



*Get it together for a  
brighter future*

**KNOW. TALK. GO.**  
Support Family Planning

# Drama Group / Community Theatre Orientation Curriculum

August 2018





## Background

### The Challenge Initiative (TCI) Background

The Challenge Initiative (TCI) is implemented globally by the Gates Institute at the Johns Hopkins Bloomberg School of Public Health, and in Nigeria by the CCP. TCI provides catalytic funding to states through the Challenge Fund Grant on the condition of demonstrable self-implementation of high impact Urban Reproductive Health Initiatives (URHI) targeted at ensuring quality, affordable, accessible voluntary family planning services. With the scale-up of high impact URHI programs across the thematic areas through bespoke technical support and state-specific program delivery methodologies, the key outcome of this partnership is to support state achieve ground-breaking improvements in Reproductive Health/Family planning outcomes with **overall goal** being significant increase in voluntary use of modern child birth spacing/family planning services, especially among the urban poor. The unique strategy of TCI is to provide technical support to states using the high impact approach laced with the “Service, Demand and Advocacy (SDA) secret sauce”.

In doing this, the following **intermediate results** are anticipated:

- a. Improved social norms in favor of family planning
- b. Expanded and continuous availability of modern contraceptives
- c. Improved Quality of Contraceptive Care/Family Planning Services
- d. Documented Improvements in supply availability (reduced stock-outs), method mix, intent to use and client satisfaction

The Centre for Communication and Social Impact (CCSI) is charged with the mandate of social mobilization and linking communities to the facilities in the state. As a critical partner in the provision of Technical support to state-led implementation, one of the key areas of support of CCSI to TCI/Nigeria and partnering States is to achieve improved social norms in favour of family planning in TCI geographies, most especially at households and community levels.

TCI is currently implementing in 5 states (Ogun, Kano, Delta, Bauchi and Niger), with planned scale up to additional states.

The TCI/NURHI 2 demand generation campaign will focus on four key audiences:

1. **Women non-users who intend to use modern contraceptives**
2. **Male partners and spouses of non-users**
3. **Service Providers**
4. **Women who use traditional family planning methods (primarily rhythm and withdrawal).**

TCI will indirectly target women who do not use contraception and have no intention to use, by communicating with their husbands and with women who intend to use contraception or use traditional methods.

This orientation curriculum is to serve as a guide for orientation of Drama and community theatre groups.



## **TCI SBCC Committee Orientation Curriculum – August 2018**

### **Instructions for Use**

This material has been developed for orientating SBCC committee members on the TCI project.

- Participatory approaches should be used for orientating SBCC committee members
  - Use more of role plays
  - Power point presentations should be highly visual; use pictures, infographs etc
  - Reinforce learnings with relevant class activities
  - Do not use a 'lecture' approach
- Training durations recommended for the use of this curriculum is 1 day
  - Timings can be adjusted for refresher trainings
- The training team is expected to hold a planning meeting before the training sessions commence:
  - The team is to review the training curriculum during this meeting
  - The agenda for the training should be developed based on the curriculum
    - Individuals taking each section should be clearly identified on the agenda
    - Tea breaks and lunch times should be indicated in the agenda
    - Time should be included for energizers
- Ensure that all training materials are prepared before training commences
  - Test all equipment such as projectors to ensure they are in good working condition
  - Print out the pretest and post-test questionnaires
  - Ask participants to come along with their writing materials (notepad and pen)
- Ideal class size for the orientation is a maximum of 45 participants.
- Conducive venues/halls should be identified for the training.
  - The hall should be large enough to sit 20 more participants than the number being trained
  - Chairs and table space should be available for all participants being trained
- TCI/NURHI 2 Project materials should be on display in the hall



## **TCI SBCC Committee Orientation Curriculum – August 2018**

### **Abbreviations and Acronyms**

|         |  |
|---------|--|
| BCC     | Behavior Change Communication                          |
| BMGF    | Bill and Melinda Gates Foundation                      |
| CBS     | Childbirth Spacing                                     |
| CCP     | Johns Hopkins Center for Communication Programs        |
| CCPN    | Center for Communication Programs Nigeria              |
| CE      | Community Engagement                                   |
| CPR     | Contraceptive Prevalence Rate                          |
| DG      | Demand Generation                                      |
| FAQ     | Frequently Asked Questions                             |
| FP      | Family Planning  |
| GIT     | Get It Together  |
| KLE     | Key Life Event   |
| LGAs    | Local Government Areas                                 |
| NC      | Neighbourhood Campaign                                 |
| NURHI 2 | Nigerian Reproductive Health Initiative                |
| RH      | Reproductive Health                                    |
| SBCC    | Social and Behavior Change Communication               |
| SM      | Social Mobilizers                                      |
| SMA     | Social Mobilization Assistant                          |
| SOW     | Scope of Work  |
| SPO ADG | Senior Program Officer, Advocacy and Demand Generation |
| TCI     | The Challenge Initiative                               |
| ToR     | Terms of Reference                                     |





| Time       | Sessions/Topics                            | Materials needed | Summary Content   | Remarks   |
|------------|--|------------------|---|---|
| 10 minutes | Welcome                                    |                  | <ul style="list-style-type: none"> <li>Facilitator should recognize that these are members of a group whose activities we can leverage on to mobilize for FP</li> <li>Facilitator should recognize and emphasize their role in improving, sustaining and scaling up gains across the LGAs/communities in TCI geographies especially in the area of mobilizing demand for modern FP services.</li> </ul>   | <p>The TCI State Program Coordinator or TCI DG TSL gives the welcome remarks.</p> <p>The Social Mobilization Assistant (SMA) facilitates the session on introductions.</p> <p>It is important that the training team sets this context and recognizes the contribution and role of the SBCC committee in TCI.</p> |
| 30 minutes | Introductions, objectives and expectations |                  | <ul style="list-style-type: none"> <li>Split participants to groups and ask them to choose two people; a group leader and a spokesperson.</li> <li>As soon as the groups are set up, tell them to choose a name from animal or fruit.</li> <li>Ask them to quickly deliberate and assign a fruit or animal that best represents their constitution as a group. They should also come up with one expectation that is common to all in the group.</li> <li>Their chosen spokesperson or representative will then announce this group name, explain why this name was chosen and introduce the expectations of the workshop in two (2) minutes each.</li> </ul> |   |



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|            |         |  | <ul style="list-style-type: none"> <li>Write the names of the groups and their expectations of the participants on the flip chart, and at the end of the introductions, summarize and process the list.</li> </ul> <p>These names and characteristics as suggested by the participants themselves then become the core foundational values and behaviors we will build upon to promote in order to achieve the objectives of the training.</p> <p>For example, if a group chooses Termites, the attributes they could mention include: working as a team, working towards the same objectives, they have the same value, there is division of labour.</p> |  |
| 20 minutes | Pretest | Pretest questionnaire (already typed up) | <ul style="list-style-type: none"> <li>Facilitator hands out the Pretest questionnaire</li> <li>Questions are:               <ol style="list-style-type: none"> <li>Complete this sentence "Get it Together _____"</li> <li>(Local language versions can be used for this version)</li> <li>What is Life Planning?</li> <li>Why is Life planning important?</li> <li>Who are adolescents and Youths?</li> <li>Only young people who are promiscuous use contraceptives T/F</li> </ol> </li> </ul>   | <p>This session is facilitated by the Social Mobilization Assistant.</p> <p>The session is aimed at testing the Life Planning, Family Planning/Get it Together knowledge of the social mobilizers.</p> <p>This will form a baseline for comparison with the posttest that will hold at the end of the training; as such,</p> |



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|            |  |   | <p>7. Young unmarried individuals should have access to FP services T/F</p> <p>8. What is used in conducting referral to the health facility?</p> <p>9. What is a COMPLETED referral?</p> <p>10. Name 4 social mobilization activities</p>   | <p>mobilizers should write their names on the paper.</p>   |
| 10 minutes | Introduction to the TCI 'business unusual' model | <ul style="list-style-type: none"> <li>• Powerpoint presentation</li> <li>• Flip chart and markers</li> <li>• Gift/prize</li> </ul> | <ul style="list-style-type: none"> <li>• Facilitator prepares quiz with missing information for trainees to fill in.</li> <li>• Facilitator should group participants into 4 or 5 groups depending on their number. Its should be set up as a quiz competition with a stipulated time for groups to deliberate and provide the answer or the chance goes to another group.</li> <li>• Marks should also be allotted for each answer. It is on this basis that the winner will be determined (the group that earns the most correct answers) will have a 'prize' awarded.</li> <li>• The essence is to know how much of TCI and its business unusual model they know (as this is not new information to them).</li> <li>• Based on feedback provided facilitator should fill in the gaps with the right information.</li> </ul> | <p>The TCI State Program Coordinator or TCI DG TSL.</p> <p>Facilitator should remind participants of the 3 wheels (Advocacy, DG and SD) and the grease (RM&amp;E).</p> <p>Also reiterate how TCI is not a project or an organization but a HUB. Remind participants of the business unusual model.</p> <p>Check with participants how much of the TCI University resources they have accessed.</p> |



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| <p>10 minutes</p> | <p>Introduction to TCI Life Planning for Adolescents and Youths</p> | <ol style="list-style-type: none"> <li>1. Powerpoint or Flip chart with NURHI/TCI acronym and full text written out</li> <li>2. Powerpoint/ flip chart materials illustrating the GIT logo; use roll up banner or stickers as sample illustrations</li> <li>• Power point/ flip chart illustrating key NURHI endline data and state data on FP use</li> </ol> | <p><b>Facilitator opens the session by asking mobilizers “Who are adolescents and youth?”</b></p> <p>(Note responses on Flip chart)</p> <p>Suggested responses:</p> <ul style="list-style-type: none"> <li>• Adolescents are aged 10 to 19 years</li> <li>• Youths are aged 20 to 24</li> </ul> <p><b>Facilitator explains:</b><br/>There is an Adolescent and Youth component in TCI. This component will intentionally focus on young people aged 15-24 to increase demand for reproductive health knowledge and services in Kaduna, Lagos and Oyo states.</p> <p>The Adolescent and Youth program will:</p> <ol style="list-style-type: none"> <li>1. Help young people understand how their bodies work and equip them with information and skills to make informed decisions about their reproductive health.</li> <li>2. Be integrated into what we are currently doing on TCI. (It will NOT be stand-alone)</li> </ol> | <p>This session is facilitated by the TCI DG TSL. This session highlights the importance of TCI’s Youth and Adolescent program</p> |
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|  |  |  | <p><b>Facilitator should ask participants “Why is it important to engage with young people on reproductive health issues?”</b></p> <p>(Note responses on Flip chart)</p> <p><b>Facilitator explains the following:</b></p> <ul style="list-style-type: none"><li>• This period of transition from childhood to adulthood requires special attention and protection. Significant changes and milestones are recorded during this period and the struggles for self-identification and recognition are sometimes drastic.</li><li>• Adolescents and Young people go through different maturity stages and this could affect their emotional, physical and mental abilities.</li><li>• It is during this period also that their knowledge and rights to health, productivity and life are developed. It is therefore important that for these rights to be fulfilled, focused investments and opportunities are created for these group of persons by families, government and stakeholders.</li></ul> |  |
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|  |                                 |  | <p><b>Why Life Planning?</b></p> <ul style="list-style-type: none"> <li>Life Planning helps young people make responsible life choices and healthy decisions about their reproductive health with complete and correct information.</li> </ul> <p>Young people are also armed with skills to help them achieve a healthy attitude, good decision making, communication and their desired future.</p>  |  |
|  | <p>Audience groups for LPAY</p> |  | <p><b><i>Facilitator explains the following:</i></b></p> <p>The Young people group falls into the following category:</p> <ul style="list-style-type: none"> <li>Unmarried Adolescents and Youth</li> <li>Married Adolescents and Youth who are: <ul style="list-style-type: none"> <li>15 to 17-year olds</li> </ul> </li> </ul> <p>These 15 to 17-year-olds are still considered as minors, who are still under parental care, and require parental consent. In cases where they may be married, they are considered to be under their husband's care</p> | <p>This session is facilitated by the TCI DG TSL or State Adolescent Health Desk Officer</p> |



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|  |  |  | <ul style="list-style-type: none"> <li>○ 18 to 24-year olds</li> </ul> <p><b>Unmarried Adolescents and Youth</b><br/>Studies have shown that there is a proportion of this group willing to abstain.</p> <p>For the abstaining AY, it is necessary to re-enforce their information base and relevant skills to continue to abstain until they decide to become sexually active based on informed decision, recognizing their ability to take responsibility for their actions.</p> <p>For the sexually active AY on the other hand, they need information and relevant skills that will enable them to either chose to engage in secondary abstinence or adopt safer sexual behaviors including adopting FP services.</p> <p><b>Married Adolescents and Youth</b><br/>This group is sexually active, living with partners and/or other significant family members who may influence the kind of information accessible to them as well as their fertility-based decisions. They also are exposed to their peers who may be married or unmarried. Therefore, they may also need information and skills to</p> |  |
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|            |                                 |  | <p>guide them into making informed Life Planning and fertility decisions.</p> <ul style="list-style-type: none"> <li>○ This group may have some needs and challenges based on their locations</li> </ul>  |  |
| 10 minutes | Introduction to Get It Together | <ul style="list-style-type: none"> <li>● Powerpoint/ flip chart materials illustrating the GIT logo; use roll up banner or stickers as sample illustrations</li> </ul> | <ul style="list-style-type: none"> <li>● Facilitator explains to the group what GIT means and ask them what they understand by “Get it Together” <ul style="list-style-type: none"> <li>○ Facilitator processes the feedback (written out on a flip chart)</li> <li>○ Link the English GIT with the local translation</li> <li>○ Emphasize the colours of the 3 puzzle pieces as Blue, Yellow and Orange and explain the tagline (Know the facts about FP/CBS, Talk to your partner about FP/CBS and Go for FP/CBS)</li> </ul> </li> <li>● Explain what GIT means i.e. <ul style="list-style-type: none"> <li>○ Families or couples ‘getting it together’ and planning their families,</li> <li>○ Religious &amp; Community leaders supporting families to get it together.</li> <li>○ Facilitator to stress that this is the name and identity of the</li> </ul> </li> </ul> | <p>This session is facilitated by the TCI DG TSL</p> <p>Most importantly, they must be able to link GIT with FP/CBS.</p> <p>In 2017, the National Family Planning Communication Plan (FPCP) was adopted at the National Council on Health meeting.</p> <p>The National FPCP document spelt out the stepwise rebranding of the national family planning campaign through the official launch and presentation of the National FPCP document and the National FP logo ‘<b>The Green Dot</b>’ that will assist Nigerians to locate where they can get quality, safe and trusted family planning</p> |



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|            |          |   | <p>FP/CBS campaign that we want the community members to know, identify, remember and use as a linkage to adopt FP services</p> <ul style="list-style-type: none"> <li>Facilitator explains that the reason for promoting FP and the need for their involvement is to improve the quality of lives of members of the community. Also, they are needed to prevent deaths of women and children in the communities</li> </ul>   | <p>services in both public and private health facilities across the country.</p> <p>The communique issued at the end of the 59th National Council on Health stated that “States should adopt and adapt the National Family Planning Communication Plan (FPCP), the new National Family Planning logo “The Green Dot” and their roll out taking into consideration their local peculiarities”</p> |
| 20 minutes | Ideation | <ul style="list-style-type: none"> <li>Project</li> <li>Laptop</li> <li>Flipchart paper</li> <li>Markers</li> </ul> | <ul style="list-style-type: none"> <li><b>Facilitator</b> explains the concept of ideation. <ul style="list-style-type: none"> <li>Ideation refers to new ways of thinking and the diffusion of those ways of thinking by means of social interaction in local, culturally homogeneous communities [and exposure to mass media].<br/>Source: Cleland &amp; Wilson (1987)</li> <li>Ideational Factors function much like risk factors for disease, the more risk factors that apply to an individual, the</li> </ul> </li> </ul> | <p>This session is facilitated by the TCI DG TSL</p> <p>This session aims to explain the concept of ideation and explain the ideational factors that TCI Demand generation activities focus on in its audiences:</p> <ol style="list-style-type: none"> <li>Self-efficacy: confidence in one’s own ability to initiate and maintain contraceptive use.</li> </ol>                                |



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|  |  |  | <p>greater the likelihood that disease will occur (Storey, D. 2015)</p> <ul style="list-style-type: none"> <li>• The likelihood of someone adopting and sustaining a new behavior is much higher when he or she: <ul style="list-style-type: none"> <li>○ has gained sufficient knowledge about it,</li> <li>○ has developed a positive attitude towards it,</li> <li>○ thinks others support and practice it,</li> <li>○ has talked to others about it, and</li> <li>○ feels good about doing it.</li> </ul> </li> </ul> <p>Research has shown that that higher levels of ideation were strongly associated with higher rates of contraceptive use (Kincaid, et al., 2006)</p> <ul style="list-style-type: none"> <li>• This presentation narrows down to the key ideational factors that TCI is addressing <ul style="list-style-type: none"> <li>○ Self-efficacy: confidence in one's own ability to initiate and maintain contraceptive use.</li> <li>○ Discussion with spouse/partner about the desired number of children</li> </ul> </li> </ul> | <ol style="list-style-type: none"> <li>2. Discussion with spouse/partner about the desired number of children</li> <li>3. Discussion with spouse/partner about family planning</li> <li>4. Rejection of myths and misconceptions about family planning and the modern methods</li> <li>5. Knowledge about the modern contraceptive methods</li> <li>6. Belief in the safety and health benefits of contraception</li> <li>7. Perceived social support for family planning</li> </ol> <p>At the end of the session, it is important that participants understand how these factors affect the work we do.</p> |
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|  |  |  | <ul style="list-style-type: none"> <li>○ Discussion with spouse/partner about family planning</li> <li>○ Rejection of myths and misconceptions about family planning and the modern methods</li> <li>○ Knowledge about the modern contraceptive methods</li> <li>○ Belief in the safety and health benefits of contraception</li> <li>○ Perceived social support for family planning</li> <li>○ Desire to space or limit pregnancies</li> </ul> <p>Ideational factors also affect the performance of family planning providers.</p> <p>The key provider ideational factors are:</p> <ul style="list-style-type: none"> <li>○ Supportive attitudes toward young, unmarried, low parity women using contraceptives</li> <li>○ Belief in the safety and health benefits of contraceptives</li> <li>○ Openness to counseling clients from socio-economic backgrounds different from his/her own (eg. Education, economic status, culture)</li> <li>○ Belief in client's right to make informed FP decisions</li> </ul> |  |
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|            |  |   | <ul style="list-style-type: none"> <li>○ Rejection of myths and rumors about modern contraceptives</li> <li>○ Perceived self-efficacy to counsel clients about the full range of contraceptive methods</li> <li>○ Perceived positive prescribing and counseling practices among peers</li> <li>○ Perceived social support for FP</li> </ul>  |   |
| 20 minutes | <p>Social Mobilization events and activities in TCI</p> <ul style="list-style-type: none"> <li>• Community Engagements</li> <li>• Neighbourhood campaigns</li> <li>• FP Talk at association meetings</li> <li>• Key life events</li> </ul> | <ul style="list-style-type: none"> <li>• Pictures</li> <li>• Video (if available)</li> <li>• Reports</li> <li>• Talking points</li> </ul> | <p>Facilitator should introduce participants to TCI social mobilization activities.</p> <p>Key Social Mobilization Activities for TCI include:</p> <ul style="list-style-type: none"> <li>• Community Engagements</li> <li>• Neighbourhood campaigns</li> <li>• FP Talk at association meetings</li> <li>• Key life events</li> <li>• Neighborhood campaigns: Social mobilizers play an active role, they move from door to door talking to people about the benefits of FP and refer them for service using the Go Cards.</li> <li>• Community engagements: The SMC and mobilizers attend meetings of different artisan associations to talk about the benefits of modern FP/CBS methods and refer clients to access FP services using the GO cards.</li> </ul> | <p>This session is facilitated by the SMA</p> <ul style="list-style-type: none"> <li>• The SM talking points is introduced to the mobilizers during this session. Allow the mobilizers to read out the talking points <ul style="list-style-type: none"> <li>○ Highlight the importance of spousal communication as shown in the endline research</li> <li>○ NURHI 2's (and TCI) focus is on women non-users who intend to use modern contraceptives, Male partners and spouses of</li> </ul> </li> </ul> |



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|            |                                      |   | <ul style="list-style-type: none"> <li>Key life events: The SMC and mobilizers attend key life event celebrations such as naming, wedding and graduation ceremonies to educate celebrants and their guests on the benefits of modern FP/CBS methods and refer clients to access services using the GO cards.</li> </ul> <p>Mobilizers also provide support to the service delivery outreaches at facilities within their LGAs. Selected mobilizers refer interested community members to access FP services at the facility during these outreaches.</p> <ul style="list-style-type: none"> <li></li> </ul> | <p>non-users and Women who use traditional family planning methods (primarily rhythm and withdrawal).</p>  |
| 30 minutes | Modern FP methods and benefits of FP | <ul style="list-style-type: none"> <li>Sample methods, male and female condoms, injectables, Implant etc             <ul style="list-style-type: none"> <li>FP methods leaflet; English and local language</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Display FP commodities</li> <li>Give out FP methods leaflet</li> <li>Explain each method using the simplified information in the FP leaflet ONLY</li> <li>Give out 'Be Beautiful and Be Successful' leaflet</li> <li>Explain the benefits of FP using the beautiful and successful leaflets</li> </ul> <p>Trainer explains how and when these leaflets can be used.</p>  | <p>This session is facilitated by the TCI's Service Delivery TSL/State/LGA FP Coordinator/Supervisor. The session can also be facilitated by an FP provider.</p> <ul style="list-style-type: none"> <li>This is the first real technical session for the participants.</li> <li>It is important to keep it simple and adhere to the guidelines</li> <li>Use the presentation and the simplified</li> </ul> |



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|            |  |   |  | <p>leaflets as a guide. Utilize every opportunity to bring up and use our campaign brand GIT complete with the tag lines.</p> <ul style="list-style-type: none"> <li>Do not encourage questions that dwell on myths, misconceptions and side effects during this session. Tell them there is a session that will address all related concerns.</li> </ul>   |
| 30 minutes | Myths and Misconceptions, side effects of FP methods | <ul style="list-style-type: none"> <li>Copies of the FAQs in English and other languages</li> <li>Samples of questions from the field</li> <li>List of compiled questions</li> <li>Flip chart for putting up questions</li> </ul> | <ul style="list-style-type: none"> <li>Explain that FP use has been shrouded in a lot of rumors/myths and misconceptions. However, the users and potential users need correct and adequate information so they can be confident enough to go and adopt FP</li> <li>It is important to reiterate that there are trained service providers who will provide correct information, address their health concerns and give adequate counseling about side effects. Explain that there is a difference between side effects and myths and misconceptions.</li> <li>Ask them to write down questions they themselves or people like them have about FP. They should provide these comments starting with the</li> </ul> | <p>This session is facilitated by the TCI Service delivery TSL or an FP Service Provider.</p> <ul style="list-style-type: none"> <li>Myths and misconceptions/ fear of side effects were highlighted in NURHI's endline research as issues that still need to be addressed.</li> <li>Reiterate that it is important to provide correct FP information and to direct potential clients to health facilities where trained service</li> </ul> |



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|  |                     |  | <p>sentence... <b>Is it true that.....?</b><br/>The trainer then writes down all these concerns</p> <ul style="list-style-type: none"> <li>Facilitator introduces the FAQ and explains how these can be used to address concerns of participants.</li> <li>Facilitator should remember that we want all participants to have all their concerns addressed and fears about FP use allayed so they can in turn be excellent FP ambassadors</li> </ul>   | <p>providers will attend to all their concerns</p> <ul style="list-style-type: none"> <li>Trainer needs to note any concern or myth they mention that the FAQ does not currently address?</li> <li>Participants can role play how they will answer some of these questions on the field.</li> </ul> <p>At the end, each participant should mention one thing learnt that he or she found surprising. All these should be compiled and form part of the report of the training</p> |
|  | <p>Myths Buster</p> | <ul style="list-style-type: none"> <li>Balloons</li> <li>Office pins</li> <li>Flipchart</li> <li>Marker</li> </ul> | <ul style="list-style-type: none"> <li>Facilitator should inflate a balloon and ask the mobilizers ‘What will happen if this balloon is pricked with this pin?’ Facilitator should note their responses and then go ahead to prick the balloon with the pin.</li> <li>Facilitator should tell mobilizers that this is how we want to handle myths and misconceptions going forward “BURSTING MYTHS”.</li> <li>Facilitator should ask mobilizers to inflate their balloons and tell them that they are inflating their balloons with all the myths and misconceptions they know about FP.</li> <li>Once inflated, all the mobilizers should burst the balloons.</li> </ul> | <p>This session is facilitated by the Social Mobilization Assistant, CCSI Program Officer or the TCI DG TSL.</p> <p>The purpose of this session is to reinforce the importance of dealing with myths and misconceptions about FP in the community.</p> <p>A key outcome of this session is the compilation of myths and possible responses.</p>   |



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|            |                      |   | <ul style="list-style-type: none"> <li>Facilitator should inform mobilizers that the project is developing a 'MYTHS BUSTER' tool to support their work in social mobilization. Mobilizers should suggest questions that should go into that tool as well as possible answers.</li> <li>Facilitator should note all questions and answers on a flip chart.</li> </ul>  |  |
| 10 minutes | Values Clarification | <ul style="list-style-type: none"> <li>Powerpoint presentation</li> <li>Flip chart</li> <li>Paper tape</li> </ul> | <p><b>Facilitator should explain:</b></p> <ul style="list-style-type: none"> <li>Values are beliefs that are important to an individual. Values can be defined as principles, standards or qualities regarded as worthwhile or desirable.</li> <li>Sources from which an individual forms his or her values are family, personality trait, peer groups, media, religion and society. Values can be influenced by religion, education, culture, or personal experiences.</li> <li>Attitudes are the views or opinions that are formed by values and beliefs.</li> <li>Tell participants that values differ and it is therefore important to have an understanding of the concept of values. Understanding</li> </ul> | <p>This session is facilitated by TCI Demand Generation TSL.</p> <p>This session is aimed at helping the participants become aware of their own values and morals, especially as it affects mobilization for FP/CBS.</p> <p>The exercises are designed to help participants clarify their own values and understand how their personal belief systems influence their behavior, which can in turn, influence the community members.</p> <p>Understanding their own values will help the participants avoid personal bias when relating with clients.</p> |



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|            |   |   | <p>values enables us to relate better with other people.</p> <ul style="list-style-type: none"> <li>• Values clarification refers to the sorting out of personal values from the values of others and those of the larger society. Clarifying our own values enables us to relate appropriately with others.</li> <li>• It is not right to say values are wrong but rather need to be clarified so it does not get in the way of the interactions on FP.</li> </ul> <p><b>Facilitator can give examples of scenarios of a Pastor/Deaconess/Imam who is a provider and an in-school youth walks in for service what would be a natural reaction?</b></p> |   |
| 30 minutes | Values clarification: Sexual Attitudes Game | <ul style="list-style-type: none"> <li>• Paper</li> <li>• Tape</li> </ul> | <p><b>Exercise Steps</b></p> <ol style="list-style-type: none"> <li>1. Tape papers labelled “Agree” and “Disagree” on opposite walls of the room.</li> <li>2. Read a statement from the list below to survey sexual attitudes and ask the participants to go to the sign that best represents their feelings.</li> </ol>  | <ul style="list-style-type: none"> <li>• The purpose of this game is to demonstrate that individuals’ values may differ greatly, even within a community, and that people have reasons for holding the values they do.</li> <li>• It is not necessary to cover all statements or obtain reasons for all of</li> </ul> |



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|  |  |  | <ol style="list-style-type: none"> <li>a. As an individual, I feel that adolescents should not be given sex education</li> <li>b. I believe that sexual activity should not occur before marriage</li> <li>c. I feel that STIs are God's punishment for pre and extra-marital sexual activity<br/>God decides how many children we should have.</li> <li>d. Anything two consenting adults want to do with each other, that is not harmful, is acceptable sexual practice</li> <li>e. Controlling one's fertility means women will have more time for self-development but it will mean the breakdown of the family because she will be like a man; too busy to maintain the responsibilities of wife and mother.</li> </ol> <ol style="list-style-type: none"> <li>3. Ask a few participants from each of the groups to explain why he/she agrees or disagrees with the statement.</li> <li>4. Repeat for a few statements.</li> <li>5. Process the game by asking the group:</li> </ol> | <p>them. Use a few to illustrate the point of the exercise.</p> <ul style="list-style-type: none"> <li>• The game is designed to help participants clarify their own values and understand how their personal belief systems influence their behavior, which can in turn, influence their clients. Understanding their own values will help participants avoid personal bias when interacting with clients.</li> <li>• This section is adapted from the <i>National Training Manual on Family Planning for Physicians and Nurses/Midwives (2010)</i></li> </ul> |
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|            |   |  | <p>a. Did any of the responses surprise you?</p> <p>b. How did people respond to different statements?</p> <p>c. How did you feel about other people's responses? Why?</p> <p>If there are many varying responses to the statements, discuss why people had different values.</p> <p>Be ready to address the possible responses from participants. Some may be defensive, judgmental, ambivalent, afraid to express opinion, or angry at being forced to make a decision.</p> <p>Use this opportunity to have participants discuss these reactions.</p> <ul style="list-style-type: none"> <li>• Why can it be so difficult to express our values and beliefs?</li> <li>• What do we risk by doing so?</li> </ul> |  |
| 20 minutes | <p>SBCC materials</p> <ul style="list-style-type: none"> <li>○ FP Methods leaflet</li> <li>○ FAQs</li> <li>○ GO Card</li> </ul> | <ul style="list-style-type: none"> <li>• SBCC Materials</li> </ul>                     | <ul style="list-style-type: none"> <li>• Share tools such as BCC materials and other tools such as the referral cards <ul style="list-style-type: none"> <li>○ Introduce each and discuss the content and how it will be used</li> </ul> </li> </ul>  | This session is facilitated by the Social Mobilization Assistant |
| 45 minutes | Referrals and the Use of the Go card  | <ul style="list-style-type: none"> <li>• Pictures of where SMs are actually</li> </ul> | <ul style="list-style-type: none"> <li>• Facilitator should open the session by asking mobilizers to explain:</li> </ul>  | The DG TSL or SMA or State/LGA Health                            |



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|  |  | <p>referring clients for service</p> <ul style="list-style-type: none"> <li>• Sample Go card o Empty and sample of filled go cards <ul style="list-style-type: none"> <li>• Organize to have a set of completed cards to showcase completed referrals</li> <li>• Flipchart</li> <li>• Marker</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• What they understand by referrals?</li> <li>• The difference between referrals and COMPLETED referrals <ul style="list-style-type: none"> <li>- A COMPLETED referral occurs when the client made it to the health facility and received FP services (both counselling and FP methods).</li> </ul> </li> </ul> <p><b>Facilitator should go over the use of the GO cards with the mobilizers</b></p> <ul style="list-style-type: none"> <li>• Reiterate that the GO Card is very instrumental to the success of the project because we need to know the number of people that actually received services o Record details at the back of the “KNOW” referral card <ul style="list-style-type: none"> <li>▪ Date</li> <li>▪ Activity</li> <li>▪ Client’s Name</li> <li>▪ Client’s Phone Number</li> <li>▪ Mobilizer’s Name</li> <li>▪ Mobilizer’s Phone Number</li> <li>▪ Facility Name</li> <li>▪ Facility Address</li> </ul> </li> </ul> <p>Record details at the back of the “TALK” and “GO”</p> <ul style="list-style-type: none"> <li>▪ Date</li> <li>▪ Client’s Name</li> <li>▪ Mobilizer’s Name</li> <li>▪ Mobilizer’s Phone Number</li> <li>▪ Facility Name</li> <li>▪ Facility Address</li> </ul> | <p>Educator should facilitate this session</p> <ul style="list-style-type: none"> <li>• Facilitator should start by introducing this session as the most important for the training as it is the element that measures how well we have done as a team</li> <li>• Referral is simply using the GO card to direct potential FP/CBS clients to facilities where a FP service provider can attend to their needs.</li> <li>• Give examples using outstanding SMs</li> <li>• Explain that SM must have a GO card on them all the time, because you don’t know when the referral opportunity will come up</li> <li>• Discuss need to keep the GO card stumps (KNOW) safe and always hand over to SMC, making sure they</li> </ul> |
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|  |  |  | <ul style="list-style-type: none"> <li>• Detach the “TALK” and “GO” card and keep the “KNOW” card stub in the booklet.</li> <li>• Reiterate that it is not just enough to refer clients with the GO card but there should be follow up to ensure COMPLETED referrals</li> </ul> <p><b>Facilitator should have mobilizers brainstorm on ways of following up referred clients**.</b></p> <p><b>Note responses on a flipchart.</b></p> <p>**Sensitivities should be highlighted during this discussion. E.g. some women take up methods discretely without their partner’s knowledge.</p> <p>Facilitator should emphasize the following:</p> <ul style="list-style-type: none"> <li>• Mobilizers should request GO Referral Cards from SMC</li> <li>• Mobilizers should keep stock of referral cards and issue to client on needs basis</li> <li>• It is important that issuing of GO cards be strategic and clients should be encouraged to complete referrals.</li> <li>• Mobilizers should have a up to date list of NURHI supported health facilities and their address</li> <li>• Explain that meetings with FP Service providers will be held when they come for community engagement activities.</li> </ul> | <p>request for another booklet before it gets exhausted.</p> <ul style="list-style-type: none"> <li>• A recent finding is that it’s not the quantity but the quality that matters, so encourage a more strategic approach of giving out referrals so we can close the gap between complete and incomplete. This is key!</li> <li>• Social mobilizer can role play how to complete the referral cards</li> </ul> |
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| 20 minutes | Post-test                               | <ul style="list-style-type: none"> <li>• Post-test questionnaire (already typed up)</li> </ul> | <ul style="list-style-type: none"> <li>• Facilitator hands out the Post-test questionnaire</li> </ul>  | <p>This session is facilitated by the Social Mobilization Consultant.</p> <p>The session is aimed at testing the FP/GIT knowledge of the social mobilizers. These are the same set of questions used in the Pretest. The results of the Post-test will be compared against the pretest done at the beginning of the training to evaluate knowledge gained.</p> <p>Facilitator opens the session asking the SMs. “What have we learnt?”</p> |
| 30 minutes | Mitigating potential challenges on LPAY | <ul style="list-style-type: none"> <li>• Flipchart</li> <li>• Marker</li> </ul>                | <ul style="list-style-type: none"> <li>• <b>Facilitator should open this session with the statement: “Now that we have learnt about the Life Planning for Adolescents and Youth program, what do you foresee as potential challenges to your carrying out this activity within your communities?”</b></li> </ul> <p><b>Facilitator should prompt the mobilizers to think more along a systems level; particularly social structure and health systems.</b></p> | <ul style="list-style-type: none"> <li>• The DG TSL or State Adolescent Health Officer should facilitate this session.</li> <li>• This session is to help mobilizers articulate potential challenges they can expect as they carry out LPAY in their communities. They would also brainstorm on how to</li> </ul>  |



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|            |                                |   | <p><b>Note responses on a Flipchart. Once responses have been compiled, facilitator should ask mobilizers to brainstorm and suggest ways to deal with the challenges outlined.</b></p> <p><b>Note responses on a Flipchart</b></p> <p><b>Facilitator should note that mobilizers will encounter challenges in the field, but they should be reassured that these challenges will be promptly dealt with, with the support of the state team. Subsequent review meetings will also be an opportunity to refresh and reappraise the approach.</b></p> | mitigate these challenges  |
| 20 minutes | Reviews/Feedback/documentation | <ul style="list-style-type: none"> <li>• Projector</li> <li>• Lap top</li> <li>• Flip chart paper</li> <li>• Markers</li> </ul> | <p><b>Facilitator asks why feedback is/may be important in social mobilization and DG in general.</b></p> <p>Note responses on flipchart</p> <ul style="list-style-type: none"> <li>• Probe further no how feedback can be sought and managed</li> <li>• Facilitate discussions on how that can be used to improve our work (designing and implementation). Link this to the role the committee can or has to play in supporting sustaining momentum as well ensuring rapid scale up in the state.</li> </ul>                                       | <p>This session is facilitated by the CCSI Program Officer</p> <ul style="list-style-type: none"> <li>• Reiterate the importance of documentation, reviews and feedback</li> </ul> |



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| 30 minutes | Conclusion and closing |  | <p>What are the next steps, identify Health Educators in each LGA.<br/>         Share potential workplan.<br/>         Agree on how best to reach one another</p> | <p>This session is facilitated by the Social Mobilization Assistant.</p> <p>The TCI State TSL gives the closing remarks.</p> |
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