# Training Package

## SESSION 2C: MANAGING FINANCIAL AND MATERIAL RESOURCES

**Session Objectives:** At the end of the session, participants will be able to:

- Understand the importance of finance and resource management.
- Build skills in how to manage resources and learn some tools for effective financial management.

**Time:** 25 minutes.

**Materials:**

- Flipchart.
- Markers.

**Preparation:**

- Helpful Tool #8: *Building Financial and Resource Management Skills* (at the end of this guide).

**Activities:**

1. **Share** session title and objectives.
2. **Say**, once funds or resources have been raised, managing these resources will become very important. Financial management skills and tools are often needed to budget and to look after money and resources.
3. **Ask** for the word for financial (resource) management in local language. Ask:
  - What experiences they have had, either as individuals or as part of a group, in managing resources and finances.
  - What experiences they have had from not managing their finances or resources adequately.
4. **Brainstorm** why financial or resource management is important. Write on the flipchart. (Answers: allows for planning for the future so that bills can be paid and money can be saved, allows for effective running of an organisation, allows one to achieve one's goals and fulfil commitments to others, helps to budget for an activity, gives a person control over and insight into his or her financial situation at any point in time, creates accountability to communities and donors)

5. **Read Scenario 1** (below) aloud to participants. Ask: What do you think about this approach to resource management?

**Scenario 1:** Mr Tadesse is the treasurer of Walle *Strengthened* KCP. A community group wants to buy bicycles to help with the travel of the WDA. Mr Kebede goes to Konso and buys five bicycles and says he spent 50,000,000 Birr for them.

6. **Read Scenario 2** (below) aloud to participants. Ask: What do you think about this approach to resource management?

**Scenario 2:** Mr Yasin is a treasurer of another community group. The group has identified the need to purchase ploughs to help cultivate a community field. All the leaders meet, estimate the cost of a plough, write what is to be spent on the ploughs and how to transport them to their kebele. He and other signatories sign a cheque and pay the Agriculture Supply Company by cheque.

7. **Ask** what finance or resource systems do you think should be in place for community groups to function well? (Answers: receipt books with signatures as proof of monies received, a bank account, a safe or box for safe keeping: management documents.)
8. **Say**, that the *Strengthened* KCP (or other community core group) will have a treasurer who, together with the community group, will develop a financial management system and make sure the system is run correctly.
9. **Review** Helpful Tool #8: *Building Financial and Resource Management Skills*. Ask one participant to read each section. Ask the questions associated with each section before moving on. Review each of the following areas:
  - **Budgeting:** Say that a simple budget includes the activity to be done, the type of material needed, the amount needed and the unit cost.
  - **Safe Keeping of Money:** Ask what other ways can be used to keep funds safe?
  - **Use of Money:** Ask what other systems have you seen?

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- **Sample of Financial Record:** Ask what other system have you used?
  - **Managing Property and Material:** Ask why is this important?
  - **Stocktaking:** Ask why is this important?
  - **Register of Donations.**
  - **Income and Payment Documents.**
- 10. Ask:** Would these be important for a community group? If yes, why? If no, why not?
- 11. Tell** participants that each *Strengthened KCP* (or other community core group) should have a file to keep these records. Add that a financial report of financial records from the treasurer from time to time helps members to have confidence in their systems.
- 12. Summarise by saying:**
- Financial management is a way of looking after resources/funds.
  - It is important to have financial records, because it will help groups to account for their resources/funds.
  - We need resources/funds to achieve planned activities.
  - We need to manage limited resources by prioritizing our activities.
  - We must be transparent when dealing with public or organizations' funds.

# Training Package

## SESSION 2D: CONFLICT RESOLUTION SKILLS

**Session Objective:** At the end of the session, participants will be able to:

- Improve their skills for addressing and resolving conflict.

**Time:** 20 minutes.

**Materials:**

- Flipchart.
- Markers.

**Preparation:**

- Helpful Tool #9: *Steps to Resolving Conflicts* for each participant (at the end of this guide).
- Conflict examples from Activity 3 below written on the flipchart.
- Root causes of conflict from Activity 4 below written on the flipchart.

**Activities:**

1. **Share** session title and objectives.
2. **Ask** participants to give the word for conflict in local language. What is/are the word/s for conflict resolution? What is the word for agreement and consensus?
3. **Say** that in this session, participants will practice addressing some of the challenges that may be faced during a typical community mobilization effort, such as:
  - An individual or group tries to block actions, usually because action threatens this individual or group's power or interests.
  - The community does not have sufficient capacity to carry out an action.
  - A proposed action does not improve health status.
  - Communities lose interest in the MNCH-CBNC effort.
  - External project funding is diminished or cut altogether.
  - Communities want to engage in activities that

do not directly or indirectly contribute to the MNCH-CBNC goal.

- Other organizations compete for community participation by offering incentives.

Ask participants to add any other challenges they can foresee (or have experienced) to this list and to remove any challenge that does not seem relevant or likely.

4. **Brainstorm** with participants some of the causes of conflict. Write on the flipchart. Review the list below of the root causes of conflicts and compare the lists.

**Causes of conflicts**

- Differences in information.
- Differences in perception or opinion about the same information.
- Differences in values and beliefs.
- Differences in role.
- Perceived scarcity of resources.
- Competitiveness.
- Self-centredness.
- Counter-dependence.
- Lack of trust.
- Fear.

5. **Ask** participants to review Helpful Tool #9: *Steps to Resolving Conflict*. Ask what questions they may have.
6. **Ask** what our role is as outsiders in management community conflict. (*Answer:* In general, it is best to let communities identify and resolve their own problems.)
7. **Say**, however, there are times when external stakeholders may need to intervene, such as when the problem:
  - Directly affects your team, or individual team members.
  - Concerns mismanagement or misappropriation of program resources.
  - Is major and is not identified by the community, possibly because the problem originates from outside of the community,

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such as a donor withdrawing funding for the project or a major upcoming change in public health policy that will have important repercussions on implementation.

- Concerns major differences of participants' opinion on strategy that could benefit from outside mediation and/or additional information or experience.
- Concerns important ethical issues that your organization or team cannot or will not support and that ultimately could jeopardise the overall program (e.g., coercion or violence to force compliance).

**8. Explain** that it is helpful to discuss with communities what are some traditional ways conflicts are resolved. Who in the community (or externally) could be called upon to help resolve conflicts?

**9. Assign** one or more challenges in Activity 3 to small groups and ask them to brainstorm possible solutions or strategies for handling these problems. Then reconvene and discuss each problem and the proposed solutions.

**10. Summarise** by asking: What have we learnt in this session on resolving a conflict? Some suggestions might be:

- Conflicts can happen at any time, but key stakeholders should try and resolve the situation amicably.
- Reconciliation is important for progress.

# Training Package

## SESSION 3: MONITORING COMMUNITY PROGRESS

**Session Objectives:** At the end of the session participants will be able to:

- Know how to monitor progress of MNCH-CBNC Demand Creation.
- Know when to monitor progress
- Understand how communities, PHCUs and Woreda partners should carry out the community mobilization process Stage 4: Evaluate, Learn and Re-Plan.

**Time:** 45 minutes.

**Materials:**

- Flipchart.
- Markers.
- Plaster.

**Preparation:**

- *Demand Creation Strategy* document, pages 17-18.
- Copies of Helpful Tool #10: *Community MNCH-CBNC Update Meeting* at the end of this guide.
- Copies of Helpful Tool #11: *Community Bulletin Boards*, at the end of this guide.
- Copies of Helpful Tool #12: *PHCU Community Capacity Strengthening and Monitoring Checklist*.
- Copies of *PHCU Demand Creation Planning Matrix Tool*, at the end of this guide.
- Copies of Helpful Tool #13: *Community-to-Community Learning Exchange*.

**Activities:**

1. **Share** the session title and objectives.
2. **Ask** participants to open their Demand Creation Strategy for MNCH-CBNC Stage 3, Step 3. Review the three ways in which monitoring will take place and say that at the community level progress is monitored by:
  - Setting a baseline status for key MNCH-CBNC indicators.
  - Regular *Strengthened* KCP feedback on MNCH-CBNC progress.
  - Regular community feedback on MNCH-CBNC progress.
  - Routine KCP meetings.
  - Use of community health bulletin boards.
  - Community-to-community learning exchanges.
3. **Ask**, why would *regular community feedback* on MNCH-CBNC progress be important? (Answer: it gives the community information on its achievements, keeps community interest in participating in collective action, provides opportunities to invite more volunteerism/participation, etc.)
4. **Review** Helpful Tool #10: *Community MNCH-CBNC Update Meeting* with participants. What do they like? What would they change or add?
5. **Brainstorm**, how might MNCH-CBNC activities be monitored during *Routine KCP Meetings*? Answer:
  - Review demand creation activities undertaken.
  - Review health post service data and attendance (Community Bulletin Board).
  - Discuss service quality.
  - Review successes, challenges and possible solutions.
  - Discuss the way forward.

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## 6. Brainstorm:

- How often should regular *Strengthened* KCP feedback meetings on MNCH-CBNC progress be conducted? *Strengthened* KCPs can decide on the frequency of the meetings based on their local specific contexts.
- What issues need to be addressed during the regular feedback meetings on MNCH-CBNC progress? Possible answers:
  - Review Demand Creation Activities undertaken.
  - Review of health post service data and attendance (*Community Bulletin Board*).
  - Discuss service quality.
  - Review successes, challenges and possible solutions.
  - Discuss the way forward.

## 7. Brainstorm:

- How often should Regular Community Feedback Meeting on MNCH-CBNC Progress be conducted? *Strengthened* KCP can decide on the frequency of the meeting based on their local specific contexts.
- At what level can the meeting be organised? [kebele level, village level, gare/gote level? etc]
- What issues need to be addressed during the meeting? Possible answers:
  - Review demand creation activities undertaken.
  - Review health post service data and attendance (*Community Bulletin Board*).
  - Discuss service quality.
  - Review successes, challenges and possible solutions.
  - Discuss the way forward.

**8. Introduce** Helpful Tool #11: *Community Bulletin Board* by explaining that this is a pictorial tool for showing health data. It empowers community members with

key MNCH-CBNC data, which they can use for celebrating successes or improving plans to address issues, such as too many newborn deaths reported in the last month. Using pictures helps to facilitate discussion for those who can read and those who do not read. It is usually made from the same material as a school chalk board. Explain that the indicators are just examples and the *Strengthened* KCP can revise the indicators based on their context.

## 9. Ask participants to discuss in pairs the following:

- What do you observe about this Community Bulletin Board?
- How might it help communities to understand their MNCH-CBNC situations?
- What do you think are the advantages of this pictorial format?

**10. Say**, that the bulletin board should be made out of local material. Brainstorm how this might be accomplished using materials like those that schools use. (Answer: request wood donation, volunteer time from carpenter to make bulletin board, *Strengthened* KCP to raise funds for chalkboard paint and chalk, etc.)

**11. Say**, that community-to-community learning exchanges will be an important part of the monitoring process. Share Helpful Tool #13: *Community-to-Community Learning Exchange* guide. Explain that during exchange visits, *Strengthened* KCPs will be able to share demand creation experience, activities and how they are organised. There will be some communities that will have advanced over other communities, and they will help others to reflect on (and monitor) how to improve their collective action.

**12. Explain**, that at the PHCU- and Woreda-levels, progress is monitored by using the following methods:

- Indicators of success in their PHCU *Demand Creation Planning Matrix*, Pages 6-7.
- PHCU Capacity Strengthening and Monitoring Checklist.
- Quarterly review of Demand Creation Activities at Woreda and PHCU levels.

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- 13. Ask** participants to turn to the *Indicators of Success* in their PHCU Demand Creation Planning Matrix (Pages 6-7). Review the *Process Indicators* and their metrics and review *Outcome Indicators*. Ask what questions might they have.
- 14. Review** Helpful Tool #12: *PCU Community Capacity Strengthening and Monitoring Checklist*, which they will have already seen from their earlier supportive supervision. Ask volunteers to read what is required during each PHCU visit. What questions do they have on how to use this monitoring checklist?
- 15. Tell** participants that the PHCU should review its MNCH-CBNC Demand Creation Plans quarterly to see if it is making progress and having an impact.
- 16. Summarise** by asking what has what tools and processes will be used to monitor demand creation at the community (and at the PHCU) level. What questions do they have about monitoring demand creation action? Thank participants for their active participation.

# Training Package

## Evaluate, Learn and Re-Plan

### SESSION 1: EVALUATE, LEARN AND RE-PLAN STAGE

**Session Objective:** At the end of the session participants will be able to:

- Give a general overview of Evaluate, Learn and Re-Plan.

**Time:** 20 minutes.

**Material:** *Demand Creation Strategy for MNCH-CBNC* document.

#### Activity:

1. Ask participants to open the *Demand Creation Strategy for MNCH-CBNC*, Evaluate, Learn and Re-Plan Session. **Tell participants that this stage is not the focus of this session. Explain that there will be another session on this stage.**
2. Explain Evaluate, Learn and Re-plan stage in 25 minutes. **Explain that Stage 4: Evaluate, Learn and Re-Plan** of the community mobilization process will involve the use of baseline data from iCCM and CBNC programs, HMIS and health facility records, and that baseline data will be compared with end line results after two years. Changes in MNCH-related household practices, care-seeking behaviour and social norms will be assessed. Documentation of results and a forum for review will be regularised by the FMOH Child Survival Working Group.
3. Remind participants of process, output and outcome indicators discussed in previous sessions.
4. **Say that celebrating successes** in demand creation achievements is important! Every year the Woreda and PHCU can review their MNCH-CBNC data and achievements. High-performing PNCUs and kebeles can be recognised for their achievements through certificate presentations, volunteer appreciation awards, outstanding community awards, etc.

### SESSION 2: PRACTICING CONDUCTING DEMAND CREATION ORIENTATION (ROLE PLAY)

**Session Objective:** At the end of the session participants will be able to:

- Conduct KCP role play.

**Time:** 40 minutes.

#### Materials:

- *Demand Creation Strategy for MNCH-CBNC* document.
- *Helpful Tools* for Organise stage.

#### Preparation:

- Get the *Demand Creation Strategy for MNCH-CBNC* document and community level tools for organise stage ready.

#### Activities:

1. Divide participants into two groups. Tell participants that they are going to conduct a role play on how to orient the KCP and their communities on MNCH-CBNC Demand Creation. Refer them to their *Helpful Tools* for conducting orientation from the Organise stage. Tell them that two participants will act as facilitators while the rest will act as the KCP.
2. Explain each tool for the organise stage and how to use it.
3. Ask participants to reflect on the facilitation process.
4. Let the facilitator reflect on the facilitation process and conclude the session.

# Training Package

## SESSION 3: WOREDA/PHCU – MNCH-CBNC DEMAND CREATION ACTION PLANNING

**Session Objectives:** At the end of the session participants will be able to:

- Understand how to plan for CBNC Demand Creation at multiple levels.
- Describe the desired outcomes for MNCH-CBNC and community action.
- Develop *Woreda and PHCU Demand Creation Plan(s)*.

**Time:** 60 minutes.

**Materials:**

- Flipchart.
- Markers.

**Preparation:**

- Copies of the Woreda-PHCU MNCH-CBNC Demand Creation Template (Annex).

**Activity:**

1. **Explain** that one of the most important steps for initiating the process of demand creation is to create a plan and budget for CBNC Demand Creation at multiple levels.
2. **Review** local MNCH indicators from PHCU data (Data Matrix in *Helpful Tools – Guide #1*).
3. **Ask:** Where is demand for MNCH-CBNC services high? Where is it low? (Skills delivery, post-natal follow-up, etc.)
4. **Ask:** what might we do to improve the demand for MNCH-CBNC services?

5. **Ask** participants to review the earlier session on how the approaches to demand creation need support at the Zonal, Woreda and kebele levels.
6. **Share** the Woreda/PHCU MNCH-CBNC Demand Creation Planning template. Be sure to review the desired outcome indicators. Ask what questions they have on the template.
7. **Ask:** Why is demand creation planning needed at the Woreda and PHCU levels?
8. **Divide** participants into two groups to represent Woreda and PHCU stakeholders. Ask participants to prepare a *draft* Demand Creation Plan using the planning template.
9. **Ask** each group to present its draft plan. Review as a group and ask for comments and suggestions. If needed, ask participants to return to their group to integrate suggestions.
10. **Ask** who else in their Woreda – PHCU should be involved in finalizing the Demand Creation Plan?  
*Suggestions:* PHCU – *expanded PRT*, Woreda Women Development, Woreda primary health team colleagues, etc.
11. **Summarise** by saying that more work will be needed **to finalise** both the Woreda and PHCU Demand Creation Action Plans. Ask participants when and how they will plan to complete this task?
12. **Conclude** this session by thanking participants for their time and tell them that follow-up on demand creation activities will be undertaken during regular PRT meetings.

## SESSION 4: POST-TEST AND CLOSING (20 MINUTES)

**Activities:**

1. Let participants complete post-test and compare scores with those of the pre-test to assess changes in knowledge.
2. Make summary remarks and thank participants for their time and active participation.
3. Invite the head of the health centre and a representative of the Woreda health office to make closing remarks and conclude the session.

# Training Package

## HELPFUL TOOLS FOR THE PHCU!

### GUIDE #6: ACTING TOGETHER AND MONITORING SUCCESS

**Step 1:** Define roles in carrying out the Action Plan.

**Step 2:** Strengthen the community's capacity to carry out its action plan.

**Step 3:** Monitor community progress.

#### PHCU Action Points!

- Help communities to identify their capacity strengths as well as their needs.
- Support the capacity needs of *Strengthened* KCPs to implement community MNCH-CBNC Action Plans
- Build skills in leadership, resource mobilization, conflict resolution and use of data for decision-making.
- Monitor PHCU MNCH-CBNC Action Plans quarterly, as well as supporting *Strengthened* KCPs to monitor their MNCH-CBNC Action Plans.
- Celebrate successes!

#### *Strengthened* KCP Action Points!

- Implement community MNCH-CBNC Action Plan.
- Inventory capacity strengths and capacity needs.
- Support participatory leadership skills and new leaders.
- Mobilise local resources to support (human, financial and material).
- Manage resources effectively.
- Share MNCH-CBNC data/activities with broader community (use Community Health Bulletin Board).
- Routinely monitor MNCH-CBNC community data/plans during meetings.
- Celebrate successes!

### TOOL #1: KEY DIMENSIONS OF COMMUNITY CAPACITY

#### Dimensions of Community Capacity

- Skills to apply empowering CM processes (four Stages).
- Applying verified activities for improving MNCH-CBNC.
- Ways to increase and broaden participation.
- Effective leadership.
- Critical thinking and planning skills.
- Resource mobilization and management.
- Maintaining and rotating volunteers.
- Conflict resolution skills.
- Ways to maintain a functioning group.
- Use of data to make decisions.
- Community discussions and feedback on progress.

# Training Package

## TOOL #2: CAPACITY ASSESSMENT – GIFTS OF HEAD, HANDS, HEART

1. Write out the questions below on newsprint and read out loud. Ask each group member to think about each question and write his or her answers down (or just think about them.)

- **Gifts of the head** (things I know something about and would enjoy talking about or teaching others about, e.g., birds, local history, music).
- **Gifts of the hands** (things I know how to do and enjoy doing, e.g., carpentry, sports, planting, cooking – be specific).
- **Gifts of the heart** (things I care deeply about, e.g., children, older people, community history, environment).

2. Discuss how these individual skills can be used to support the Action Plan.

## TOOL #3: CAPACITY ASSESSMENT

Write out the questions below on newsprint and read out loud. Ask each group member to think about each question and write his or her answers down (or just think about them).

- What are the skills you can put to work?
- What are the abilities and talents you can share?
- What are the experiences from which you have learned?
- What are the interests and dreams you would like to pursue?
- What three skills would you like to learn?
- Are there any skills you would like to teach?
- When you think about your skills, what three things do you think you do best?

Ask the group how it can best apply this inventory of skills to activities in the community Action Plan? Use the matrix below to help to plan for capacity strengthening.

## CAPACITY DEVELOPMENT PLAN

COMMUNITY ACTION PLAN STRATEGY	KNOWLEDGE, SKILLS AND RESOURCES NEEDED	AVAILABLE IN COMMUNITY	NOT AVAILABLE IN COMMUNITY	HOW WILL WE DEVELOP THIS CAPACITY?	BY WHOM?	BY WHEN?

# Training Package

## TOOL #4: BUILDING LEADERSHIP SKILLS – STYLES FRAMEWORK

AUTHORITARIAN LEADERSHIP: SURVIVAL			CONSULTATIVE LEADERSHIP: SECURITY			ENABLING LEADERSHIP: PARTICIPATION	
Leader makes decision and announces it	Leader presents decision, but sells it to members	Leader presents decision and invites questions of clarification	Leader presents tentative decision subject to change	Leader presents situation, gets input, makes decision	Leader calls on members to make decision, but holds veto	Leader defines limits, calls on members to make decision	Leader calls on members to identify limits, explore situation, make decision
Leader announces his decision with no feeling of responsibility or accountability to share the reasons.	Leader announces his decision and shares the reasons behind it, which were prepared in advance (monologue).	Leader announces his decision but responds as needed with a rationale based on the questions from members. (Dialogue with no expressed willingness to change decision.)	Leader announces his tentative decision and announces that he is open to questions of clarification and discussion. (Dialogue with willingness to change decision if necessary.)	Leader identifies situation or problem and moves into a facilitating role to surface assumptions and suggestions, then moves out of facilitating role and makes a decision.	Leader calls on group to identify situation and limitations, explore and make decision contingent on leader's veto power.	Leader shares any givens (e.g., funds available, time parameters, etc.) and facilitates a decision by members on a basis of limitations	Leader maintains a facilitating role allowing members to identify situation or problem, identify limits, explore and make decision.

# Training Package

## TOOL #5: BUILDING RESOURCE MOBILIZING SKILLS

As the community begins to implement its MNCH-CBNC action plan, it will need various resources (human, financial, material) to succeed in its objectives. Listed here are a few examples of possible resources:

**Local resource mobilization.** Community contributions are important because they create community ownership and help to keep activities going. This can be in the form of *human resources* (volunteers, labour, etc.) and/or *financial* and *material* resources. Use the *Community Resource Map* from the Explore stage to identify *existing* resources for MNCH.

**Mobilization of local materials such as sand, bricks, water and labour** can be identified by mapping out local resources in the area.

**Contributions of money, crops, livestock or land** can be used when funds or food are needed. Options include:

- Each family or person contributes a specific amount of money. Those who do not have money contribute crops or livestock, which can then be sold.
- The 'pass-it-forward' strategy, where community members raising livestock contribute male/female animals to the community group to rear offspring. The original stock is returned. Offspring then are reared to create a revolving set-up.
- Community leaders donate idle land to be cultivated by volunteers. Seed is donated by community members; crops are sold for funds or given to community-based agents.

**Income-generating activities** such as gardening, rearing chickens or pigs, providing entertainment through shows or drama, making baskets, sewing, baking or knitting can be used to raise money.

**Community volunteers** are an essential human resource upon which the community group will need to draw. Often a community 'core group' will burn out trying to do all the activities, when in fact it should be leveraging the broad base of interested volunteers who can be found in religious groups, traditional groups and other community-based organizations.

**Mobilization of community-based agents** includes the many community-based agents who are trained to support education and health activities in the community. It is important to know:

- Who are the community-based agents in their communities?
- Where do they live and will they participate?
- What activities they are doing?

**External resource mobilization** of resources found outside the community such as:

- *Government services*, the PHCU team, Woreda resources, teachers, agriculture agents.
- *Support from other organizations*: A variety of other organizations may have small grant funds. It is important to know which organizations are working in your area. Proposal development skills are often helpful.

## TOOL #6: ACTIVITY VOLUNTEER ROSTER

Oftentimes a community group (*Strengthened KCP*, etc) will take on the responsibility of doing all the activities in the MNCN-CBNC Community Action Plan. This can lead to burn-out. To build greater community participation it will be important to identify individuals in the community who are interested in MNCH-CBNC and to invite them to volunteer for activities. Often, they are from existing religious groups, women's groups, youth groups and traditional associations. The volunteer roster below can be used:

# Training Package

VOLUNTEER ROSTER		
NAME OF VOLUNTEER	MNCH-CBNC ACTIVITY	HOME LOCATION OR GROUP MEMBERSHIP (Women's Group Name, Traditional Group Name, etc.)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		

# Training Package

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## TOOL #7: BUILDING PROPOSAL DEVELOPMENT SKILLS

Proposal development skills can help a community group raise funds for its proposed MNCH-CBNC action plan. Here is some simple guidance:

**PRE-PROPOSAL CONSIDERATIONS** – Things to consider before writing begins:

1. It is important to know who the donor organization is, what it funds and the amount of money available.
2. Find out if the donor has an application process or forms to complete to apply for money.
3. It is helpful to involve education/health district staff and other support ministries when developing project proposals.
4. It is important to have a written action plan to include in the proposal.

### WRITING A PROJECT PROPOSAL

**Cover Page:** The proposal should always have a cover page with the following:

1. The title: This is the name of the project being proposed.
2. The name of the group that is submitting the proposal.
3. The contact person: This is the person who will be the link between the community group and the funding organization.
4. The address at which the community group can be contacted.
5. The date the proposal was written.
6. The proposed start date of the project.
7. The proposed end date of the project.

**Problem statement:** The problem statement includes the health issues that need to be addressed in the community, Steps to help guide the development of this part of the proposal are:

1. Identify and state the problem.
2. Describe the problem. This can be done by using the results from the participatory Explore stage, priority areas and data from the health centre.
3. Describe the population in which the project will work, including the number of women, the number of families and children < 5, etc. Include numbers if possible.
4. Describe the capacity of the community group to carry out the project.

**Community background:** Include as much as possible of the following information:

1. **The location:** This is where the proposed intervention will take place.
2. **Target population:** List the total number of people who will benefit, divided by men, women and youth. Include the total number of people in the area.
3. **Traditional practices and culture:** Activities commonly carried out by communities such as initiation ceremonies that may have an effect (positive or negative) on proposed project activities.
4. **Main economic activities:** activities community members do for food or money such as farming, fishing or hunting.

# Training Package

**Organizational capacity of community group:** When it was formed, why it was formed, the purpose of the group, number of women/men, brief on past activities or projects and the results or success stories.

**Partners:** These are individuals, organisations or people with whom the community group has worked or will work in the area.

**Goal statement:** The goal statement describes the goal of the project, including the benefits to the population. A goal statement example: *To eliminate women dying due to their pregnancies, and to increase the survival of newborns and children.*

**Objectives:** Objectives describe what we want to achieve. An objective can be measured and is usually time-specific. An example of an objective is: *Increase by 90% the number of pregnant women who give birth with a skilled delivery provider.*

**Strategies:** Increase the quality and number of *maternity waiting homes and pregnancy support groups* who will increase dialogue on danger signs, ANC, PNC, exclusive breastfeeding, safe and skilled deliveries and family planning.

**Activities:** Identify community builders and volunteers who can help to design and build maternity waiting homes, identify wise, older women who can support the WDA/HEWs to hold participatory dialogues during *pregnancy support groups*.

**Budget:** The budget will show the materials that you want to buy, the quantity or number and the price of each of the activities to be carried out. An example is:

ACTIVITY	MATERIALS NEEDED	AMOUNT REQUIRED	UNIT COST	TOTAL COST	COMMUNITY CONTRIBUTION
Build one maternity waiting home	Bricks Thatch (bundles)	100 15	K25,000 Harvested	K2,500,000	Volunteer time x 20 Volunteers

**Activity Work Plan:** When activities will be carried out over 12 months of the year.

ACTIVITY	TIME FRAME – YEAR 1											
	1	2	3	4	5	6	7	8	9	10	11	12
Collect community contribution	X											
Build one maternity waiting home		X										
Identify pregnant peer councillors			X	X		X						

# Training Package

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## **Monitoring**

1. Explain how the progress on the project will be monitored, by whom and how often.
2. Explain clearly who will participate in the monitoring such as the community group members, health centre staff and community members.
3. Explain what information you will be looking for and source that information.

**Sustainability:** Describe how the community group will ensure that the project is maintained after the funding has stopped. What activities will the community be involved in to find money for the activities to continue. List community skills.

**Challenges or possible risks:** List those challenges that might affect project success.

**Additional information:** Maps of the area, members of the community group, by-laws, etc.

# Training Package

## TOOL #8: BUILDING FINANCIAL AND RESOURCE MANAGEMENT SKILLS

Once funds or resources have been raised, managing these resources will become very important. Financial management skills are often needed to budget, and to look after money and resources.

A financial plan allows for a community organization to know how much money it needs, how much money it has at any one time and how much it has spent or will need to spend. It gives an organization control over its financial affairs and makes people accountable.

Usually a community group will have a treasurer, who together with the community group develops a financial management system and makes sure the system is run correctly.

### Budgeting

A simple budget includes the activity to be done, the type of material needed, the quantity or amount needed and the unit cost.

ACTIVITY	MATERIALS NEEDED	QUANTITY OR AMOUNT REQUIRED	UNIT COST	TOTAL COST

### Safe-keeping of money

1. Money that has been donated or come from income-generating activities must always be kept at the bank for safe keeping.
2. The community groups could open a bank account to keep their money safe.
3. Where there is no bank account, money must be kept in a safe or a cash box that can be locked with different locks. Often it takes three people together to unlock a box so as not to burden one person with this responsibility.
4. Only one person, most likely the treasurer, should be responsible for keeping records of the funds – this person normally is able to read and write.

### Use of money

1. Records must be kept for all money being spent and money that is received.
2. Whenever money is to be spent on any activity, all members of the group should be involved in making the decision.
3. It is best if three members sign for the use of money. The chairperson, the secretary and the treasurer of the community group will need to approve the use of money by signing for this to happen.
4. The one receiving the money must always sign for it. The treasurer should show the records to other members of the group during meetings.
5. A financial record should always be presented during the monthly meetings.

# Training Package

## SAMPLE FINANCIAL RECORD

DATE OF ACTIVITY	MONEY RECEIVED	MONEY SPENT	BALANCE CASH	BALANCE AT BANK	CHAIR-PERSON SIGNATURE	SECRETARY SIGNATURE	TREASURER SIGNATURE	SIGNATURE OF PERSON RECEIVING

### Managing property and material

The community group might have property and materials such as sewing machines, grocery shops, chicken runs, goats, etc. or have plans to have property and materials in the future. It will be important to look after these resources and take care of them.

**Stocktaking** is the process of checking and recording property and materials.

- When property or materials are received, they should be recorded in a book kept by the vice-chairperson.
- Members of the group should be allowed to look at this book anytime.
- Each material should be written on its own page. At frequent intervals, group members will need to check on these materials to see that they match what is written in the book.
- Members of the group will need to agree on when stocktaking should be done.
- For businesses such as grocery shops, stocktaking should be done very often. Each time a different seller takes over the selling, stocktaking should be done.
- The same member should not do all the stocktaking.
- All members of the group as well as community members should participate to create an open and trusting atmosphere.

# Training Package

**Additional financial management tools:** As a community group begins to link to outside resources, it may receive funding and resources from various sources. Here are two examples of how these resources may be managed:

## EXAMPLE 1: A REGISTER OF DONATIONS

DATE	DESCRIPTION OF DONATION	QUANTITY	DONOR	BALANCE	DATE DISPOSED	QUANTITY DISPOSED	BALANCE

## EXAMPLE 2: INCOME AND PAYMENTS DOCUMENT

INCOME												
SOURCES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Donor 1												
Donor 2												
Donor 3												
<b>Total income</b>												
EXPENSES												
Recipient 1												
Recipient 2												
Recipient 3												
<b>Total paid out</b>												
Grand total (income payments)												
Amount over (or under)												

# Training Package

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## TOOL #9 – STEPS TO RESOLVING CONFLICT<sup>3</sup>

### Steps to Resolving Conflict

- **Summarise the Disagreement** – Be objective and focus on the issues, not personalities. List the points of conflict. If possible reduce these points into sub-points that are easier to deal with.
- **Confirm accuracy** – Ask for confirmation or correction. This encourages individuals to take ownership. It may even lead to their resolving the conflict without further intervention on your part.
- **Establish the last points of agreement** – This focuses individuals and the group on the issue in dispute.
- **Create a shared vision** – Have each side express its desired goals, objectives or visions. It may be helpful to keep asking ‘Why do you want...?’ Try to stimulate self-knowledge and knowledge of the others’ ambitions, motives and attitudes. Have each side identify common goals or a shared vision.
- **Generate possible solutions** – Use brainstorming or go to each person and ask his or her opinion on possible solutions. At times, it may be necessary to bring in a third party to move the conflict toward solution.
- **Get agreement to implement and assess a solution** – Ask the disputants either to collaborate or to compromise in choosing a solution. Explore how they will know whether the solution is successful.

<sup>3</sup> Hope, Anne, and Sally Timmel. 1986. *Training for Transformation—A Handbook for Community Workers*, Vol. 1-3. Gweru, Zimbabwe: Mambo Press.

# Training Package

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## TOOL #10: COMMUNITY MNCH-CBNC UPDATE MEETING

### **Community MNCH-CBNC Update – Discussion Points**

- Welcome by kebele leader(s).
- Introductions of KCP members.
- Brief role play/drama or song on MNCH-CBNC (to be decided by KCP).
- Review of MNCH-CBNC Mobilizing Goal (reason for the update meeting).
- Brief review of strategies in the MNCH-CBNC Community Plan.
- Share Demand Creation Activities undertaken.
- Share health post service quality data and attendance (Community Health Bulletin Boards).
- Discuss the meaning of the data – Celebrate what is working!
- Discuss successes, challenges and possible solutions.
- Request participation in specific events or volunteers for activities.
- Ask for clarifying questions.
- Thank the community for its continued commitment and efforts!

# Training Package

## TOOL #11: COMMUNITY BULLETIN BOARD

INDICATOR	MONTH		MONTH		MONTH	
	PLAN	PERFORMANCE	PLAN	PERFORMANCE	PLAN	PERFORMANCE
Pregnancy identification 						
Four ANC visits completed 						
Skilled delivery 						
PNC 						
Care seeking for newborn 						
PWC 						
Newborn death 						
Maternal death 						

# Training Package

## TOOL #12 PHCU COMMUNITY CAPACITY STRENGTHENING AND MONITORING CHECKLIST

It is anticipated that once the *Strengthened KCP* is able to address MNCH-CBNC, it will hold meetings and undertake activities on its own without having the presence of the PHCU. This will demonstrate ownership and true community collective action for improved MNCH-CBNC!

Depending on the distance and resources available, it may be more efficient to bring a few *Strengthened KCP* representatives to the PHCU for MNCH-CBNC capacity strengthening with the responsibility to return to their groups and to share new skills.

The following outline will help to monitor the capacity strengthening activities that the PHCU will provide to communities:

MEETING NUMBER	LIST OF KEY ACTIONS	STATUS (PUT X)			COMMENT
		PARTIALLY ACCOMPLISHED	ACCOMPLISHED	NOT ACCOMPLISHED	
<b>Meeting #1</b>	Share the mobilizing MNCH-CBNC goal				
	Orient KCPs to the MNCH-CBNC goal and demand creation strategy				
	With <i>Strengthened KCP</i> , identify community groups and individuals interested to work on MNCH-CBNC issues				
	Help to broaden representation and make a list of members (new and old)				
	Help <i>Strengthened KCPs</i> to prepare for their community meeting(s) to invite participation of those most interested/affected and the broader community				

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<b>Meeting #2</b> (Prior to this meeting, new members will have joined the KCP)	Organise <i>Strengthened</i> KCPs for MNCH-CBNC action				
	Facilitate <i>Strengthened</i> KCPs' capacity self-assessment and review results				
	Build a basic understanding of key MNCH-CBNC desired outcomes, demand creation strategies and clarify roles and responsibilities for CM processes				
	Confirm leadership and how/when members will elect new leaders				
	Set norms for working together (how to work, when to meet, where)				
<b>Meeting #3</b>	Explore MNCH-CBNC with <i>Strengthened</i> KCPs				
	Build capacity to facilitate an MNCH Problem Tree (maternal and newborn)				
	Build capacity to facilitate an MNCH Resource Map				
	Practice with the Small Group Discussion Guide				
	Plan for <i>Strengthened</i> KCPs to explore MNCH issues with community members				
	Analyse what was learned about MNCH-CBNC during Explore phase				

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<b>Meeting #4</b>	Set MNCH-CBNC priorities				
	Share Community MNCH-CBNC Action Plan Matrix				
	Discuss who to invite to help with community MNCH-CBNC Action Plan				
	Set dates for community MNCH action planning				
<b>Meeting #5 and #6</b>	Support the development of Community MNCH-CBNC Action Plan				
	Set meeting to share with broader community				
<b>Meeting #7 and #8</b>	Support capacity needs of <i>Strengthened</i> KCP to implement Community MNCH-CBNC Action Plan				
	Leadership mentoring				
	Resource mobilization mentoring				
	Conflict resolution meeting				
<b>Meeting #9</b>	Use of local data for decision-making (Community MNCH Bulletin Board)				
	Monitor health post MNCH-CBNC data for change				
	Community MNCH-CBNC Action Plan implementation				
<b>Meeting #10</b>	Celebrate successes				
	Re-plan community MNCH-CBNC Action Plan for new year				

# Training Package

## TOOL #13: COMMUNITY TO COMMUNITY EXCHANGE GUIDE

**Community Hosting the Visit:** \_\_\_\_\_

**Date of Exchange Visit:** \_\_\_\_\_

### Community Groups Making the Visit:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### Individuals Who Travelled:

Name: \_\_\_\_\_ Group: \_\_\_\_\_

### Key Issues Shared by Hosts:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### Key Issues to Be Adapted by Visitors:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Write up a brief summary of the Exchange Visit:**

# Training Package

## Annexes

### ANNEX 1: COMMUNITY MOBILIZATION PRE- AND POST-TEST QUESTIONS

#### Code of Participant:

#### True or False (five points each)

1. True/False. Community mobilization is the same as health promotion.
2. True/False. The most important group to organise in community mobilization is the community leaders.
3. True/False. Community mobilization means to get people to do what a project manager wants them to do so that the project achieves its objectives.
4. True/False. Community mobilization is a capacity-building process that aims to achieve a goal that is of benefit to the community.
5. True/False. The main actors in the community mobilisation process are the most vulnerable and interested people who will benefit most from the community mobilisation process.
6. True/False. It is difficult for a rural community to develop a community action plan. Therefore, it should be the duty of the government or development partners to develop a community action plan to address the need of the community.

#### Multiple Choice (five points each)

1. The two major goals of the community mobilization process are:
  - a. To raise community awareness about an issue and inform people.
  - b. To establish committees and get resources from the community.
  - c. To achieve a desired program outcome like improved health and to strengthen community capacity.
2. The four stages of the community action cycle are:
  - a. Identify leaders, develop leaders, establish committees, invite community members to events, educate community members, monitor progress.
  - b. Organise the community for action, explore the issue and plan, act together and monitor progress, evaluate, learn and re-plan.
  - c. Hire program staff, train program staff, conduct orientation meeting, educate community about health, do awareness raising campaigns, monitor progress, conduct evaluation.
3. When should community mobilization be used as a strategy to improve health?
  - a. When systemic changes are needed at community level.
  - b. When sustained community support is desired.
  - c. When settings are very diverse and local solutions are required.
  - d. When communities themselves have identified a health problem and request assistance.
  - e. All the above.

# Training Package

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4. One of the following is not involved in planning process.
  - a. Consolidate and review relevant information.
  - b. Develop a consensus on program priorities, objectives, desired results or other indicators of success.
  - c. Assign responsibilities.
  - d. Select strategies with the most potential to address the core program issue.
  - e. Identify resources, opportunities, challenges and constraints.
  - f. a and c.
  - g. None.
  
5. A good facilitator:
  - a. Tells participants what they need to know.
  - b. Directs group discussion to an outcome that the facilitator has already determined before the discussion.
  - c. Starts from where participants are and helps them to achieve their objectives through participatory experiences, reflection and dialogue.
  - d. All the above.
  
6. One of the following is the correct order for degree of community participation from minimum to maximum participation.
  - a. Co-option, Compliance, Consultation, Cooperation, Co-learning, Collective Action.
  - b. Consultation, Co-option, Compliance, Cooperation, Co-learning, Collective Action.
  - c. Consultation, Cooperation, Co-learning, Collective Action, Co-option, Compliance.
  - d. None is correct

# Training Package

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**Short answers:**

1. Who should be involved in developing the Community Action Plan?

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2. List three criteria that need to be considered during MNCH priority ranking:

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3. List at least five components of the CBNC Package

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# Training Package

## Annex 2: Participatory Facilitation

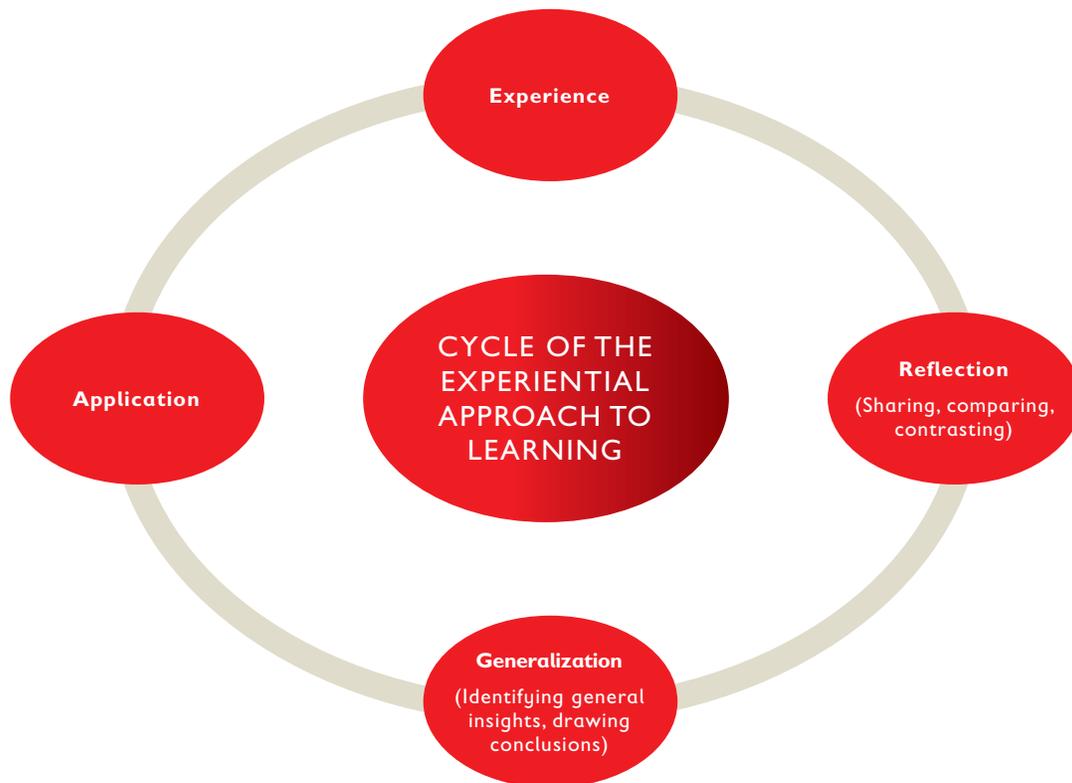
**Participatory facilitation is a learning methodology that:**

- Engages participants actively in the learning process.
- Incorporates learners' needs and questions, incorporates their capacities, reflection and analysis and integrates their strategies for change.

**Less participatory approach: The “Banking Approach”<sup>4</sup>:**

- The teacher is seen as possessing all the important information.
- The learner is an empty vessel needing to be filled with knowledge.
- The teacher talks and the learner listens passively.
- The teacher chooses the program content and the villagers must adapt to it.
- The teacher is the subject of the learning process, while the learner is the object

### THE EXPERIENTIAL APPROACH TO TRAINING<sup>5</sup>:



<sup>4</sup>Vella, Jane Kathryn et al. 1997. *How Do They Know They Know?: Evaluating Adult Learning*. Higher and Adult Education Series. San Francisco: Jossey-Bass.

<sup>5</sup>McCaffery, James A, 1986. “Independent Effectiveness: A Reconsideration of Cross-Cultural Orientation and Training.” *International Journal of Inter-Cultural Relations* 10:159-78.

# Training Package

## Annex 3

### ANSWERS FOR PRE/POST-TEST

#### True/False:

1. F
2. F
3. F
4. T
5. T
6. F

#### Multiple Choice

1. c
2. b
3. e
4. g
5. c
6. a

#### Short Answer

1. Who should be involved in developing the Community Action Plan? People who are most affected by the Core Program issue.
  - People who are respected/listened to by others in the community.
  - People who have certain skills, knowledge and/or access to resources that will be useful in carrying out the community mobilisation effort.
  - People who have some background in community mobilisation or other participatory processes.
  - People who are interested.
  - If certain persons are not invited, will they try to obstruct the implementation of the plan?
  - Etc.

2. List three criteria that need to be considered during MNCH priority ranking.

- Severity.
- Frequency.
- Risk.
- Feasibility of Response.

3. List at least five components of the CBNC Package

- Early identification of pregnancy.
- Provision of focused ANC.
- Promotion of institutional delivery.
- Safe and clean delivery, including provision of Misoprostol in home deliveries or deliveries at health post level.
- Provision of immediate newborn care, including application of Chlorohexidine on cord.
- Recognition of asphyxia, initial stimulation and resuscitation of newborn baby.
- Prevention and management of hypothermia.
- Management of pre-term and/or low birth weight neonates.
- Management of neonatal sepsis/very severe disease at community level.

## **PART 2**

# **MNCH-CBNC DEMAND CREATION SUPPORTIVE SUPERVISION GUIDES**

**for Primary Health Care Units**

# Training Package

## PHCU Supportive Supervision Guides for Improved Demand Creation

**Purpose of These Guides:** The *Supportive Supervision Guides* will assist Primary Health Care Units (PHCUs) to implement effective demand creation efforts to improve maternal, newborn and child health (MNCH) and community-based newborn care (CBNC) in their communities.

### How to Use These Guides

The following training sessions are intended to be used by the Woreda Health Office to build the capacity of the PHCU PRTs in a step-wise approach as they provide normal supportive supervision to PRTs. Appropriate time will need to be planned for each of the supportive supervision sessions.

It is anticipated that an *expanded* Performance Review Team (PRT) at PHCUs will be organised ahead of time to participate in the following demand creation *supportive supervision trainings*. The *expanded* PRT team will include representation from PHCU staff working on MNCH especially at the community to advance demand creation. The *expanded* PRT will go on to plan, implement and monitor MNCH-CBNC demand creation efforts.

This training is organised as six Supportive Supervision Guides, which build skills to implement the *MNCH-CBNC Demand Creation Supportive Supervision for PHCUs*:

- Guide 1: Orientation and Planning for Effective MNCH-CBNC Demand Creation.
- Guide 2: Organise the Community for Action (Part 1).
- Guide 3: Organise the Community for Action (Part 2).
- Guide 4: Explore and Plan Together (Part 1).
- Guide 5: Explore and Plan Together (Part 2).
- Guide 6: Act Together and Monitor Success.
- Evaluate, Learn and Re-Plan.

*Helpful Tools* for participants are provided at the end of each guide, and they should be printed out. The training manual is organised in an interactive manner and requires active engagement of participants. Learning sessions in each guide include:

- Session objectives.
- Time.
- Materials.
- Facilitator preparation.
- Activities.

The suggested times for each session are approximate and may vary from one workshop to the next. You may find the following schedule a useful guide as you plan your workshop.

# Training Package

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## Supportive Supervision Guide #1: Orientation and Planning for Effective MNCH-CBNC Demand Creation

**Topic:** Guide #1 focuses on *Orientation and Planning for Effective Demand Creation for MNCH-CBNC*. Guide #1 is the first in a series of six guides to be applied over six supportive supervision sessions. Each of the guides requires approximately three hours. Woreda Health Office staff will work with PHCUs to train and apply each *stage* and *step* for effective demand creation.

**Participants:** It is anticipated that an expanded PRT at PHCUs will be formed ahead of time to participate in demand creation *supportive supervisions*. The *expanded* PRT team will include representation from staff working on MNCH, especially at the community level. The *expanded* PRT will go on to plan, implement and monitor MNCH-CBNC demand creation efforts.

**Materials:** PHCUs will need copies of the *Demand Creation Strategy for MNCH-CBNC*, flipchart paper, markers and tape for the facilitator.

**Helpful Tools:** Each guide has *Helpful Tools* in the Annex to apply demand creation effectively with community partners. These should be copied and provided to the PHCU.

**Roll-out:** Attached to the *Helpful Tools* at the back of this guide is a suggested *Meeting Outline for PHCU* support to communities (KCPs, etc.) for successful community mobilization and capacity strengthening for improved MNCH-CBNC.

# Training Package

## ACTIVITY 1: REFLECTIONS ON OUR MNCH-CBNC DEMAND CREATION EXPERIENCES

**Session Objectives:** At the end of this session participants will:

- Improve their understanding of family MNCH-CBNC care seeking practice.
- Analyse family and community barriers and enhancers to MNCH-CBNC care-seeking.

**Time:** 10 minutes.

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- FMOH *Demand Creation Strategy for CBNC* Document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipcharts with the three questions in Step 1.

**Steps:**

1. **Introduce** the topic and objectives for this session.
2. **Ask** participants each question below. Start with the first question and brainstorm responses. Write on the flipchart:
3. What are the major barriers for women and their families to access ANC, delivery, PNC and newborn health services?
4. What are some helpful community strengths or actions you have seen that have increased the numbers of women and their families accessing ANC, delivery, PNC and newborn health services?
5. What solutions do you recommend to improve service utilization in your PHCU's catchment area?
6. **Ask** participants to turn to Page 4 of the *Demand Creation Strategy for MNCH-CBNC* to review the major MNCH barriers. Ask each participant to read aloud each barrier.

7. **Summarise** this session by asking participants what questions they have about barriers and enhancers to care. Thank participants and continue to the next activity.

### SUPPORTIVE SUPERVISION GUIDES FOR IMPROVED DEMAND CREATION

Demand Guide #1: Orientation and Planning for Effective MNCH-CBNC Demand Creation

Demand Guide #2: Organise the Community for Action – Part 1

Demand Guide #3: Organise the Community for Action– Part 2

Demand Guide #4: Explore and Plan Together – Part 1

Demand Guide #5: Explore and Plan Together – Part 2

Demand Guide #6: Act Together and Monitor Success

# Training Package

## ACTIVITY 2: AN INTRODUCTION TO THE DEMAND CREATION STRATEGY FOR MNCH-CBNC

**Session Objective:** At the end of the session participants will be able to:

- Describe the purpose, objectives and approaches of the *Demand Creation Strategy*.

**Time:** 20 minutes.

**Materials:**

- Flipchart.
- Marker.
- Masking tape.
- FMOH *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipchart with group questions from Step 4.

**Steps:**

- 1. Introduce** the topic and objectives for this session.
- 2. Say:** The *Demand Creation Strategy for MNCH-CBNC* was developed from demand creation experiences in Ethiopia and globally, cross-learning visits and a *Demand Creation Workshop for Improving MNCH-CBNC* held in Addis Ababa in 2014 with FMOH and partners.
- 3. Present:** The *Purpose, Objectives and Components of the Demand Creation Strategy*. Tell participants to turn to **Pages 5 and 6** of the *Demand Creation Strategy* document. Refer to these pages while explaining each topic.
- 4. Ask:** *What are the health outcomes do we want to see from improved maternal and newborn demand creation? Write on the flipchart. Refer to Page 6 Diagram 1, last column, Improved CBNC Demand and Practice.*

- 5. Say:** *Please form three groups and discuss the questions below (10 minutes group work, 5 minutes for presentation/discussion):*

*Group 1:*

- How can we engage family decision makers (fathers, mothers-in-law, grandparents and mothers) to improve CBNC household practices and timely care-seeking?
- How can we improve active male involvement in the process of creating demand for MNCH?

*Group 2:*

- How can we improve support for maternal health (e.g., pregnant women conferences[PWCs])?
- How can we engage traditional birth attendants (TBAs)' non-delivery role for improving MNCH-CBNC practice and demand?

*Group 3:*

- How can we improve the quality of MNCH service to encourage demand?
- How can we strengthen teamwork for demand creation and service delivery?

- 6. Say:** *Please briefly present your groups' discussion points.*
- 7. Present:** Present Tool #1. Review *Approaches for Demand Creation* on **Page 9** of the *Demand Creation Strategy* document. Tell the participants that Tool #1 is an elaborated version of the key approaches.
- 8. Summarise** this session by asking participants, *What questions/reflections do you have on the purpose, objective and components of the demand creation strategy?*
- 9.** Thank participants and continue to the next activity.

# Training Package

## ACTIVITY 3: HOW DOES BEHAVIOUR CHANGE? REINFORCING POSITIVE MNCH PRACTICE BY MOBILIZING AND STRENGTHENING COMMUNITIES

**Session Objectives:** At the end of this session participants will:

- Understand three behaviour change models.
- Define community mobilization (CM) and why it is important.

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipchart: Question on *How Does Behaviour Change?* Step 3 below.
- Flipchart: *Three Behaviour Change Theories* (Facilitator Note #1, attached).
- *Demand Creation Strategy for MNCH-CBNC*, Pages 11 and 12.

**Time:** 20 minutes.

**Steps:**

1. **Introduce:** the topic and objectives for this session.
2. **Share:** The following equation on the flipchart.

 + KNOWLEDGE = BEHAVIOUR

3. **Ask:** *Do you agree that if you give an individual knowledge (information) this will change his or her behaviour? Allow for discussion.* **Say:** *We have learned a lot about how behaviour changes (and does not).*
4. **Present** the three behaviour change models below (Facilitator Note #1). Explain that these represent only a few models, but that we know that an enabling and supportive environment is often needed for behaviour to change and be sustained. CM is one approach that can create this enabling environment.
5. **Ask:** When you hear the term community mobilization, what comes to mind? Write responses on the flipchart.
6. **Share** the definition of CM on **Page 11** of the *Demand Creation Strategy for MNCH-CBNC* document.
7. **Ask:** *Why do we use a CM approach? Review Page 12 in the Demand Creation Strategy for MNCH-CBNC document.*
8. **Ask:** *How might CM create an enabling environment for MNCH-CBNC behaviour change?*
9. **Summarise** by asking: *What questions, reflections, or comments do you have on behaviour change and community mobilization? Thank participants and continue to the next activity.*

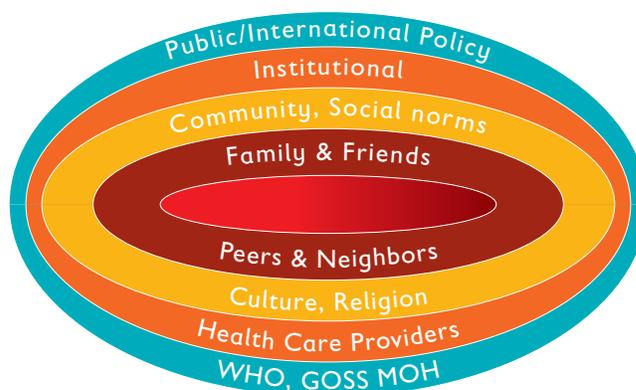
# Training Package

## Facilitator Note #1<sup>6</sup>

### BEHAVIOUR CHANGE MODELS



### LEVELS OF INFLUENCE ON HUMAN BEHAVIOUR



### STEPS TO BEHAVIOUR CHANGE



### MOTIVATORS AND INHIBITORS OF BEHAVIOUR CHANGE

1. **RATIONAL** Thought
2. **PHYSICAL** Sensations
3. **PRACTICAL** Skills and Abilities
4. **ENVIRONMENTAL** (Social, Cultural, Religious)
5. **INTERPERSONAL** Networks and Relationships
6. **EMOTIONAL** Reactions

### SUMMARY OF BEHAVIOUR CHANGE MODELS

LEVELS OF INFLUENCE	STEPS TO BEHAVIOUR CHANGE	MOTIVATORS & INHIBITORS
<ul style="list-style-type: none"> <li>• Individual</li> <li>• Family, Friends, Peers</li> <li>• Community, Culture, Religion</li> <li>• Institutions</li> <li>• Policies, Laws, Economy</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge</li> <li>• Approval</li> <li>• Intention</li> <li>• Practice</li> <li>• Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Rational</li> <li>• Physical</li> <li>• Practical</li> <li>• Environment</li> <li>• Relationships</li> <li>• Emotional</li> </ul>

<sup>6</sup> Behaviour Change – A Summary of Four Major Theories: <http://www.fhi.org/en/aids/aidschap/aidpubs/behres/bcr4theo.html>.

# Training Package

## ACTIVITY 4: PRINCIPLES AND PLATFORMS FOR MNCH-CBNC DEMAND CREATION

**Session Objective:** At the end of this session participants will:

- Describe the Principles and Platforms for mobilizing communities for MNCH-CBNC.

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipchart: *Levels of Participation (Facilitator Note #2 attached)*.
- *Demand Creation Strategy for MNCH-CBNC, Principles and Platforms, Pages 7 and 8.*

**Time:** 15 minutes.

**Steps:**

- 1. Introduce:** the topic and objectives for this session.
- 2. Brainstorm:** *What do you understand by community participation?* Explain that community participation is an important element of CM. However, there are different levels with which communities participate.
- 3. Share:** The *Levels of Participation* flipchart (Facilitator Note #2). Explain that fuller (or higher) levels of community participation are realised through *co-learning* and *collective action*. Lower levels of participation are *co-option* and *compliance*. With fuller participation, there is a greater chance for sustainable MNCH-CBNC practice.
- 4. Explain** that the *Demand Creation Strategy for MNCH-CBNC* has *Guiding Principles* that support the higher level of community participation and action.
- 5. Tell** participants to turn to Page 7 in their *Demand Creation Strategy* document and take turns reading aloud each guiding principle. **Ask:** *What questions or comments do they have?*
- 6. Brainstorm:** *What existing woreda, PHCU and kebele individuals and groups can we use to realise sustainable community mobilization for demand creation?* Write on the flipchart.
- 7. Explain** that the *Demand Creation Strategy for MNCH-CBNC* uses a variety of these platforms. Ask participants to turn to Page 8 and read aloud the *Platforms for Creating Demand*.
- 8. Ask:** Are there some platforms we have not utilised to their full potential?
- 9. Summarise** by asking: *What questions, reflections, or comments do you have on Principles and Platforms of MNCH-CBNC demand creation?* Thank participants and continue to the next activity.

# Training Package

## Facilitator Note #2

### LEVELS OF PARTICIPATION



Adapted from Cornwall, A. (2008). Unpacking 'participation': models, meanings and practices. *Community Development Journal* 43 (3), 269 - 283.

# Training Package

## ACTIVITY 5: STAGES AND STEPS OF THE CBNC DEMAND CREATION PROCESS

**Session Objective:** At the end of this session participants will:

- Describe the four stages of the Community Strengthening and Mobilization Process for MNCH-CBNC and their steps.

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- FMOH *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Write each stage and step of the Demand Creation Strategy (diagram, Page 13, *Demand Creation Strategy*) on A4 colour paper, or draw diagram on the flipchart.
- *Demand Creation Strategy, Stages and Steps*, Pages 13-18.

**Time:** 15 minutes.

**Steps:**

- 1. Introduce:** the topic and objectives for this session.
- 2. Tell** participants that the community strengthening and mobilization process of for CBNC has four stages.
- 3. Ask** for four volunteers to come to the front of the room and give them each a card with a stage written on it, which the volunteer should read out. Ask volunteers to line up in the correct sequence of the stages. When they have lined up in sequence, ask the other participants if they think the sequence is correct. Why or why not?
- 4. Tell** participants to turn to Page 13 of the *Demand Creation Strategy* document and explain the diagram with the four stages of the community strengthening and mobilization process.
- 5. Explain:** This process will be used specifically to guide KCPs and other groups to *Organise* and to *Explore, Plan and Act* together to improve their MNCH-CBNC collective action.
- 6. Explain** each stage briefly. Tell participants that there are steps for each stage. Briefly review the *Demand Creation Strategy* document, Pages 13-18.
- 7. Summarise** by asking: *What questions, reflections, or comments do you have on Stages and Steps for CBNC Demand Creation?* Thank participants and continue to the next activity.

# Training Package

## ACTIVITY 6: ROLES AND RESPONSIBILITIES FOR DEMAND CREATION

**Session Objective:** At the end of this session participants will:

- Understand the roles and responsibilities of key stakeholders, at multiple levels, for MNCH-CBNC Demand Creation.

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

Flipchart with session topic and objectives (above).

- *Defining Roles and Responsibilities of Stakeholders, Demand Creation Strategy* document, Pages 20-22.
- *Key Approaches to Demand Creation*, Pages 9, 10 and 11.
- Flipchart with *Levels of Responsibilities* (Facilitator Note #3 attached).

**Time:** 30 minutes.

**Steps:**

- 1. Introduce:** the topic and objectives for this session.
- 2. Explain** that all levels (Zonal, Woreda, PHCU and kebele) will have the responsibility for implementing a variety of CBNC Demand Creation strategies.
- 3. Tell** participants to turn to Pages 20-22 in the *Demand Creation Strategy* document. Review and discuss the roles and responsibilities at each level.
- 4. Ask:** At the kebele level, would the KCP be a good platform to promote MNCH demand creation? If so, why? If not, why not? What other platforms might be used?
- 5. Review** again the *Key Approaches for Demand Creation* on Page 9.
- 6. Post** the *Levels of Demand Creation Action* on the

flipchart. Divide participants into four groups: Zonal, Woreda, PHCU and kebele levels. Ask each group to discuss which key approaches (or other creative approaches) will need to be promoted at their level and write them on the flipchart. Allow 15 minutes. Note: Remind participants to include activities that would celebrate successes such as identifying and acknowledging MNCH-CBNC *Champion Kebeles*.

- 7. Tell** participants to share their groups' work. Explain that some approaches will need creative support and action at multiple levels.
- 8. Review** *Stage 1: Organise the KCP* and the steps on Pages 13-15 of the *Demand Creation Strategy* document.
- 9. Ask:** *What is the role of the KCP? Ask: Why might it be a good platform for mobilizing communities for CBNC? Why might it not be? Ask: Is there is another group at the community level that can play this role?*
  - **Ask:** *How might representation on the KCP be improved to support CBNC demand creation activities? Write responses on the flipchart. (10 min) Examples are:*
    - Those most affected by or interested in Core Program issues.
    - Those with time and resources.
    - Representatives from other groups who are interested in the issue, for example, women's groups, religious groups, etc.
- 10. Ask:** *Who exactly might be the most interested in newborns in their communities? Examples are:*
  - TBAs (in a non-delivery role).
  - Fathers whose wives/newborns died during pregnancy/delivery/post-partum.
  - Wise elders.
  - Women who have lost babies.
- 11. Tell** participants that the KCP will need to organise itself for its MNCH-CBNC efforts. This may include strengthening membership to include representatives of those who have been affected by MNCH issues (such as a father who has lost a newborn) and marginalised and interested community groups.

# Training Package

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The *Strengthened* KCP may also include the WDA, religious leaders, youth and women groups, gere/ketene leaders and TBAs (in their non-delivery role).

- 12. Ask:** Ask participants why is it important that those marginalised have a true voice in the core group? (Response: the issues which are prioritised and planned by the core group will then address true and felt needs of those most affected.) **Note:** There is no special size for the KCP Community Engagement Team (CET), but 15-20 members might be realistic.
- 13. Share** the roles of the KCP (or alternate platform) to mobilise communities for improved MNCH (review roles on Page 22 in the *Demand Creation Strategy* document).
- 14. Summarise** by asking: *What questions, reflections, or comments do you have on Roles and Responsibilities for CBNC Demand Creation?* Thank participants and continue to the next activity

**\*\*Facilitator note – A Picture is helpful here!** It is often helpful to draw a picture of train with an engine and smaller cars. Indicate that the engine is the *Strengthened* KCP that leads and pulls the community and community groups forward towards their MNCH goal. The cars attached to the engine could be religious groups, women's groups, youth groups, wise elders, etc. who will participate.

# Training Package

## Facilitator Note #3

LEVEL OF RESPONSIBILITY	DEMAND CREATION APPROACHES
Zonal	
Woreda	
PHCU	
Kebele	

# Training Package

## ACTIVITY 7: HOW TO IMPLEMENT MNCH-CBNC DEMAND CREATION

**Session Objectives:** At the end of this session participants will:

- Understand how MNCH-CBNC Demand Creation will be implemented.
- Know how to prepare for demand creation activities.
- Understand the Organise stage and steps (Stage 1).

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- FMOH *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipchart with the process for initiating implementation (Step 2).
- Flipchart with KCP roles and responsibilities (Step 10).

**Time:** 30 minutes.

**Steps:**

- 1. Introduce:** the topic and objectives for this session.
- 2. Explain** that the following process will need to be undertaken to initiate the demand creation strategy. The facilitator should adapt to programs receiving external support (write on the flipchart):
- 3.** Conduct MNCH-CBNC demand creation orientation for Zone, Woreda Cabinets, Zonal Health Districts, Woreda Health Office.
- 4.** Develop a Zonal and Woreda CBNC Demand Creation Plan.
- 5.** Cascade MNCH-CBNC training to health workers.
- 6.** TOT on Demand Creation for Woreda Health Office and partners (Saving Newborn Lives).
- 7.** Orient PHCUs on CBNC Demand Creation and the need to establish *extended* PRTs where all health post focal persons and communities are represented.
- 8.** Establish *extended* PRTs to lead CBNC implementation and demand creation strategies in their PHCU catchment:
  - Explain PRTs briefly.
  - Explain the need for including some health workers who are not members of the PRT, but who are responsible for supporting the health posts.
  - Explain that it is possible to include additional important individuals in the PRT team based on the context.
- 9.** During six supportive supervision visits, the *extended* PHCU will be trained on the Organise, Explore and Plan, Act and Monitor, and Evaluate, Learn and Re-Plan stages.
- 10.** Develop a PHCU MNCH-CBNC Demand Creation Plan.
- 11.** Roll out to Kebele level in phases:
  - Explain that KCP will play a key role in the demand creation. Explain that the KCP will be strengthened to lead the demand creation activity.
  - Explain that the KCP strengthening process includes capacity-building activities/exercises as well as identification and inclusion of interested, influential and marginalised individuals and community groups process.
  - Explain to participants that the KCP will need to organise itself for its MNCH-CBNC efforts. This may include establishing a *Strengthened* KCP, which will work specifically to address MNCH-CBNC and whose membership will include representatives from those who have been affected by maternal and newborn issues (such as a father who has lost a newborn) and marginalised and interested community groups. The *Strengthened* KCP may also include the WDA, religious leaders, youth and women groups, gere/ketene leaders and TBAs

# Training Package

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(in their non-delivery role) (use a picture of a train to explain how the work of KCP is key).

- Explain that the KCP will continue to carry out its original role and responsibilities as well as providing support for the *Strengthened* KCP. Oftentimes members of the KCP will want to also become members of the *Strengthened* KCP.

**12. Explain** that developing a plan and budget for MNCH-CBNC Demand Creation will be required and that a sample *Demand Creation Planning Matrix* will be reviewed at a future session.

**13. Summarise by asking:** *What questions do you have on this process to initiate MNCH-CBNC demand creation?* Explain that once these initial steps have been completed, specific work with the KCP (steering committees) can be initiated.

# Training Package

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## ACTIVITY 8: PARTICIPATORY FACILITATION TIPS

**Session Objective:** At the end of this session participants will:

- Describe the Principles and Platforms for mobilizing communities for MNCH-CBNC.

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipchart with Feature of a Good Facilitator (Facilitator Note #4).

**Time:** 10 minutes.

**Steps:**

- 1. Introduce:** the topic and objectives for this session.
- 2. Ask:** *What makes a good participatory facilitator? Write responses on the flipchart.*
- 3. Share** the *Features of a Good Participatory Facilitator* (Helpful Tools #4).
- 4. Ask:** *What additional methods and tools have they used to create a participatory learning environment? Write on the flipchart.*
- 5. Summarise** by asking: *What questions, reflections, or comments do you have on participatory facilitation? Thank participants and continue to the next activity.*

# Training Package

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## Facilitator Note #4

### Features of a Good Participatory Facilitator

#### Arrival

- Appropriate seat arrangement.
- Greet people as they arrive, create rapport, make people at ease.

#### Introduction:

- Formally greet group, thank participants for coming.
- Introduce self and role as facilitator.
- Explain purpose of meeting.
- Have participants introduce themselves.
- Facilitate appropriate icebreaker.

#### Discussion

- Know that the participant has knowledge and that he or she is there to help.
- Begin discussion with opening question or statement.
- Use open, probing, redirecting questions.
- Paraphrase.
- Encourage quiet members.
- Regulate overly dominant members in culturally appropriate ways.
- Handle other difficult participants while maintaining their self-esteem.

#### Use of participatory methods

- Role play.
- Energisers related to topic.
- Debate.
- Use games, pictures, objects to start discussion.

#### Non-verbal communication skills

- Use eye contact to encourage participants.
- Use other gestures to encourage participants (smiles, etc.).
- Verbal communication skills
- Speak clearly and slowly for all to hear.
- Use open-ended questions.
- Use local and easy-to-understand language.

#### Closure

- Summarise, or have participants summarise.
- Clarify next meeting time and date and/or next steps and persons.
- Thank participants and conclude.

# Training Package

## Activity 9: Planning for MNCH-CBNC Demand Creation at the Woreda and PHCU Level

**Session Objectives:** At the end of this session participants will:

- Understand how to plan for MNCH-CBNC Demand Creation at multiple levels.
- Practice using the MNCH-CBNC Planning Tool (in Annex).

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Copy of *MNCH-CBNC Planning Matrix* for participants.
- Summarised data on MNCH-CBNC from the PHCU catchment areas.

**Time:** 30 minutes.

**Steps:**

- 1. Introduce:** the topic and objectives for this session.
- 2. Explain** that one of the most important steps for initiating the process of demand creation is to create a plan and budget for MNCH-CBNC Demand Creation at multiple levels.
- 3. Review** local MNCH-CBNC indicators from PHCU data (see Data Matrix in *Helpful Tools*). **Ask:** Where is demand for MNCH-CBNC services high? Where is it low? (skills delivery, post-natal follow-up, etc.) Ask what might be done to improve the demand for MNCH-CBNC services?
- 4. Share** the *CBNC Planning Tool* with participants.
- 5. Ask** participants to review the flipchart made earlier on how the approaches to demand creation need are supported at the Zonal, Woreda and kebele levels.
- 6. Ask** participants to work in groups to begin to draft the Demand Creation Plan for their PHCUs. Explain that they will not complete the plan during this session, but begin to understand some of the action steps necessary.
- 7. Develop** a list of next steps and responsibilities for implementing CBNC Demand Creation.
- 8. Summarise** by reviewing the action points below. *Ask: What questions, reflections, or comments do you have on Planning for CBNC Demand Creation?*
- 9.** Thank participants for their participation in the CBNC Demand Creation activities and suggest a time for the next supportive supervision visit, which will focus on *Stage 1: Organise the Community for MNCH Action*

# Training Package

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## **PHCU ACTION POINTS!**

Orientation and Planning for Effective MNCH-CBNC Demand Creation:

- Ensure that *expanded* PRT is formed.
- Understand the desired results of MNCH-CBNC Demand Creation.
- Analyse the MNCH-CBNC data – How we are doing?
- Complete the PHCU Planning Matrix for Demand Creation.

# Training Package

## TOOL #1: ORIENTATION AND PLANNING FOR EFFECTIVE DEMAND CREATION

### Helpful Tools for the PHCU!

#### PHCU ACTION POINTS!

Orientation and Planning for Effective MNCH-CBNC Demand Creation:

- Ensure that *expanded* PRT is formed.
- Understand the desired results of MNCH-CBNC Demand Creation.
- Analyse the MNCH-CBNC data – How we are doing?
- Complete the PHCU Planning Matrix for Demand Creation.

#### DEMAND CREATION STRATEGY FOR MNCH-CBNC BRIEF

The purpose of the *Demand Creation Strategy for MNCH-CBNC* is to **improve maternal and newborn outcomes through increased demand creation for MNCH and CBNC.**

Objectives focus on increasing the uptake of appropriate MNCH-CBNC behaviours, as promoted in the four Cs of the FMOH CBNC Package, and the objectives are:

- To improve MNCH-CBNC-related household practices and norms.
- To increase timely care-seeking for maternal and newborn illnesses.
- To create enabling social norms that support appropriate MNCH-CBNC behaviour.

CBNC seeks to achieve its goal by improving linkages between PHCUs and health posts and the performance of HEW and Women's Development Army (WDA), to improve antenatal, intrapartum and newborn care through the four Cs:

1. Prenatal and postnatal **contact** with the mother and newborn, including post-partum family planning;
2. **case identification** of newborns with signs of possible severe bacterial infection;
3. **care**, or treatment that is appropriate and initiated as early as possible; and
4. **completion** of a full seven-day course of appropriate antibiotics.

#### COMPONENTS OF CBNC PACKAGE

- Early identification of pregnancy.
- Provision of focused ANC.
- Promotion of institutional delivery.
- Safe and clean delivery, including provision of Misoprostol in home deliveries or deliveries at health post level.
- Provision of immediate newborn care, including application of Chlorohexidine on cord.
- Recognition of asphyxia, initial stimulation and resuscitation of newborn baby.
- Prevention and management of hypothermia.
- Management of pre-term and/or low birth weight neonates.
- Management of neonatal sepsis/very severe disease at community level.

# Training Package

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## What do we hope to achieve?

- Early identification of pregnancy.
- Provision of focused ANC.
- Danger sign recognition and prompt care-seeking.
- Promotion of institutional delivery.
- Safe and clean delivery, including provision of Misoprostol in home deliveries or deliveries at health post level.
- Provision of immediate newborn care, including application of Chlorohexidine on cord.
- Recognition of asphyxia, initial stimulation and resuscitation of newborn baby.
- Prevention and management of hypothermia.
- Management of pre-term and/or low birth weight neonates.
- Timely and appropriate post-natal care.
- Management of neonatal sepsis/very severe disease at community level.
- Provision of post-partum family planning.
- Improved utilization and quality of child health/iCCM services?
- Communities to organise, explore, plan and act together for improved MNCH-CBNC.

# Training Package

## Key Strategies – How Will We Do It?

STRATEGIES	EXAMPLES
Improve early identification of pregnant mothers	WDA home visits, 1:5 discussions, peer mother referrals
Initiate and support PWCs	HEWs/the WDA and other women's groups help to organise PWCs and ensure attendance of all pregnant women, appropriate use of PWC guidelines and support
Strengthen KCP and/or other appropriate core group to explore, plan and mobilise their communities to act together to improve MNCH-CBNC	Build and link community social networks to conduct community mobilization, i.e., capacity building and follow-up of WDA leaders at gott level
Linking PHCUs, health posts and the performance of health extension workers and the WDA to improve antenatal, intrapartum, post-partum and newborn care through the four Cs	Prenatal and postnatal <b>contact</b> with the mother and newborn, including post-partum family planning, <b>case identification</b> of newborns with signs and possible severe bacterial infection, <b>care</b> , or treatment that is appropriate and initiated as early as possible and <b>completion</b> of a full seven-day course of appropriate antibiotics
Promote active male involvement	Engage in dialogue on MNCH-CBNC by integrating into Agricultural Development Army activities, traditional male leader forums, discussions during home visits, participation in KCPs, etc.
Effective use of Family Health Card to create family dialogue for improved MNCH-CBNC	Supportive supervision of HEWs and the WDA on the use of the Family Health Card
Develop women (family)-friendly maternities to meet demand with quality services	Strengthen quality improvement efforts, talk to women and families about what they want in health services. KCP, HEWs and health centre staff jointly meet to identify quality issues and collaborate for quality improvement
Engage TBAs in non-delivery role to promote early pregnancy detection, ANC, skilled delivery, post-partum and newborn follow-up	TBAs encouraged to work actively with HEWs/the WDA, KCP
Support local emergency transport systems at community level	KCP/community groups organise emergency transport system with list of alternative transport options and contact addresses, raise funds for emergency transport, share the telephone number of the woreda ambulance service with PWCs and families.
Engage family decision makers (and not just women) in MNCH-CBNC such as fathers, mothers-in-law, grandparents	Fathers, mothers-in-law, grandparents engaged during home visits, 1:5 discussions.
Community use of MNCH-CBNC data for decision making through Community Health Bulletin Boards	KCP/key groups working with HEWs to analyse health post data and to share it with the community. Use of mapping tools by the WDA for pregnancy and birth surveillance
Greater teamwork for MNCH-CBNC demand creation	Strengthen and motivate HEWs, the WDA, HEW availability at health posts
Use of multiple channels to reinforce community efforts	School media outreach and health competitions, traditional and religious group MNCH <i>champions</i> , champion MNCH communities recognition

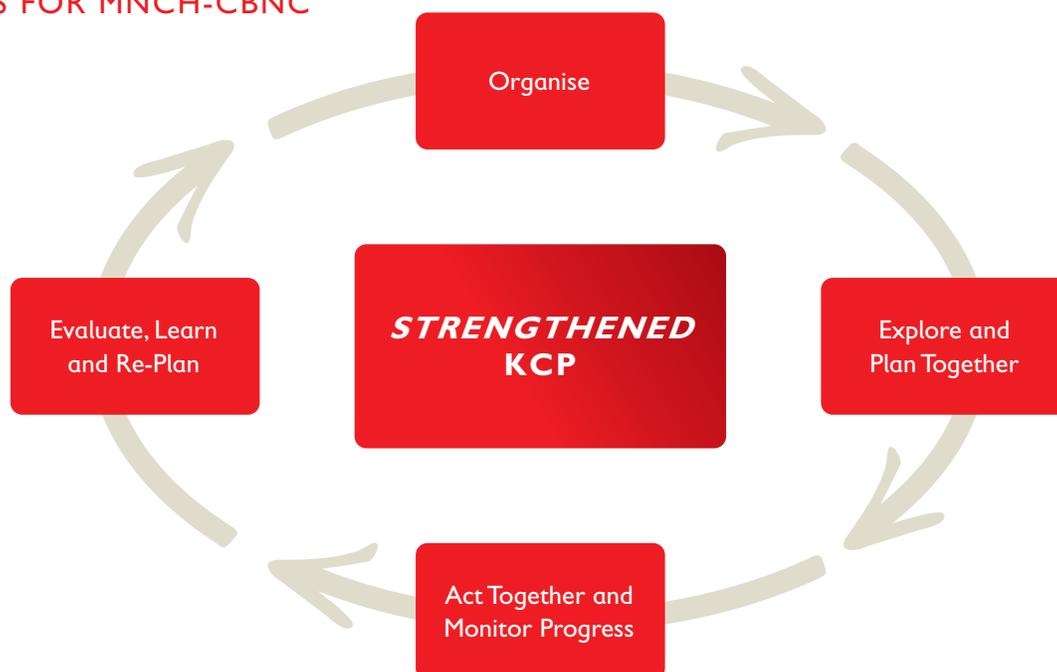
# Training Package

## Stages and Steps of the MNCH-CBNC Community Strengthening and Mobilization Process

At the kebele level, the demand creation strategy has four stages, with associated steps:

- **Stage One:** Organise the KCP for improved MNCH-CBNC.
- **Stage Two:** Strengthen the capacity of the KCP to explore MNCH-CBNC issues and to develop an MNCH Community Action Plan.
- **Stage Three:** Act together, monitor and follow up.
- **Stage Four:** Evaluate, learn and re-plan.

### DIAGRAM: STAGES OF THE COMMUNITY STRENGTHENING AND MOBILIZATION PROCESS FOR MNCH-CBNC



### Key MNCH-CBNC Demand Creation Strategies

- Build and link community social networks and conduct community mobilization.
- Engage family decision makers (fathers, mothers-in-law, grandparents).
- Initiate and support PWCs, peer mother referrals.
- Promote active male involvement.
- Teamwork for demand creation and service delivery.
- Engage TBAs in non-delivery roles.
- Meet demand with quality services – woman-friendly health facilities.
- Community use of data for decision making.
- Use of multiple channels to reinforce community efforts (e.g., schools, religious groups, traditional groups).
- Create emergency transport systems.
- Create WDA and family dialog for improved MNCH.

# Training Package

## KEY MNCH-CBNC DEMAND CREATION STRATEGIES

- Build and link community social networks and conduct community mobilization.
- Engage family decision makers (fathers, mothers-in-law, grandparents).
- Initiate and support PWCs, peer mother referrals.
- Promote active male involvement.
- Teamwork for demand creation and service delivery.
- Engage TBAs in non-delivery roles.
- Meet demand with quality services – woman-friendly health facilities.
- Community use of data for decision making.
- Use of multiple channels to reinforce community efforts (e.g., schools, religious groups, traditional groups).
- Create emergency transport systems.
- Create WDA and family dialog for improved MNCH.

## TOOL #2: HOW ARE WE DOING? DATA MATRIX FOR MNCH-CBNC (EXAMPLE)

Kebele name/location	
Total population per kebele	
Number of Development Team Leaders (DTLs) and 1:5 networks	
Proportion of pregnant mothers who attended ANC at a health post in the last 12 months*	
Proportion of pregnant mothers who attended four ANC sessions in the last 12 months*	
Proportion of mothers who delivered at a health centre (number of women at health centre/number of pregnancies identified as a percentage)*	
Number of two-month to five-year-old children who received treatment in the health post in the last three months*	
Number of 0-2-month young infants who received treatment from the health post in the last three months*	

\* preferably by each kebele if data is available.

# Training Package

## Guide #2: Organise the Community for Action

### MNCH-CBNC DEMAND CREATION (PART 1)

**Introduction:** The *Supportive Supervision Guides* will assist the Woreda Health Office to support PHCUs to implement effective demand creation efforts to improve MNCH and CBNC in their communities.

**Topic:** **Guide #2** focuses on the **Organise the Community for Action Stage, Steps 1-3** for working with community partners to improve MNCH-CBNC demand creation. It requires approximately two hours of focused discussion. Woreda Health Office staff will work with PHCUs to train and apply each *stage* and *step* for effective demand creation.

**Participants:** It is anticipated that an *expanded PRT* at PHCUs will be formed ahead of time to participate in demand creation *supportive supervisions*. The *expanded PRT* team will include representation from staff working on MNCH, especially at the community level. The *expanded PRT* will go on to plan, implement and monitor MNCH-CBNC demand creation efforts.

**Materials:** PHCUs will need copies of the *Demand Creation Strategy for MNCH-CBNC*, flipchart paper, markers, tape for facilitator

**Helpful Tools:** *Helpful Tools* for the *Organise the Community for Action Stage, Steps 1-3* are in the Annex to help to apply demand creation effectively with community partners. These should be copied and provided to the PHCU.

**Roll-out:** Attached to the *Helpful Tools* at the back of this guide is a suggested *Meeting Outline for PHCU* support to communities (KCPs, etc.) for successful community mobilization and capacity strengthening for improved MNCH-CBNC.

#### SUPPORTIVE SUPERVISION GUIDES FOR IMPROVED DEMAND CREATION

Demand Guide #1: Orientation and Planning for Effective MNCH-CBNC Demand Creation

Demand Guide #2: Organise the Community for Action – Part 1

Demand Guide #3: Organise the Community for Action – Part 2

Demand Guide #4: Explore and Plan Together – Part 1

Demand Guide #5: Explore and Plan Together – Part 2

Demand Guide #6: Act Together and Monitor Success

# Training Package

## STEP 1: ORIENTATION OF THE KCP(S) BY THE HEALTH CENTRE TEAM

**Session Objective:** At the end of the step participants will be able to:

- List the four steps in the *Organise the Community for Action* stage.
- Implement Steps 1-3 of the *Organise the Community for Action* stage.
- Develop a list of KCP(s) in the PHCU catchment.
- Review local maternal and newborn indicators from PHCU data.
- Develop a *mobilising* MNCH-CBNC goal to share with the community.
- Orient KCPs to the MNCH-CBNC goal/demand creation strategy.

**Time:** 1 hour.

**Materials:**

- Copy of the *Demand Creation Strategy for MNCH-CBNC* document for all participants.
- Copy of Helpful Tool #2 at the end of this guide.

**Preparation:**

- Flipchart with a diagram of the four stages of the community mobilization process.
- Flipchart with the steps of the *Organise the Community for Action* stage (Pages 13-14) of the *Demand Creation Strategy*.
- Flipchart with task for creating a *mobilizing goal*.

**Activities:**

- 1. Share** the session title and objectives.
- 2. Review** with participants the *Organise the Community for Action Stage and Steps* by asking them to read from Page 14 of the *Demand Creation Strategy* document. Tell the participants that there is no strict requirement to follow the steps. Sometimes it is possible to perform more than one step at the same time or to perform the steps in a different order depending on the context.
- 3. Point** to the pre-prepared flipchart with the steps and **Ask:** How many steps, and what are they?  
Answer: Four steps in total:  
**Step 1:** Orient the KCP.  
**Step 2:** Identify interested community groups and individuals.  
**Step 3:** Invite community participation.  
**Step 4:** Organise the KCP for MNCH-CBNC action.
- 4. Explain** that the activities in this *Supportive Supervision Guide #2* will focus on the first three steps of the *Organise the Community for Action* stage.
- 5. Say** that Steps 1-2 will probably take one month depending on the number of KCPs. Step 3 will take perhaps two months or more as the KCPs will go on to hold a number of meetings in their communities to invite broad participation.  
  
It is anticipated that Steps 1-3 can be undertaken during the first PHCU meeting with KCPs.  
  
Thereafter, the PHCU team will learn about and apply Step 4: *Organise the KCP for MNCH-CBNC Action*. This will take place in a second meeting with the KCPs.
- 6. Tell** participants that to carry out Step 1: Orient the KCPs in their area, they will need to prepare the following (write on the flipchart):
  - A mobilizing MNCH-CBNC goal.
  - A list of all the KCPs in their area.
  - A summary of key MNCH-CBNC data to share with the community.
  - General information on the *Demand Creation Strategy for MNCH-CBNC*.

# Training Package

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**7. Say:** First, it is important to understand and to be able to share the overall goal of demand creation for MNCH-CBNC. So, let's get started! (Ask participants to form three groups and to review the MNCH-CBNC demand creation goal, objectives and components on Pages 5-6 of the *Demand Creation Strategy* document.)

**8. Ask** participants to write down the MNCH-CBNC technical goal. Ask them to change the technical goal into one that is clear, attractive and motivating for communities.

Emphasise that a mobilizing goal should be clear enough to encourage community members to understand the program and to want to participate, as it affects their lives and those of their children. Write this new goal in the local language.

**9. Ask** participants to present their mobilizing MNCH-CBNC goal in plenary.

**10. Ask** for feedback: *How would you suggest the goal be re-phrased so that it is a more effective mobilizing goal?*  
Share Helpful Tool #2: *Mobilizing Goal*.

**11. Post** the mobilizing goals on the wall and ask someone from the team to record them for future use with community partners.

**12. Tell** participants that to work effectively with communities, a list of KCPs in their area should be drawn up. Ask participants to work together to complete **Tool #1** in Helpful Tool #2 at the end of this guide. (Allow 15 minutes.)

**13. Say:** Now we must prepare local MNCH-CBNC data/information to share with KCPs during their orientation.

**14. Ask:** Do we have all resources/materials ready to begin orienting our KCPs to the MNCH-CBNC? Or do we need more time to prepare? Refer to the flipchart with orientation materials.

**15. Summarise** by asking: What questions, reflections, or comments do you have? Thank participants and continue to *Step 1 in the Organise the Community for Action*.

# Training Package

## STEP 2: IDENTIFICATION OF COMMUNITY GROUPS AND INDIVIDUALS INTERESTED IN WORKING TO IMPROVE MNCH-CBNC

**Session Objective:** At the end of the Step 2 participants will be able to:

- Work with KCPs to identify the community groups and individuals most interested and affected in MNCH-CBNC.

**Time:** 30 minutes.

**Materials:**

- Copy of the *Demand Creation Strategy for MNCH-CBNC* document for all participants.
- Copy of Helpful Tool #2 for all participants (at the end of this guide).
- Copy of Tool #5: *Inventory of Interested Community Group and Individuals* on the flipchart.

**Activities:**

- 1. Explain** that Step 2 is carried out with KCPs to identify which community groups and individuals should be invited to participate in supporting MNCH-CBNC goals and strategies.
- 2. Ask:** Participants to review Helpful Tool #5. Explain that to achieve community ownership and action, we have learned that it is important to invite those most interested in and/or affected by MNCH. They should have a real voice in the issues that need to be addressed, and how to address them.
- 3. Brainstorm** with participants community groups who should participate (write on the flipchart). Responses could include existing women's groups, religious groups, etc.
- 4. Brainstorm** which community individuals should participate (write on the flipchart). Responses could include:
  - TBAs.
  - grandmothers/fathers.
  - parents who have lost newborns.
  - husbands who have lost wives during pregnancy/delivery.
  - spiritual leaders/wise elders.
  - leaders (formal or informal). Informal leaders don't have political power, but still are highly respected leaders in the community.
- 5. Say** that the PHCU team will help the KCPs to draw up a similar list. This list will be used by the KCP to invite community members to MNCH-CBNC orientation meetings in Step 3.
- 6. Summarise** by asking: *What questions, reflections, or comments do you have?* Thank participants and continue to Step 3 in *Organise the Community for Action*.

# Training Package

## STEP 3. KCP ORIENTS THE BROADER COMMUNITY AND INVITES PARTICIPATION

**Session Objective:** At the end of the Step 3 participants will be able to:

- Help KCPs to prepare for their MNCH-CBNC community orientation meeting(s).

**Time:** 30 minutes.

**Materials:**

- Copy of the *Demand Creation Strategy for MNCH-CBNC* document for all participants.
- Copy of Helpful Tool #2 for all participants (at the end of this guide).

**Preparation:**

- Copy Tool #6: *Community MNCH-CBNC Orientation Meeting Guide* on the flipchart.

**Activities:**

1. **Share** the session title and objectives.
2. **Ask:** participants why it is important to hold MNCH-CBNC orientation meetings with the broader community. Write responses on the flipchart. Answers include:
  - Create greater community awareness of the MNCH-CBNC problem.
  - Leverage multi-sectoral stakeholders' response (education, agriculture).
  - Generate interest in collective action towards a common MNCH-CBNC goal.
  - Create understanding of community responsibility in health and health services
3. **Explain** that preparation is needed for the KCP to carry out Step 3. During the first meeting with the KCP, the PHCU team can help prepare it to carry out its MNCH-CBNC community orientation meeting(s).
4. **Tell** participants that preparation for the community MNCH-CBNC orientation meetings includes:
  - Inviting those most affected/interested.
  - Setting dates/location for meetings.
  - Preparing a meeting agenda and materials.

5. **Explain** that the KCP will host multiple meetings to reach all villages and interested groups and individuals.
6. **Tell** participants that the KCP should refer to the list it drew up of interested groups and individuals from Step 2 to invite community members to the MNCH-CBNC orientation meetings.
7. **Say** that it is helpful for KCPs first to orient these groups/individuals by calling a special meeting. These stakeholders can then help to orient other community members. Religious groups and women's groups often meet regularly and can talk about the MNCH-CBNC goal and strategies during their regular meetings.
8. **Review** with participants Helpful Tool #6: *Community MNCH-CBNC Orientation Meeting Guide*. Explain that this *Orientation Meeting Guide* should be shared with the KCP to help it to plan its MNCH-CBNC community meetings.
9. **Summarise** by reviewing the action points below. Say, now the PHCU team is prepared to carry out Steps 1-3 with our KCPs. Suggest that a schedule be drawn up for when these steps will be applied and who will be responsible.

# Training Package

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## **Action Points! Getting the Community Organised**

### **SUPPORTIVE SUPERVISION #2**

#### **PHCU Action Points!**

- Develop a mobilising MNCH-CBNC goal to share with the community.
- Develop list of KCP(s) in the PHCU catchment.
- Orient KCPs to the MNCH-CBNC goal and demand creation strategy.
- With KCPs, identify community groups and individuals interested in MNCH-CBNC.
- Help KCPs to invite the participation of those most interested and affected to work together to address MNCH issues

#### **KCP Action Points!**

- The KCP orients the community to the MNCH-CBNC goal and invites the participation of those most interested and affected.

# Training Package

## HELPFUL TOOLS FOR THE PHCU!

### GUIDE #2 ORGANISE COMMUNITY FOR ACTION

Step 1: Orient the KCP.

Step 2: Identify interested community groups and individuals.

Step 3: Invite participation.

(Step 4: Organise the KCP for MNCH-CBNC Action).

#### PHCU Action Points!

- Develop a Mobilising MNCH-CBNC goal to share with the community.
- Develop list of KCP(s) in PHCU catchment.
- Orient KCPs to MNCH-CBNC goal and demand creation strategy.
- With KCPs identify community groups and individuals interested in MNCH-CBNC.
- Help KCPs to invite participation of those most interested and affected to work together to address MNCH issues.
- Support KCPs in conducting orientation of interested community groups and individuals and the broader community orientation (Tools #5 and #6). Health centre staff to attend and support this process.

#### KCP Action Points!

- The KCP orients the community to the MNCH-CBNC goal and invites the participation of those most interested and affected.

### TOOL #1: ORIENTING KCPS TO MNCH-CBNC

#### Preparation Needed:

- A mobilizing MNCH-CBNC goal
- A list of all KCPs in their area
- Summary of key MNCH-CBNC data to share with community
- General information on the *Demand Creation Strategy for MNCH-CBNC*, mobilization Stages/Steps (Helpful Tools, Guide #1)
- Copies of tools to be shared with the KCP (Tools #5 and #6)

### TOOL #2: MNCH-CBNC MOBILIZING GOAL (EXAMPLE)

*“No mother should die while giving birth. Reducing mother and newborn deaths helps to ensure the survival of a coming generation!”*

# Training Package

## TOOL #3: MATRIX OF KCPS ORIENTATION:

NAME OF KEBELE	ORIENTED TO MNCH-CBNC		
	Yes	When?	No
1.			
2.			
3.			
4.			

## TOOL #4: KEBELE LEVEL DATA ON MNCH-CBNC (EXAMPLE)

Total population of the kebele, number of DTLs and 1:5 networks	
Proportion of pregnant mothers who attended ANC at a health post in the last 12 months*	
Proportion of pregnant mothers who attended four ANC sessions in the last 12 months*	
Proportion of mothers who delivered at a health centre (Number of women at health centre/ Number of pregnancies identified as a percentage)*	
Number of two-month to five-year-old children who received treatment in the health post in the last three months*	
Number of 0-2-month young infants who received treatment from the health post in the last three months*	

## TOOL #5: INVENTORY OF INTERESTED COMMUNITY GROUP AND INDIVIDUALS

LIST OF GROUPS:	LIST OF INDIVIDUALS (TBAs, leaders -formal/informal, wise elders, etc.)

# Training Package

## TOOL #6: COMMUNITY MNCH-CBNC ORIENTATION MEETING(S)

### Community MNCH-CBNC Orientation Meeting Guide

#### Pre-Meeting Preparation

- KCP works with Kebele Chairperson/Kebele Manager and HEW to plan community meeting together.
- Decide on meeting time and place (convenient to community members).
- Invite key community groups and individuals well ahead of the meeting.
- HEW prepares MNCH data to share with community.

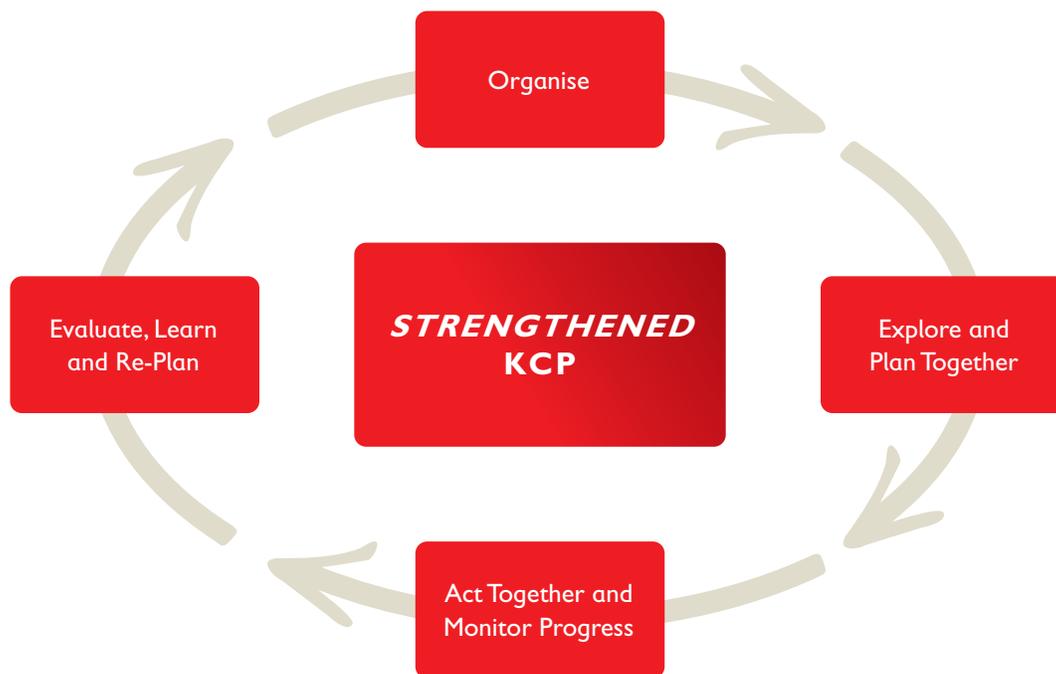
#### Conducting the Meeting (to be facilitated by the KCP assisted by health centre staff):

1. Welcome attendees and introduce KCP members to the community.
2. Share recent MNCH-CBNC data from the kebele *[Optionally, short drama/skit focusing on MNCH challenges of the kebele can be prepared and presented and presented before presenting kebele MNCH data to initiate discussions. The drama/skit can be prepared by School children, members of KCP or other community members].*
3. Ask participants, what are some of the MNCH-CBNC issues they are concerned about?
4. Share mobilizing goal (developed and shared during the meeting with PHCU).
5. **Ask:** Why do we need to create demand?
6. **Ask:** What are major barriers to using MNCH services in our community?
7. Ask the HEW to present kebele data using **Tool #4**.
8. Summarise why Demand Creation for MNCH is important using the following two bullets.
  - Explain that CBNC services are initiated in their kebele, which includes pregnancy identification, ANC service, skilled delivery, PNC, newborn care (including early identification and treatment of sick newborns), care for older children, etc. However:
9. **Ask:** what platforms can be used for this purpose?
10. **Share** the following platforms to use and key people to involve in the demand creation process:
  - The WDA
  - HEWs
  - PWFs
  - KCP
  - Households
  - Neighbours
  - Women's groups
  - Traditional Social institutions (e.g., Idir)
  - Schools and youth groups
  - CBOs
  - FBOs
  - NGOs
  - FMOH, Regional Health Bureau and Zonal Health Offices
  - Woreda Administration, Health Office, Woman and Children's Affairs
  - Health centres, health posts
  - Mothers, grandparents, TBAs, community opinion leaders, religious leaders, fathers, health centre staff, HEWs, the WDA, marginalised, interested and affected people
11. Say that there is a need for strategies to create demand for MNCH. Share the following general strategies with participants and discuss how each strategy can be put into practice in your particular context.
  - Engaging family decision makers: How?
  - Supporting PWCs: How?
  - Active male involvement: How?
  - Non-delivery role of TBAs: How?

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- Meeting demand with quality services: How?
  - Teamwork for demand creation and service delivery: How?
  - Use of multiple channels to reinforce community efforts: How?
  - Using community-based data for decision-making: How?
  - Building and linking community social networks: How?
12. Share roles of the *Strengthened KCP* (using list of role and responsibilities set during last meeting with health centre staff).
  13. Invite community members (those interested in and affected by MNCH-CBNC issues) to work with them to improve MNCH-CBNC; ask for those interested to join the group if possible.
  14. Ask participants to reflect on the discussion.
  15. Summarise the discussion, thank participants, set next meeting date and conclude the meeting.

## THE COMMUNITY MOBILIZATION PROCESS



# Training Package

## Capacity Strengthening of KCPs<sup>7</sup> for MNCH-CBNC Demand Creation

### PHCU MEETING OUTLINE

**Note:** It is anticipated that once the KCP is strengthened to address MNCH-CBNC issues, it will hold meetings on its own and carry out activities without always having the presence of the PHCU. This will demonstrate ownership and true community collective action for improved MNCH-CBNC!

Depending on the distance and resources available, it may be more efficient to bring a few KCP representatives to the PHCU for MNCH-CBNC capacity strengthening with the responsibility to return to their groups and to share new skills.

#### Meeting #1

- Share the mobilizing MNCH-CBNC goal.
- Orient KCPs to the MNCH-CBNC goal and demand creation strategy.
- With KCPs, identify community groups and individuals interested in working on MNCH-CBNC issues.
- Help to broaden representation and make a list of members (new and old).
- Help the KCP to prepare for its community meeting(s) to invite participation of those most interested/affected and the broader community.

**Meeting #2** (Prior to this meeting, new members will have joined the KCP and will be in attendance)

- Organise the KCP for MNCH-CBNC action.
- Facilitate the KCP Capacity Self-Assessment and review the results.
- Build a basic understanding of key MNCH-CBNC desired outcomes, demand creation strategies and community mobilization processes.
- Clarify roles and responsibilities.

- Confirm leadership and how/when it will elect new leaders.
- Set norms for working together (how to work, when to meet, where).

#### Meeting #3

- Explore MNCH-CBNC with the KCP.
- Build capacity to facilitate an MNCH Problem Tree (maternal and newborn).
- Build capacity to facilitate an MNCH Resource Map.
- Practice with Small Group Discussion Guide.
- Plan for the KCP to explore MNCH-CBNC issues with community members.

#### Meeting #4

- Analyse information learned during explore phase.
- Set priorities.
- Share Community MNCH-CBNC Action Plan Matrix.
- Discuss who to invite to help with Community MNCH-CBNC Action Plan.
- Set dates for community MNCH-CBNC action planning.

#### Meetings #5 and #6

- Support the development of the Community MNCH-CBNC Action Plan.
- Set a meeting to share with broader community.

<sup>7</sup>Or other appropriate community group

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## **Meetings #7 and #8**

- Support the capacity needs of the KCP to implement the Community MNCH-CBNC Action Plan.
- Leadership mentoring.
- Resource mobilization mentoring.
- Conflict resolution meeting.
- Use of local data for decision-making (Community MNCH Bulletin Board).

## **Meeting #9**

- Monitoring health post MNCH-CBNC data for change.
- Community MNCH-CBNC Action Plan implementation.

## **Meeting #10**

- Celebrate successes!
- Re-do MNCH-CBNC Action Plan for new year!

# Training Package

## Guide #3: Organizing the Community for MNCH Action

### MNCH-CBNC DEMAND CREATION (PART 2)

**Introduction:** The *Supportive Supervision Guides* will assist the Woreda Health Office to support PHCUs to implement effective demand creation efforts to improve MNCH and CBNC in their communities.

**Topic:** **Guide #3** focuses on *Organizing the Community for MNCH Action, Step 4*, and is the third in a series of six guides to be applied over six supportive supervision sessions. Each of the guides requires approximately three hours of learning. Woreda Health Office staff will work with PHCUs to train and apply each stage and step for effective demand creation.

**Participants:** It is anticipated that an expanded PRT at PHCUs will be formed ahead of time to participate in demand creation supportive supervisions. The expanded PRT team will include representation from staff working on MNCH, especially at the community level. The *expanded PRT* will go on to plan, implement and monitor MNCH-CBNC demand creation efforts.

**Materials:** PHCUs will need copies of the *Demand Creation Strategy for MNCH-CBNC*, flipchart paper, markers and tape for the facilitator.

**Helpful Tools:** *Helpful Tools* for the *Organise the Community for Action Stage, Step 1-3* are in the Annex to help to apply demand creation effectively with community partners. These should be copied and provided to the PHCU.

**Roll-out:** Attached to the *Helpful Tools* at the back of this Guide is a suggested *Meeting Outline for PHCU* support to communities (KCPs, etc.) for successful community mobilization and capacity strengthening for improved MNCH-CBNC.

#### SUPPORTIVE SUPERVISION GUIDES FOR IMPROVED DEMAND CREATION

Demand Guide #1: Orientation and Planning for Effective MNCH-CBNC Demand Creation

Demand Guide #2: Organise the Community for Action – Part 1

Demand Guide #3: Organise the Community for Action – Part 2

Demand Guide #4: Explore and Plan Together – Part 1

Demand Guide #5: Explore and Plan Together – Part 2

Demand Guide #6: Act Together and Monitor Success

# Training Package

## STEP 4: ORGANISE THE KCP FOR MNCH-CBNC ACTION

**Session Objectives:** At the end of this step participants will be able to:

- Build the KCP's understanding of the MNCH-CBNC demand creation desired outcomes.
- Review KCP membership to include those most affected/interested and establish a *Strengthened* KCP to address MNCH-CBNC issues in their community.
- Support the *Strengthened* KCP on how to carry out a capacity self-assessment.
- Clarify the roles/responsibilities of a *Strengthened* KCP, which will work on MNCH-CBNC demand creation; this helps to establish norms of conduct.

**Time:** 1 hour, 30 minutes.

### Materials:

- Copy of the *Demand Creation Strategy for MNCH-CBNC* document for all participants.
- Copy of Helpful Tool #3 for all participants (at the end of this guide).

### Activities:

1. **Share** the session title and objective(s).
2. **Ask:** What is the role of the KCP? Why might it be a good platform for mobilizing communities for MNCH-CBNC? Why might it not be?
3. **Review** with participants the anticipated role of the KCP in MNCH-CBNC demand creation (Tool #1: *KCP Roles and Responsibility for Improved MNCH-CBNC – Helpful Tool #3* at the end of this guide).
4. **Ask:** How might representation on the KCP (or how it is structured) be improved to support its MNCH-CBNC demand creation activities? Write responses on the flipchart. Examples are:
  - Representation of those most affected by or interested in MNCH-CBNC
  - Representation from other groups who are interested in MNCH, for example, women's groups, religious groups, etc.

5. **Ask:** Who might be the most interested in women and newborns in their communities? Responses could include:
  - Women who have lost babies.
  - Women in the reproductive age group.
  - Fathers whose wives/newborns died during pregnancy/delivery/post-partum.
  - Wise elders.
  - TBAs (in a non-delivery role).
6. **Explain** the **60/40 rule** determined by sociologists which says that those most marginalised or interested in the issue should make up at least 60% of the membership for them to have a true voice and decision-making power. In the case of MNCH-CBNC we would hope for at least 60% women membership. Draw a circle on the flipchart and divide with a line to show 60% and 40% of the circle on each side of the line.
7. **Ask** participants why it is important that those most marginalised have a true voice in supporting MNCH-CBNC community action? Response: the issues that are prioritised and planned by the group will then address the true and felt needs of those most affected.
8. **Say**, that during Step 4, the PHCU team will work closely with the KCPs to review their membership and help to find a way to increase the representation of those most affected by and interested in MNCH-CBNC. This may include forming a *Strengthened* KCP whose members include representatives of those who have been affected by MNCH issues (such as a father who has lost a newborn) and marginalised and interested community groups. The *Strengthened* KCP may also include WDAs, religious leaders, youth and women groups, gere/ketene leaders and TBAs (in their non-delivery role). This may involve a sub-committee focused on MNCH-CBNC, increasing membership, or reaching out to existing community groups. This will depend on the KCP. **Note:** there is no special size for the KCP membership, but 15-20 members might be realistic.

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- 9. Brainstorm:** *Why is it important for a group to be well organised? When a group is not well organised what might be the consequences?* (Response: members understand the role and what is expected, function better if organised, etc.) Explain that during this step the PHCU team will work closely with KCPs to review its structures, leadership roles and norms. These should be developed and documented by the KCP.
- 10. Say,** let's first review an example of how a group can be structured. Ask participants to review Tool #2: *Group Structure and Leadership Roles* (Helpful Tool #3 at the end of this guide). Explain that this is just an example of how a well-organised group might be structured, and leadership roles. Some groups might choose not to have a formal leadership structure in the beginning, especially if they are small. Explain that during Step 4 the PHCU team will work closely with *Strengthened* KCPs to review their *structures and leadership roles*. These should be developed and documented by the KCP.
- 11. Brainstorm:** *Why are might having norms or codes of conduct be important for a group?*
- 12.** (Response: know when to meet/where, how new leadership will be elected, how to work together, etc.). Ask participants to review Tool #3: *Group Norms – Code of Conduct* (Helpful Tool #3 at the end of this guide). Explain that during Step 4 the PHCU team will work closely with KCPs to review their *norms and codes of conduct*. These should be developed and documented by the KCPs.
- 13. Say,** now we will learn about the *Strengthened* KPC Capacity Self-Assessment, Tool #4, (Helpful Tool #3 at the end of this guide). Together with participants, review Tool #4. Write on the flipchart that the purpose of the Capacity Self-Assessment is to provide a group the chance to reflect on:
- Its role/responsibilities.
  - Its structures/norms.
  - How well it is organised.
  - How well it is succeeding in meeting its goal.
- 14. Explain** that the Capacity Self-Assessment should be completed by the *Strengthened* KPC itself, with guidance from the PHCU team. It should then reflect on:
- What does it feel are its strengths?
  - What are its weaknesses/challenges?
  - What would it like to do to improve?
- 15. Say,** that the Capacity Self-Assessment should be done first during Step 4, and then the Tool for Roles and Responsibilities, *Group Structure and Leadership Roles and Group Norms* can be shared with them to adapt and adjust. These should be developed and documented by the KCP.
- 16. Lastly,** explain that part of the capacity strengthening for KCPs is to build their understanding of MNCH-CBNC components and desired outcomes. During Step 4, Helpful Tools from Guide #1, which focus on MNCH-CBNC components and desired outcomes should be shared with KPCs and community partners. Their understanding of positive practices and demand seeking will need to be mentored over time.
- 17. Summarise** by sharing the **Action Points** below (also Helpful Tool #3 at the end of this guide). **Ask:** *what questions/reflections do you have on Step 4?*
- 18. Say** this concludes the Organise the Community for Action (Stage 1). The next Supportive Supervision for the PHCU will focus on how we work with communities to **Explore and Plan** for improved MNCH-CBNC (Stage 2).

# Training Package

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## Action Points! Getting the Community Organised

### SUPPORTIVE SUPERVISION #3

#### PHCU Action Points!

- Build KCP understanding of MNCH-CBNC desired outcomes.
- With the KCP, review membership to include those most affected and interested and help the KCP to establish a *Strengthened KCP* to address MNCH-CBNC issues in the community.
- Help the KCP to carry out a capacity self-assessment with the *Strengthened KCP*.
- With the KCP, clarify the roles/responsibilities of a *Strengthened KCP*, which will work on MNCH-CBNC demand creation; this helps to establish norms of conduct.

#### KCP Action Points!

- KCP reviews membership/structure to invite those most interested in establishing a *Strengthened KCP* to address MNCH-CBNC issues in their community.
- Carries out a capacity self-assessment.
- *Strengthened KCP* develops roles/responsibilities and norms of conduct for working together to improve MNCH-CBNC.

# Training Package

## HELPFUL TOOLS FOR THE PHCU!

### GUIDE #3 ORGANISE COMMUNITY FOR ACTION (PART 2)

Step 1: Orient the KCP.

Step 2: Identify interested community groups and individuals.

Step 3: Invite participation.

Step 4: Orient the KCP for MNCH-CBNC action.

#### PHCU Action Points!

- Build KCP understanding of MNCH-CBNC desired outcomes.
- With the KCP, review membership to include those most affected and interested and help the KCP to establish a *Strengthened* KCP to address MNCH-CBNC issues in the community.
- Help the KCP, carry out a capacity self-assessment with the *Strengthened* KCP.
- With the KCP, clarify the roles/responsibilities of a *Strengthened* KCP, which will work on MNCH-CBNC demand creation; this helps to establish norms of conduct.

#### KCP Action Points!

- KCP reviews membership/structure to invite those most interested in establishing a *Strengthened* KCP to address MNCH-CBNC issues in the community.
- Carry out a capacity self-assessment.
- *Strengthened* KCP develops roles/responsibilities and norms of conduct for working together to improve MNCH-CBNC.

### TOOL #1: STRENGTHENED KCP ROLES AND RESPONSIBILITY FOR IMPROVED MNCH-CBNC (EXAMPLE)

- Promotes community participation in improved MNCH-CBNC in the kebele.
- Ensure that those most interested in and affected by MNCH participate.
- Explores MNCH-CBNC issues with key community members.
- Develops an MNCH-CBNC community plan for improved family practice and demand for services.
- Works with health centres, HEWs, DTL, the WDA, key community groups and individuals to implement the MNCH-CBNC Community Action Plan.
- Mobilises and harnesses human and financial resources to realise improved MNCH-CBNC.
- Uses community data to monitor MNCH-CBNC progress.
- Provides regular community updates on MNCH-CBNC progress.

# Training Package

## TOOL #2: GROUP STRUCTURE AND LEADERSHIP ROLES (EXAMPLE)

ROLE	KEY RESPONSIBILITIES
President or Chairperson	<ul style="list-style-type: none"> <li>• Day-to-day running of the group</li> <li>• Disciplinary action</li> <li>• Attending to community disputes regarding children</li> <li>• Liaison with partners</li> <li>• Chairing meetings to review progress and activities</li> </ul>
Vice President	<ul style="list-style-type: none"> <li>• Supports president in his or her absence</li> </ul>
Treasurer	<ul style="list-style-type: none"> <li>• Keeps a record of financial donations, disbursements and expenditures incurred by group</li> <li>• Responsible for banking and withdrawals (with second signature)</li> </ul>
Vice Treasurer (optional)	<ul style="list-style-type: none"> <li>• Supports treasurer in his or her absence</li> </ul>
Secretary	<ul style="list-style-type: none"> <li>• Keeps meeting minutes</li> <li>• Keeps records of all group activities</li> <li>• Calls meetings on behalf of president</li> <li>• Keeps records of individual children</li> </ul>
Vice Secretary	<ul style="list-style-type: none"> <li>• Supports secretary in his or her absence</li> <li>• May have additional responsibilities for record keeping</li> </ul>
Representative of local government or traditional authority	<ul style="list-style-type: none"> <li>• Acts as focal point for communication between the group and local decision makers</li> </ul>
Resource Manager (community volunteer member)	<ul style="list-style-type: none"> <li>• Oversees quality assurance and monitoring, includes a logistician to assist with tracking committee assets such as bicycles, rucksacks, office equipment.</li> </ul>
Members and/or other community volunteers who work with CLCs (e.g., activistas)	<ul style="list-style-type: none"> <li>• Individual house visits to pregnant women and families with children &lt; 5</li> <li>• Ongoing support to women, children &lt; 5 and their families</li> <li>• Organising activities within the community to carry out Action Plans</li> </ul>

# Training Package

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## **TOOL #3: GROUP NORMS/CODE OF CONDUCT: (EXAMPLE)**

- We will be transparent and open about what we do and why we do it.
- We will be clear about what we can/cannot do and avoid raising expectations.
- We will do what we say and we will keep all the promises that we make.
- We will respect confidentiality relating to MNCH-CBNC and sensitive information.
- We will make sure that all community members are involved in our activities, including those most marginalised or discriminated against.
- We demonstrate respect for everyone at all times.
- We will be accountable to community members at all times.
- We will strive to challenge harmful attitudes, behaviours or ideas.
- We will meet the last Friday of every month to plan activities.
- We will elect new leadership every two years through a vote.

All members have read and understood this code of conduct. They have signed this and agree to be kept accountable.

\* Adapted from International HIV/AIDS Alliance, 2006, All Together Now! Mobilizing communities for HIV/AIDS.

# Training Package

## TOOL #4: STRENGTHENED KCP – CAPACITY SELF- ASSESSMENT

S/N	INDICATORS	YES/NO		COMMENT
		YES	NO	
1.	Does the <i>Strengthened</i> KCP have an MNCH-CBNC goal?			
2.	Does the <i>Strengthened</i> KCP have a list of its members?			
3.	Does the <i>Strengthened</i> KCP have 60% women, 40% men as members (most marginalised and affected)?			
4.	Is the <i>Strengthened</i> KCP organised with roles and responsibilities (Chair, Vice-Chair, Secretary, Treasurer)?			
5.	Does the <i>Strengthened</i> KCP have written norms that state how it will make decisions? How it will elect its leadership and how often?			
6.	Does the <i>Strengthened</i> KCP have an MNCH Action Plan?			
7.	Is the <i>Strengthened</i> KCP on track in terms of achieving its MNCH goal?			
8.	Are members regularly meeting sharing experience and lessons learned on improving MNCH-CBNC in their communities?			
9.	Does the <i>Strengthened</i> KCP leadership facilitate coordination and action?			
10.	Do members participate in group decision making?			
11.	Does the <i>Strengthened</i> KCP involve key community-level stakeholders (young mothers, men, wise elders, TBAs [non-delivery role], etc.)?			
12.	Is the <i>Strengthened</i> KCP working closely with its PHCU?			
13.	Does the <i>Strengthened</i> KCP monitor the implementation of its MNCH action plan?			
14.	Are key community leaders (formal and non-formal) now involved in promoting MNCH-CBNC			
15.	Has the <i>Strengthened</i> KCP mobilised local resources for MNCH-CBNC? Human: Financial: Material:			
16.	Is the <i>Strengthened</i> KCP managing these local resources well? If so, how?			
17.	Does the <i>Strengthened</i> KCP regularly evaluate its lessons learned and re-plan?			

# Training Package

## Guide #4: Explore and Plan Together

### MNCH-CBNC DEMAND CREATION (PART 1)

**Introduction:** The *Supportive Supervision Guides* will assist the Woreda Health Office to support PHCUs to implement effective demand creation efforts to improve MNCH and CBNC in their communities.

**Topic: Guide #4** focuses on communities *Exploring the MNCH-CBNC* issues and setting priorities in their communities, and it is the fourth in a series of six guides to be applied over six supportive supervision sessions. Each of the guides requires approximately three hours of learning. Woreda Health Office staff will work with PHCUs to train and apply each stage and step for effective demand creation.

**Participants:** It is anticipated that an expanded PRT at PHCUs will be formed ahead of time to participate in demand creation supportive supervisions. The expanded PRT team will include representation from staff working on MNCH, especially at the community level. The *expanded PRT* will go on to plan, implement and monitor MNCH-CBNC demand creation efforts.

**Materials:** PHCUs will need copies of the *Demand Creation Strategy for MNCH-CBNC*, flipchart paper, markers and tape for the facilitator.

**Helpful Tools:** Each guide has a series of *Helpful Tools* in the Annex to help to apply demand creation effectively with community partners. These should be copied and provided to the PHCU.

**Roll-out:** Attached to the *Helpful Tools* at the back of this Guide is a suggested *Meeting Outline for PHCU* support to communities (KCPs, etc.) for successful community mobilization and capacity strengthening for improved MNCH-CBNC.

#### SUPPORTIVE SUPERVISION GUIDES FOR IMPROVED DEMAND CREATION

Demand Guide #1: Orientation and Planning for Effective MNCH-CBNC Demand Creation

Demand Guide #2: Organise the Community for Action – Part 1

Demand Guide #3: Organise the Community for Action – Part 2

Demand Guide #4: Explore and Plan Together – Part 1

Demand Guide #5: Explore and Plan Together – Part 2

Demand Guide #6: Act Together and Monitor Success

# Training Package

## STEP 1: EXPLORE THE MNCH-CBNC ISSUES WITH THE COMMUNITY

**Session Objectives:** At the end of the session participants will be able to:

- List the three steps in the *Explore Local MNCH-CBNC Issues, Prioritise and Develop a Community Action Plan*.
- Implement Steps 1-2 of *Explore Local MNCH-CBNC Issues*.
- Use participatory tools to help communities to explore their MNCH-CBNC issues, including the Problem Tree, Community Resource Map and small group discussions.
- Help the KCP to analyse what has been learned, and prioritise MNCH-CBNC issues to begin to address.

**Time:** 2 hours, 30 minutes.

### Materials:

- Copy of the *Demand Creation Strategy for MNCH-CBNC* document for all participants.
- Copy of Helpful Tool #4 at the end of this guide.
- Flipchart with sample Community Resource Map.
- Flipcharts.
- Markers.
- Tape.

### Preparation:

- Flipchart with the Steps of the *Explore local MNCH-CBNC Issues, Prioritise and Develop a Community Action Plan* (Page 15, *Demand Creation Strategy*).
- List of participatory tools which will be reviewed (problem tree, community resource map and small group discussion).
- Flipchart with a drawing of a sample Problem Tree, see *Helpful Tools*.

### Activities:

- 1. Share** the session title and objectives.
- 2. Review** with participants the steps in the *Explore Local MNCH-CBNC Issues, Prioritise and Develop a Community Action Plan* stage by reading from Page 15 of the *Demand Creation Strategy* document.
- 3.** Point to the pre-prepared flipchart with the steps and ask: How many steps are in this stage of the community mobilization process, and what are they?  
*Answer:* Three steps in total:  
**Step 1:** Explore MNCH-CBNC issues with the community.  
**Step 2:** Analyse what was learned and set priorities.  
**Step 3:** Develop an MNCH-CBNC Community Action Plan.
- 4. Explain** that the Explore and Set Priorities stage will provide communities with an opportunity to explore and understand the underlying issues affecting MNCH-CBNC in their communities. In this stage, community resources that could help to address MNCH-CBNC will also be discovered. This stage will also help the community to choose one or more priorities related to MNCH-CBNC to begin to work on together. It will also help communities to develop a Community MNCH Action Plan that will address its real needs.
- 5. Tell** participants that at first, they will work with the now *Strengthened* KCP(s) to build this group's capacity to use the explore participatory tools. Thereafter, the *Strengthened* KCPs will use these explore tools a number of times within their own communities to generate dialogue on MNCH-CBNC issues and build a greater understanding of the barriers that need to be addressed and positive resources that need to be leveraged.
- 6. Ask** participants: Why is it important for the *strengthened* KCP(s) first to explore the MNCH-CBNC issues amongst their group members?  
Answers:
  - To practice with the tools.
  - To learn about each other's beliefs, attitudes and practices related to MNCH-CBNC.

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**7. Now** ask participants: Why is it important for the *Strengthened* KCP(s) to explore the MNCH-CBNC issues with the broader community? Answers:

- To learn about community beliefs, attitudes and practices related to MNCH-CBNC.
- To create dialogue and conversation around MNCH-CBNC.
- To begin to identify MNCH-CBNC priority issues in the community.

**8. Explain** that as the facilitator you will now demonstrate several participatory methods and tools and their applications. While there are many participatory methods available to explore MNCH-CBNC, the following three have been selected as they are user-friendly and they will provide information that appreciates community strengths, as well as identifying community barriers and challenges (write on the flipchart):

- The Problem Tree (1 hour).
- Community Resource Map (45 minutes).
- Small Group Discussions (45 minutes).

**9. Say**, we will first practice with the Problem Tree. **Ask:** Has anyone has ever used a Problem Tree? If yes, the facilitator can ask them to come and assist, if he or she is comfortable. Say that we will simulate this as if participants are members of the *Strengthened* KCP. Therefore, we will ask them to play this role.

**10. Tell** participants to look at their *Helpful Tools* to follow along with the demonstration. (Facilitator will now turn to the *Helpful Tools* at the end of this guide to demonstrate a Problem Tree).

**11.** Once the *Problem Tree* has been demonstrated, **ask** participants now to work in small groups and to practice facilitating their own Problem Trees. One person will facilitate and others will play the roles of community members. Allow 15-20 minutes. Give them the following task:

In your group, develop a sample Problem Tree as if you were a KCP member facilitating this with a group of men in the community (20 minutes). Each group will address a different MNCH-CBNC issue by placing one of the following MNCH-CBNC problems on the trunk of tree:

- Newborns dying.
- Women dying during pregnancy, delivery or after delivery.
- Sick children (< 5) not receiving care.

**12.** Once completed, ask participants to post their Problem Trees on the wall and take a **Gallery Walk** to view each other's work (as if visiting a museum or art collection).

**13. Summarise** the Problem Tree exercise by asking:

- What observations did you make about the sample Problem Trees?
- Why is it important not to combine women, newborn and child health issues on the trunk of the tree? Answer: Each problem often has different causes, beliefs, attitudes, so the problems need to be stated separately.
- What questions do you have about this tool?
- Would you be able to train the KCP how to use? If so, why? If not, why not?

**(Tea Break suggested)**

**14. Say**, now we will learn about the second participatory tool which is call the Community Resource Map (Facilitator will now turn to the *Helpful Tools* at the end of this guide to demonstrate the Community Resource Map).

**15.** Once the sample Community Resource Map has been completed, **summarise** by asking:

- What observations did you make about the Community Resource Map?
- What questions do you have about this tool?
- Why is it important to look at community resources?
- Would you be able to train the KCP how to use? If so, why? If not, why not?

**16. Say**, now we will learn about the final participatory tool which is a small group discussion. (Facilitator will now turn to *Helpful Tool #3* at the end of this guide to have participants practice with the Small Group Discussion Guide. Allow 25 minutes).

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- 17. Ask** one participant to read aloud the *Preparation for Small Group Discussions*. Make small groups and ask each group to review the *Small Group Discussion – Question Guide*. Ask each group to create **two new questions** from each category related to knowledge, feelings, attitudes, practices and/or beliefs. Write them on the flipchart.
- 18. Ask** each group to share in plenary (three minutes per group). Ask participants what they would change (if anything) about these questions?
- 19. Ask:**
- What questions do you have about small group discussions?
  - Would you be able to train the KCP how to use? If so, why? If not, why not?
- 20. Say** that it will be important for the PHCU to build the KCP capacity to use these three tools with their community groups. They will need to plan with whom and when the tools will be used.
- 21. Ask:**
- How much time will it take to explore the issues amongst themselves? (Answer: normally, 2-3 one-hour sessions).
  - How much time should the KCP take to explore with the broader community? (Answer: normally 3-4 weeks using each tool with different stakeholders. Each tool might be used three times. Normally it takes a month for the explore phase, but it may be longer.) See *Helpful Tools* to plan the Explore stage with the *Strengthened KCP*.
- 22. Summarise** by saying that the *Explore Stage* creates important dialogue and awareness in the community on the need to improve MNCH-CBNC, and to begin to find solutions. Thank participants for their participation and proceed to learn about the next step.

# Training Package

## STEP 2: ANALYSE WHAT WAS LEARNED AND SET PRIORITIES

**Session Objective:** At the end of the session participants will be able to:

- Help KCP(s) to analyse what has been learned and to prioritise MNCH-CBNC issues to include in a community action plan.

**Time:** 30 minutes.

**Materials:**

- Copy of the *Demand Creation Strategy for MNCH-CBNC* document for all participants.
- Copy of Helpful Tools #5 and #6.
- Flipcharts.
- Markers.
- Tape.
- A4 paper.

**Preparation:**

- Bowl of dried beans, rice, or corn (maize).

**Activities:**

1. **Share** the session title and objective.
2. **Say** that an important part of the *Explore* stage is to consolidate what has been learned. As such it is best to analyse what has been learned from response immediately after using each tool explore tool (Problem Tree, Resource Map, small group discussion). Review with participants *Helpful Tool #5* (at the back of these sessions) which shows how to consolidate responses. Key responses will help form strategies for the MNCH-CBNC Action Plan.
3. **Ask**, why is it important that the KCP sets priorities for MNCH-CBNC action? Possible answers:
  - Communities should not be expected to address all MNCH issues at one time.
  - Priority setting helps to focus efforts and increases the chance of succeeding.
  - Community individuals and groups will be motivated by initial successes.
  - Helps communities not to feel overwhelmed, but to plan for success.
  - Allows communities to evaluate outcomes and to take on additional issues with confidence.
4. **Tell** participants that they will now play the role of the KCP members. Select six of the key MNCH issues generated from the practice Problem Trees and place one issue each on a piece of A4 paper. Place these on the ground/floor. Ask for four volunteers.
5. **Say** that we will now practice *pile ranking* as one way to prioritise. Give one equal handful of dry rice/maize or beans to each volunteer. Tell volunteers to place the largest amount next to what they feel should be an MNCH priority to address, based on what they heard from their community members. Tell them to give the next largest amount to the second priority, and so on. Ask volunteers to keep in mind the following criteria: severity, frequency, risk and feasibility. Refer them to *Helpful Tool #6*.
6. **Gather** the piles of dry rice/maize or beans together for each issue and ask volunteers to rank which issue has the greatest amount, next largest amount, and so on. Say that the those three issues with the largest

# Training Package

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amounts will be the three priorities. The other issues will be addressed in the future, as needed.

- 7. Explain** that priority setting in groups is not an easy task, particularly when participants have not done this before, or when the group has only recently been formed. Group leaders may be emerging, and roles and relationships may be shifting as the group establishes its working style. Diverse groups are likely to have differences of opinion. In these circumstances, it is not unusual to see disagreement or conflict. Some strategies include:

  - First articulate issues on all sides.
  - Setting rules for decision making (voting, consensus building).
  - Negotiating.
  - Rotating priorities one time to the next.
  - Adding on additional priorities.
- 8. Summarise** by saying that the consensus building process is important for the KCP (and other groups) to strengthen their collective voice about their priorities. Also, when they go on to plan together, they will be confident that they can defend their priorities with solid reasons that they have thought out and agreed.

# Training Package

## HELPFUL TOOLS FOR THE PHCU!

### GUIDE #4 EXPLORE THE MNCH-CBNC ISSUES WITH THE COMMUNITY

**Step 1:** Explore MNCH-CBNC issues with the community.

**Step 2:** Analyse what was learned and set priorities.

**Step 3:** Develop an MNCH-CBNC Community Action Plan.

#### **PHCU Action Points!**

- Explore MNCH-CBNC with *Strengthened* KCP(s)
- Build KCP(s) capacity to facilitate an MNCH Problem Tree (maternal and newborn).
- Build capacity of KCP(s) to facilitate an MNCH Resource Map.
- Build capacity of KCP(s) to facilitate a small group discussion.
- Plan with KCP(s) to explore MNCH with community members.
- Analyse information learned during explore phase.
- Help KCP(s) to set MNCH-CBNC priorities.

### TOOL #1: THE PROBLEM TREE

#### **Steps:**

- 1. Explain** that the focus of this meeting is to explore those things that prevent mothers and newborns in their community from being healthy and surviving.
- 2. Introduce** the Problem Tree as a participatory tool, which we will use to explore the MNCH-CBNC issues in your community.
- 3. Say** let's develop a Problem Tree together. Explain that the Problem Tree is used to show the root causes of any issue and the consequences or effects of an issue. In this case, we will be looking at the maternal and newborn health issues in your community.
- 4. Tell** participants: to do a Problem Tree, we will need to first draw a tree with roots, a trunk and branches. On the trunk, we will write the issue or problem. For our work, we will focus on three problem issue(s) separately:
  - a.** Newborns dying.
  - b.** Women dying during pregnancy, delivery or after delivery.
  - c.** Sick children (< 5) not receiving care.
- 5. Say, let's get started.** First ask participants to think about why some newborns die in their community.
- 6. Write** every response suggested on one of the roots of the tree (you can add roots as needed). Every response (or cause) becomes a new root. Then take one cause at a time and look at the underlying causes of a problem by asking the question **Why (does this happen)?** For example, if the problem on the tree trunk is that mothers are not aware of newborn danger signs, ask **Why?** And then to that answer, ask **Why?** again. Continue in this way until community members feel that all the causes have been discussed and the roots get deeper and deeper.
- 7. Point** to the branches of the tree, only this time ask: **What are the consequences (or effects) of newborns**

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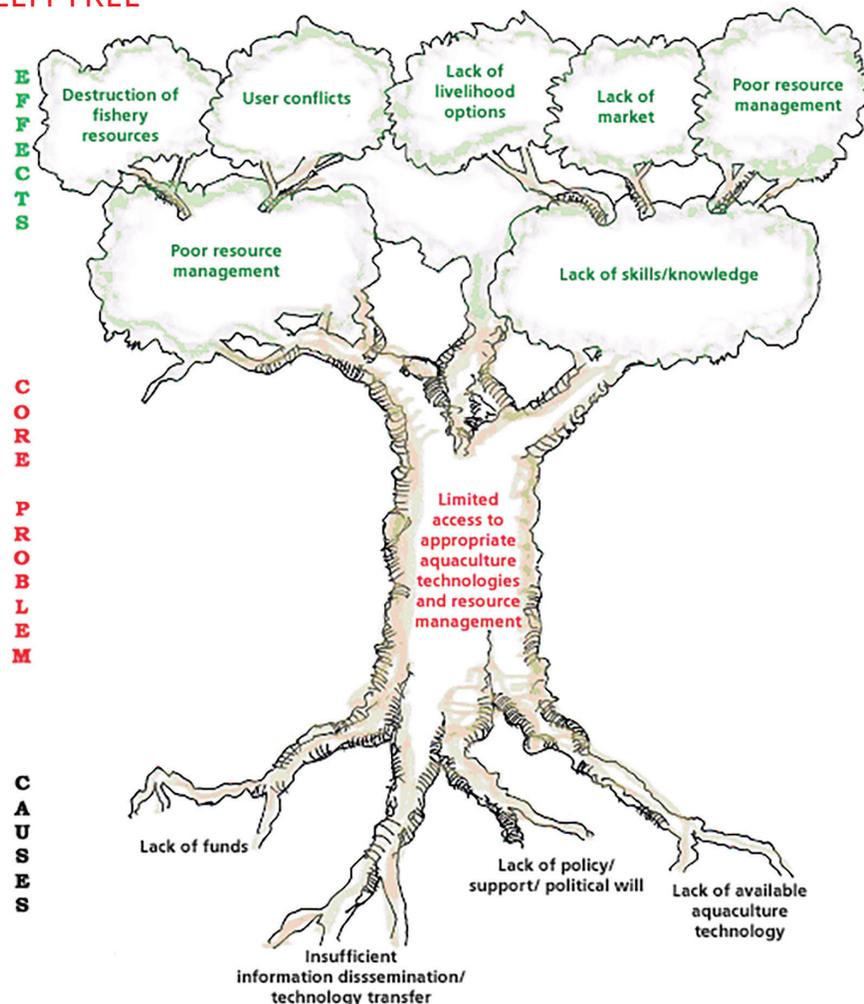
**dying?** Some answers might be: grief and mourning by the family, loss of productivity, etc. Every response becomes a new branch. For each branch keep asking: What does that lead to? Ensure that they have painted a full picture of how newborn deaths affects their families, community, district, country.

8. **Ask** for a volunteer to summarise the findings from this Problem Tree, explaining what people see as the main causes and consequences of newborn death in their community.
9. As a facilitator, record the responses from the Problem Tree and save this information to set priorities at a later time.

10. **Say**, now we will *repeat* the Problem Tree but now focus on problems of women dying during pregnancy, delivery or after delivery. Once this is completed, they can repeat again but with a focus on sick children (< 5) not receiving care.

11. **Summarise** by asking: What have we learned overall from this Problem Tree?
  - a. Why is it important not to combine women, newborn and child health issues on the trunk of the tree? Answer: Each problem often has different causes, beliefs and attitudes, so the problems need to be stated separately.
  - b. What questions do you have about this tool?
  - c. Would you be able use this tool now? If so, why? If not, why not?

## SAMPLE PROBLEM TREE



# Training Package

## TOOL #2: COMMUNITY RESOURCE MAP

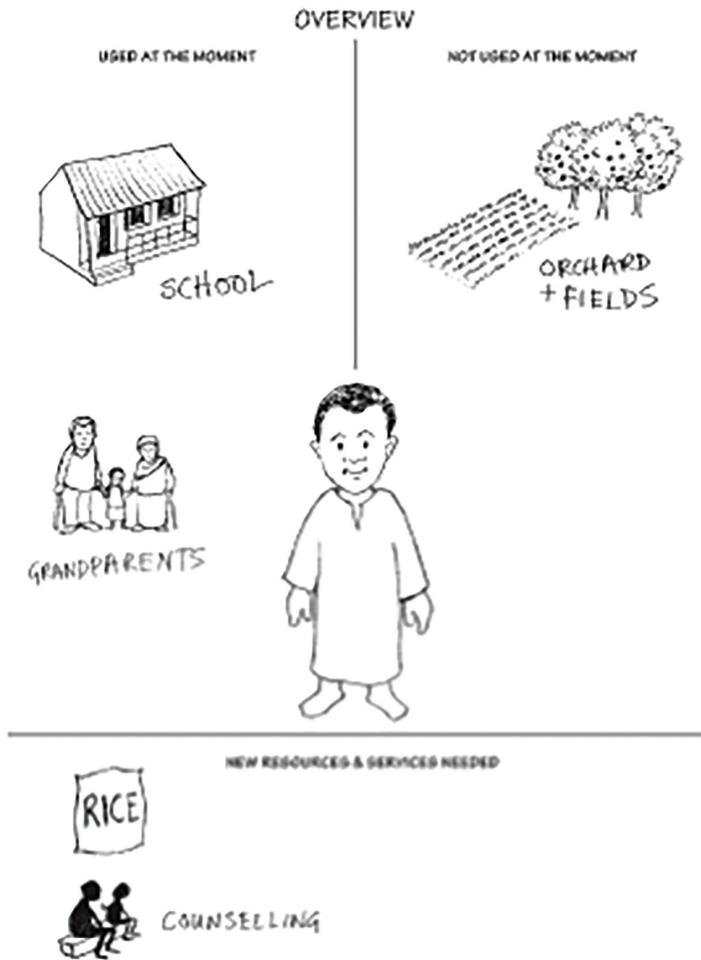
### Steps:

- 1. Introduce** this tool by saying that a Community Resource Map is participatory tool you can use to explore the MNCH-CBNC issues in your community.
- 2. Say**, let's develop a Community Resource Map together. Explain the Community Resource Map.
- 3. Explain** that there are various types of maps that can be made by community members. Many times, maps are made to lay out the physical dimensions and resources in a community (houses, roads, rivers, health posts, etc.) Alternatively, the type of map which is being suggested here will map community members *resources* and *services* available to them. We will gain a better understanding of whether these resources and services are used, or not, and why. In addition, this mapping process will show us what new services and resources may be needed.
- 4. Ask** participants to work outside, preferably on soft, sandy ground where pictures can be drawn and local objects can be placed. Or tape two flipchart papers together and draw the picture below.
- 5. First**, draw a picture of a newborn (and/or pregnant mother) in the centre of the paper or in the dirt on the ground.
- 6. Next**, if the goal is more newborns surviving, on the left side of the newborn you will ask community members what services, resources and assets they already have in the community that they are using to help the newborn? Write down responses on the paper, or ask them to select an object to describe that resource or service. For example, if they have a functional health post, they might select an unused brick or a large rock to symbolise this service.
- 7. Next**, on the right of the newborn ask what services, resources and assets does the community have to help newborns be born healthy and survive, *but it is not yet using?* Write down responses on the paper, or ask them to select an object to describe that resource or service.
- 8. Lastly**, under the newborn ask what services/ resources they still need to help newborns survive? Write down responses on the paper, or ask them to select an object to describe that resource or service.
- 9. Summarise**, by asking community members:
  - What can we observe from our resource map?
  - How might we use these resources better to improve MNCH-CBNC?

\* Repeat the community resource map to address women dying during pregnancy, delivery or after delivery and children < 5 not receiving appropriate care.

# Training Package

## Community Resource Map (example)



# Training Package

## TOOL #3: SMALL GROUP DISCUSSION FACILITATION

### Preparation:

1. Explain that a Small Group Discussion is another way we can help KCPs to explore the MNCH issues in their communities.
2. Explain that a small group discussion brings together people with something in common, for example, pregnant women, or fathers who have lost newborns, who will share their knowledge, attitudes, beliefs and practices. Small group discussions are undertaken without writing down the names of individuals. The process should be confidential and it should encourage people to speak openly.
3. Explain that the most important group we want to participate are those most affected by the MNCH issues. In preparation first decide: *Who in our communities should participate in a small group discussion on maternal and newborn health issues?*

### Suggested participants:

- Parents and family members of the most affected group(s), including fathers, mothers and grandmothers
- Idir leaders
- School directors
- TBAs
- Program specialists
- Religious leaders
- Community leaders
- HEWs/WDA leaders
- Traditional healers
- Agricultural Development Army members
- Kebele administration staff/team
- Etc.

4. Explain that small group discussions usually take 30-45 minutes and therefore the KCP will need to decide how many focus groups to undertake. Normally, 3-4 small-group discussions per community is sufficient.
5. In preparation for a small-group discussion you will need to decide the following:
  - Who will introduce the discussion (assure confidentiality, etc)?
  - Who will ask the questions?
  - Who will take notes (see Tool #5 for guide to note-taking)?

### Facilitating a Small Group Discussion:

- Introduce yourself and thank participants for agreeing to this small group discussion.
- Explain that as part of the community effort to improve the health of mothers, newborns and children in their community they would like to hear their thoughts and opinions about current beliefs and practices.
- Say that you will be asking some questions and hope that they will discuss openly their feelings and ideas. Explain that no names will be recorded, but notes will be taken as this information will help to develop a community plan to improve MNCH
- Start with the first question in the guide below. Allow for discussion and thank participants after each response. If the response is not clear, probe by asking them to clarify or ask why do they think this happens?

# Training Package

## Small Group Discussion - Question Guide for Female Groups

### Deciding to Seek Care:

1. Do most pregnant women/family members recognise maternal and newborn danger signs, or if they or their babies are sick?
2. Are certain women less likely to seek care at some health posts and health centres than others? Which ones?
3. Are certain women/families less likely to delivery their babies at the health centre? Which ones? Where do they prefer to deliver?
4. Can you think of any examples of women who did not seek care? Which ones? Where do they prefer to seek care?
5. What prevents women/family members from seeking care in your community?
6. Do women wish to have modern family planning options? If yes, why? If no, why not? Do husbands? If yes, why? If no, why not?

### Reaching Care:

1. When women/family members seek MNCH care, do they always reach it? If no, why not?
2. Do you know of any women who did not reach care? What happened?
3. What prevents women from reaching care when they decide to seek it?
4. Are some women less like to reach care than others? Which ones? Why?

### Receiving Care:

1. Do women (newborns) who reach care always receive the care they are seeking?
2. What kinds of care do women most frequently not receive? Newborns?
3. What prevents them from receiving the care they seek at the health post or health centre?
4. Are certain women less likely to receive care than others? Which ones? Why?

\* What other points would you like to discuss regarding women/newborn/child health I your community.

\* Do you have any questions for us, or other comments?

# Training Package

## TOOL #4 SCHEDULING THE EXPLORE STAGE:

EXPLORE TOOL	WITH WHOM?	WHEN?
<b>Problem Tree</b>		
<b>Community Resource Mapping</b>		
<b>Small Group Discussions</b>		

## TOOL #5: RECORD WHAT HAS BEEN LEARNED

After each *Explore Stage* tool is used, it is best to analysis the responses and what was learned immediately afterward. To do this, it is best to review the notes and write down only the key responses. As each tool is used, key responses can be added to help form strategies for the MNCH Action Plan. Here is simple tool for capturing learning from the *Explore Stage*:

EXPLORE TOOL USED:	
Explore Tool Used/Question Asked	Community Response or Issues Raised

# Training Package

## TOOL #6: SETTING PRIORITIES

Priority setting in groups is not an easy task, particularly when participants have not done this before or when the group has only recently been formed. Group leaders may be emerging, and roles and relationships may be shifting as the group establishes its working style. Diverse groups are likely to have differences of opinion. In these circumstances, it is not unusual to see disagreement or conflict. Some strategies include:

- Articulate issues on all sides.
- Set rules for decision making (voting, consensus building).
- Negotiate.
- Add on additional priorities.

*Pile ranking* is one method which can be used by communities to prioritise MNCH-CBNC issues. To use this method, first select the top 8-10 MNCH issues generated from the Problem Tree, or other explore tools, and place one issue each on a piece of A4 paper (or use a symbol such as a stone or leave which represents that issue). Place these on the ground/floor.

Give one equal handful of dry rice/maize or beans to each KCP member. Members will now rank the MNCH issues from more important to least by placing the largest amount next to issue they feel should be an MNCH priority to address, based on what they heard from their community members. Tell them to give the next largest amount to the second priority, and so on. Keep in mind the following criteria: severity, frequency, risk and feasibility.

Gather the piles of dry rice/maize or beans together for each issue and review which issue has the greatest amount, next largest amount, and so on. Normally the top three issues with the largest amounts would be MNCH priorities. The other issues will be addressed in the future, as needed.

*Score ranking* can also be used, by giving members a marker pen, or three stones each. Each is allowed three strokes, and can choose any issue to draw one mark. Marks are then added up for each issue, and those with the top three scores will be prioritised (if using stones, they would place one stone next to top three issues, and these are then added up).

A *priority ranking matrix* (below) can also be used by giving a score between 1-10 (10 being the highest) to each problem, and for scoring for each category of severity, frequency, risk and feasibility of response. The problems with the highest total score will be prioritised.

### PRIORITY RANKING MATRIX:

KEY MNCH PROBLEMS IDENTIFIED	SEVERITY	FREQUENCY	RISK	FEASIBILITY OF RESPONSE	TOTAL

# Training Package

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## Tool #7: Small Group Discussion – Question Guide for Male Groups

### Traditional Practices:

- What are the traditional practices related to pregnancy, delivery and postnatal period in our community? Which of these practices are helpful for the community? Which are harmful? How do you see the current MNCH-CBNC care seeking practice of our community?
- What are the roles of husbands, grandmothers, mothers-in-law and other influential parties in these practices?
- How can we improve challenges related to traditional practices you mentioned earlier?

### Seeking Care for newborn and maternal problems:

- Do you think pregnant mothers are visiting health posts for care during pregnancy? Does every woman go to the health centre for delivery?
- How are newborns perceived in our community? How does the community perceive deaths of mothers and newborns?
- Is our community open for visits to mother and newborn immediately after delivery?
- Is it possible for the WDA and/or HEWs to assess the newborn for illness?
- Do we seek care for the newborn when it is sick? What do families do when a newborn is ill? What do you think are the challenges?
- How can we solve challenges you have just raised?

### Supporting the WDA and HEWs:

- How can we support the WDA and HEWs in identifying pregnant women, visiting pregnant women, visiting delivered mothers and checking newborn babies for danger signs during the first week of life?

### MNCH Services:

- What is our understanding of the services delivered at the health post and the services the HEW provides when she comes to our homes?
- Is our community aware of the services delivered by the health posts?
- What are the challenges associated with low utilization of these services?
- How can we overcome challenges associated with utilization of these services?

### Other:

- What other points would you like to discuss regarding women/newborn/child health in your community.
- Do you have any questions for us, or other comments?

# Training Package

## Guide #5: Explore and Plan Together (Part 2)

### MNCH-CBNC DEMAND CREATION

**Introduction:** The *Supportive Supervision Guides* will assist the Woreda Health Office to support PHCUs to implement effective demand creation efforts to improve MNCH and CBNC in their communities.

**Topic: Guide #5** focuses on the *Explore and Plan Together Stage, Step 3*, helping communities develop an **MNCH-CBNC Community Action Plan**. It is the fifth in a series of six guides to be applied over six supportive supervision sessions. Each of the guides requires approximately three hours of learning. Woreda Health Office staff will work with PHCUs to train and apply each *stage* and *step* for effective demand creation.

**Participants:** It is anticipated that an expanded PRT at PHCUs will be formed ahead of time to participate in demand creation *supportive supervisions*. The expanded PRT team will include representation from staff working on MNCH, especially at the community level. The *expanded PRT* will go on to plan, implement and monitor MNCH-CBNC demand creation efforts.

**Materials:** PHCUs will need copies of the *Demand Creation Strategy for MNCH-CBNC*, flipchart paper, markers, tape for facilitator.

**Helpful Tools:** Each *guide* has a series of *Helpful Tools* in the Annex to help to apply demand creation effectively with community partners. These should be copied and provided to the PHCU.

**Roll-out:** Attached to the *Helpful Tools* at the back of this Guide is a suggested *Meeting Outline for PHCU* support to communities (KCPs, etc.) for successful community mobilization and capacity strengthening for improved MNCH-CBNC.

#### SUPPORTIVE SUPERVISION GUIDES FOR IMPROVED DEMAND CREATION

Demand Guide #1: Orientation and Planning for Effective MNCH-CBNC Demand Creation

Demand Guide #2: Organise the Community for Action – Part 1

Demand Guide #3: Organise the Community for Action – Part 2

Demand Guide #4: Explore and Plan Together – Part 1

Demand Guide #5: Explore and Plan Together – Part 2

Demand Guide #6: Act Together and Monitor Success

# Training Package

## STEP 3: DEVELOP AN MNCH-CBNC COMMUNITY ACTION PLAN

**Session Objectives:** At the end of the session participants will be able to:

- Apply the three steps in the *Explore local MNCH-CBNC Issues, Prioritise and Develop a Community Action Plan*.
- Implement Step 3: *Develop an MNCH-CBNC Community Action Plan*.
- Help the KCP/community to develop an MNCH-CBNC Community Action Plan.

**Time:** 1 hour, 30 minutes.

### Materials:

- Copy of the *Demand Creation Strategy for MNCH-CBNC* document for all participants.
- Copy of Helpful Tool #5 at the end of this guide.
- Flipcharts.
- Markers.
- Tape.

### Preparation:

- Post the Steps to the *Explore Local MNCH-CBNC Issues, Prioritise and Develop a Community Action Plan*.
- Write out practice planning task on the flipchart.

### Activities:

1. **Share** the session title and objectives.
2. **Review** with participants the Steps in the *Explore Local MNCH-CBNC Issues, Prioritise and Develop a Community Action Plan* Stage by reading from Page 15 of their *Demand Creation Strategy* document.
3. **Point** to the pre-prepared flipchart with the steps below and ask: How many steps are in this stage of the community mobilization process, and what are they? *Answer:* three steps in total:  
**Step 1:** Explore MNCH-CBNC issues with the community.  
**Step 2:** Analyse what was learned and set priorities.  
**Step 3:** Develop an MNCH-CBNC Community Action Plan.

4. **Say**, in this session we will focus on Step 3: *Develop an MNCH-CBNC Community Action Plan*. At the end of this step the *Strengthened KCP* will have developed a written Community MNCH-CBNC Action Plan, which will address its needs based on what was learned during the Explore and Prioritise steps.
5. **Explain** that some planning is needed to help communities to develop their MNCH-CBNC Action Plans (see *Helpful Tools* at the end of this session). This includes:
  - Determine who will be involved in planning and their roles and responsibilities.
  - Design and facilitate the planning sessions (developing a community plan can take up to 2-3 half days or this amount of time spread over a couple of weeks).
  - Present a draft plan to the broader community and receive input.
6. **Brainstorm:** Who should be involved in the planning sessions? Write responses on the flipchart. They would normally include:
  - People who are most affected by and interested in the MNCH-CBNC issue.
  - People who are respected/listened to by others in the community.
  - People who have certain skills, knowledge and/or access to resources that will be useful in carrying out the CM effort, such as the PHCU team, HEWs, the WDA, etc.
  - People who have some background in community mobilization or other participatory processes.
  - If certain persons are not invited, will they try to obstruct the implementation of the plan?
7. **Review** together the *Community Planning Matrix* in Helpful Tool #1 (at the end of this session). Explain to participants the need for identifying/developing objectives, strategies, activities, responsible person, resources, timeline and indicators of success.
8. **Review** together the definition of an objective, strategy and activity: see Helpful Tool #2 (at the end of this session).

# Training Package

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- 9. Tell** participants that they will now make small groups and practice developing a community action plan as if they were the *Strengthened* KCP. Divide participants into small groups and give them the following task:

Task: (45 minutes)

- Based on what was learned during the practice explore phase, practice developing an MNCH-CBNC Community Action Plan using the planning template. Develop:
  - Objective #1
    - One Strategy #1(to reach this objective)
    - Activity #1
    - Activity #2
  - Objective #2
    - One Strategy #2 (to reach this objective)
    - Activity #1
    - Activity #2

- 10. Ask** the groups to share their results in plenary. Review by asking:

- Is the objective SMART?
- Does the strategy tell us how the community will to this?
- Are the activities focused and clear?

- 11. Explain** that once a draft plan has been developed, it will need to be shared with the broader community (this could be during a regular community meeting at the kebele level or at sub-kebele level.) Ask, why is it important to share the plan with the broader community? (Answer: to seek broader community ownership commitment, additional input, and commitment to resources [human, financial and material].)

- 12. Summarise** by saying that the final MNCH-CBNC Community Action Plan should be approved by the community, and updates on progress should be provided at least quarterly to keep community interest and momentum.

# Training Package

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## HELPFUL TOOLS FOR THE PHCU!

### **GUIDE #5** EXPLORE THE MNCH-CBNC ISSUES WITH THE COMMUNITY

**Step 1:** Explore MNCH-CBNC Issues with the community.

**Step 2:** Analyse what was learned and set priorities.

**Step 3:** Develop an MNCH-CBNC Community Action Plan.

#### **PHCU Action Points!**

- Determine who will be involved in planning and their roles and responsibilities.
- Design and facilitate the planning sessions (developing a community plan can take up to 2-3 half days or this amount of time spread over a couple of weeks).
- Present a draft plan to the broader community and receive input.
- Finalise the MNCH-CBNC Community Action Plan.

# Training Package

## TOOL #1: COMMUNITY PLANNING TEMPLATE

**Mobilizing MNCH-CBNC Goal:**

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**Objectives** (What do we want to achieve specifically?)

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**Key Strategies** (How are we going to achieve our goal?)

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**Indicators of Success** (How will we know if we've achieved the result? Measurable, observable results)

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PRIORITY PROBLEMS	ACTIVITIES	PERSON(S) RESPONSIBLE	TIMELINE	INDICATORS OF SUCCESS	RESOURCES
(problems that the community identified as priority)	What are we going to do to achieve the result? (activities)	Who is responsible for each activity (ADD HERE NAMES OF PERSON[S])	When? How long is needed for each activity? (from-to)	How will we know when we have achieved the result? (measurable, observable outcomes)	What resources do we need to achieve the result?

# Training Package

## TOOL #2: LEARNING TO PLAN: BUILDING ON WHAT WE ALREADY KNOW

This sample matrix<sup>8</sup> demonstrates how communities can apply what is familiar to them to develop their community action plans using a planting and health examples

PLANNING QUESTIONS	PLANTING EXAMPLE	VACCINATION EXAMPLE
What do you want to achieve (goal)?	<i>Food to feed my family and income to pay for school fees and other household expenses.</i>	<i>The children in our community will not become sick with diseases that can be prevented by vaccination.</i>
What will you see when you achieve your goal (desired results, objectives)?	<i>X# bushels of wheat, X# bushels of peas, etc.</i>	<i>All children one year and older will be completely immunised.</i>
What things do you need to keep in mind as you decide how you want to do it (opportunities, challenges, constraints, resources)?	<i>How much land I have, predictions for rain this year, amount of money I have for seed, amount of time it will take, # helpers who know how to plant, etc.</i>	<i>How much vaccine we have, # people who can help, time, whether parents will come, cold chain, etc.</i>
How will you do it (strategy) (ideally, you would generate alternatives here first and then select the most promising one)?	<i>We will plant X# hectares with wheat, X# with peas and will leave X# fallow, etc.</i>	<i>Work with community groups to increase awareness. Vaccinate at the market every week and at the health post every day.</i>
Describe step-by-step how it will be done (activities).	<i>1. Schedule people to help. 2. Purchase seed. 3. Prepare the soil. 4. Etc....</i>	<i>1. Ensure that cold chain is in place. 2. Meet with community leaders and organizations. 3. Train vaccinators, etc....</i>
What will you need to do it (resources)?	<i>Money, seed, three helpers X# hectares of land, etc.</i>	<i>Vaccine, four vaccinators, four thermoses, etc.</i>
When will you begin? How long will it take (timeline)?	<i>May 15, 2000 (five months)</i>	<i>June 1, 2000-December 31, 2000</i>
How will you know when you have succeeded (indicators)?	<i>We will have produced X# bushels of Y. My family will have three meals/day for six months. I will be able to pay school fees and will have \$___ left for household expenses.</i>	<i>By December 31, 2000, at least 80% of children one year and older will be completely immunised.</i>

<sup>8</sup> Hope, Anne, and Sally Timmel. 1986. *Training for Transformation—A Handbook for Community Workers*, Vol. 1-3. Gweru, Zimbabwe: Mambo Press.

# Training Package

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## WHAT IS AN OBJECTIVE, STRATEGY AND ACTIVITY?

**OBJECTIVE = WHAT YOU WANT TO ACHIEVE – THE DESIRED RESULTS OF ALL YOUR EFFORT**

An objective should be **SMART: S = Specific, M= Measurable, A= Achievable, R= Realistic, T=Timebound.**

**Example:**

- Increase the antenatal care-seeking behaviours in the village of Muzula by mothers from 30% to 80% by December 2009.
  - Increase the number of women delivering at a health facility assisted by a skilled attendant from 5% to 80% in Chimpeni Village TA, Dzoole, by November 2008.
- 

**STRATEGY = HOW YOU WILL ACHIEVE YOUR GOAL? SETS FORTH THE DIRECTION IN WHICH YOU MOVE TOWARD ACHIEVING A SPECIFIC GOAL.**

**Example:**

- Organise and strengthen Pregnancy Support Groups.
  - Develop men MNCH-CBNC champions and ongoing dialogue from existing traditional and religious community groups.
  - Create women (family)-friendly maternities and delivery waiting areas.
- 

**ACTIVITY = A SPECIFIC DEED, ACTION, FUNCTION, OR SPHERE OF ACTION. WHAT SPECIFICALLY YOU WILL NEED TO DO?**

**Example:**

- Train 50 WDA members to reach out to men's groups.
- Every week peer mothers and TBAs will identify women with early pregnancies to join Pregnancy Support Groups.
- Community youth group will develop and perform three dramas talking about maternal and newborn danger signs.

# Training Package

## Guide #6: Act Together and Evaluate

### MNCH-CBNC DEMAND CREATION

**Introduction:** The *Supportive Supervision Guides* will assist the Woreda Health Office to support PHCUs to implement effective demand creation efforts to improve MNCH and CBNC in their communities.

**Topic: Guide #6** focuses on how communities *Act Together and Monitor Progress*. It is the sixth in a series of six guides to be applied over six supportive supervision sessions. Included in Guide #6 is a session to develop the Woreda-PHCU Demand Creation Action Plan. Each of the guides requires approximately three hours of learning. Woreda Health Office staff will work with PHCUs to train and apply each *stage* and *step* for effective demand creation.

**Participants:** It is anticipated that an expanded PRT at PHCUs will be formed ahead of time to participate in demand creation supportive supervisions. The expanded PRT team will include representation from staff working on MNCH, especially at the community level. The *expanded* PRT will go on to plan, implement and monitor MNCH-CBNC demand creation efforts.

**Materials:** PHCUs will need copies of the *Demand Creation Strategy for MNCH-CBNC*, flipchart paper, markers and tape for the facilitator.

**Helpful Tools:** Each guide has a series of *Helpful Tools* in the Annex to help to apply demand creation effectively with community partners. These should be copied and provided to the PHCU.

**Roll-out:** Attached to the *Helpful Tools* at the back of this guide is a suggested *Meeting Outline for PHCU* support to communities (KCPs, etc.) for successful community mobilization and capacity strengthening for improved MNCH-CBNC.

#### SUPPORTIVE SUPERVISION GUIDES FOR IMPROVED DEMAND CREATION

Demand Guide #1: Orientation and Planning for Effective MNCH-CBNC Demand Creation

Demand Guide #2: Organise the Community for Action – Part 1

Demand Guide #3: Organise the Community for Action – Part 2

Demand Guide #4: Explore and Plan Together – Part 1

Demand Guide #5: Explore and Plan Together – Part 2

Demand Guide #6: Act Together and Monitor Success

# Training Package

## STEP 1: DEFINING ROLES IN CARRYING OUT COMMUNITY ACTION PLANS

**Session Objectives:** At the end of the session participants will be able to:

- Understand the steps in the Act Together and Monitor Success Stage.
- Define roles in the Act Together Stage.

**Time:** 60 minutes.

**Materials:**

- Flipchart.
- Marker.
- Plaster.
- Balloons or papers and extra plaster tape.
- Copy of Helpful Tools for each participant, at the end of this guide.

**Preparation:**

- Equal number of balloons (14 each) or papers (14 each) and plaster tape.
- Steps in the Act Together and Monitor Success stage written on a flipchart.

**Activities:**

1. **Share** the session title and objectives.
2. **Say** that while the PHCU team has played an important role in facilitating the demand creation activities up to this point, it will be important to now shift more responsibility to the *Strengthened KCP* (or associated community core group).
3. **Ask** for three volunteers to come to the front of the room and give them each a card with the steps of the Act Together and Monitor Progress stage written on it. Volunteers should read out loud. Ask volunteers to line up in the correct sequence of the steps. When they have lined up in sequence, ask the other participants if they think the sequence is correct. Why or why not?

4. **Review** the steps in the Act Together and Monitor Success stage together:

- Step 1: Define roles in carrying out the Action Plan.
- Step 2: Strengthen the community's capacity to carry out its action plan.
- Step 3: Monitor community progress.

5. **Ask**, what do you understand by the term community capacity? Write response on the flipchart. Review the Dimensions of Community Capacity (Helpful Tool #1, at the end of this session).

6. **Divide** participants into four small groups of 5-6 persons each to carry out the next Balloon/paper activity. Give each group 14 balloons and an equal amount of masking tape. Provide the following instructions:

- Each group should build a structure out of the balloons. The group that makes the tallest, free-standing structure wins the game! Freestanding means the structure cannot be attached to anything – not a chair, a table, or the ceiling!
- Each group has the same amount of material.
- Tell them they have no more than 15 minutes to build their structure. When the facilitator shouts, GO! they may begin to make their structure.

7. **Allow** approximately 15 minutes for the groups to work, or until a free-standing structure has been erected. (The facilitator should take mental notes of the organizational dynamic of the groups, so that you can contribute to the de-brief.) When there is a winner, use the following questions to debrief with all participants. (Award the winning team with chocolate, sweets, etc.)

- What did you see happening here?
- Please describe how your group got organised for the task?
- Did everyone perform the same role? Who took leadership? Who were the 'worker bees'?
- How were the roles in your group divided?

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- What capacity did your group need to work well together?
- What was the secret to building the tallest structure? (Often the groups who have won the game have managed to create a base from the balloons which have been linked together before trying to build higher. The groups that tried to 'reach for the sky' without building a base fail.)
- What could this foundation, or base represent when we think about trying to reach our MNCH-CBNC goal?

**8. Brainstorm**, based on this experience what capacity or skills might the *Strengthened KCP* (or other community groups) need to implement their MNCH-CBNC action plans? Write on the flipchart. Review the list of *Community Capacities* in Helpful Tool #1 at the end of the guide.

**9. Ask** the following questions:

- What is our role in helping communities build their capacities to achieve the results they desire?
- How can we best support them to build on and share their strengths and/or receive assistance to build capacity?
- How might existing groups share their experiences?
- Ask participants to refer to Tool #1 and explain the tool briefly.

**10. Tell** participants that a common pitfall in this step is for the *Strengthened KCP* (or community core group) to try and carry out activities in the action plan on its own. It will be important for them to leverage the many community groups and existing social forums for volunteers who can support their MNCH-CBNC action.

**11. Explain** that to help communities to carry out their action plans, a quick capacity assessment can be undertaken that looks not just at needs or deficiencies, but also at strengths and capacities. Ask participants to refer to Helpful Tools #2 and #3 at the end of this guide. Review the two tools with participants. Explain that these two tools can be used with *Strengthened KCPs* to learn about their *existing* capacity as well as those capacities that need strengthening.

**Note** that it is important to ensure that basic understanding of positive MNCH-CBNC family practice is understood by the *Strengthened KCP* members and key leaders so that they can be effective in their work.

**12. Ask** participants to divide into small groups of four persons and practice using the Capacity Assessment Tool Gifts of Head/Heart/Hands. Ask them to think about their own personal capacities when applying the tool. Allow 15 minutes. Share in plenary their group responses. Ask:

- What have we learned about each other from this exercise?
- What have we learned about the capacities in this room that we didn't know before?
- Why would it be useful for a *Strengthened KCP* (or other core group) to carry out this exercise amongst their own members? If so, why? If not, why not?

(Answer: They learn about their own existing capacities and skills; they can begin to think of other community members whose skills can be leveraged towards improving MNCH action.)

**13. Summarise** the session by asking: What outside resources could be used to support the range of capacity needs that may be needed, e.g., leadership skills, resource mobilization skills, financial management, MNCH-CBNC technical knowledge, etc.? (Answer: Retired businesspersons, retired teachers, local businesspersons, existing leaders who are respected, etc.). Thank participants and say that we will now move on to learning more about these capacities and how to support communities with which we work.

# Training Package

## STEP 2: STRENGTHENING COMMUNITY CAPACITY TO CARRY OUT THE ACTION PLAN

**Session Objectives:** At the end of the session participants will be able to:

- Strengthen KCP (or other core group) capacity for improved leadership, resource mobilization, resource management, volunteer management and conflict resolution.
- Share with the *Strengthened KCP* (or other core group) a basic understanding of positive MNCH-CBNC household practice.

**Time:** Total Time for all sessions in Step 2 is 2 hours.

### Materials

- Flipchart.
- Marker.
- Plaster.

### Preparation:

- Copies of Helpful Tools for each participant, at the end of this guide.
- Copies of the *FMOH Family Health Card*.

### Activities:

1. **Share** the session title and objectives.
2. **Explain** that the next sessions will focus attention on the following six community capacities that have been found useful in demand creation:
  - Leadership.
  - Resource mobilization.
  - Resource management.
  - Volunteer management.
  - Conflict resolution.
  - Knowledge of positive MNCH Practice.\*

\* **Note** that it is important to ensure that basic understanding of positive MNCH-CBNC family practice is understood by the *Strengthened KCP* members and key leaders so that they can be effective in their work. See Supportive Supervision Guide #1: Helpful Tools for MNCH-CBNC key positive practices.

# Training Package

## STEP 2A: PARTICIPATORY LEADERSHIP

**Session Objectives:** At the end of the session, participants will be able to:

- Identify and enhance leadership strengths.
- Build on leadership strengths and challenges in the community.
- Use tools for developing participatory leaders.

**Time:** 30 minutes.

**Materials:**

- Flipchart.
- Markers.
- Helpful Tools *Leadership Style Framework* for each participant (at the end of this guide).

**Activities:**

- 1. Share** session title and objectives.
- 2. Ask** participants to make small groups of 3-5 persons each and share a short description of a leadership challenge they have recently experienced. Give 10 minutes for discussion and then ask them to share one example with the larger group.
- 3. Refer** participants to their Helpful Tool #4: *Leadership Styles Framework* at the end of this guide. Referring to the leadership challenges presented, ask the following questions, using the *Leadership Framework*:

- Which leadership style was being practiced?
- Which leadership style would be more effective? Why?
- When might you effectively see authoritarian leadership style being used? (Answer: during an emergency situation, cholera epidemic, flood or natural disaster, where there is little time.)
- What are some of the traditional roles and actions of a leader in the communities in which you work?
- Have you seen effective leaders in your communities? What have they done to be so effective?

- What should be the role of a leader in the community groups with whom you work?

- 4. Tell** participants to pair up with a neighbour and draw a picture that symbolises empowering and effective leadership. Ask the pairs to share their pictures.

- What did we find in common about these pictures?
- What was different?
- What might we conclude about empowering and effective leadership styles?

- 5. Say** that as community action develops, it will be important to grow new leaders to address emerging MNCH-CBNC challenges. Ask:

- How can we promote new leaders?
- What are some methods communities could use to encourage emerging or new leaders?

*Answer:* Encourage informal leaders such as wise older women, young mothers promoting positive MNCH, etc. to take on leadership roles, or be mentored by formal leaders to take on new leadership activities.

- 6. Summarise** by asking: what has been learned in this session? How can we actively build good leaders in the communities we work with by sharing some of these tools?

# Training Package

## STEP 2B: RESOURCE MOBILIZATION

**Session Objectives:** At the end of the session, participants will be able to:

- Say why resource mobilization is important for sustaining MNCH action.
- Improve their skills for mobilizing human, financial and material resources to support MNCH-CBNC Community Action Plans.

**Time:** 45 minutes.

**Materials:**

- Flipchart.
- Markers.

**Preparation:**

- Helpful Tool #5: *Building Resource Mobilization* for each participant (at the end of this guide).
- Helpful Tool #6: *Activity Volunteer Roster*.
- Helpful Tool #7: *Building Proposal Development Skills* for each participant.

**Activities:**

- 1. Share** session title and objectives.
- 2. Tell** participants that as the community begins to implement its MNCH-CBNC action plan, it will need various resources (human, financial, material) to succeed in its objectives.
- 3. Say** that local resource mobilization and community contributions are important because they create community ownership and help to keep activities going. Reinforce that this can be in the form of *human resources* (volunteers, labour, etc.) and/or *financial* and *material* resources.
- 4. Explain** that the *Community Resource Map* from the Explore stage is a tool to identify *existing* resources for MNCH.
- 5. Review** Helpful Tool #5: *Building Resource Mobilization Skills* by rotating amongst participants to read each category of resource mobilization.

- 6. Divide** participants into pairs and give each pair one of the following categories from Tool #5:

- Mobilizing local materials such as sand, brick, water, labour.
- Contribution of money, crops, livestock or land.
- Income-generation activities.
- Community volunteers.
- Mobilization of community-based agents.
- External resource mobilization.

- 7. Ask** each pair to discuss the following:

- Please list one way you have seen this type of resource mobilization working well in a community. Discuss why.
- Please share your experience of when this type of resource mobilization has not worked well. Discuss why.
- Discuss the importance of valuing community *human resources* and share Helpful Tool #6: *Activity Volunteer Roster*.

- 8. Ask** pairs to share their discussions in plenary. Ask what questions they have about resource mobilization.

- 9. Say**, now we will move on to the area of proposal development for small funds.

- 10.** Explain that having proposal development skills can help the community group to raise external funds for its proposed MNCH-CBNC action plans.

- 11. Ask** participants if anyone has ever written a proposal and/or had a proposal successfully funded? Please share their experience.

- 12. Review** Helpful Tool #7: *Building Proposal Development Skills* by making small groups of four persons each and asking each group to read through the tool. Allow 15 minutes.

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**13. Ask** the following questions related to *Proposal Development*:

- What are some pre-proposal considerations? Why are these important? (*Answer: to understand what funds are available, not to waste time, to focus the proposal, etc.*)
- What needs to be included in the problem statement?
- Why is a clear goal statement and objective important?
- Why should a proposal talk about monitoring changes?
- Why should a proposal address sustainability?

**14. Summarise** by asking:

- What questions do participants have about proposal development?
- What have they learned about community resource mobilization?
- Thank participants for their active participation!

# Training Package

## STEP 2C: MANAGING FINANCIAL AND MATERIAL RESOURCES

**Session Objectives:** At the end of the session, participants will be able to:

- Understand the importance of finance and resource management.
- Build skills in how to manage resources and learn some tools for effective financial management.

**Time:** 30 minutes.

**Materials:**

- Flipchart.
- Markers.

**Preparation:**

- Helpful Tool #8: *Building Financial and Resource Management Skills* (at the end of this guide).

**Activities:**

1. **Share** session title and objectives.
2. **Say**, once funds or resources have been raised managing these resources will become very important. Financial management skills and tools are often needed to budget and to look after money and resources.
3. **Ask** for the word for financial (resource) management in local language. Ask:
  - What experiences they have had, either as individuals or as part of a group, in managing resources and finances.
  - What experiences they have had from not managing their finances or resources adequately.
4. **Brainstorm** why financial or resource management is important. Write on the flipchart. (Answers: allows for planning for the future so that bills can be paid and money can be saved, allows for effective running of an organisation, allows one to achieve one's goals and fulfil commitments to others, helps to budget for an activity, gives a person control over and insight into his or her financial situation at any point in time, creates accountability to communities and donors)

5. **Read Scenario 1** (below) aloud to participants. Ask: What do you think about this approach to resource management?

**Scenario 1:** Mr Tadesse is the treasurer of Walle *Strengthened* KCP. A community group wants to buy bicycles to help with the travel of the WDA. Mr Kebede goes to Konso and buys five bicycles and says he spent 50,000,000 Birr for them.

6. **Read Scenario 2** (below) aloud to participants. Ask: What do you think about this approach to resource management?

**Scenario 2:** Mr Yasin is a treasurer of another community group. The group has identified the need to purchase ploughs to help cultivate a community field. All the leaders meet, estimate the cost of a plough, write what is to be spent on the ploughs and how to transport them to their kebele. He and other signatories sign a cheque and pay the Agriculture Supply Company by cheque.

7. **Ask** what finance or resource systems do you think should be in place for community groups to function well? (Answers: receipt books with signatures as proof of monies received, a bank account, a safe or box for safe keeping; management documents.)
8. **Say**, that the *Strengthened* KCP (or other community core group) will have a treasurer who, together with the community group, will develop a financial management system and make sure the system is run correctly.
9. **Review** Helpful Tool #8: *Building Financial and Resource Management Skills*. Ask one participant to read each section. Ask the questions associated with each section before moving on. Review each of the following areas:
  - **Budgeting:** Say that a simple budget includes the activity to be done, the type of material needed, the amount needed and the unit cost.
  - **Safe Keeping of Money:** Ask what other ways can be used to keep funds safe?
  - **Use of Money:** Ask what other systems have you seen?
  - **Sample of Financial Record:** Ask what other system have you used?

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- **Managing Property and Material:** Ask why is this important?
- **Stocktaking:** Ask why is this important?
- **Register of Donations.**
- **Income and Payment Documents.**

**10. Ask:** Would these be important for a community group? If yes, why? If no, why not?

**11. Tell** participants that each *Strengthened* KCP (or other community core group) should have a file to keep these records. Add that a financial report of financial records from the treasurer from time to time helps members to have confidence in their systems.

**12. Summarise by saying:**

- Financial management is a way of looking after resources/funds.
- It is important to have financial records, because it will help groups to account for their resources/funds.
- We need resources/funds to achieve planned activities.
- We need to manage limited resources by prioritizing our activities.
- We must be transparent when dealing with public or organization funds.

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## STEP 2D: CONFLICT RESOLUTION SKILLS

**Session Objective:** At the end of the session, participants will be able to:

- Improve their skills for addressing and resolving conflict

**Time:** 30 minutes.

**Materials:**

- Flipchart.
- Markers.

**Preparation:**

- Helpful Tool #9: *Steps to Resolving Conflicts* for each participant (at the end of this guide).
- Conflict examples from Activity 3 below written on the flipchart.
- Root causes of conflict from Activity 4 below written on the flipchart.

**Activities:**

1. **Share** session title and objectives.
2. **Ask** participants to give the word for conflict in local language. What is/are the word/s for conflict resolution? What is the word for agreement and consensus?
3. **Say** that in this session, participants will practice addressing some of the challenges that may be faced during a typical community mobilization effort, such as:
  - An individual or group tries to block actions, usually because action threatens this individual or group's power or interests.
  - The community does not have sufficient capacity to carry out an action.
  - A proposed action does not improve health status.
  - Communities lose interest in the MNCH-CBNC effort.
  - External project funding is diminished or cut altogether.
  - Communities want to engage in activities that

do not directly or indirectly contribute to the MNCH-CBNC goal.

- Other organizations compete for community participation by offering incentives.

Ask participants to add any other challenges they can foresee (or have experienced) to this list and to remove any challenge that does not seem relevant or likely.

4. **Brainstorm** with participants some of the causes of conflict. Write on the flipchart. Review the list below of the root causes of conflicts and compare the lists.

### Causes of conflicts

- Differences in information.
- Differences in perception or opinion about the same information.
- Differences in values and beliefs.
- Differences in role.
- Perceived scarcity of resources.
- Competitiveness.
- Self-centredness.
- Counter-dependence.
- Lack of trust.
- Fear.

5. **Ask** participants to review Helpful Tool #9: *Steps to Resolving Conflict*. Ask what questions they may have.
6. **Ask** what our role is as outsiders in management community conflict. (*Answer:* In general, it is best to let communities identify and resolve their own problems.)
7. **Say**, however, there are times when external stakeholders may need to intervene, such as when the problem:
  - Directly affects your team, or individual team members.
  - Concerns mismanagement or misappropriation of program resources.
  - Is major and is not identified by the community, possibly because the problem

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originates from outside of the community, such as a donor withdrawing funding for the project or a major upcoming change in public health policy that will have important repercussions on implementation.

- Concerns major differences of participants' opinion on strategy that could benefit from outside mediation and/or additional information or experience.
- Concerns important ethical issues that your organization or team cannot or will not support and that ultimately could jeopardise the overall program (e.g., coercion or violence to force compliance).

**8. Explain** that it is helpful to discuss with communities what are some traditional ways conflicts are resolved. Who in the community (or externally) could be called upon to help resolve conflicts?

**9. Assign** one or more challenges in Activity 3 to small groups and ask them to brainstorm possible solutions or strategies for handling these problems. Then reconvene and discuss each problem and the proposed solutions.

**10. Summarise** by asking: What have we learnt in this session on resolving a conflict? Some suggestions might be:

- Conflicts can happen at any time, but key stakeholders should try and resolve the situation amicably.
- Reconciliation is important for progress.

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## STEP 3: MONITORING COMMUNITY PROGRESS

### (INCLUDES STAGE 4: EVALUATE, LEARN AND RE-PLAN)\*

**Session Objectives:** At the end of the session participants will be able to:

- Know how to monitor progress of MNCH-CBNC Demand Creation.
- Know when to monitor progress
- Understand how communities, PHCU and Woreda partners should carry out the community mobilization process *Stage 4 Evaluate, Learn and Re-Plan*.

**Time:** 45 minutes.

**Materials:**

- Flipchart.
- Markers.
- Plaster.

**Preparation:**

- *Demand Creation Strategy* document, pages 17-18.
- Copies of Helpful Tool #10: *Community MNCH-CBNC Update Meeting* at the end of this guide.
- Copies of Helpful Tool #11: *Community Bulletin Boards*, at the end of this guide.
- Copies of Helpful Tool #12: *PHCU Community Capacity Strengthening and Monitoring Checklist*.
- Copies of *PHCU Demand Creation Planning Matrix Tool*, at the end of this guide.
- Copies of Helpful Tool #13: *Community-to-Community Learning Exchange*.

**Activities:**

- 1. Share** the session title and objectives.
- 2. Ask** participants to open their *Demand Creation Strategy for MNCH-CBNC Stage 3, Step 3*. Review the three ways in which monitoring will take place and say that at the community level progress is monitored by:
  - Setting a baseline status for key MNCH-CBNC indicators.
  - Regular *Strengthened KCP* feedback on MNCH-CBNC progress.
  - Regular community feedback on MNCH-CBNC progress.
  - Routine KCP meetings.
  - Use of community health bulletin boards.
  - Community-to-community learning exchanges.
- 3. Ask**, why would *regular community feedback* on MNCH-CBNC progress be important? (Answer: it gives the community information on their achievements, keeps community interest in participating in collective action, provides opportunities to invite more volunteerism/participation, etc.)
- 4. Review** Helpful Tool #10: *Community MNCH-CBNC Update Meeting* with participants. What do they like? What would they change or add?
- 5. Brainstorm**, how might MNCH-CBNC activities be monitored during routine KCP meetings? Answer:
  - Review demand creation activities undertaken.
  - Review health post service data and attendance (*Community Bulletin Board*).
  - Discuss service quality.
  - Review successes, challenges and possible solutions.
  - Discuss the way forward.

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## 6. Brainstorm:

- How often should regular *Strengthened* KCP feedback meetings on MNCH-CBNC progress be conducted? *Strengthened* KCPs can decide on the frequency of the meetings based on their local specific contexts.
- What issues need to be addressed during the regular feedback meetings on MNCH-CBNC progress? Possible answers:
  - Review Demand Creation Activities undertaken
  - Review of health post service data and attendance (*Community Bulletin Board*)
  - Discuss service quality
  - Review successes, challenges and possible solutions
  - Discuss on the way forward

## 7. Brainstorm:

- How often should regular community feedback meetings on MNCH-CBNC progress be conducted? The *Strengthened* KCP can decide on the frequency of the meetings based on their local specific contexts.
- At what level can the meeting be organised? [kebele level, village level, gare/gote level? etc.]
- What issues need to be addressed during the meeting? Possible answers:
  - Review demand creation activities undertaken.
  - Review health post service data and attendance (*Community Bulletin Board*).
  - Discuss service quality.
  - Review successes, challenges and possible solutions.
  - Discuss the way forward.

**8. Introduce** Helpful Tool #11: *Community Bulletin Board* by explaining that this is a pictorial tool for showing health data. It empowers community members with key MNCH-CBNC data, which they can use for celebrating successes or improving plans to address issues, such as too many newborn deaths reported in the last month. Using pictures helps to facilitate discussion for those who can read and those who do not read. It is usually made from the same material as a school chalk board. Explain that the indicators are just examples and the *Strengthened* KCP can revise the indicators based on their context.

**9. Ask** participants to discuss in pairs the following:

- What do you observe about this Community Bulletin Board?
- How might it help communities to understand their MNCH-CBNC situations?
- What do you think are the advantages of this pictorial format?

**10. Say**, that the bulletin board should be made out of local material. Brainstorm how this might be accomplished using materials like those that schools use. (Answer: request wood donation, volunteer time from carpenter to make bulletin board, *Strengthened* KCP to raise funds for chalkboard paint and chalk, etc.)

**11. Say**, that community-to-community learning exchanges will be an important part of the monitoring process. Share Helpful Tool #13: *Community-to-Community Learning Exchange* guide. Explain that during exchange visits, *Strengthened* KCPs will be able to share demand creation experience, activities and how they are organised. There will be some communities that will have advanced over other communities, and they will help others to reflect on (and monitor) how to improve their collective action.

**12. Explain**, that at the PHCU- and Woreda-levels, progress is monitored by using the following methods:

- Indicators of success in their *PHCU Demand Creation Planning Matrix*, Pages 6-7.
- PHCU Capacity Strengthening and Monitoring Checklist.

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- Quarterly review of Demand Creation Activities at Woreda and PHCU levels.
- 13. Ask** participants to turn to the *Indicators of Success* in their PHCU Demand Creation Planning Matrix (Pages 6-7). Review the *Process Indicators* and their metrics and review *Outcome Indicators*. Ask what questions might they have.
  - 14. Review** Helpful Tool #12: *PCU Community Capacity Strengthening and Monitoring Checklist*, which they will have already seen from their earlier supportive supervision. Ask volunteers to read what is required during each PHCU visit. What questions do they have on how to use this monitoring checklist?
  - 15. Tell** participants that the PHCU should review its MNCH-CBNC Demand Creation Plans quarterly to see if it is making progress and having an impact.
  - 16. Explain** that **Stage 4: Evaluate, Learn and Re-Plan** of the community mobilization process will use baseline data from iCCM and CBNC programs, HMIS and health facility records and baseline data will be compared with end line results after two years. Changes in MNCH-related household practices, care-seeking behaviour and social norms will be assessed. Documentation of results and a forum for review will be regularised by the FMOH Child Survival Working Group.
  - 17. Say** that **Celebrating Successes** in demand creation achievements is important! Every year the Woreda and PHCU can review their MNCH-CBNC data and achievements. High-performing PNCUs and kebeles can be recognised for their achievements through certificate presentations, volunteer appreciation awards, outstanding community awards, etc.
  - 18. Summarise** by asking what has what tools and processes will be used to monitor demand creation at the community level (and at the PHCU) level? What questions do they have about monitoring demand creation action? Thank participants for their active participation.

\* For training purposes, the last stage of the community mobilization process Stage 4: *Evaluate, Learn and Re-Plan* is combined with Stage 3: *Act Together and Monitor Success*.

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## Next Steps

### WOREDA/PHCU – MNCH-CBNC DEMAND CREATION

#### Action Planning

**Session Objectives:** At the end of the session participants will be able to:

- Understand how to plan for MNCH-CBNC Demand Creation at multiple levels.
- Describe the desired outcomes for MNCH-CBNC and community action.
- Develop *Woreda and PHCU Demand Creation Plan(s)*.

**Time:** 1 hour, 30 minutes.

#### Materials:

- Flipchart.
- Markers.

#### Preparation:

- Copies of the Woreda-PHCU MNCH-CBNC Demand Creation Template (Annex).

#### Activity:

1. **Explain** that one of the most important steps for initiating the process of demand creation is to create a plan and budget for CBNC Demand Creation at multiple levels.
2. **Review** local MNCH indicators from PHCU data (Data Matrix in *Helpful Tools – Guide #1*).
3. **Ask:** Where is demand for MNCH-CBNC services high? Where is it low? (Skills delivery, post-natal follow-up, etc.)
4. **Ask:** what might we do to improve the demand for MNCH-CBNC services?
5. **Ask** participants to review the earlier session on how the approaches to demand creation need support at the Zonal, Woreda and kebele levels.
6. **Share** the Woreda/PHCU MNCH-CBNC Demand Creation Planning template. Be sure to review the desired outcome indicators. Ask what questions they have on the template.

7. **Ask:** Why is demand creation planning needed at the Woreda and PHCU levels?
8. **Divide** participants into two groups to represent Woreda and PHCU stakeholders. Ask participants to prepare a draft Demand Creation Plan using the planning template.
9. **Ask** each group to present its draft plan. Review as a group and ask for comments and suggestions. If needed, ask participants to return to their group to integrate suggestions.
10. **Ask** who else in their Woreda or PHCU should be involved in finalizing the Demand Creation Plan? *Suggestions:* PHCU – *expanded PRT*, Woreda Women Development, Woreda primary health team colleagues, etc.
11. **Summarise** by saying that more work will be needed **to finalise** both the Woreda and PHCU Demand Creation Action Plan(s). Ask participants when and how they will plan to complete this task?
12. **Conclude** this session by thanking participants for their time and explain that follow-up on demand creation activities will be undertaken during regular PRT meetings.

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## HELPFUL TOOLS FOR THE PHCU!

### GUIDE #6 ACTING TOGETHER AND MONITORING SUCCESS

**Step 1:** Define roles in carrying out the MNCH-CBNC Action Plan.

**Step 2:** Strengthen the community's capacity to carry out its action plan.

**Step 3:** Monitor community progress.

#### PHCU Action Points!

- Help communities to identify their capacity strengths as well as needs.
- Support the capacity needs of the *Strengthened* KCP to implement community MNCH-CBNC Action Plans.
- Build the *Strengthened* KCP's skills in leadership, resource mobilization, conflict resolution and use of data for decision-making.
- Monitor the PHCU MNCH-CBNC Action Plan quarterly, as well as supporting the *Strengthened* KCP to monitor the MNCH-CBNC Action Plan.
- Celebrate successes!

#### *Strengthened* KCP Action Points!

- Implement the community MNCH-CBNC Action Plan.
- Inventory capacity strengths, as well as capacity needs.
- Support participatory leadership skills and new leaders.
- Mobilise local resources to support MNCH-CBNC (human, financial and material).
- Manage resources effectively.
- Share MNCH-CBNC data/activities with broader community (use Community Health Bulletin Board).
- Routinely monitor MNCH-CBNC community data/plans during meetings.
- Celebrate successes!

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## TOOL #1: KEY DIMENSIONS OF COMMUNITY CAPACITY

### Dimensions of Community Capacity

- Skills to apply empowering Community Mobilization Processes (four stages).
- Applying verified activities for improving MNCH-CBNC.
- Ways to increase and broaden participation.
- Effective leadership.
- Critical thinking and planning skills.
- Resource mobilization and management.
- Maintaining and rotating volunteers.
- Conflict resolution skills.
- Ways to maintain a functioning group.
- Use of data to make decisions.
- Community discussions and feedback on progress.

## TOOL #2: CAPACITY ASSESSMENT – GIFTS OF HEAD, HANDS, HEART

1. Write out the questions below on newsprint and read out loud. Ask each group member to think about each question and write his or her answers down (or just think about them.)

- **Gifts of the head:** (things I know something about and would enjoy talking about or teaching others about, e.g., birds, local history, music).
- **Gifts of the hands** (things I know how to do and enjoy doing, e.g., carpentry, sports, planting, cooking – be specific).
- **Gifts of the heart** (things I care deeply about, e.g., children, older people, community history, environment).

2. Discuss how these individual skills can be used to support the Action Plan.

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## TOOL #3 – CAPACITY ASSESSMENT

Write out the questions below on newsprint and read out loud. Ask each group member to think about each question and write his or her answers down (or just think about them).

- What are the skills you can put to work?
- What are the abilities and talents you can share?
- What are the experiences from which you have learned?
- What are the interests and dreams you would like to pursue?
- What three skills would you like to learn?
- Are there any skills you would like to teach?
- When you think about your skills, what three things do you think you do best?

Ask the group how it can best apply this inventory of skills to activities in its community Action Plans? Use the matrix below to help to plan for capacity strengthening.

## CAPACITY DEVELOPMENT PLAN

COMMUNITY ACTION PLAN STRATEGY	KNOWLEDGE, SKILLS AND RESOURCES NEEDED	AVAILABLE IN COMMUNITY	NOT AVAILABLE IN COMMUNITY	HOW WILL WE DEVELOP THIS CAPACITY?	BY WHOM?	BY WHEN?

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## TOOL #4: BUILDING LEADERSHIP SKILLS – STYLES FRAMEWORK\*

AUTHORITARIAN LEADERSHIP: SURVIVAL			CONSULTATIVE LEADERSHIP: SECURITY			ENABLING LEADERSHIP: PARTICIPATION	
Leader makes decision and announces it	Leader presents decision, but sells it to members	Leader presents decision and invites questions of clarification	Leader presents tentative decision subject to change	Leader presents situation, gets input, makes decision	Leader calls on members to make decision, but holds veto	Leader defines limits, calls on members to make decision	Leader calls on members to identify limits, explore situation, make decision
Leader announces his decision with no feeling of responsibility or accountability to share the reasons.	Leader announces his decision and shares the reasons behind it, which were prepared in advance (monologue).	Leader announces his decision but responds as needed with a rationale based on the questions from members. (Dialogue with no expressed willingness to change decision.)	Leader announces his tentative decision and announces that he is open to questions of clarification and discussion. (Dialogue with willingness to change decision if necessary.)	Leader identifies situation or problem and moves into a facilitating role to surface assumptions and suggestions, then moves out of facilitating role and makes a decision.	Leader calls on group to identify situation and limitations, explore and make decision contingent on leader's veto power.	Leader shares any given (e.g., funds available, time parameters, etc.) and facilitates a decision by members on a basis of limitations	Leader maintains a facilitating role allowing members to identify situation or problem, identify limits, explore and make decision.

\*Hope, A. and S. Timmel. (1986). *Training for Transformation—A Handbook for Community Workers*, Vol. 1-3. Gweru, Zimbabwe: Mambo Press.

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## TOOL #5: BUILDING RESOURCE MOBILIZING SKILLS

As the community begins to implement its MNCH-CBNC action plan, it will need various resources (human, financial, material) to succeed in its objectives. Listed here are a few examples of possible resources:

**Local resource mobilization.** Community contributions are important because they create community ownership and help to keep activities going. This can be in the form of *human resources* (volunteers, labour, etc.) and/or *financial* and *material* resources. Use the *Community Resource Map* from the Explore stage to identify *existing* resources for MNCH.

**Mobilization of local materials such as sand, bricks, water and labour** can be identified by mapping out local resources in the area.

**Contributions of money, crops, livestock or land** can be used when funds or food are needed. Options include:

- Each family or person contributes a specific amount of money. Those who do not have money contribute crops or livestock, which can then be sold.
- The 'pass-it-forward' strategy, where community members raising livestock contribute male/female animals to the community group to rear offspring. The original stock is returned. Offspring then are reared to create a revolving set-up.
- Community leaders donate idle land to be cultivated by volunteers. Seed is donated by community members; crops are sold for funds or given to community-based agents.

**Income-generating activities** such as gardening, rearing chickens or pigs, providing entertainment through shows or drama, making baskets, sewing, baking or knitting can be used to raise money.

**Community volunteers** are an essential human resource upon which the community group will need to draw. Often a community 'core group' will burn out trying to do all the activities, when in fact it should be leveraging the broad base of interested volunteers who can be found in religious groups, traditional groups and other community-based organizations.

**Mobilization of community-based agents** includes the many community-based agents who are trained to support education and health activities in the community. It is important to know:

- Who are the community-based agents in their communities?
- Where do they live and will they participate?
- What activities they are doing?

**External resource mobilization** of resources found outside the community such as:

- *Government services:* PHCU team, Woreda resources, teachers, agriculture agents
- *Support from other organizations:* A variety of other organizations may have small grant funds. It is important to know which organizations are working in your area. Proposal development skills are often helpful.

## TOOL #6: ACTIVITY VOLUNTEER ROSTER

Oftentimes a community group (*Strengthened KCP*, etc) will take on the responsibility of doing all the activities in the MNCN-CBNC Community Action Plan. This can lead to burn-out. To build greater community participation it will be important to identify individuals in the community who are interested in MNCH-CBNC and to invite them to volunteer for activities. Often, they are from existing religious groups, women's groups, youth groups and traditional associations. The volunteer roster below can be used:

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VOLUNTEER ROSTER		
NAME OF VOLUNTEER	MNCH-CBNC ACTIVITY	HOME LOCATION OR GROUP MEMBERSHIP (Women's Group Name, Traditional Group Name, etc.)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		

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## TOOL #7: BUILDING PROPOSAL DEVELOPMENT SKILLS

Proposal development skills can help a community group to raise funds for its proposed MNCH-CBNC action plan. Here is some simple guidance:

**PRE-PROPOSAL CONSIDERATIONS** – Things to consider before writing begins:

1. It is important to know who the donor organization is, what it funds and the amount of money available.
2. Find out if the donor has an application process or forms to complete to apply for money.
3. It is helpful to involve education/health district staff and other support ministries when developing project proposals.
4. It is important to have a written action plan to include in the proposal.

### WRITING A PROJECT PROPOSAL

**Cover Page:** The proposal should always have a cover page with the following:

1. The title: This is the name of the project being proposed.
2. The name of the group that is submitting the proposal.
3. The contact person: This is the person who will be the link between the community group and the funding organization.
4. The address at which the community group can be contacted.
5. The date of when the proposal was written.
6. The proposed start date of the project.
7. The proposed end date of the project.

**Problem Statement:** The problem statement includes the health issues that need to be addressed in the community. Steps to help guide the development of this part of the proposal are:

1. Identify and state the problem.
2. Describe the problem. This can be done by using the results from the participatory Explore stage, priority areas and data from the health centre.
3. Describe the population in which the project will work, including the number of women, the number of families and children < 5, etc. Include numbers if possible.
4. Describe the capacity of the community group to carry out the project.

**Community Background:** Include as much as possible of the following information:

1. **The location:** This is where the proposed intervention will take place.
2. **Target population:** List the total number of people who will benefit, divided by men, women and youth. Include the total number of people in the area.
3. **Traditional practices and culture:** Activities commonly carried out by communities such as initiation ceremonies that may have an effect (positive or negative) on proposed project activities.
4. **Main economic activities:** activities community members do for food or money such as farming, fishing or hunting.

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**Organizational capacity of community group:** When it was formed, why it was formed, the purpose of the group, number of women/men, brief on past activities or projects and the results or success stories.

**Partners:** These are individuals, organisations or people with whom the community group has worked or will work in the area.

**Goal statement:** The goal statement describes the goal of the project, including the benefits to the population. A goal statement example: *To eliminate women dying due to their pregnancies, and to increase the survival of newborns and children.*

**Objectives:** Objectives describe what we want to achieve. An objective can be measured and is usually time-specific. An example of an objective is: *Increase by 90% the number of pregnant women who give birth with a skilled delivery provider.*

**Strategies:** Increase the quality and number of *maternity waiting homes* and *pregnancy support groups* who will increase dialogue on danger signs, ANC, PNC, exclusive breastfeeding, safe and skilled deliveries and family planning.

**Activities:** Identify community builders and volunteers who can help to design and build maternity waiting homes, identify wise, older women who can support the WDA/HEWs to hold participatory dialogues during Pregnancy Support Groups.

**Budget:** The budget will show the materials that you want to buy, the quantity or number and the price of each of the activities to be carried out. An example is:

ACTIVITY	MATERIALS NEEDED	AMOUNT REQUIRED	UNIT COST	TOTAL COST	COMMUNITY CONTRIBUTION
Build one maternity waiting home	Bricks Thatch (bundles)	100 15	K25,000 Harvested	K2,500,000	Volunteer time x 20 Volunteers

**Activity Work Plan:** When activities will be carried out over 12 months of the year.

ACTIVITY	TIME FRAME – YEAR 1											
	1	2	3	4	5	6	7	8	9	10	11	12
Collect community contribution	X											
Build one maternity waiting home		X										
Identify pregnant peer councillors			X	X		X						

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## **Monitoring**

1. Explain how the progress on the project will be monitored, by whom and how often.
2. Explain clearly who will participate in the monitoring such as the community group members, health centre staff and community members.
3. Explain what information you will be looking for and source that information.

**Sustainability:** Describe how the community group will ensure that the project is maintained after the funding has stopped. What activities will the community be involved in to find money for the activities to continue. List community skills.

**Challenges or possible risks:** List those challenges that might affect project success.

**Additional information:** Maps of the area, members of the community group, by-laws, etc.

# Training Package

## TOOL #8: BUILDING FINANCIAL AND RESOURCE MANAGEMENT SKILLS

Once funds or resources have been raised, managing these resources will become very important. Financial management skills are often needed to budget and to look after money and resources.

A financial plan allows for a community organization to know how much money it needs, how much money it has at any one time and how much it has spent or will need to spend. It gives an organization control over its financial affairs and makes people accountable.

Usually a community group will have a treasurer, who together with the community group develops a financial management system and makes sure the system is run correctly.

### Budgeting

A simple budget includes the activity to be done, the type of material needed, the quantity or amount needed and the unit cost.

ACTIVITY	MATERIALS NEEDED	QUANTITY OR AMOUNT REQUIRED	UNIT COST	TOTAL COST

### Safe-keeping of money

1. Money that has been donated or come from income-generating activities must always be kept at the bank for safe keeping.
2. The community groups could open a bank account to keep their money safe.
3. Where there is no bank account, money must be kept in a safe or a cash box that can be locked with different locks. Often it takes three people together to unlock a box so as not to burden one person with this responsibility.
4. Only one person, most likely the treasurer, should be responsible for keeping records of the funds – this person normally is able to read and write.

### Use of money

1. Records must be kept for all money being spent and money that is received.
2. Whenever money is to be spent on any activity, all members of the group should be involved in making the decision.
3. It is best if three members sign for use of money. The chairperson, the secretary and the treasurer of the community group will need to approve the use of money by signing for this to happen.
4. The one receiving the money must always sign for it. The treasurer should show the records to other members of the group during meetings.
5. A financial record should always be presented during the monthly meetings.

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## SAMPLE FINANCIAL RECORD

DATE OF ACTIVITY	MONEY RECEIVED	MONEY SPENT	BALANCE CASH	BALANCE AT BANK	CHAIR-PERSON SIGNATURE	SECRETARY SIGNATURE	TREASURER SIGNATURE	SIGNATURE OF PERSON RECEIVING

### Managing property and material

The community group might have property and materials such as sewing machines, grocery shops, chicken runs, goats, etc. or have plans to have property and materials in the future. It will be important to look after these resources and take care of them.

**Stocktaking** is the process of checking and recording property and materials.

1. When property or materials are received, they should be recorded in a book kept by the vice-chairperson.
2. Members of the group should be allowed to look at this book anytime.
3. Each material should be written on its own page. At frequent intervals, group members will need to check on these materials to see that they match what is written in the book.
4. Members of the group will need to agree on when stocktaking should be done.
5. For businesses such as grocery shops, stocktaking should be done very often. Each time a different seller takes over the selling, stocktaking should be done.
6. The same member should not do all the stocktaking.
7. All members of the group as well as community members should participate to create an open and trusting atmosphere.

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**Additional financial management tools:** As a community group begins to link to outside resources, it may receive funding and resources from various sources. Here are two examples of how these resources may be managed:

## EXAMPLE 1: A REGISTER OF DONATIONS

DATE	DESCRIPTION OF DONATION	QUANTITY	DONOR	BALANCE	DATE DISPOSED	QUANTITY DISPOSED	BALANCE

## EXAMPLE 2: INCOME AND PAYMENTS DOCUMENT

INCOME												
SOURCES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Donor 1												
Donor 2												
Donor 3												
<b>Total income</b>												
EXPENSES												
Recipient 1												
Recipient 2												
Recipient 3												
<b>Total paid out</b>												
Grand total (income payments)												
Amount over (or under)												

# Training Package

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## TOOL #9 – STEPS TO RESOLVING CONFLICT

### Steps to Resolving Conflict<sup>9</sup>

- **Summarise the Disagreement** – Be objective and focus on the issues, not personalities. List the points of conflict. If possible reduce these points into sub-points that are easier to deal with.
- **Confirm accuracy** – Ask for confirmation or correction. This encourages individuals to take ownership. It may even lead to their resolving the conflict without further intervention on your part.
- **Establish the last points of agreement** – This focuses individuals and the group on the issue in dispute.
- **Create a shared vision** – Have each side express its desired goals, objectives or visions. It may be helpful to keep asking ‘Why do you want...?’ Try to stimulate self-knowledge and knowledge of the others’ ambitions, motives and attitudes. Have each side identify common goals or a shared vision.
- **Generate possible solutions** – Use brainstorming or go to each person and ask his or her opinion on possible solutions. At times, it may be necessary to bring in a third party to move the conflict toward solution.
- **Get agreement to implement and assess a solution** – Ask the disputants either to collaborate or to compromise in choosing a solution. Explore how they will know whether the solution is successful.

<sup>9</sup> Hope, Anne, and Sally Timmel. 1986. *Training for Transformation—A Handbook for Community Workers*, Vol. 1-3. Gweru, Zimbabwe: Mambo Press.

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## TOOL #10: COMMUNITY MNCH-CBNC UPDATE MEETING

### Community MNCH-CBNC Update – Discussion Points

- Welcome by kebele leader(s).
- Introductions of KCP members.
- Brief role play/drama or song on MNCH-CBNC (to be decided by KCP).
- Review of MNCH-CBNC Mobilizing Goal (reason for the update meeting).
- Review briefly strategies in the MNCH-CBNC Community Plan.
- Share Demand Creation Activities undertaken.
- Share health post service quality data and attendance (Community Health Bulletin Boards).
- Discuss the meaning of the data – Celebrate what is working!
- Discuss successes, challenges and possible solutions.
- Request participation in specific events or volunteers for activities.
- Ask for clarifying questions.
- Thank the community for its continued commitment and efforts!

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## TOOL #11: COMMUNITY BULLETIN BOARD

INDICATOR	MONTH		MONTH		MONTH	
	PLAN	PERFORMANCE	PLAN	PERFORMANCE	PLAN	PERFORMANCE
Pregnancy identification 						
Four ANC visits completed 						
Skilled delivery 						
PNC 						
Care seeking for newborn 						
PWC 						
Newborn death 						
Maternal death 						

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## TOOL #12 PHCU COMMUNITY CAPACITY STRENGTHENING AND MONITORING CHECKLIST

It is anticipated that once the *Strengthened KCP* is able to address MNCH-CBNC, it will hold meetings and undertake activities on its own without having the presence of the PHCU. This will demonstrate ownership and true community collective action for improved MNCH-CBNC!

Depending on the distance and resources available, it may be more efficient to bring a few *Strengthened KCP* representatives to the PHCU for MNCH-CBNC capacity strengthening with the responsibility to return to their groups and to share new skills.

The following outline will help to monitor the capacity strengthening activities that the PHCU will provide to communities:

MEETING NUMBER	LIST OF KEY ACTIONS	STATUS (PUT X)			COMMENT
		PARTIALLY ACCOMPLISHED	ACCOMPLISHED	NOT ACCOMPLISHED	
<b>Meeting #1</b>	Share the mobilizing MNCH-CBNC goal				
	Orient KCPs to the MNCH-CBNC goal and demand creation strategy				
	With <i>Strengthened KCP</i> , identify community groups and individuals interested to work on MNCH-CBNC issues				
	Help to broaden representation and make a list of members (new and old)				
	Help <i>Strengthened KCPs</i> to prepare for their community meeting(s) to invite participation of those most interested/affected and the broader community				

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<b>Meeting #2</b> (Prior to this meeting, new members will have joined the KCP)	Organise <i>Strengthened</i> KCPs for MNCH-CBNC action				
	Facilitate <i>Strengthened</i> KCPs' capacity self-assessment and review results				
	Build basic understanding of key MNCH-CBNC desired outcomes, demand creation strategies and clarify roles and responsibilities for community mobilization processes				
	Confirm leadership and how/when members will elect new leaders				
	Set norms for working together (how to work, when to meet, where)				
<b>Meeting #3</b>	Explore MNCH-CBNC with <i>Strengthened</i> KCPs				
	Build capacity to facilitate an MNCH Problem Tree (maternal and newborn)				
	Build capacity to facilitate an MNCH Resource Map				
	Practice with the Small Group Discussion Guide				
	Plan for <i>Strengthened</i> KCPs to explore MNCH issues with community members				
	Analyse what was learned about MNCH-CBNC during Explore phase				

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<b>Meeting #4</b>	Set MNCH-CBNC priorities				
	Share Community MNCH-CBNC Action Plan Matrix				
	Discuss who to invite to help with community MNCH-CBNC Action Plan				
	Set dates for community MNCH action planning				
<b>Meeting #5 and #6</b>	Support the development of Community MNCH-CBNC Action Plan				
	Set meeting to share with broader community				
<b>Meeting #7 and #8</b>	Support capacity needs of <i>Strengthened</i> KCP to implement Community MNCH-CBNC Action Plan				
	Leadership mentoring				
	Resource mobilization mentoring				
	Conflict resolution meeting				
<b>Meeting #9</b>	Use of local data for decision-making (Community MNCH Bulletin Board)				
	Monitor health post MNCH-CBNC data for change				
	Community MNCH-CBNC Action Plan implementation				
<b>Meeting #10</b>	Celebrate successes				
	Re-plan community MNCH-CBNC Action Plan for new year				

# Training Package

## TOOL #13: COMMUNITY TO COMMUNITY EXCHANGE GUIDE

**Community Hosting the Visit:** \_\_\_\_\_

**Date of Exchange Visit:** \_\_\_\_\_

### Community Groups Making the Visit:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### Individuals Who Travelled:

Name: \_\_\_\_\_ Group: \_\_\_\_\_

### Key Issues Shared by Hosts:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### Key Issues to Be Adapted by Visitors:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Write up a brief summary of the Exchange Visit:**

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## MNCH-CBNC Demand Creation Planning Matrix for \_\_\_\_\_ Health Centre, \_\_\_\_\_ [year]

Name of Zone: \_\_\_\_\_ Name of Woreda: \_\_\_\_\_

Number of health posts: \_\_\_\_\_ Total Population: \_\_\_\_\_

### I. MNCH-CBNC Goal:

Improve maternal and newborn outcomes through increased demand for MNCH-CBNC services.

### II. MNCH-CBNC Objectives:

- To improve MNCH-related household practices and norms.
- To increase timely care-seeking for maternal and newborn illnesses.
- To create enabling social norms that support appropriate MNCH behaviour.

### III. What Do We Hope to Achieve?

- Early identification of pregnancy.
- Provision of focused ANC.
- Danger sign recognition and prompt care-seeking.
- Promotion of institutional delivery.
- Safe and clean delivery, including provision of Misoprostol in home deliveries or deliveries at health post level.
- Provision of immediate newborn care, including application of Chlorohexidine on cord.
- Recognition of asphyxia, initial stimulation and resuscitation of newborn baby.
- Prevention and management of hypothermia.
- Management of pre-term and/or low birth weight neonates.
- Timely and appropriate post-natal care.
- Management of neonatal sepsis/very severe disease at community level.
- Provision of post-partum family planning.
- Improved utilization and quality of child health/iCCM services.
- Communities organise, explore, plan and act together for improved MNCH-CBNC.

# Training Package

## IV. Key Strategies – How Will We Do It?

STRATEGIES	EXAMPLES
Improve early identification of pregnant mothers	WDA home visits, 1:5 discussions, peer mother referrals
Initiate and support PWCs	HEWs/the WDA and other women's groups help to organise PWCs and ensure attendance of all pregnant women, appropriate use of PWC guidelines and support
Strengthen KCP and/or other appropriate core group to explore, plan and mobilise their communities to act together to improve MNCH-CBNC	Build and link community social networks to conduct community mobilization, i.e., capacity building and follow-up of WDA leaders at gott level
Linking PHCUs, health posts and the performance of health extension workers and the WDA to improve antenatal, intrapartum, post-partum and newborn care through the four Cs	Prenatal and postnatal <b>contact</b> with the mother and newborn, including post-partum family planning, <b>case identification</b> of newborns with signs and possible severe bacterial infection, <b>care</b> , or treatment that is appropriate and initiated as early as possible and <b>completion</b> of a full seven-day course of appropriate antibiotics
Promote active male involvement	Engage in dialogue on MNCH-CBNC by integrating into Agricultural Development Army activities, traditional male leader forums, discussions during home visits, participation in KCPs, etc.
Effective use of Family Health Card to create family dialogue for improved MNCH-CBNC	Supportive supervision of HEWs and the WDA on the use of the Family Health Card
Develop women (family)-friendly maternities to meet demand with quality services	Strengthen quality improvement efforts, talk to women and families about what they want in health services. KCP, HEWs and health centre staff jointly meet to identify quality issues and collaborate for quality improvement
Engage TBAs in non-delivery role to promote early pregnancy detection, ANC, skilled delivery, post-partum and newborn follow-up	TBAs encouraged to work actively with HEWs/the WDA, KCP
Support local emergency transport systems at community level	KCP/community groups organise emergency transport system with list of alternative transport options and contact addresses, raise funds for emergency transport, share the telephone number of the woreda ambulance service with PWCs, families.
Engage family decision makers (and not just women) in MNCH-CBNC such as fathers, mothers-in-law, grandparents	Fathers, mothers-in-law, grandparents engaged during home visits, 1:5 discussions.
Community use of MNCH-CBNC data for decision making through Community Health Bulletin Boards	KCP/key groups working with HEWs to analyse health post data and to share it with the community. Use of mapping tools by the WDA for pregnancy and birth surveillance
Greater teamwork for MNCH-CBNC demand creation	Strengthen and motivate HEWs, the WDA, HEW availability at health posts
Use of multiple channels to reinforce community efforts	School media outreach and health competitions, traditional and religious group MNCH <i>champions</i> , champion MNCH communities recognition

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## V. PHCU Support for Community MNCH-CBNC Action

<b>ACTIVITIES</b> WHAT WILL WE DO TO ACHIEVE THE RESULT? (ACTIVITIES)	<b>TIMELINE</b> WHEN? TIME FOR EACH ACTIVITY? (FROM ____ TO _____)	<b>PEOPLE RESPONSIBLE</b> WHO IS RESPONSIBLE FOR EACH ACTIVITY (ADD NAME OF PERSONS)	<b>RESOURCES</b> WHAT RESOURCES DO WE NEED TO ACHIEVE THE RESULT?
PHCU nominates expanded PRT for Demand Creation implementation			
Develop an MNCH-CBNC Mobilizing Goal (to be shared with communities)			
<b>Supportive Supervision #1:</b> Demand Creation: Orientation and Planning			
<b>Supportive Supervision #2:</b> Demand Creation: Organise the Community, Part I			
<b>Community Meeting #1:</b> Organise the Community, Part I <ul style="list-style-type: none"> <li>• Orient KCPs to MNCH-CBNC goal and demand creation strategy</li> <li>• With KCPs, identify community groups and individuals interested to work on MNCH-CBNC issues</li> <li>• Help KCPs to prepare for their community meeting(s) to invite participation of those most interested/affected and the broader community</li> </ul>			
<b>Supportive Supervision #3:</b> Demand Creation: Organise, Part II			

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<p><b>Community Meeting #2:</b> Organise the Community, Part II</p> <ul style="list-style-type: none"> <li>• Organise <i>Strengthened KCP</i> for MNCH-CBNC action</li> <li>• Facilitate <i>Strengthened KCP</i> Capacity Self-Assessment and review results</li> <li>• Build basic understanding of key MNCH-CBNC desired outcomes</li> <li>• Help to broaden representation and make a list of members (new and old)</li> <li>• Clarify roles and responsibilities</li> <li>• Confirm leaders and how/when the KCP will elect new leaders</li> <li>• Set norms for working together (how to work, when to meet, where)</li> </ul>			
<p><b>Supportive Supervision #4:</b> Demand Creation: Explore and Plan, Part 1</p>			
<p><b>Community Meeting #3</b> - Explore and Plan, Part 1</p> <ul style="list-style-type: none"> <li>• Explore MNCH-CBNC with <i>Strengthened KCP</i></li> <li>• Build capacity to facilitate an MNCH Problem Tree (maternal and newborn)</li> <li>• Build capacity to facilitate an MNCH Resource Map</li> <li>• Practice with Small Group Discussion Guide</li> <li>• Plan for <i>Strengthened KCP</i> to explore MNCH issues with community members</li> </ul>			

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<p><b>Supportive Supervision #5:</b> Demand Creation: Explore – Part 2</p>			
<p><b>Community Meeting #4:</b> Explore and Plan – Part 2</p> <ul style="list-style-type: none"> <li>• Analyse information learned during explore phase</li> <li>• Set priorities</li> <li>• Share community MNCH-CBNC Action Plan matrix</li> <li>• Discuss who to invite to help with community MNCH-CBNC Action Plan</li> <li>• Set dates for community MNCH action planning</li> </ul>			
<p><b>Community Meeting #5:</b> Support community MNCH-CBNC action planning</p>			
<p><b>Community Meeting #6:</b> Support community MNCH-CBNC action planning and set up sharing with the broader community</p>			
<p><b>Supportive Supervision #6:</b> Demand Creation: Act Together and Monitor</p>			
<p><b>Community Meeting #7:</b> Act Together</p> <ul style="list-style-type: none"> <li>• Support capacity needs of <i>Strengthened</i> KCP to implement community MNCH-CBNC Action Plan</li> <li>• Leadership mentoring</li> <li>• Resource mobilization mentoring</li> <li>• Conflict resolution meeting</li> <li>• Use of local data for decision-making (Community MNCH Bulletin Board)</li> </ul>			

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<p><b>Community Meeting #8:</b> Act Together, Continued</p>			
<p><b>Community Meeting #9:</b> Community Monitoring of Plan and Activities</p> <ul style="list-style-type: none"> <li>• Monitoring health post MNCH-CBNC data for change</li> <li>• Community MNCH-CBNC Action Plan implementation</li> </ul>			
<p><b>Community Meeting #10:</b> Evaluate and Re-Plan (once per year)</p> <ul style="list-style-type: none"> <li>• Evaluate successes and challenges</li> <li>• Celebrate successes!</li> <li>• Re-do MNCH-CBNC Action Plan for the new year!</li> </ul>			
<p><b>ADDITIONAL PHCU DEMAND CREATION ACTION - STRATEGIES FROM SECTION IV (ABOVE)</b></p>			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

# Training Package

## VI. Indicators of Success

### a) Process and Output Indicators

INDICATORS *Note: <i>Strengthened</i> KCP or appropriate alternative core group	METRIC	PLAN FOR REPORTING PERIOD	ACHIEVEMENT FOR REPORTING PERIOD (%)	ACHIEVEMENT OUT OF TOTAL PLAN (%)
Proportion of <i>Strengthened</i> KCPs* oriented to MNCH-CBNC demand creation strategies	Numerator: # of <i>Strengthened</i> KCPs oriented to MNCH-CBNC demand creation strategies Denominator: # of KCPs			
Proportion of KCP that have organised community orientation meetings on MHCH-CBNC demand creation goal and strategies	Numerator: # of <i>Strengthened</i> KCPs that have organised community orientation meetings on MNCH-CBNC goals/strategies Denominator: # of kebeles			
Proportion of <i>Strengthened</i> KCPs that have conducted capacity self-assessment and developed clear roles, norms and structures	Numerator: # of kebeles that have developed a clear role for the <i>Strengthened</i> KCP Denominator: # of kebeles			
Proportion of KCPs that have developed MNCH-CBNC Community Action Plan.	Numerator: # of KCPs that have developed community action plan Denominator: # of kebeles			
Proportion of KCPs that have implemented at least two actions in their MNCH-CBNC Community Action Plan	Numerator: # of kebeles completing two actions in Community Action Plan Denominator: # of kebeles			
Number of MNCH update meetings or events conducted by KCP that involves the broader community	Number of general community meetings per KCP (health centres and health posts need to set targets to compare with actual number of meetings)			

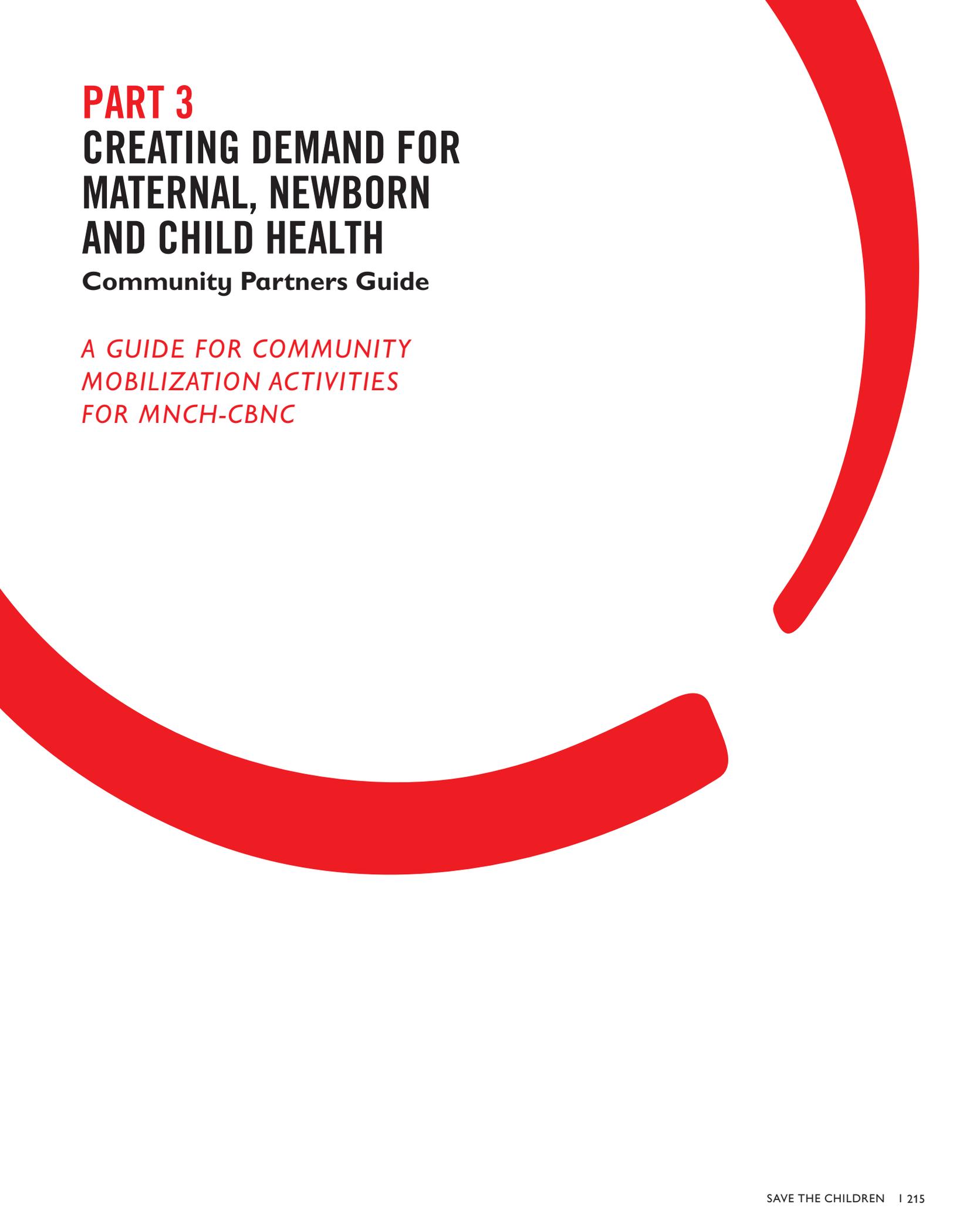
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Proportion of KCPs that have functioning local emergency transport systems in place	Numerator: # of KCPs that have functioning local emergency transport systems in place Denominator: # of KCPs			
Proportion of KCPs that have mobilised human, material or financial resources for MNCH-CBNC	Numerator: # of KCPs that have mobilised human, material or financial resources for MNCH-CBNC Denominator: # of KCPs			
Proportion of supervised HEWs who have reported that the WDA is mobilizing families for ICCM/ MNCH-CBNC (pregnancy identification, pregnancy support groups, ANC/PNC follow-up, etc.)	Numerator: # of supervised HEWs who have reported that the WDA is mobilizing families for ICCM/CBNC during the latest supervision visit Denominator: # of supervised HEWs			
Proportion of HEWs who have worked with their KCPs to analyse MNCH-CBNC data from their health posts and have shared the results with the broader community (1x per quarter)	Numerator: # of HEWs who have worked with their KCP to analyse MNCH-CBNC data from their health posts and have shared the results with the broader community (1 x per quarter) Denominator: # of HEWs			

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**b) Outcome Indicators:** How will we know when we have achieved the result? (measurable, observable outcomes)

INDICATORS	CURRENT	FOUR QUARTERS			
		QUARTER I	QUARTER II	QUARTER III	QUARTER IV
Proportion of new pregnant women identified					
Proportion of pregnant women who received at least one ANC session					
Proportion of pregnant women who received a fourth ANC visit					
Proportion of deliveries attended by health workers (at health centre/ hospital) in the kebele					
Proportion of live births receiving PNC visit within 48 hours by HEWs					
Proportion of live births receiving PNC visit on the seventh day by HEWs					
Proportion of expected cases classified as very severe disease/sepsis					
Proportion of newborns classified as very severe disease/sepsis who started treatment at the health post					
Proportion of newborns classified as very severe disease/sepsis who received seven days' treatment at the health post					
Proportion of newborns classified as very severe disease/sepsis and referred to health centres/hospitals					
Percentage of post-partum women receiving family planning					



**PART 3**  
**CREATING DEMAND FOR  
MATERNAL, NEWBORN  
AND CHILD HEALTH**  
**Community Partners Guide**

*A GUIDE FOR COMMUNITY  
MOBILIZATION ACTIVITIES  
FOR MNCH-CBNC*

# Training Package

## ABOUT THE GUIDE

- 1. Purpose of the Guide:** To assist the KCP to implement effective demand creation efforts to improve MNCH and CBNC in their communities.
- 2. Number of Meetings:** For effective implementation of the demand creation efforts, about four meetings that happen at one-to-two week intervals will be required. Each meeting will take 2-3 hours.
- 3. Facilitator:** The HEW and the KCP Chairperson will facilitate each session using the tools provided in this guide. Support from and linkage with health centre staff is encouraged.
- 4. Venue:** KCP office, health post or any convenient meeting place in the kebele.
- 5. Participants:** All KCP members and other invited community members may be included depending on the stage. With the inclusion of additional community members, the KCP will become a *Strengthened KCP*. The *Strengthened KCP* is expected to be composed of the KCP Chairperson, HEW, School Director/Teacher, Agriculture Worker, women and youth representatives, religious leaders, WDA leaders, interested and affected groups and former TBAs, giving due attention to gender and geographic/gott representation. The ideal size of *Strengthened KCPs* could range from 15-20.
- 6. The Role of the *Strengthened KCP*:** The *Strengthened KCP* will be responsible for leading the community meetings to identify MNCH problems, develop a prioritised plan, support its implementation and conduct ongoing monitoring.
- 7. Success Indicators:** A well-functioning strengthened command post will at least:
  - a. Involve key community stakeholders as well as interested and affected individuals.
  - b. Have an MNCH Mobilizing Goal.
  - c. Have structured leadership with defined roles and responsibilities.
  - d. Have written norms.
  - e. Have a written MNCH Action Plan.
  - f. Have regular meetings.
  - g. Mobilise local resources.
  - h. Monitor the implementation of MNCH activities.
- 8. Using this Guide:**
  - The Chairperson of the *Strengthened KCP* and HEW will be oriented by the supervising health centre on how to use this guide before initiating its implementation.
  - Each guide has helpful tools to conduct demand creation meetings effectively with community members.
  - Make sure you go through the notes and discuss them with participants to create common understanding of what is to be done.
  - You will need to fill in required information in the tools based on the discussion and agreement reached during every meeting.
  - Some of the completed tools will need to be copied in to a flipchart and posted in your office after the meetings.

# Training Package

## Meeting 1:

### *Strengthened* KCP Organizing Meeting

#### **Purpose of the Meeting:**

- Build consensus on the need to act together to improve MNCH-CBNC in the kebele.
- Strengthen the KCP to identify and address MNCH-CBNC problems.
- Clarify roles and responsibilities and to set norms for working together for MNCH-CBNC, such as how to work, when to meet, etc.

#### **Organiser/Facilitator of the Meeting:**

- The KCP Chair leads the meeting and the HEW serves as secretary.

#### **Preparation for the Meeting** (prior to the *Strengthened* KCP meeting):

- The KCP Chair works with the HEW to:
  - Invite those most affected and interested to be included as *Strengthened* KCP members ahead of the meeting.
  - The HEW prepares kebele-level MNCH-CBNC data to share with the *Strengthened* wKCP.

**Time:** 2 hours.

#### **Conducting the Meeting:**

1. The KCP Chair greets participants and describes the meeting objectives and agenda.
2. The HEW presents the MNCH-CBNC problems based on her health information data. An example could be:

“There is low MNCH-CBNC service uptake despite the availability of services at various levels. The aim of this meeting is therefore to strengthen the KCP to address the problem in a sustainable manner.”

3. **Ask:** What are the MNCH-CBNC issues you are concerned about? What do you think are the **major barriers** for using MNCH-CBNC services?
4. **Ask:** What could be done together to improve this situation in our community?
5. **Say:** There are good practices to learn from other communities that have resulted in improved MNCH-CBNC outcomes. This involves a process *through which community members and groups organise themselves to identify their problems, plan, carry out, monitor and evaluate MNCH issues on a participatory and sustained basis to improve their health and other conditions. To organise ourselves for MNCH-CBNC action, we need to develop a clear goal.*
6. **Ask:** participants to develop an MNCH-CBNC Mobilizing Goal based on the example. Emphasise that a mobilising goal should be clear, attractive and motivating enough to encourage community members to understand the program. It's important to build consensus on the mobilizing goal. Encourage all the participants to memorise it. Write and post the agreed mobilizing goal on a wall.

# Training Package

## TOOL #1: DEVELOPING AN MNCH-CBNC MOBILIZING GOAL

**Example:**

“No mother should die while giving birth. Reducing mother and newborn deaths helps to ensure the survival of a coming generation!”

**Write your mobilizing goal in a similar manner below!**

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**7. Say:** For mobilization efforts for MNCH-CBNC to succeed, the KCP, which already has the mandate and responsibility to achieve the above stated goals, must lead them. Below are potential lists of KCP roles and responsibilities; you can add or remove roles as necessary based on community inputs and consensus reached.

## TOOL #2: ROLES AND RESPONSIBILITIES OF THE *STRENGTHENED* KCP FOR IMPROVED MNCH-CBNC

- Promotes community participation in improved MNCH-CBNC in the kebele.
- Ensures the participation of those most interested in and affected by MNCH-CBNC issues.
- Explores MNCH-CBNC issues with key community members.
- Develops an MNCH-CBNC community plan for improved family practice and demand for services.
- Works with health centres HEWs, DTLs, the WDA, schools, religious institutions and other key community groups and individuals to implement the MNCH Community Action Plan.
- Mobilises and harnesses human and financial resources to realise the improved MNCH-CBNC.
- Uses community data to monitor MNCH-CBNC progress.
- Provides regular community updates on MNCH-CBNC progress.

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- ---
- ---

**8. Say:** To achieve our goal, we need to strengthen the KCP by engaging key community groups and individuals. *These include HEWs, KCPs, FBOs, schools, youth groups, agriculture development agents, women’s groups, Idirs, opinion leaders, affected and interested individuals.*

- Encourage the participation of women (60% women membership).
- There is no special size for the *Strengthened* KCP membership, but 15-20 members might be realistic

**9. Document** the new *Strengthened* KCP members and the groups they represent using the following tool:

# Training Package

## 10.TOOL #3: **STRENGTHENED** KCP MEMBERS LIST

WRITE THE FULL NAMES OF THE SELECTED REPRESENTATIVES HERE	REPRESENTATIVE OF WHICH GROUP/ ORGANIZATION? <i>(KCP, health post, religious institutions, schools, agriculture, the WDA, interested and affected individuals etc.)</i>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.
17.	17.
18.	18.
19.	19.
20.	20.
21.	21.

# Training Package

**11. Say:** It is important to be well organised and to share roles and responsibilities among the *Strengthened KCP* members to function better.

**12. Present and discuss** the list below and elect or nominate people for the respective roles. Please add to the list if you identify any other role.

## TOOL #4: STRENGTHENED KCP GROUP STRUCTURE AND LEADERSHIP ROLE

ROLE	KEY RESPONSIBILITIES	NAME OF SELECTED STRENGTHENED KCP MEMBER
Chairperson	<ul style="list-style-type: none"> <li>• Day-to-day running of the group</li> <li>• Disciplinary action</li> <li>• Attending to community disputes regarding children</li> <li>• Liaison with partners</li> <li>• Chairing meetings to review progress and activities</li> </ul>	
Deputy Chairperson	<ul style="list-style-type: none"> <li>• Supporting chairperson in his or her absence</li> </ul>	
Treasurer	<ul style="list-style-type: none"> <li>• Keeping a record of financial donations, disbursements and expenditures incurred by group</li> <li>• Responsible for banking and withdrawals (with second signature)</li> </ul>	
Secretary	<ul style="list-style-type: none"> <li>• Keeping meeting minutes</li> <li>• Keeping records of all group activities</li> <li>• Calling meetings on behalf of president</li> </ul>	
Resource manager	<ul style="list-style-type: none"> <li>• Overseeing quality assurance and monitoring, working with a logistician to assist with tracking committee assets such as bicycles and office equipment.</li> </ul>	
Members of the <i>Strengthened KCP</i>	<ul style="list-style-type: none"> <li>• Individual house visits to pregnant women and families with children &lt; 5</li> <li>• Ongoing support to women, children &lt; 5 and their families</li> <li>• Organising activities within the community to carry out action plans</li> </ul>	

# Training Package

- 13. Say:** It's important to have norms or codes of conduct for the *Strengthened* KCP to function better. It helps us to know when and where to meet, how new leadership will be elected and how to work together.
- 14. Review** the following norms or codes of conduct together; modify or add as needed. Every member should put his or her signature on the final agreed norm.

## TOOL #5: SETTING GROUP NORMS/CODE OF CONDUCT:

### Group Norms/Code of Conduct: (Example)

- We will be transparent and open about what we do and why we do it.
- We will be clear about what we can/cannot do.
- We will do what we say and we will keep all the promises that we make.
- We will respect confidentiality relating to MNCH and sensitive information.
- We will make sure that all community members are involved in our activities, particularly those most marginalised or discriminated against.
- We demonstrate respect for everyone at all times.
- We will be accountable to community members at all times.
- We will strive to challenge harmful attitudes, behaviours or ideas.
- We will elect new leadership every \_\_\_\_\_ year(s) (e.g., every two years) through a **vote**.
- We will meet (e.g., the last Friday of every month) \_\_\_\_\_ to plan, implement and monitor activities

**Signatures** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 15. Ask** participants to reflect on the discussion.
- 16. Summarise** the discussion, thank participants, agree on the next steps (which is community orientation), set the next meeting date and conclude the meeting.

COMMUNITY ORIENTATION MEETING:  
Use Tool #6.

Venue: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_

NEXT *Strengthened* KCP MEETING:

Venue: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_

# Training Package

## Meeting 2:

### Community Orientation by *Strengthened KCP*

#### Purpose:

- Create greater community awareness of the MNCH-CBNC problem.
- Present the mobilizing goal and *Strengthened KCP* members and get inputs from the community.
- Generate interest in collective action towards a common MNCH-CBNC goal.

**Time:** 2 hours.

#### Preparation:

The KCP works with the Kebele Chairperson/Kebele Manager and the HEW to plan a community orientation meeting, specifically:

- Decide on meeting time and place (convenient to community members).
- Invite key groups and individuals, including those most affected and interested in MNCH-CBNC, well ahead of the meeting.
- HEW prepares MNCH-CBNC data to share with the community.

#### Conducting the Meeting:

To be facilitated by the KCP assisted by HEW.

- 1. Welcome** attendees and introduce *Strengthened KCP* members to the community.
- 2. Share** recent MNCH-CBNC data from the kebele [*Optionally, short drama/skit focusing on MNCH challenges of the kebele can be prepared and presented before sharing kebele MNCH data to initiate discussions. The drama/skit can be prepared by schoolchildren, members of KCP or other community members.*]
- 3. Share** mobilizing goal (developed and shared during the meeting with PHCU).
- 4. Ask:** Why do we need to create demand? What are the major barriers to using MNCH-CBNC services in our community?

- 5.** Summarise why demand creation for MNCH-CBNC is important, saying:

*“MNCH-CBNC services are initiated in the kebele, which includes pregnancy identification, ANC service, skilled delivery, PNC, newborn care (including early identification and treatment of sick newborns), care for older children, etc. However: there is a low care-seeking rate and there are deep-rooted barriers to care seeking for MNCH services.”*

- 6. Share** the list of *Strengthened KCP* members and key people to be involved in the demand creation process and the roles of the *Strengthened KCP* (using the list of roles and responsibilities set during last meeting with health centre staff). Ask them if they agree with the list or have others to include.
  - a.** Invite community members (those interested in and affected by, MNCH-CBNC issues to work with them to improve MNCH-CBNC; ask for those interested to join group if possible).
  - b.** Ask participants to reflect on the discussion.
  - c.** Summarise the discussion, thank participants, set next meeting date and conclude the meeting.

# Training Package

## Meeting 3:

### Explore and Prioritise MNCH-CBNC Issues

#### Purpose:

- To explore local MNCH-CBNC problems and underlying causes.
- To analyse what has been learned and to prioritise MNCH-CBNC issues to begin to address.

#### Preparation:

- The KCP works with the HEW to:
  - Set date, time and location for the meeting.
  - Prepare meeting agenda and materials, including flipcharts, papers to document process/meeting and copies of the tools in this guide.
  - Ensure the participation of selected community members.

**Time:** 2-3 hours. The Explore and Set Priorities phase should be undertaken over a number of separate meetings with various community stakeholders to raise interest and to understand key MNCH issues in the community.

#### Conducting the Meeting:

- 1. Welcome participants** and share the purpose of the meeting by saying: This meeting provides communities an opportunity to explore and understand the underlying issues affecting MNCH-CBNC in their community, prioritise the problems, develop a community MNCH-CBNC action plan and work together to implement the plan.
- 2. Say:** We will use the following participatory methods to explore MNCH-CBNC issues, understand community strengths and discover community barriers and challenges.
  - a. Small group discussions.
  - b. The Problem Tree.
- 3. Conduct small group discussions** to explore MNCH-CBNC issues using the following tool:

#### **TOOL #6: FACILITATING SMALL GROUP DISCUSSIONS TO EXPLORE MNCH-CBNC ISSUES**

- Introduce yourself and thank participants for agreeing to this small group discussion.
- Divide the participants into two small groups of men and women.
  - Do not merge men and women. Arrange separate small group discussions for the two groups.
- Explain to the groups that their thoughts and opinions about current beliefs and practices are needed to provide insight in to the community's MNCH issues. Ask them to discuss their feelings and ideas openly.
- Start with the first question in the guide below. Probe by asking them to clarify or ask 'why' do they think this happens?
  - Note that a small group discussion usually takes 30 to 45 minutes.

# Training Package

## SMALL GROUP DISCUSSION – QUESTION GUIDE

### Reaching and Utilizing Care

- What prevents pregnant women in this community from disclosing their pregnancy to the HEWs early?
- What do you think should be done to encourage early disclosure of pregnancy?
- What prevents pregnant women in this community from attending ANC?
- What do you think should be done to address the problem?
- What prevents pregnant women in this community from delivering at a health facility?
- What do you think should be done to address the problem?
- What prevents pregnant women in this community from following up with PNC?
- What do you think should be done to address the problems?
- What prevents mothers/families in this community from seeking care at health posts/health centres when their newborn babies get sick?
- Are some women less like to seek and/or reach care than others? Which ones? Why?
- Do pregnant women/family members recognise maternal danger signs (during pregnancy, labour and delivery) that warrant immediate care seeking from health facilities?
- Do women/family members recognise neonatal danger signs that warrant immediate care seeking from health facilities?
- Once a decision is made to seek care (ANC, facility delivery, PNC, sick neonate), what barriers can you think of that prevent reaching the care?
- What barriers exist that prevent the use of the care once the service outlet is reached?
- What prevents women from reaching care when they decide to seek it?
- Do women (newborns) who reach care always receive the care they are seeking?
- What prevent them from receiving the care they seek at the health post or health centre?
- What do you think men can do to improve MNCH-CBNC service utilization?

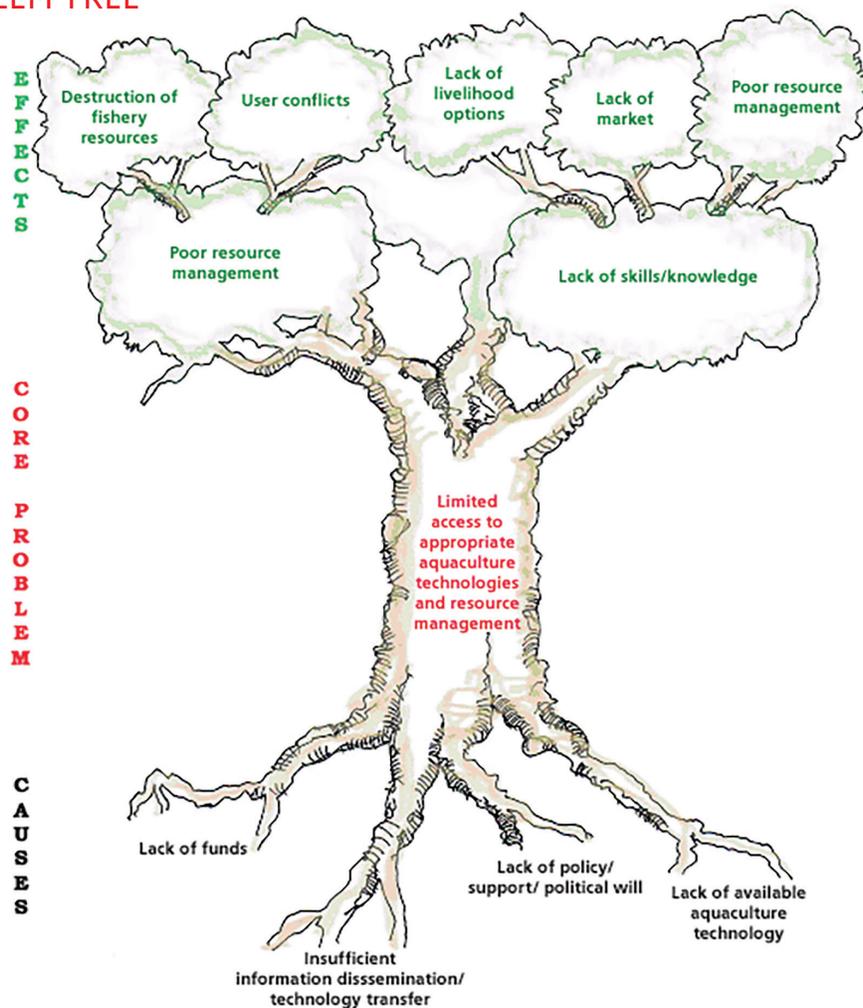
\* What other points would you like to discuss regarding women/newborn/child health in your community. Do you have any question or comments?

# Training Package

## TOOL #7: USING PROBLEM TREE TO EXPLORE MNCH-CBNC ISSUES

- As a facilitator, tell participants that the problem tree is used to show the “root causes” of any issue and the consequences or effects of an issue. In this case, we will be looking at the maternal and newborn health issues in your community.
- **Tell** participants: “we will need to first draw a tree with roots, a trunk and branches. On the trunk, we will write the issue or problem. For our work, we will focus on three problem issue(s) separately” – Suggested problems
  - a. Newborns dying.
  - b. Women dying during pregnancy, delivery or after delivery.
  - c. Sick children (< 5) not receiving care.
- Brainstorm with the group the main causes for the problem and write them on the roots. You can ask them why, why, why for each cause they identify.
- On the branches, you ask them to brainstorm and write the consequences/effects of the problem being analysed.

## SAMPLE PROBLEM TREE





# Training Package

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## Meeting 4:

### Developing the MNCH-CBNC Community Action Plan

#### Purpose:

- To draft a written community MNCH-CBNC action plan that addresses the prioritised MNCH-CBNC problems.

#### Preparation:

- Prepare the list of activities identified during the explore and prioritise step.
- The KCP chairperson and the HEW should review the planning tools beforehand and familiarise themselves to facilitate the planning meeting better.

**Time:** 2 hours.

#### Conducting the Action Planning Meeting

- 1. Greet** participants, inform them that this is a follow-up meeting of the previous meeting and explain the specific purpose of the meeting.
- 2. Share:** key priority problems and resources that were identified and agreed upon during the exploration exercise.
- 3. Present:** potential actions that can be done to address the priority MNCH-CBNC problems identified with recommendations of responsible persons.
- 4. Agree:** on what you as a *Strengthened* KCP hope to achieve by implementing the suggested actions in the kebele. Below are some examples of expected changes in MNCH-CBNC in your kebele. For each of the expected actions you agree to take on, ensure that you have a clear timeline.

# Training Package

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## TOOL #10: WHAT WE HOPE TO ACHIEVE

### **Objectives! What We Hope to Achieve**

- All pregnant women in the kebele inform HEWs of their pregnancy as early as they know about it.
- All pregnant women in the kebele have at least four ANC visits (at health posts and health centres).
- All pregnant women in the kebele will attend the monthly PWC.
- All pregnant women in the kebele recognise maternal and newborn danger signs that require immediate care.
- All pregnant women deliver at a health facility.
- All pregnant women practice immediate and exclusive breastfeeding.
- All delivered women receive timely and appropriate PNC.
- All newborns with danger signs seek care and receive appropriate management.
- All delivered women are counselled on post-partum family planning and linked to service as appropriate.  
No woman or neonate dies in the kebele due to preventable causes.

# Training Package

Below are the key strategies and activity examples to consider in your plans to solve the key priority MNCH problems of your community.

EXPECTED OUTPUTS /ACTIONS	EXAMPLES OF ACTIVITIES THAT CAN BE UNDERTAKEN
Improve early identification of pregnant mothers	WDA home visits, 1:5 discussions, peer mother referrals
Initiate and support PWCs	HEWs/the WDA and other women's groups help to organise PWCs and ensure attendance of all pregnant women, appropriate use of PWC guidelines and support
Improve ANC, facility delivery, postnatal care, identification and management of sick newborns	<ul style="list-style-type: none"> <li>• Pregnancy home visits by HEWs and the WDA</li> <li>• Educate the community on the importance of recognizing danger signs and seeking immediate care during religious gatherings and through schools</li> <li>• Identification and appropriate management of sick newborns</li> <li>• Engage TBAs in non-delivery role to promote these services</li> <li>• Support availability of women-friendly services</li> </ul>
Promote involvement of men (husbands, other men in the community) and other decision makers in the family in MNCH	<ul style="list-style-type: none"> <li>• Integrate MNCH messages in Agricultural Development Army agent activities to reach farmers.</li> <li>• Reach mothers-in-law, other respected family members with appropriate MNCH messages.</li> </ul>
Effective use of Family Health Guide to create family dialogue for improved MNCH	<ul style="list-style-type: none"> <li>• Monitor use of Family Health Guide by HEWs and the WDA during all their interfaces with pregnant women and community members as it relates to MNCH work.</li> <li>• Ensure continuous availability of Family Health Guides</li> </ul>
Support local emergency transport systems at community level	<ul style="list-style-type: none"> <li>• Organise emergency transport system</li> <li>• Identify and list alternative transport options</li> <li>• Make contact addresses of relevant individuals (HEWs, ambulance drivers, KCP members, etc.) available for pregnant women/families</li> </ul>
Reach other community members with MNCH-appropriate messages to reinforce community efforts	<ul style="list-style-type: none"> <li>• Use the school health education by HEWs to pass key MNCH messages to school communities</li> <li>• Use school mini-media as appropriate to reach school communities with key MNCH messages</li> <li>• HEWs to reach out to traditional and religious leaders with key MNCH-CBNC key family practice guidance for the latter to use during their interfaces with community members</li> </ul>

# Training Package

## TOOL #11: COMMUNITY ACTION PLANNING TEMPLATE

You can start developing your community action plan by filling out the following template. You should select strategies and potential activities from the above table that will help you to tackle the priority problems and that are appropriate to your context. A sample is provided below.

**Mobilizing Goal:** Improve MNCH-CBNC outcomes for women and families our community

PRIORITISE PROBLEMS TO BE ADDRESSED	OBJECTIVES What do we want to achieve specifically related to MNCH-CBNC?	STRATEGIES How are we going to achieve our goal?	ACTIVITIES What are we going to do to achieve the result?	PEOPLE RESPONSIBLE Who is responsible for each activity (ADD HERE NAMES OF PERSON[S])	RESOURCES What resources do we need to achieve the result? (human, material, financial)	TIMELINE When? How long is needed for each activity? (from _____ to _____)	INDICATORS OF SUCCESS How will we know when we have achieved the result? (measurable, observable outcomes)
* Sick newborns not getting treatment at health posts	* Newborns appropriately treated or referred by health posts 100% of time	* HEWs ensuring treatment supply at health posts, referral notes  *WDA/PWCs dialogue with women on newborn danger signs	*Families to notify all births to HEWs within 24 hours  Through PWC dialogue with all pregnant mothers, in-laws and husbands to recognise newborn danger signs and to know how/when/where to seek treatment	*WDA, *HEWs	*Notification cards from the HEWs	* Three months from January to March	

\* Items represent only one example of what could be multiple objectives/strategies planned.

**Note:** The MNCH-CBNC community action plan needs to be shared with the broader community, including community leaders, multiple groups, FBOs, etc. so that you can get their feedback and support for the implementation.

# Training Package

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## Meeting 5:

### Monitor the Implementation of the MNCH-CBNC Action Plan

#### Purpose:

- To help the *Strengthened KCP* to implement and monitor the MNCH-CBNC action plan.
- To enhance the *Strengthened KCP*'s capacity to mobilise and manage its community's resources effectively.

*Note: These meetings are expected to happen at different times, so they should be integrated in to the regular monthly Strengthened KCP meetings. It is not mandatory to address all the activities in one meeting; rather, it should depend on the practical needs the Strengthened KCP has.*

#### Conducting the Meeting

- 1. Greet participants and explain** the purpose of the meeting.
- 2. Use Tools #12-#14.**

# Training Package

## TOOL #12: COMMUNITY BULLETIN BOARD

The *Strengthened* KCPs should prepare the below on a flipchart paper or black board and post it outside for the whole community to see. On a monthly basis, fill in the numbers registered for each of the indicators of progress that the kebele is making.

INDICATOR	MONTH		MONTH		MONTH	
	PLAN	PERFORMANCE	PLAN	PERFORMANCE	PLAN	PERFORMANCE
Pregnancy identification 						
Four ANC visits completed 						
Skilled delivery 						
PNC 						
Care seeking for newborn 						
PWC 						
Newborn death 						
Maternal death 						

# Training Package

## TOOL #13: STRENGTHENED KCPS CAPACITY NEEDS ASSESSMENT AND DEVELOPMENT PLAN

CAPACITY: KNOWLEDGE, SKILLS AND RESOURCES NEEDED	AVAILABLE IN COMMUNITY	NOT AVAILABLE IN COMMUNITY	HOW WILL WE DEVELOP THIS CAPACITY?	BY WHOM?	BY WHEN?
Effective leadership					
Planning skills					
Resource mobilization and management					
Conflict resolution skills					
Use of data to make decisions					
Finance management					

## TOOL #14: BUILDING RESOURCE MOBILIZING SKILLS

As the community begins to implement its MNCH-CBNC action plan, it will need various resources (human, financial, material) to succeed in its objectives. Listed here are a few examples of possible resources:

- **Identifying and using existing resources** to improve MNCH-CBNC issues.
- **Mobilization of local materials such as sand, bricks, water and labour** can be identified by mapping out local resources in the area.
- **Contribution of money, crops, livestock or land** can be identified by mapping out local resources in the area.
- **Income-generating activities** can be used to raise money to help carry out MNCH-CBNC activities.
- **External resource mobilization** involves using resources found outside the community such as government services and support from other organizations.

Thank participants for their participation in the CBNC Demand Creation activities and suggest a time for the next meeting.

# Training Package

## Meeting 6 Evaluate and Re-Plan Community MNCH-CBNC Action Plan for the New Year

At the end of the year, you as a *Strengthened* KCP need to review what has been done against the Community Action Plan.

**Note:** The *Strengthened* KCP can and should do this by using the techniques mentioned in the following tool and filling in their key findings

### TOOL #15: SAMPLE EVALUATION QUESTIONS, METHODS AND LEARNING JOURNAL

AREAS TO BE EVALUATED (EXAMPLE)	METHOD/DATA SOURCE (EXAMPLES)	FINDINGS/ LEARNINGS	ACTIONS FOR FUTURE PLAN
How well were community action plans implemented?	Discussion with the <i>Strengthened</i> KCP		
How were monitoring of community actions done?	Discussion with women who benefited from services		
Were meetings regularly conducted?	Review of reports, action plans, minutes of <i>Strengthened</i> KCPs, etc.		
Were any membership changes made? Why?			
Did we see improvement in service seeking from health posts and health centres?	Visiting health posts, health centres, MCH clinic and discussion with health workers, health post supporters		
Did mothers and newborns receive lifesaving services as planned?	Discussion with women who did not use services		
Did the expected number of newborns receive very severe disease/LBI treatment services? Why or why not?	Discussion with NGOs who support the kebele		
Did the <i>Strengthened</i> KCP engage religious leaders well? What were their contributions?	Interview with religious leaders		
Has the capacity of the WDA improved? What is the evidence?	Review of minutes of PWCs		

# Training Package

## TOOL #16: ASSESSING CAPACITY OF STRENGTHENED KCPs

As a capacity building process, the first step is to assess and document the capacity of the *Strengthened KCP* and to identify its strengths and areas of improvement. This will help to focus your effort and to track the progress you are making in developing your capacity in the future. Your responses should not reflect what is done during this meeting.

STRENGTHENED KCP'S CAPACITY SELF-ASSESSMENT				
#	INDICATORS	YES/NO		COMMENT
		YES	NO	
1.	Does the <i>Strengthened KCP</i> have an MNCH-CBNC goal?			
2.	Does the <i>Strengthened KCP</i> have a list of its members?			
3.	Does the <i>Strengthened KCP</i> have 60% women and 40% men as members (most marginalised and affected)?			
4.	Is the <i>Strengthened KCP</i> organised with roles and responsibilities (Chair, Vice-Chair, Secretary, Treasurer)?			
5.	Does the <i>Strengthened KCP</i> have written norms that state how it will make decisions? How it will elect its leadership and how often?			
6.	Does the <i>Strengthened KCP</i> have an MNCH-CBNC Community Action plan?			
7.	Is the <i>Strengthened KCP</i> on track in terms of achieving its MNCH-CBNC goal?			
8.	Are members regularly meeting and sharing experience and lessons learned on improving MNCH-CBNC in their communities?			
9.	Do members participate in group decision making?			
10.	Does the <i>Strengthened KCP</i> involve key community-level stakeholders (mothers, men, wise-elders, TBAs etc.)?			
11.	Is the <i>Strengthened KCP</i> working closely with its PHCU?			
12.	Does the <i>Strengthened KCP</i> monitor the implementation of their MNCH action plan?			
13.	Are key community leaders (formal and non-formal) now involved in promoting MNCH-CBNC?			
14.	Has the <i>Strengthened KCP</i> mobilised local resources for MNCH-CBNC? If so, what human, financial and material resources has it mobilised?			
15.	Is the <i>Strengthened KCP</i> managing these local resources well? If so, how?			
16.	Does the <i>Strengthened KCP</i> have regular meetings scheduled for meeting with the broader community to share MNCH progress?			
17.	Does the <i>KCP</i> regularly evaluate its lessons learned and re-plan?			

# Training Package

## ANNEX 1: MNCH-CBNC Demand Creation Guide for Orienting HEWs

February 2015

### INTRODUCTION:

This Demand Creation Facilitator Guide was developed and integrated into the four-day National CBNC Training for HEWs supported by the MCSP-NEGA program. It complements the HEW CBNC service delivery training by providing a basic understanding of the barriers to CBNC uptake by mother and families and the MNCH-CBNC demand creation strategies that can be applied to address these barriers. It was structured for a half day of learning session, and was facilitated on Day 5 of the CBNC along with the Integrated Pharmaceutical Logistical Systems/Health Post Monthly Report and Resupply (IPLS/HPMRR) sessions.

### BACKGROUND:

The *Demand Creation Strategy for MNCH-CBNC* is based on local experiences that are proven feasible, effective and scalable and it fits into the existing government's Health Extension Program and the WDA platform. The *Demand Creation Strategy for MNCH-CBNC* is integrated into MNCH services and behaviour change efforts.

The purpose of the *Demand Creation Strategy for MNCH-CBNC* is to improve maternal and newborn outcomes through increased demand and utilization of key CBNC services and improved household newborn care practices. Key approaches for the demand creation strategy will focus on: building and linking community social networks including the WDA, engaging family decision makers, strengthening PWCs (support groups), active male involvement, teamwork for demand creation and service delivery, strengthening the non-delivery role of TBAs, meeting demand with quality services, community-based data for decision makers, use of multiple channels to reinforce family newborn practices and community strengthening and mobilization for CBNC collective action, which entails strengthening and effective utilization of the W/HAD platform.

One of the principal demand creation strategies involves strengthening the KCP (and/or the Health Steering Committee) to work as an engine for mobilizing community action – with and through the WDA – for improved demand for and access to care services for the newborn,

exploring MNCH issues and developing community action plans, and implementing, monitoring and evaluation of the action plan. The Woreda cabinets, Woreda Health Offices, health centres, health posts and partners will play key roles in supporting the demand creation process. This includes strengthening existing community platforms, use of local media, meeting demand with quality services (woman-friendly health facilities) and promoting active male involvement.

**Objectives** of the Demand Creation training for HEWs are to:

- Familiarise participants with the *Demand Creation Strategy for MNCH-CBNC*.
- Develop an understanding of and commitment to the principles and methods of participatory CM and capacity strengthening for improved MNCH-CBNC.
- Develop a basic understanding of the methods and skills required for effective facilitation of the demand creation stages at the PHCU and kebele levels.
- Familiarise participants with the Woreda demand creation planning tool to support PHCU and kebele demand creation strategies
- Review the implementation and monitoring strategies for building community capacity and learning across communities

### TRAINING AGENDA

The demand creation sessions are designed to be completed in half a day (4 hours, 10 minutes). The sessions were originally integrated into the *National CBNC Training for HEWs*, and they were held on Day 5 of the overall training package. The sessions are designed to be participatory and to promote active engagement of HEWs. The schedule below outlines each activity to be covered.

### PARTICIPANTS' MATERIAL:

Copy of the *Demand Creation Strategy for MNCH-CBNC*.

# Training Package

## MNCH-CBNC DEMAND CREATION OVERVIEW FOR HEWS

ACTIVITY	TYPE OF ACTIVITY	RESOURCES	TIME
<b>DAY FIVE</b>			
<b>Part 1: Introduction to MNCH-CBNC Demand Creation and Behaviour Change (1 hour, 30 minutes)</b>			
Activity 13.1	Demand Creation Pre-test (to be completed on Day 1)	Pre-test	10 min
Activity 13.2	Reflecting on MNCH-CBNC Demand Creation Experiences	Page 5: <i>Demand Creation Strategy</i>	10 min
Activity 13.3	Introduction to the <i>Demand Creation Strategy</i> for MNCH-CBNC	Pages 5-6: <i>Demand Creation Strategy</i>	20 min
Activity 13.4	How Does Behaviour Change? Reinforcing Positive MNCH-CBNC Practice by Strengthening and Mobilizing Communities	On Flipcharts: draw: How Behavior Changemodels from Facilitators Guide, CM definition, <i>Demand Creation Strategy</i> for MNCH-CBNC, Pages 11 and 12	20 min
Activity 13.5	Principles and Platforms for CBNC Demand Creation	Flipchart: Degrees of participation in <i>Demand Creation Strategy</i> for MNCH-CBNC, Pages 7 and 8	15 min
Activity 13.6	Stages and Steps of the CBNC Demand Creation Process	<i>Demand Creation Strategy</i> for MNCH-CBNC, Page 13	15 min
<b>Part 2: Implementing the Demand Creation Process (1 hour, 40 minutes)</b>			
Activity 13.7	Roles and Responsibilities for MNCH-CBNC Demand Creation	Read and discuss Pages 20-21	30 min
Activity 13.8	How to Implement MNCH-CBNC Demand Creation: Getting Prepared and the Organise Stage	Read and discuss Pages 13-15	30 min
Activity 13.9	Effective Participatory Facilitation Tips	Flipchart with first slides of the Adult Learning and Facilitation PowerPoint	10 min
Activity 13.10	Planning for MNCH-CBNC Demand Creation	Use the planning template	30 min
<b>Section 14: Integrated Pharmaceutical Logistics System – IPLS</b>			
Activity 14.1	IPLS Lesson 1: Introduction to IPLS for HEWs		30 min

# Training Package

ACTIVITY	TYPE OF ACTIVITY	RESOURCES	TIME
Activity 14.2	IPLS Lesson 2: Proper Storage of Pharmaceuticals		20 min
Activity 14.3	IPLS Lesson 3: The Bin Card		50 min
Activity 14.4	IPLS Lesson 4: HPMRR		50 min
Activity 14.5	IPLS Lesson 5: Receiving and Physical Count		30 min
<b>Section 15: Wrap-Up Activities</b>			
Activity 15.1	Planning for MNCH-CBNC Cascade Zone and Woreda Based Activities		30 min
Activity 15.2	Post-Tests		30 min
Activity 15.3	Lunch and Tea Breaks		90 min
	Total		510 min

# Training Package

## ACTIVITY 13.1 COMPLETION OF DEMAND CREATION PRE-TEST

**Note:** The following *Demand Creation Pre-Test* will be given to participants at the beginning of the training and integrated into the overall CBNC Workshop pre-test.

### Pre-Test for Community Mobilization for MNCH-CBNC Demand Creation

Participant ID #: \_\_\_\_\_

**Write True or False in the space provided for each statement (five points each)**

1. \_\_\_\_\_ Community mobilization is the same as health promotion.
2. \_\_\_\_\_ Community mobilization is a capacity building process that aims to achieve a goal that is of benefit to the community.
3. \_\_\_\_\_ The main actors in the community mobilization process are the most vulnerable and interested people who will benefit most from the CM process.
4. \_\_\_\_\_ The four stages of the Demand Creation Community Action Cycle are Organise the community for action, Explore the issue and Plan together, and Act and Monitor and Evaluate, Learn and Re-Plan phases.
5. \_\_\_\_\_ Community mobilization is effective when used as a strategy to improve health when settings are very diverse and local solutions are required.
6. \_\_\_\_\_ A good facilitator/community mobiliser tells participants what they need to know.
7. \_\_\_\_\_ A mobilised community needs to develop a written action plan to address its priority problems.
8. \_\_\_\_\_ The difference between a community mobilization plan and a community action plan is that the former is the roadmap for the Woreda cabinets and PHCU teams, while the latter is prepared by the community itself.
9. \_\_\_\_\_ A participatory facilitator starts from where participants are and helps them to achieve their learning objectives through participatory experiences, reflection and dialogue.
10. \_\_\_\_\_ CBNC demand creation and community mobilization should be a collaborative effort between the public health sector, political leaders and other sector offices such as women and development, agriculture and partners.

# Training Package

## ACTIVITY 13.2: REFLECTIONS ON OUR CBNC DEMAND CREATION EXPERIENCES

**Session Objectives:** At the end of this session participants will:

- Reflect on their experiences on creating demand for MNCH-CBNC or other services.
- Identify lessons and challenges in their approaches to demand creation and family and community barriers and enhancers to MNCH-CBNC care-seeking.

**Time:** 10 minutes.

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- FMOH *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipcharts with the three assignments in Step 2.

**Steps:**

- 1. Introduce** the topic and objectives for this session.
- 2. Ask** participants to complete each task below. Start with the first task and brainstorm responses. Write on the flipchart:
  - a.** Take one minute and think about the time you were engaged in a demand creation activity to improve utilization of a particular service that you provided (new or existing).
  - b.** Ask a volunteer to share his or her experiences in one minute reflecting on why that demand creation activity was needed. Who decided to do it? What steps were taken? What were the results obtained/observed after the demand creation implementation?
  - c.** Ask another volunteer to share a story in one minute (better if the story is different from what has been shared by the first volunteer) reflecting on why demand creation activities were needed. Who decided to do it? What steps were taken? What were the results obtained/observed after the demand creation implementation?
- 3. Ask** participants to turn to Page 4 of the *Demand Creation Strategy for MNCH-CBNC* to review the major MNCH-CBNC barriers. Ask each participant to read aloud each barrier.
- 4. Summarise** this session by telling participants that “the *Demand Creation Strategy for MNCH-CBNC* has been designed taking stock of such experiences. The strategy aims to also address community and household MNCH-CBNC practices and to sustain changes brought in service utilization”. Thank participants and continue to the next activity.

# Training Package

## ACTIVITY 13.3 AN INTRODUCTION TO THE DEMAND CREATION STRATEGY FOR MNCH-CBNC

**Session Objective:** At the end of the session participants will be able to:

- Describe the purpose, objectives and approaches of the *Demand Creation Strategy*.

**Time:** 20 minutes.

**Materials:**

- Flipchart.
- Marker.
- Masking tape.
- FMOH *Demand Creation Strategy for MNCH-CBNC* Document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipchart with group questions from Step 5.

**Steps:**

- 1. Introduce** the topic and objectives for this session.
- 2. Say:** The *Demand Creation Strategy for MNCH-CBNC* was developed from demand creation experiences in Ethiopia and globally, cross-learning visits and a *Demand Creation Workshop for Improving MNCH-CBNC* held in Addis Ababa in 2014 with the FMOH and partners.
- 3. Present:** The *Purpose, Objectives and Components of the Demand Creation Strategy*. Tell participants to turn to **Pages 5 and 6** of the *Demand Creation Strategy* document. Refer to these pages while explaining each topic.
- 4. Ask:** *What questions/reflections do you have on the purpose, objective and components?*

- 5. Say:** *Please form three groups and discuss the questions below (10 minutes group work, 5 minutes for presentation/discussion):*

*Group 1:*

- How can we engage family decision makers (fathers, mothers-in-law, grandparents and mothers) in improving CBNC household practices and timely care-seeking?
- How can we improve active male involvement in the process of creating demand for MNCH?

*Group 2:*

- How can we improve support to pregnant women conferences (forums)?
- How can we engage TBAs non-delivery role for improving MNCH practice and demand?

*Group 3:*

- How can we improve the quality of MNCH service to encourage demand?
- How can we strengthen teamwork for demand creation and service delivery?

- 6. Ask:** *Please briefly present your groups' discussion points.*
- 7. Present:** The key *Approaches for Demand Creation* on **Page 9** of the *Demand Creation Strategy* document. Ask each participant to read aloud one approach.
- 8. Summarise** this session by asking participants what questions they have about the *Demand Creation Strategy*. Thank participants and continue to the next activity.

# Training Package

## ACTIVITY 13.4: HOW DOES BEHAVIOUR CHANGE? REINFORCING POSITIVE MNCH-CBNC PRACTICE BY MOBILIZING AND STRENGTHENING COMMUNITIES

**Session Objectives:** At the end of this session participants will:

- Understand three behaviour change models.
- Define CM and understand why it is important.

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- FMOH *Demand Creation Strategy for CBNC* Document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipchart: Question on *How Does Behaviour Change?* Step 3 below.
- Flipcharts: *3 Behaviour Change Theories* (Facilitator Note #1, attached).
- *Demand Creation Strategy*, Pages 11 and 12.

**Time:** 20 minutes.

**Steps:**

1. **Introduce:** the topic and objectives for this session.
2. **Share:** The following equation on the flipchart.

 + KNOWLEDGE = BEHAVIOUR

3. **Ask:** *Do you agree that if you give an individual knowledge (information) this will change their behaviour? Allow for discussion. Say:* We have learned a lot about how behaviour changes (and does not).
4. **Present** the three behaviour change models below (Facilitator Note #1). Explain that these represent only a few models, but that we know that an enabling and supportive environment is often needed for behaviour to change and be sustained. CM is one approach that can create this enabling environment.
5. **Ask:** When you hear the term community mobilization, what comes to mind? Write responses on the flipchart.
6. **Share** the definition of CM on **Page 11** of the *Demand Creation Strategy* document.
7. **Ask:** *Why do we use a CM approach? Review Page 12* in the *Demand Creation Strategy* document.
8. **Ask:** *How might CM create an enabling environment for MNCH-CBNC behaviour change?*
9. **Summarise** by asking: *What questions, reflections, or comments do you have on behaviour change and community mobilization?* Thank participants and continue to the next activity.

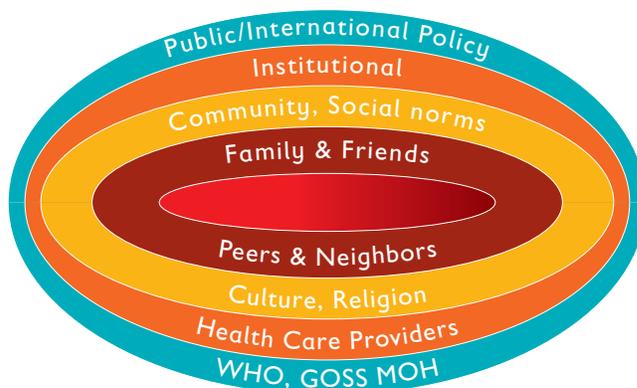
# Training Package

## Facilitator Note #1<sup>10</sup>

### BEHAVIOUR CHANGE MODELS



### LEVELS OF INFLUENCE ON HUMAN BEHAVIOUR



### STEPS TO BEHAVIOUR CHANGE



### MOTIVATORS AND INHIBITORS OF BEHAVIOUR CHANGE

1. **RATIONAL** Thought
2. **PHYSICAL** Sensations
3. **PRACTICAL** Skills and Abilities
4. **ENVIRONMENTAL** (Social, Cultural, Religious)
5. **INTERPERSONAL** Networks and Relationships
6. **EMOTIONAL** Reactions

### SUMMARY OF BEHAVIOUR CHANGE MODELS

LEVELS OF INFLUENCE	STEPS TO BEHAVIOUR CHANGE	MOTIVATORS & INHIBITORS
<ul style="list-style-type: none"> <li>• Individual</li> <li>• Family, Friends, Peers</li> <li>• Community, Culture, Religion</li> <li>• Institutions</li> <li>• Policies, Laws, Economy</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge</li> <li>• Approval</li> <li>• Intention</li> <li>• Practice</li> <li>• Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Rational</li> <li>• Physical</li> <li>• Practical</li> <li>• Environment</li> <li>• Relationships</li> <li>• Emotional</li> </ul>

<sup>10</sup> Behaviour Change – A Summary of Four Major Theories: <http://www.fhi.org/en/aids/aidscap/aidpubs/behres/bcr4theo.html>.

# Training Package

## ACTIVITY 13.5: PRINCIPLES AND PLATFORMS FOR CBNC DEMAND CREATION

**Session Objective:** At the end of this session participants will:

- Describe the principles and platforms for mobilizing communities for CBNC.

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- FMOH *Demand Creation Strategy for CBNC* Document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipchart: *Levels of Participation (Facilitator Note #2 attached)*.
- *Demand Creation Strategy, Principles and Platforms, Pages 7 and 8.*

**Time:** 15 minutes.

**Steps:**

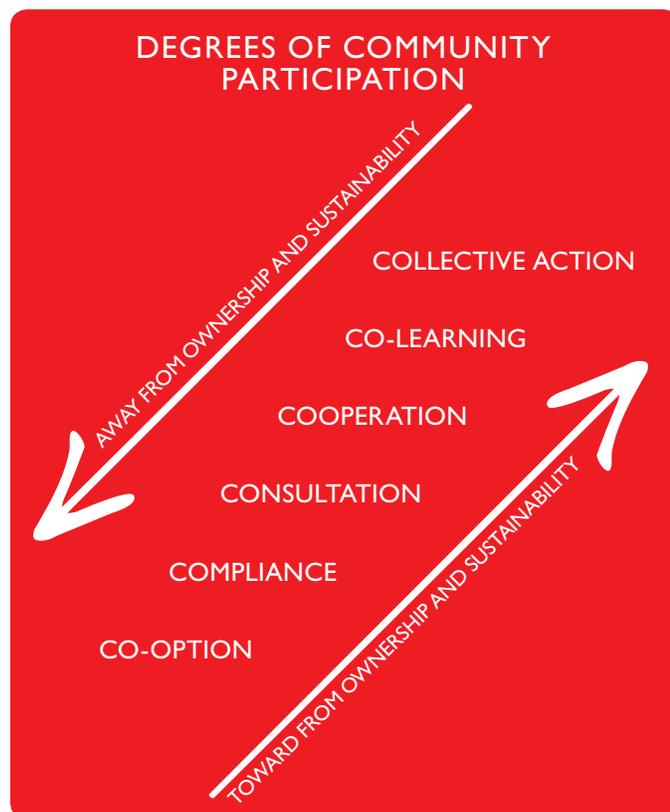
- 1. Introduce:** the topic and objectives for this session.
- 2. Brainstorm:** *What do you understand by community participation?* Explain that community participation is an important element of CM. However, there are different levels with which communities participate.
- 3. Share:** the *Levels of Participation* flipchart (Facilitator Note #2). Explain that a higher level of community participation is realised through *co-learning* and *collective action*. Lower levels of participation are *co-option* and *compliance*. With fuller participation, there is a greater chance for sustainable MNCH practice.
- 4. Explain** that the *Demand Creation Strategy for MNCH-CBNC* has *guiding principles* that support the higher level of community participation and action.

- 5. Tell** participants to turn to Page 7 in their *Demand Creation Strategy* document and take turns reading aloud each guiding principle. **Ask:** *What questions or comments do they have?*
- 6. Brainstorm:** *What existing woreda, PHCU and kebele individuals and groups can we use to realise sustainable community mobilization for demand creation? Write on the flipchart.*
- 7. Explain** that the *Demand Creation Strategy for MNCH-CBNC* uses a variety of these platforms. Ask participants to turn to Page 8 and read aloud the *Platforms for Creating Demand*.
- 8. Ask:** Are there some platforms we have not utilised to their full potential? Why and how can we utilise them better?
- 9. Summarise** by asking: *What questions, reflections, or comments do you have on Principles and Platforms of CBNC Demand Creation?* Thank participants and continue to the next activity.

# Training Package

## Facilitator Note #2

### LEVELS OF PARTICIPATION



**Collective action:** local people set their own agenda and mobilize to carry it out in absence of outside initiators and facilitation

**Co-learning:** local people and outsiders share in their knowledge to create new understanding and work together to form action plans with outsider facilitation

**Cooperation:** local people work together with outsiders to determine priorities; responsibility remains with outsiders for directing the process

**Consultation:** local opinions are asked; outsiders analyze and decide on a course of action

**Compliance:** tasks are assigned, with incentives; outsiders decide the agenda and direct the process

**Co-option:** token involvement of local people; representatives are chosen, but have not real inputs or power.

# Training Package

## ACTIVITY 13.6: STAGES AND STEPS OF THE CBNC DEMAND CREATION PROCESS

**Session Objective:** At the end of this session participants will:

- Describe the four stages of the Community Strengthening and Mobilization Process for MNCH-CBNC and their steps.

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Write each stage of the Demand Creation Process (diagram Page 13 of the *Demand Creation Strategy*) on A4 colour paper, or draw diagram on the flipchart.
- *Demand Creation Strategy, Stages and Steps*, Pages 13-18.

**Time:** 15 minutes.

**Steps:**

- 1. Introduce:** the topic and objectives for this session.
- 2. Tell** participants that the community strengthening and mobilization process of for MNCH-CBNC has four stages.
- 3. Ask** for four volunteers to come to the front of the room and give them each a card with a stage written on it, which the volunteer should read out. Ask volunteers to line up in the correct sequence of the stages. When they have lined up in sequence, ask the other participants if they think the sequence is correct. Why or why not?
- 4. Tell** participants to turn to Page 13 of the *Demand Creation Strategy* document and explain the diagram with the four stages of the community strengthening and mobilization process. Explain that this process will be used specifically to guide KCPs and other groups to Organise, Explore, Plan, Act and Evaluate MNCH-CBNC collective action.
- 5. Explain** each stage briefly. Tell participants that there are steps for each stage. Briefly review Pages 13-18 in the *Demand Creation Strategy* document.
- 6. Summarise** by asking: *What questions, reflections, or comments do you have on stages and steps for MNCH-CBNC demand creation?* Thank participants and continue to the next activity.

# Training Package

## ACTIVITY 13.7: ROLES AND RESPONSIBILITIES FOR DEMAND CREATION

**Session Objective:** At the end of this session participants will:

- Understand the roles and responsibilities of key stakeholders, at multiple levels, for MNCH-CBNC demand creation.

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- FMOH *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
  - *Defining Roles and Responsibilities of Stakeholders, Demand Creation Strategy* document, Pages 20-22.
  - *Key Approaches to Demand Creation*, Pages 9, 10 and 11.
  - Flipchart with *Levels of Responsibilities* (Facilitator Note #3 attached).

**Time:** 30 minutes.

**Steps:**

- 1. Introduce:** the topic and objectives for this session.
- 2. Explain** that all levels (Zonal, Woreda, PHCU and kebele) will have the responsibility for implementing a variety of CBNC demand creation strategies.
- 3. Tell** participants to turn to Pages 20-22 in the *Demand Creation Strategy* document. Review and discuss the roles and responsibilities at each level.
- 4. Review** again the *Key Approaches for Demand Creation* on Page 9, Paragraph 1.
- 5. Post** the *Levels of Demand Creation Action* on the flipchart. Divide participants into four groups: Zonal, Woreda, PHCU and kebele levels. Ask each group to discuss which key approaches (or other creative approaches) will need to be promoted at their level and write them on the flipchart. Allow 15 minutes. Note: Remind participants to include activities that would celebrate successes, such as identifying and acknowledging *champion MNCH kebeles*.
- 6. Ask** participants to share their group work. Explain that some approaches will need creative support and action at multiple levels.
- 7. Explain** that developing a plan and budget for CBNC demand creation will be required and that a sample *demand creation planning matrix* will be reviewed in the next sessions.
- 8. Summarise** by asking: *What questions, reflections, or comments do you have on Roles and Responsibilities for CBNC Demand Creation?* Thank participants and continue to the next activity.

# Training Package

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## Facilitator Note #3

LEVEL OF RESPONSIBILITY	DEMAND CREATION APPROACHES
Zonal	
Woreda	
PHCU	
Kebele	

# Training Package

## ACTIVITY 13.8: HOW TO IMPLEMENT CBNC DEMAND CREATION: GETTING PREPARED AND THE ORGANISE STAGE

**Session Objectives:** At the end of this session participants will:

- Understand how CBNC Demand Creation will be implemented.
- Know how to prepare for demand creation activities.
- Understand the Organise Stage and Steps (Stage 1).

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- FMOH *Demand Creation Strategy for CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipchart with the process for initiating implementation (Step 2).
- Flipchart with KCP roles and responsibilities (Step 10).

**Time:** 30 minutes.

**Steps:**

- 1. Introduce:** the topic and objectives for this session.
- 2. Explain** the following process will need to be undertaken for initiating the demand creation strategy (write on the flipchart):
  - Conduct CBNC demand creation orientation for zone, Woreda Cabinets, Zonal Health District, Woreda Health Office.
  - Develop a Zonal and Woreda CBNC Demand Creation Plan and budget.
  - Cascade CBNC training to health workers from all health centres.
  - Cascade CBNC training to HEWs.
  - Orient PHCUs on CBNC demand creation and the need to establish *extended* PRTs in which all health post focal persons and communities are represented.
  - Establish *extended* PRTs to lead CBNC implementation and demand creation strategies in their PHCU catchments.
  - During six supportive supervision visits conducted every month, the *extended* PRTs will be trained on the Organise, Explore and Plan, Act and Monitor, and Evaluate, Learn and Re-Plan stages.
  - Develop a PHCU CBNC Demand Creation Plan.
  - Roll-out the four stages/steps at the kebele level in phases.
- 3. Ask:** What questions there are on this process to initiate CBNC demand creation. Explain that once these initial steps have been completed, specific work with the KCP (steering committees) can be initiated.
- 4. Review** *Stage 1: Organise the KCP* and its steps, Pages 13-15, *Demand Creation Strategy* document.
- 5. Ask:** *What is the role of the KCP? What is the role of steering committees? Ask: Why might it be a good platform for mobilizing communities for CBNC? Why might it not be? Ask if there is another group at the community level that can play this role.*

# Training Package

**6. Ask:** How might the KCP want to engage more people from the community so that it improves its leadership and follow-up of CBNC demand creation activities? Write responses on the flipchart (10 min). Examples are: organizing a team to work with the KCP from the following groups of people

- Those most affected by or interested in Core Program Issues.
- Those with time and resources.
- Active WDA leaders representing all villages/gotts.
- Representatives from other groups who are interested in the issue, for example women's groups, religious groups, etc.

**7. Ask:** Who exactly might be the most interested in newborns in their communities? Examples are:

- TBAs (in a non-delivery role).
- Fathers whose wives/newborns died during pregnancy/delivery/post-partum.
- Wise elders.
- Women who have lost babies.

**8. Tell** participants that the KCP will need to organise itself for its MNCH demand creation work. This might take the form of a sub-group focused on MNCH, which is called the KCP-CET.\*\*

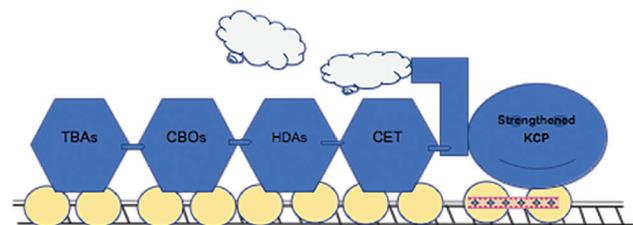
**9. Ask:** Ask participants why is it important that those marginalised have a true voice in the core group? (Response: the issues that are prioritised and planned by the core group will then address the true and felt needs of those most affected.) Note: There is no special size for the KCP-CET, but 15-20 members might be realistic.

**10. Share** the roles of the KCP (or alternate platform) to mobilise communities for improved MNCH (flipchart with the following roles):

- Promotes community participation in improved MNCH-CBNC in the kebele.
- Ensures that those most interested in and affected by MNCH-CBNC participate.
- Explores MNCH-CBNC issues with key community members.
- Develops the MNCH-CBNC community plan for improved family practice and demand for services.
- Works with key community groups and members to implement the MNCH-CBNC Community Action Plan.
- Mobilises and harnesses human and financial resources to realise improved MNCH-CBNC.
- Uses community data to monitor MNCH-CBNC progress.
- Provides regular community updates on MNCH-CBNC progress.

**11. Explain** that detail on the remaining steps for Stage 1: Organise will be shared during the six supportive supervision sessions to be held at the PHCU.

**12. Summarise** by asking: *What questions, reflections, or comments do you have on initiating the process for CBNC demand creation and/or Stage 1?* Thank participants and continue to the next activity.



**\*\*Facilitator note – A picture is helpful here!** It is often helpful to draw a picture of train with an engine and smaller cars. Indicate that the engine is the KCP-CET leads and pulls the community and community groups forward towards their MNCH goal. The cars attached to the engine could be religious groups, women's groups, youth groups, wise elders, etc. who would participate.

# Training Package

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## ACTIVITY 13.9: PARTICIPATORY FACILITATION TIPS

**Session Objective:** At the end of this session participants will:

- Describe the Principles and Platforms for mobilizing communities for MNCH-CBNC.

**Materials:**

- Flipcharts.
- Markers.
- Tape.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Flipchart with Feature of a Good Facilitator (Facilitator Note #4).

**Time:** 10 minutes.

**Steps:**

- 1. Introduce:** the topic and objectives for this session.
- 2. Ask:** *What makes a good participatory facilitator? Write responses on the flipchart.*
- 3. Share** the *Features of a Good Participatory Facilitator* (Helpful Tools #4).
- 4. Ask:** *What additional methods and tools have they used to create a participatory learning environment? Write on the flipchart.*
- 5. Summarise** by asking: *What questions, reflections, or comments do you have on participatory facilitation? Thank participants and continue to the next activity.*

# Training Package

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## Facilitator Note #4

### FEATURES OF A GOOD PARTICIPATORY FACILITATOR

#### Arrival

- Appropriate seat arrangement.
- Greet people as they arrive, create rapport, make people at ease.

#### Introduction:

- Formally greet group, thank participants for coming.
- Introduce self and role as facilitator.
- Explain purpose of meeting.
- Have participants introduce themselves.
- Facilitate appropriate icebreaker.

#### Discussion

- Know that participant has knowledge and he or she is there to help.
- Begin discussion with opening question or statement.
- Use open, probing, redirecting questions.
- Paraphrase.
- Encourage quiet members.
- Regulate overly dominant members in culturally appropriate ways.
- Handle other difficult participants while maintaining their self-esteem.

#### Use of participatory methods

- Role play.
- Energisers related to topic.
- Debate.
- Use games, pictures, objects to start discussion.

#### Non-verbal communication skills

- Use eye contact to encourage participants.
- Use other gestures to encourage participants (smiles, etc.).

#### Verbal communication skills

- Speak clearly and slowly for all to hear,
- Use open-ended questions,
- Use local and easy-to-understand language,

#### Closure

- Summarise, or have participants summarise.
- Clarify next meeting time and date and/or next steps and persons.
- Thank participants and conclude.

# Training Package

## ACTIVITY 13.10: PLANNING FOR MNCH-CBNC DEMAND CREATION – WOREDA AND PHCU LEVEL

**Session Objectives:** At the end of this session participants will:

- Understand how to plan for MNCH-CBNC Demand Creation at multiple levels.
- Practice using the MNCH-CBNC Planning Tool (in Annex).

**Materials:**

- Flipcharts.
- Markers.
- Tape.
- *Demand Creation Strategy for MNCH-CBNC* document for each participant.

**Preparation:**

- Flipchart with session topic and objectives (above).
- Copy of *MNCH-CBNC Planning Matrix* for participants.

**Time:** 30 minutes.

**Steps:**

1. **Introduce:** the topic and objectives for this session.
2. **Explain** that one of the most important steps for initiating the process of demand creation is to create a plan and budget for MNCH-CBNC demand creation at multiple levels.
3. **Share** the *CBNC Planning Tool* with participants.
4. **Ask** participants to review the flipchart made earlier on how the approaches to demand creation need are supported at the Zonal, Woreda and kebele levels.
5. **Ask** participants to work in groups to begin to complete a draft of the Demand Creation Plan for their Zone/Woreda/PHCU.
6. **Develop** a list of next steps and responsibilities for implementing CBNC demand creation.
7. **Summarise** by asking *What questions, reflections, or comments do you have on Planning for CBNC Demand Creation?*
8. Thank participants for their participation in the CBNC demand creation activities and suggest a time for the next supportive supervision visit, which will focus on *Stage 1: Organise the Community for MNCH Action*.

# Training Package

## ANNEX 2: MONITORING AND EVALUATION TOOLS

### A: PHCU PLANNING MATRIX FOR MNCH-CBNC DEMAND CREATION

#### MNCH-CBNC Demand Creation Planning Matrix

for \_\_\_\_\_ Health Centre, \_\_\_\_\_ [year]

Name of Zone: \_\_\_\_\_ Name of Woreda: \_\_\_\_\_

Number of health posts: \_\_\_\_\_ Total Population: \_\_\_\_\_

#### I. MNCH-CBNC Goal:

Improve maternal and newborn outcomes through increased demand for MNCH-CBNC services.

#### II. MNCH-CBNC Objectives:

- To improve MNCH-related household practices and norms.
- To increase timely care-seeking for maternal and newborn illnesses.
- To create enabling social norms that support appropriate MNCH behaviour.

#### III. What Do We Hope to Achieve?

- Early identification of pregnancy.
- Provision of focused ANC.
- Danger sign recognition and prompt care-seeking.
- Promotion of institutional delivery.
- Safe and clean delivery, including provision of Misoprostol in home deliveries or deliveries at health post level.
- Provision of immediate newborn care, including application of Chlorohexidine on cord.
- Recognition of asphyxia, initial stimulation and resuscitation of newborn baby.
- Prevention and management of hypothermia.
- Management of pre-term and/or low birth weight neonates.
- Timely and appropriate post-natal care.
- Management of neonatal sepsis/very severe disease at community level.
- Provision of post-partum family planning.
- Improved utilization and quality of child health/iCCM services.
- Communities organise, explore, plan and act together for improved MNCH-CBNC.

# Training Package

## IV. Key Strategies – How Will We Do It?

STRATEGIES	EXAMPLES
Improve early identification of pregnant mothers	WDA home visits, 1:5 discussions, peer mother referrals
Initiate and support PWCs	HEWs/the WDA and other women's groups help to organise PWCs and ensure attendance of all pregnant women, appropriate use of PWC guidelines and support
Strengthen KCP and/or other appropriate core group to explore, plan and mobilise their communities to act together to improve MNCH-CBNC	Build and link community social networks to conduct community mobilization, i.e., capacity building and follow-up of WDA leaders at gott level
Linking PHCUs, health posts and the performance of health extension workers and the WDA to improve antenatal, intrapartum, post-partum and newborn care through the four Cs	Prenatal and postnatal <b>contact</b> with the mother and newborn, including post-partum family planning, <b>case identification</b> of newborns with signs and possible severe bacterial infection, <b>care</b> , or treatment that is appropriate and initiated as early as possible and <b>completion</b> of a full seven-day course of appropriate antibiotics
Promote active male involvement	Engage in dialogue on MNCH-CBNC by integrating into Agricultural Development Army activities, traditional male leader forums, discussions during home visits, participation in KCPs, etc.
Effective use of Family Health Card to create family dialogue for improved MNCH-CBNC	Supportive supervision of HEWs and the WDA on the use of the Family Health Card
Develop women (family)-friendly maternities to meet demand with quality services	Strengthen quality improvement efforts, talk to women and families about what they want in health services. KCP, HEWs and health centre staff jointly meet to identify quality issues and collaborate for quality improvement
Engage TBAs in non-delivery role to promote early pregnancy detection, ANC, skilled delivery, post-partum and newborn follow-up	TBAs encouraged to work actively with HEWs/the WDA, KCP
Support local emergency transport systems at community level	KCP/community groups organise emergency transport system with list of alternative transport options and contact addresses, raise funds for emergency transport, share the telephone number of the woreda ambulance service with PWCs, families.
Engage family decision makers (and not just women) in MNCH-CBNC such as fathers, mothers-in-law, grandparents	Fathers, mothers-in-law, grandparents engaged during home visits, 1:5 discussions.
Community use of MNCH-CBNC data for decision making through Community Health Bulletin Boards	KCP/key groups working with HEWs to analyse health post data and to share it with the community. Use of mapping tools by the WDA for pregnancy and birth surveillance
Greater teamwork for MNCH-CBNC demand creation	Strengthen and motivate HEWs, the WDA, HEW availability at health posts
Use of multiple channels to reinforce community efforts	School media outreach and health competitions, traditional and religious group MNCH <i>champions</i> , champion MNCH communities recognition

# Training Package

## V. PHCU Support for Community MNCH-CBNC Action

<b>ACTIVITIES</b> WHAT WILL WE DO TO ACHIEVE THE RESULT? (ACTIVITIES)	<b>TIMELINE</b> WHEN? TIME FOR EACH ACTIVITY? (FROM ____ TO ____ )	<b>PEOPLE RESPONSIBLE</b> WHO IS RESPONSIBLE FOR EACH ACTIVITY (ADD NAME OF PERSONS)	<b>RESOURCES</b> WHAT RESOURCES DO WE NEED TO ACHIEVE THE RESULT?
PHCU nominates expanded PRT for Demand Creation implementation			
Develop an MNCH-CBNC Mobilizing Goal (to be shared with communities)			
<b>Supportive Supervision #1:</b> Demand Creation: Orientation and Planning			
<b>Supportive Supervision #2:</b> Demand Creation: Organise the Community, Part I			
<b>Community Meeting #1:</b> Organise the Community, Part I <ul style="list-style-type: none"> <li>• Orient KCPs to MNCH-CBNC goal and demand creation strategy</li> <li>• With KCPs, identify community groups and individuals interested to work on MNCH-CBNC issues</li> <li>• Help KCPs to prepare for their community meeting(s) to invite participation of those most interested/ affected and the broader community</li> </ul>			
<b>Supportive Supervision #3:</b> Demand Creation: Organise, Part II			

# Training Package

<p><b>Community Meeting #2:</b> Organise the Community, Part II</p> <ul style="list-style-type: none"> <li>• Organise <i>Strengthened KCP</i> for MNCH-CBNC action</li> <li>• Facilitate <i>Strengthened KCP</i> Capacity Self-Assessment and review results</li> <li>• Build basic understanding of key MNCH-CBNC desired outcomes</li> <li>• Help to broaden representation and make a list of members (new and old)</li> <li>• Clarify roles and responsibilities</li> <li>• Confirm leaders and how/when the KCP will elect new leaders</li> <li>• Set norms for working together (how to work, when to meet, where)</li> </ul>			
<p><b>Supportive Supervision #4:</b> Demand Creation: Explore and Plan, Part 1</p>			
<p><b>Community Meeting #3</b> - Explore and Plan, Part 1</p> <ul style="list-style-type: none"> <li>• Explore MNCH-CBNC with <i>Strengthened KCP</i></li> <li>• Build capacity to facilitate an MNCH Problem Tree (maternal and newborn)</li> <li>• Build capacity to facilitate an MNCH Resource Map</li> <li>• Practice with Small Group Discussion Guide</li> <li>• Plan for <i>Strengthened KCP</i> to explore MNCH issues with community members</li> </ul>			

# Training Package

<p><b>Supportive Supervision #5:</b> Demand Creation: Explore – Part 2</p>			
<p><b>Community Meeting #4:</b> Explore and Plan – Part 2</p> <ul style="list-style-type: none"> <li>• Analyse information learned during explore phase</li> <li>• Set priorities</li> <li>• Share community MNCH-CBNC Action Plan matrix</li> <li>• Discuss who to invite to help with community MNCH-CBNC Action Plan</li> <li>• Set dates for community MNCH action planning</li> </ul>			
<p><b>Community Meeting #5:</b> Support community MNCH-CBNC action planning</p>			
<p><b>Community Meeting #6:</b> Support community MNCH-CBNC action planning and set up sharing with the broader community</p>			
<p><b>Supportive Supervision #6:</b> Demand Creation: Act Together and Monitor</p>			
<p><b>Community Meeting #7:</b> Act Together</p> <ul style="list-style-type: none"> <li>• Support capacity needs of <i>Strengthened</i> KCP to implement community MNCH-CBNC Action Plan</li> <li>• Leadership mentoring</li> <li>• Resource mobilization mentoring</li> <li>• Conflict resolution meeting</li> <li>• Use of local data for decision-making (Community MNCH Bulletin Board)</li> </ul>			

# Training Package

<p><b>Community Meeting #8:</b> Act Together, Continued</p>			
<p><b>Community Meeting #9:</b> Community Monitoring of Plan and Activities</p> <ul style="list-style-type: none"> <li>• Monitoring health post MNCH-CBNC data for change</li> <li>• Community MNCH-CBNC Action Plan implementation</li> </ul>			
<p><b>Community Meeting #10:</b> Evaluate and Re-Plan (once per year)</p> <ul style="list-style-type: none"> <li>• Evaluate successes and challenges</li> <li>• Celebrate successes!</li> <li>• Re-do MNCH-CBNC Action Plan for the new year!</li> </ul>			
<p><b>ADDITIONAL PHCU DEMAND CREATION ACTION - STRATEGIES FROM SECTION IV (ABOVE)</b></p>			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

# Training Package

## VI. Indicators of Success

### a) Process and Output Indicators

INDICATORS *Note: <i>Strengthened</i> KCP or appropriate alternative core group	METRIC	PLAN FOR REPORTING PERIOD	ACHIEVEMENT FOR REPORTING PERIOD (%)	ACHIEVEMENT OUT OF TOTAL PLAN (%)
Proportion of <i>Strengthened</i> KCPs* oriented to MNCH-CBNC demand creation strategies	Numerator: # of <i>Strengthened</i> KCPs oriented to MNCH-CBNC demand creation strategies Denominator: # of KCPs			
Proportion of KCP that have organised community orientation meetings on MHCH-CBNC demand creation goal and strategies	Numerator: # of <i>Strengthened</i> KCPs that have organised community orientation meetings on MNCH-CBNC goals/strategies Denominator: # of kebeles			
Proportion of <i>Strengthened</i> KCPs that have conducted capacity self-assessment and developed clear roles, norms and structures	Numerator: # of kebeles that have developed a clear role for the <i>Strengthened</i> KCP Denominator: # of kebeles			
Proportion of KCPs that have developed MNCH-CBNC Community Action Plan.	Numerator: # of KCPs that have developed community action plan Denominator: # of kebeles			
Proportion of KCPs that have implemented at least two actions in their MNCH-CBNC Community Action Plan	Numerator: # of kebeles completing two actions in Community Action Plan Denominator: # of kebeles			
Number of MNCH update meetings or events conducted by KCP that involves the broader community	Number of general community meetings per KCP (health centres and health posts need to set targets to compare with actual number of meetings)			

# Training Package

Proportion of KCPs that have functioning local emergency transport systems in place	Numerator: # of KCPs that have functioning local emergency transport systems in place Denominator: # of KCPs			
Proportion of KCPs that have mobilised human, material or financial resources for MNCH-CBNC	Numerator: # of KCPs that have mobilised human, material or financial resources for MNCH-CBNC Denominator: # of KCPs			
Proportion of supervised HEWs who have reported that the WDA is mobilizing families for ICCM/ MNCH-CBNC (pregnancy identification, pregnancy support groups, ANC/PNC follow-up, etc.)	Numerator: # of supervised HEWs who have reported that the WDA is mobilizing families for ICCM/CBNC during the latest supervision visit Denominator: # of supervised HEWs			
Proportion of HEWs who have worked with their KCPs to analyse MNCH-CBNC data from their health posts and have shared the results with the broader community (1x per quarter)	Numerator: # of HEWs who have worked with their KCP to analyse MNCH-CBNC data from their health posts and have shared the results with the broader community (1 x per quarter) Denominator: # of HEWs			

# Training Package

**b) Outcome Indicators:** How will we know when we have achieved the result? (measurable, observable outcomes)

INDICATORS	CURRENT	FOUR QUARTERS			
		QUARTER I	QUARTER II	QUARTER III	QUARTER IV
Proportion of new pregnant women identified					
Proportion of pregnant women who received at least one ANC session					
Proportion of pregnant women who received a fourth ANC visit					
Proportion of deliveries attended by health workers (at health centre/ hospital) in the kebele					
Proportion of live births receiving PNC visit within 48 hours by HEWs					
Proportion of live births receiving PNC visit on the seventh day by HEWs					
Proportion of expected cases classified as very severe disease/sepsis					
Proportion of newborns classified as very severe disease/sepsis who started treatment at the health post					
Proportion of newborns classified as very severe disease/sepsis who received seven days' treatment at the health post					
Proportion of newborns classified as very severe disease/sepsis and referred to health centres/hospitals					
Percentage of post-partum women receiving family planning					

# Training Package

## B: PHCU MONITORING TOOL FOR KCPS: MNCH-CBNC DEMAND CREATION ACTION

Serial Number: /\_/\_/\_/\_/\_/\_/

Form DC-1: CM1 ACTIVITIES MONTHLY MONITORING TOOL – HEALTH CENTRE TO KCP

Woreda Name: \_\_\_\_\_ Supervising Health Centre: \_\_\_\_\_

Name of Health Post supervisor: \_\_\_\_\_ Responsible person: \_\_\_\_\_

Data collector \_\_\_\_\_ Name of Health Post: \_\_\_\_\_

Kebele Name: \_\_\_\_\_ Health Post code: \_\_\_\_\_

S/N	ACTIVITIES	PROGRESS			DATE ACTIVITY COMPLETED (DD/MM/YYYY)
		NOT DONE (0%)	PARTIALLY DONE (1-99%)	FULLY DONE (100%)	
	<b>Activities as per the Demand Creation Cycle</b>				
1	<b>Community Meeting #1: Organise the Community, Part I</b>				
1.1	PHCU PRT oriented KCPs about MNCH-CBNC Strategy				
1.2	PHCU PRT together with KCPs identified community groups and individuals interested, affected, marginalised and influential to work on MNCH-CBNC issues				
1.3	PHCU PRT supported KCPs to prepare for their community meeting(s) to invite participation of those most interested/affected and the broader community				
1.4	KCP has conducted broader community meeting				
1.5	KCPs developed/adopted a mobilizing goal				
2	<b>Community Meeting #2: Organise the Community, Part 2</b>				
2.1	PHCU PRT has facilitated KCP Capacity Self-Assessment and reviewed the results				
2.2	PHCU PRT has built basic understanding of key MNCH-CBNC desired outcomes				
2.3	KCP has included interested and affected groups in its MNCH and has written a strategy				

# Training Package

2.4	KCP has clarified MNCH-related roles and responsibilities			
2.5	KCP has set norms for working together (how to work, when to meet, where)			
2.6	KCPs has documented MNCH baseline data			
2.7	KCP has regular meeting schedule			
3	<b>Community Meeting #3: Explore and Plan, Part 1</b>			
3.1	PHCU PRT has explored MNCH-CBNC with KCP			
3.2	KCP has utilised MNCH Problem Tree (maternal and newborn) analysis with the community			
3.3	KCP has utilised MNCH Resource Map with the community			
3.4	KCP has utilised Small Group Discussion Guides with the community			
4	<b>Community Meeting #4: Explore and Plan, Part 2</b>			
4.1	KCP has analysed information learned during Explore phase			
4.2	KCP has set MNCH-CBNC priorities			
4.3	PHCU PRT has shared community MNCH-CBNC action plan matrix with the KCP			
4.4	KCP has discussed and decided who to invite to help with community MNCH-CBNC action plan			
4.5	KCP has set dates for community MNCH action planning			
5	<b>Community Meeting #5: Support Community MNCH-CBNC Action Planning</b>			
5.1	KCP has drafted its MNCH action plan based on priorities set in the previous stage			
6	<b>Community Meeting #6: KCP-Conducted Meeting to Share the Action Plan with the Broader Community</b>			
6.1	KCPs has assigned specific roles to CBOs in the kebele in its MNCH Community Action Plan			
7	<b>Community Meeting #7: Act Together and Monitor</b>			
7.1	PHCU PRT has conducted orientation on participatory leadership (for MNCH) for the KCP			

# Training Package

7.2	PHCU PRT has conducted orientation on resource mobilization and management mentoring for the KCP			
7.3	PHCU PRT has conducted orientation on conflict resolution for the KCP			
7.4	KCP is using the Community MNCH Bulletin Board and CBNC data as reflected in its minutes (to be filled and filed at every visit afterwards)			
7.5	KCP is conducting monthly meeting to review progress of demand creation activities (to be filled and filed at every visit afterwards)			
8	<b>Community Meeting #8: Evaluate and Re-Evaluate (Once per Year)</b>			
8.1	KCP has evaluated successes and challenges			
8.2	KCP organised events to celebrate successes			
8.3	KCP has re-done its MNCH-CBNC Action Plan for the new year			

KEY CHALLENGES IDENTIFIED	KEY STRENGTHS IDENTIFIED	KEY ACTIONS (AGREED)

ATTACH AN EXTRA SHEET IF NEEDED

# Training Package

## C: HEALTH POST/KCP MONTHLY REPORTING FORM FOR MNCH-CBNC COMMUNITY ACTION

Serial Number: /\_ /\_ /\_ /\_ /

Form DC-II: COMMUNITY ACTIONS MONTHLY REPORTING TOOL FOR HEALTH POST/KCP

Woreda Name: \_\_\_\_\_ Supervising Health Centre: \_\_\_\_\_

Name of Health Post supervisor: \_\_\_\_\_ Responsible person: \_\_\_\_\_

Data \_\_\_\_\_ Name of Health Post: \_\_\_\_\_

Kebele Name: \_\_\_\_\_ Health Post code: \_\_\_\_\_

S/N	KEBELE LEVEL MNCH-CBNC DEMAND CREATION ACTIONS PLANNED BY THE COMMUNITY/STRENGTHENED KCP (What have we planned to do to achieve the result?)	PROGRESS			DATE ACTIVITY COMPLETED (DD/MM/YYYY)
		YES	NO	NUMBER IN THE REPORTING PERIOD	
1	<b>Improve early identification of pregnant mothers (WDA home visits, 1:5 discussions, peer mother referrals)</b>				
1.1	HEWs conduct discussions with the WDA and DTLs using a structured guide				
1.2	HEWs update pregnancy- and delivery-related data fortnightly				
2	<b>Initiate and support for Pregnant Women's Conferences (PWCs)</b>				
2.1	Number of PWCs/PWFs conducted based on the guideline				
2.2	Number of pregnant women who attended for second time or more during the month (from the updated pregnancy register)				
2.3	Kebeles have mobilised resources for making PWCs/PWFs more attractive and socially acceptable, e.g., coffee ceremony, other foods, drinks				
3	<b>Promote active male involvement (engage in dialogue on MNCH-CBNC by integrating into Agricultural Development Army activities, traditional male leader forums, discussions during home visits, participation in KCPs, etc)</b>				
3.1	Number of agricultural development workers who have received Family Health Cards and simplified communication tools to integrate MNCH into their routine activities				

# Training Package

3.2	Number of males reached with MNCH messages through agricultural development workers.				
4	(Effective) use of Family Health Card/Guide to create family dialogue for improved MNCH-CBNC				
4.1	Number of WDA members who benefited from Family Health Card/Guide use skills sessions during their fortnightly meetings				
5	Engage TBAs in non-delivery role to promote early pregnancy detection, ANC, skilled delivery, post-partum and newborn follow-up				
5.1	Number of TBAs who are members of the <i>Strengthened KCP</i> for MNCH				
5.2	Number of TBAs oriented on their role in MNCH demand creation				
6	<b>Support emergency transport system at kebele level</b>				
6.1	The emergency transport systems and contact addresses of ambulances are clearly posted at the health post, schools and/or kebele offices				
6.2	KCP has mobilised resources to establish local transport systems for emergency transport in different parts of the kebele				
7	<b>Use of multiple channels to reinforce community efforts</b>				
7.1	Number of individuals (M/F) reached with MNCH-CBNC key family practice guidance during large group events and gatherings such as marketplace shows, cultural events, local radio, community meetings, etc				
7.2	Number of religious leaders (M/F) oriented on MNCH-CBNC issues in the kebele				
7.3	Number of individuals (M/F) reached with MNCH-CBNC key family practice guidance during religious gatherings				
7.4	Number of teachers (M/F) oriented on MNCH-CBNC issues in the kebele				
7.5	Number of students (M/F) reached with MNCH-CBNC key family practice guidance through school outreach				
7.6	Number of supportive educational materials (posters, pamphlets, etc. distributed in the kebeles				

# Training Package

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KEY CHALLENGES IDENTIFIED	KEY STRENGTHS IDENTIFIED	KEY ACTIONS (AGREED)

**ATTACH AN EXTRA SHEET IF NEEDED**

# Training Package

## D: WOREDA MONITORING FORM FOR PHCU – MNCH-CBNC DEMAND CREATION ACTION

*Demand Creation for MNCH-CBNC*

*Form DC-III: Supervision Checklist from Woreda/Partner to Health Centre*

Region: \_\_\_\_\_ Zone: \_\_\_\_\_ Woreda: \_\_\_\_\_

Health Centre: \_\_\_\_\_ Number of Health Posts under the Health Centre: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

### PART I: FILL THIS PART BY DISCUSSING WITH HEALTH CENTRE HEAD AND BY REFERRING TO HEALTH CENTRE DEMAND CREATION FOR MNCH-CBNC FOLDER

S/N	INDICATORS	HEALTH CENTRE		KEBELE: _____									
		Yes	No										
1.	Has the PRT received training by health centre/woreda staff on orientation and planning demand creation (SSG #1)?												
2.	Does the health centre have a Demand Creation Plan?												
3.	Has the health centre nominated an expanded PRT for demand creation?												
4.	Has the PRT received training by health centre/woreda staff on Organise the Community Part 1 (SSG #2)												
5.	Have the PRT members provided support to KCP on Organise the Community, Part I and documented the detail activity status of the kebele on form DC-1?												
6.	Has the PRT received training by health centre/woreda staff on Organise the Community, Part 2 (SSG #3)												
7.	Have the PRT members provided support to KCP on Organise the Community, Part 2 and documented the detailed activity status of the kebele on form DC-1?												

# Training Package

8.	Has the PRT received training from health centre/woreda staff on Explore and Plan Part 1 (SSG #4)?												
9.	Have the PRT members provided support to the KCP on Explore and Plan, Part I and documented the detailed activity status of the kebele on form DC-1?												
10.	Has the PRT received training from health centre/woreda staff on Explore and Plan, Part 2 (SSG #5)?												
11.	Have the PRT members provided support to KCP on Explore and Plan, Part II and documented the detailed activity status of the kebele on form DC-1?												
12.	Has the PRT received training from health centre/woreda staff on Act Together and Monitor (SSG #6)?												
13.	Have the PRT members provided support to KCP on Act Together and Monitor and documented the detailed activity status of the kebele on form DC-1?												
14.	Have the PRT members provided support to KCP on Evaluate and Re-Plan and documented the detailed activity status of the kebele on form DC-1?												
15.	Has the health centre received at least one supervision on demand creation for MNCH-CBNC from woreda in the last month?												
16.	Does the PRT have a regular meeting schedule?												
17.	Is there a regular supervision schedule for respective kebeles by health centre staff?												
18.	Have PRT members conducted at least one visit that included support on demand creation for MNCH-CBNC to the health post in the last two weeks?												

# Training Package

19.	Does the PRT have a folder for filing documents related to demand creation for MNCH-CBNC?												
20.	Is there a DC-I filled and filed at the health centre regularly?												
21.	Is there a DC-II filled and filed at the health centre regularly?												
22.	Where is the kebele in the CM process? KCP Received Orientation (1), <i>Strengthened</i> KCP Formed (2), KCP finalised Exploring MNCH Issues (3), KCP finalised Prioritizing MNCH Issues (4), Community MNCH Action Plan Developed (5), KCP started Implementing Community MNCH Action Plan (6), KCP evaluated and Re-Planned (7)												

# Training Package

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**PART II: HAVE A BRIEF DISCUSSION WITH THE PRT MEMBERS GUIDED BY THE FOLLOWING QUESTIONS.**

- How is demand creation for MNCH-CBNC going? Is it going as per your Demand Creation Plan?
- What is going well? What are the major strengths worth mentioning?
- Has there been any change in demand since the start of the demand creation activities?
- What are the major challenges? How have you addressed the challenges/what do you suggest to address the challenges?

**PART III: FILL THE FOLLOWING BOXES BASED ON PARTS I AND II**

KEY CHALLENGES IDENTIFIED	KEY STRENGTHS IDENTIFIED	KEY ACTIONS (AGREED, RESPONSIBILITIES, TIMELINES)

# Training Package

Form DC-III: Supervision Checklist for Woreda/Partner –to-Health Center

Region: \_\_\_\_\_ Zone: \_\_\_\_\_ Woreda: \_\_\_\_\_

Health Centre: \_\_\_\_\_ Number of Health Posts under the Health Centre: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

## PART IV: TO BE AUTOMATED IN DHIS-2

S/N	INDICATORS	NUMBER
1.	Number of PRTs who received training by health centre/woreda staff on orientation and planning demand creation (SSG #1)	
2.	Number of health centres that have Demand Creation Plans	
3.	Number of health centres that have nominated <i>expanded</i> PRTs for demand creation	
4.	Number of PRTs that have received training from health centre/woreda staff on Organise the Community, Part 1 (SSG #2)	
5.	Number of PRTs that have received training from health centre/woreda staff on Organise the Community, Part 2 (SSG #3)	
6.	Number of PRTs that have received training from health centre/woreda staff on Explore and Plan, Part 1 (SSG #4)	
7.	Number of PRTs that have received training from health centre/woreda staff on Explore and Plan, Part 2 (SSG #5)	
8.	Number of PRTs that have received training from health centre/woreda staff on Act Together and Monitor (SSG #6)	
9.	Number of health centres that have received at least one supervision on demand creation for MNCH-CBNC from the woreda within the month	
10.	Number of PRTs that have regular meeting schedules	
11.	Number of PRTs that have folders for filing documents related to demand creation for MNCH-CBNC	
12.	Number of kebeles for which DC-I is filled and filed at the health centre regularly	
13.	Number of kebeles for which DC-II is filled and filed at the health centre regularly	
14.	Number of kebeles for which DC-I has been filled and documented within the month	
15.	Number of kebeles for which DC-II has been filled and documented within the month	
16.	Number of KCPs that have received orientation by the time of the visit	
17.	Number of <i>Strengthened</i> KCPs	
18.	Number of KCPs that have finalised exploring MNCH-CBNC issues	

# Training Package

19.	Number of KCPs that have finalised prioritizing MNCH-CBNC issues												
20.	Number of community MNCH-CBNC action plans developed												
21.	Number of KCPs that have started implementing community MNCH-CBNC action plans												
22.	Number of KCPs that have evaluated and re-planned												
Health Centre Sub Total													
Woreda Sub Total							Grand Total						

# Training Package

## E: KCP MNCH-CBNC DEMAND CREATION ACTIVITY CHECKLIST

### KCP MNCH Demand Creation Activity Checklist

Zone: \_\_\_\_\_ Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_

### PART 1: COMMUNITY MOBILIZATION ACTIVITIES

S/N	COMMUNITY MOBILIZATION ACTIVITIES	STATUS		DATE
		COMPLETED	NOT COMPLETED	
1	<b>Organise: Part 1</b>			
1.1	Does the <i>Strengthened</i> KCP have a list of its members?			
1.2	KCP has received orientation on demand creation			
1.3	KCP has conducted a broader community meeting			
1.4	<b>Organise: Part 2</b>			
1.5	KCP's capacity self-assessment is done and documented			
1.6	KCP has included interested, affected, influential and marginalised groups into its MNCH-CBNC strategy and has written the strategy			
1.7	KCP has clarified MNCH-CBNC-related roles and responsibilities with its members			
1.8	KCP has set norms for working together			
1.9	KCPs have documented MNCH-CBNC baseline data			
1.1	KCP has regular meetings scheduled			
2	<b>Explore and Plan: Part 1</b>			
2.1	KCP has explored MNCH-CBNC issues with health centre staff			
2.2	KCP has a plan to explore MNCH issues with community members			
2.3	KCP has utilised MNCH-CBNC Problem Tree (maternal and newborn) analysis with the community			
2.4	KCP has utilised the MNCH-CBNC Resource Map with community			

# Training Package

2.5	KCP has utilised the MNCH-CBNC Resource Map with community			
3	<b>Explore and Plan: Part 2</b>			
3.1	KCP has analysed the information it learned during the explore phase			
3.2	KCP has set MNCH-CBNC priorities			
3.3	KCP received a community MNCH-CBNC action plan matrix from the health centre staff			
3.4	KCP has discussed and decided who to invite to help with the community MNCH-CBNC action plan			
3.5	KCP has set dates for community MNCH-CBNC action planning			
4	<b>Community MNCH-CBNC Action Planning</b>			
4.1	KCP has drafted its MNCH-CBNC action plan based on the priorities set in the previous stage			
4.2	KCP has conducted a meeting to share the MNCH-CBNC action plan with the broader community			
4.3	KCPs has assigned specific roles to different community groups in the kebele in its MNCH-CBNC community action plan			
5	<b>Act Together and Monitor</b>			
5.1	KCP has received orientation on participatory leadership for MNCH-CBNC			
5.2	KCP has received orientation on resource mobilization and management mentoring			
5.3	KCP has received orientation on conflict resolution			

# Training Package

## F: STRENGTHENED KCP – MNCH-CBNC COMMUNITY PLANNING MATRIX

**Mobilizing Goal:** Improve MNCH-CBNC outcomes for women and families our community

MOBILIZING GOAL: IMPROVE MNCH-CBNC OUTCOMES FOR WOMEN AND FAMILIES OUR COMMUNITY							
PRIORITISE PROBLEMS TO BE ADDRESSED	OBJECTIVES	STRATEGIES	ACTIVITIES	PEOPLE RESPONSIBLE	RESOURCES	TIMELINE	INDICATORS OF SUCCESS
	What do we want to achieve specifically related to MNCH-CBNC?	How are we going to achieve our goal?	What are we going to do to achieve the result?	Who is responsible for each activity (ADD HERE NAMES OF PERSON[S])	What resources do we need to achieve the result? (human, material, financial)	When? How long is needed for each activity? (from _____ to _____)	How will we know when we have achieved the result? (measurable, observable outcomes)
* Sick newborns not getting treatment at health posts	* Newborns appropriately treated or referred by health posts 100% of time	* HEWs ensuring treatment supply at health posts, referral notes  *WDA/PWCs dialogue with women on newborn danger signs	*Families to notify all births to HEWs within 24 hours  Through PWC dialogue with all pregnant mothers, in-laws and husbands to recognise newborn danger signs and to know how/when/where to seek treatment	*WDA,  *HEWs	*Notification cards from the HEWs	* Three months from January to March	

\* Items represent only one example of what could be multiple objectives/strategies planned.

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## G: PROCESS MONITORING AND OUTCOME INDICATORS – KEBELE AND WOREDA LEVEL

**TABLE A: KEBELE LEVEL – PROCESS MONITORING INDICATORS FOR MNCH-CBNC  
COMMUNITY MOBILIZATION**

S/N	INDICATORS	NUMERATOR/ DENOMINATOR	DATA SOURCE	FREQUENCY OF ANALYSIS
	<b>Organise</b>			
1.	Proportion of KCPs that are oriented on a demand creation strategy by health centre staff	# of KCPs oriented/ Total KCPs	PRT minute	Monthly
2.	Proportion of KCPs that identified community groups and individuals interested to work on MNCH-CBNC issues and formed <i>Strengthened</i> KCPs.	# of kebeles formed <i>Strengthened</i> KCP/Total kebeles	KCP record	Monthly
3.	Proportion of KCPs that have done capacity self-assessments	# of kebeles conducted self-assessment/Total kebeles	KCP record	Monthly
4.	Proportion of KCPs that have documented MNCH-CBNC baseline data	# of kebeles with documented baseline data/Total kebeles	KCP record	Monthly
5.	Proportion of KCPs that have defined the roles and responsibilities of their members	# of kebeles with defined roles and responsibilities/Total kebeles	KCP record	Monthly
6.	Proportion of KCPs with regular meetings scheduled	# of kebeles with regular meetings/Total kebeles	KCP record	Monthly
	<b>Explore and Plan</b>			
7.	Proportion of KCPs that conducted at least one explorative meeting with the community to identify MNCH-CBNC issues during the reporting period	# of kebeles that conducted at least one meeting/Total kebeles	KCP record	Monthly
8.	Proportion of KCPs with lists of prioritised major MNCH-CBNC issues	# of kebeles with prioritised lists/Total kebeles	KCP record	Monthly
9.	Proportion of kebeles that have developed MNCH-CBNC action plans	# of kebeles that have developed MNCH action plans/Total kebeles		
	<b>Act Together and Monitor</b>			
10.	Proportion of kebeles that have conducted at least one demand creation meeting/event in the last month at kebele/village level.	# of kebeles that have conducted at least one demand creation meeting/Total kebeles	KCP record	Monthly

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11.	Proportion of KCPs that have raised local resources for MNCH-CBNC in the reporting period	# of KCPs that have raised local resources for MNCH/Total KCPs	KCP record	Monthly
12.	Proportion of <i>Strengthened</i> KCPs that conducted at least one routine progress monitoring meeting in the reporting period	# of <i>Strengthened</i> KCPs that conducted at least one routine meeting/ Total kebeles	KCP record	Monthly
13.	Proportion of kebeles that received joint supportive supervision on demand creation in the reporting period of two weeks (government + project)	# of kebeles that received joint supportive supervision/Total kebeles	KCP record	Monthly
14.	Proportion of kebeles that received supportive supervision from PHCU and/or woreda on demand creation in the reporting period	# of kebeles that received supportive supervision (only by government staff)/Total kebeles	KCP record	Monthly

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**TABLE B: WOREDA/HEALTH CENTRE LEVEL: PROCESS MONITORING INDICATORS FOR MNCH-CBNC COMMUNITY MOBILIZATION**

S/N	INDICATORS	NUMERATOR/ DENOMINATOR	DATA SOURCE	FREQUENCY OF ANALYSIS
1.	Proportion of health centres that nominated <i>expanded</i> PRTs for demand creation	# of health centres that nominated <i>expanded</i> PRTs/All health centres	PRT minute	Monthly
2.	Proportion of PRTs that received training from health centre/woreda staff on Orientation and Planning for Demand Creation (SSG #1)	# of PRTs that received training on Orientation and Planning/Total PRTs	PRT minute	Monthly
3.	Proportion of PRTs that received training from health centre/woreda staff on Organise the Community, Part 1 (SSG #2)	# of PRTs that received training on Organise the Community, Part 1/ Total PRTs	PRT minute	Monthly
4.	Proportion of PRTs that received training from health centre/woreda staff on Organise the Community, Part 2 (SSG #3)	# of PRTs that received training on Organise the Community, Part 2/ Total PRTs	PRT minute	Monthly
5.	Proportion of PRTs that received training from health centre/woreda staff on Explore and Plan, Part 1 (SSG #4)	# of PRTs that received training on Explore and Plan, Part 1/Total PRTs	PRT minute	Monthly
6.	Proportion of PRTs that received training from health centre/woreda staff on Explore and Plan, Part 2 (SSG #5)	# of PRTs that received training on Explore and Plan, Part 2/Total PRTs	PRT minute	Monthly
7.	Proportion of PRTs that received training from health centre/woreda staff on Act Together and Monitor (SSG #6)	# of PRTs that received training on Act Together and Monitor/ Total PRTs	PRT minute	Monthly
8.	Proportion of health centres that received at least one supervision on demand creation for MNCH-CBNC from woreda in the last month	# of health centres that received supervision in the last month/Total health centres	Health centre records	Monthly
9.	Number (proportion) of woredas that conducted demand creation meetings/events in the reporting period	# of kebeles that conducted demand creation meetings/Total kebeles	KCP record	Monthly