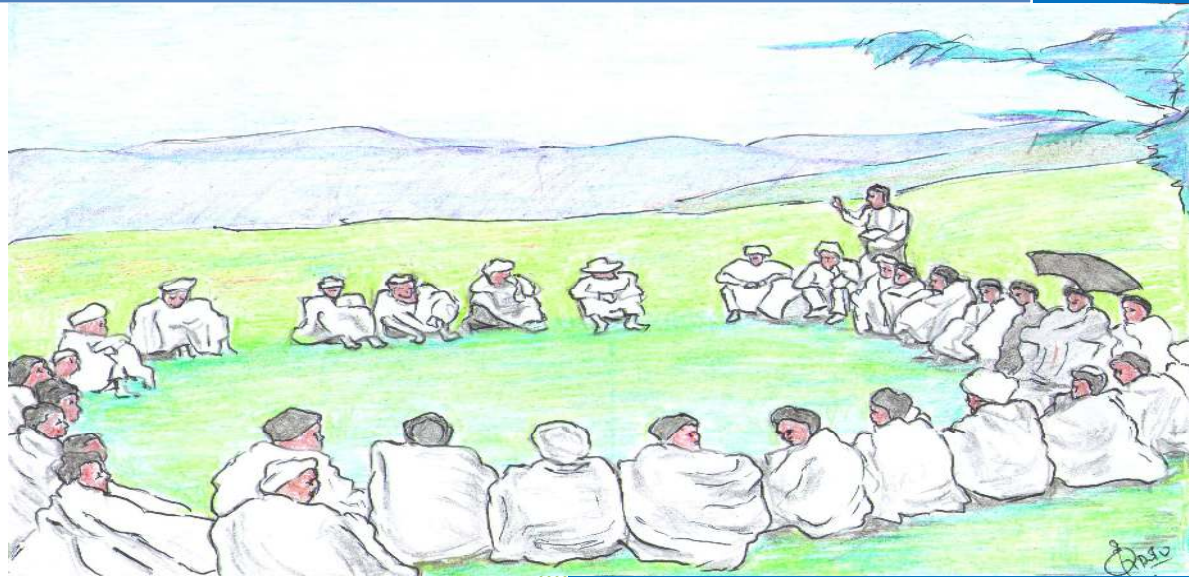# Community Conversation to Improve Routine Immunization Coverage

Facilitators Manual

CCRDA/CORE Group Polio Project

Table of Contents

Acknowledgment

Christian consortium Relief and Development Association/CORE Group polio project (CCRDA/CGPP) would like to extend its sincere gratitude to Federal Ministry of Health (FMOH) and GAVI alliance for financing the development this community Conversation on Routine Immunization facilitation guide.

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Acronyms

AEFI	Adverse Effect Following Immunization
BCG	Bacillus Calmette- Guerin
BCC	Behavioral Change Communication
CCRDA	Consortium of Christian Relief and Development Associations
CGPP	CORE Group Polio Project
CC	Community Conversation
CV	Community Volunteers
DPT	Diphtheria Pertussis Tetanus
EPI	Expanded Program of Immunization
FMOH	Federal Ministry of Health
HDA	Health Development Army
HepB	Hepatitis B
HEW	Health Extension Worker
Hib I	Homophiles' Influenza
IEC	Information Education Communication
IPV	Inactivated Polio Vaccine
K – WQ`	Ken Willbert Quadrant
OPV	Oral Polio Vaccine
PCV	Pneumococcal Conjugated Vaccine
RI	Routine Immunization
TT	Tetanus Toxoid
VDP	Vaccine Derived Polo Virus
WPV	Wild Polio Virus
WCYF	Women Children and Youth Forum

About the Manual

This training manual is designed to be used by diverse groups especially for trainers of Community Conversation Facilitators (CCFs). The manual facilitates the transmission and acquisition of CC skills, concepts, and tools, and improves the understanding of RI issues at the individual, community and organizational levels.

The objective of this training manual is to provide a standard package of training materials on the basic concepts of CC. The training should equip participants with introductory knowledge and tools that will enable them to generate a deep understanding of the nature of the problem within individuals and communities. In turn, this should improve community-responsive, result-oriented interventions regarding attainment of stated RI goals.

The training manual is user-friendly, includes local examples, and has been designed so that less experienced CCFs can utilize it with ease. Each module in the CC Training Manual specifies learning objectives, steps to follow, content and basic resource materials. The sections are built in a logical sequence. However, trainers may rearrange the topics, expand or reduce the detail and creatively adapt the methods in response to unique aspects of the training or depending on the level of participants. It also includes a set of exercises that the trainer may use to enhance learning and communicate key points.

The methodology used during the training will be based on experiential learning, and participatory processes including: interactive presentations, group work, facilitation, role playing, exercises, simulations, teach backs, field work and practice, debriefing and application by all participants.

The CCF's manual, contains four main components; Introduction, Frame work of CC, activity and documentation.

Introduction:- Addresses issues the propose of the guide , Concepts , expected outcome , principles of Community conversation ,skills needed to facilitate cc and role of community conversation facilitator.

CC Frame work:- Frame of the community conversation it is a frame guiding conceptual sequence of the activities /whole process.

CC Process:- It is detail disruption of procedures , process or steps to be followed during caring community conversation

Documentation:- During the community conversation is conducted, the whole process should be documented , pictures , reports , list of participants, concern, solution given by participants.

1. INTRODUCTION

1.1. Definition

Community Conversation (CC) on Routine Immunization (RI) is a participatory methodology to be used with community groups. It is a transformational methodology in the sense that it seeks to bring about fundamental change in people's knowledge, attitudes and practice.

Community Conversation on Routine Immunization is designed to be used by community groups of about up to 25 people over a series of meetings taking a total of two hours, twice a month for six consecutive months. It is good to include community leaders, Health Development Armies (HDAs)/Community Volunteers (CVs) as they might be the most likely candidates to take forward any community plan for the improvement of Routine Immunization that comes out of the group discussions. It is essential to include other community members, ordinary men and women in child bearing age because they may know less about the importance of RI and therefore will raise questions and misconceptions that are valuable to discuss.

Health Extension workers are responsible to facilitate the CC in their respective Kebeles. The quality of CC on RI rests with the skills of the facilitators. Facilitators need to be trained and need to know how to facilitate discussions to meet learning objectives.

1.2. Community Conversation Concepts, Objectives, Expected Outcome and Principles

1.2.1. Concepts

Community conversation is a process in which representatives of different members of the community come together, hold discussions on their concerns and by using own values and capacity, pass resolutions that can bring about changes, and implement them accordingly.

Community conversation is a means of involving the community for social change and building its capacity. This approach has been practiced in the 1970s both in Latin America and African countries and brought about positive outcomes.

The community conversation process is designed to be a simple and sociable informal conversation in which a small group of people came together to get to know one another, in a more meaningful way than usual, by talking about their sense of personal purpose in their lives and our community and about the issues that are of personal priority and concern. The goal is for everyone to be open and curious about all perspectives and see what we learn from one another, rather than to debate any particular topic or issue.

What's the most effective method for:-

- getting an entire community involved in a big vision;
- healing a community, or;
- Simply re-energizing a community which has lost purpose or meaning?

1.2.2. Objectives

- Venture for rapid, quality and comprehensive contributions for social mobilization through building the capacity of individual, community and organizations.

- Coordinate and utilize the capacity and resources of individuals, the community to increasing the awareness to analyze, develop and initiate change.

- Encourage and enhance the involvement of care takers/parents.

- Initiate individuals and the community to properly utilize the existing health facilities for routine immunization and related services.

- Establish a system, which will assist individuals and organizations to work with the community.

- Facilitate the transfer of knowledge and skills amongst individuals, organizations and the community at large.

1.2.3. Expected outcome of CC on RI

This is not a message-giving methodology. People learn by doing participatory activities. They discover that there is already a great deal of knowledge in the community about immunization and through a process of sharing this knowledge, each person learns more and the group feels empowered. Through carrying out the activities, the community:-

- Will be able to identify problems related to RI

- Will able to know the advantages of RI

- Will be encouraged to analyze the problem

- Will be able to develop action plan to improve routine immunization.

- Will be encouraged to implement the action plan by applying its values and the practices recommended.

- Capacity will be strengthened to follow-up routine immunization utilization among their community

- Will develop sense of ownership on RI

1.2.4. Principles of Community Conversation

i. Recognize Community Capacity

Community conversation should identify and utilize capacity of community for the anticipated changes and help transfer the experience to other communities

ii. Encourage Participation

Community conversation should encourage participation through listening and respecting other participants' point of view and openly discuss concerns to create mutual understanding.

iii.   Respecting Community Values

It is advisable to understand and respect the life style of the surrounding, families and the community to be the core factor in initiating their own decisions rather than imposing.

iv.   Partnership/Joint forum for Learning

The joint learning forums have to be organized and discussions between facilitators and the community, amongst communities', individuals and also among organizations have to be carried out to reach at practical solutions.

v.   Gender issues

Cognizant of the fact that social, economic and cultural suppressions have highly exposed women to less participation in decision making on health issues, they should be encouraged to fully participate and contribute to community conversation along with men.

1.3.   Basic Skills of Community Trainers and Facilitators

1.3.1. *Brainstorming*

It is a process of looking for an idea from within the participants and having more time to critically question and listen to answers on a given topic. Any community conversation begins with a reflection session. The process helps participants to deep into one's internal feelings with an opportunity of forwarding ideas of concern focusing on immunization.

By the end of the session participants will

- Be able to realize knowledge and skill they gain.

- Have the capacity to encourage the community to generate new ideas.

Session Guide

- Ensure the discussion environment is peaceful and conducive.

- Leave the participants on their own for two minutes discussion after providing enough descriptions and clear instruction,

- Inform participants to make deep thoughts about immunization individually and encourage them to reflect about what is expected of them.

Example

- What am I doing?

- Why am I doing this?

- What initiates me for misbehavior?

- Do I have protected my children from Vaccine Preventable Diseases (VDP)?

- What can I contribute to improvement immunization service in the community?

After five minutes of silence ask participants to voluntarily share with members what they individually came up with.

1.3.2. Facilitation Process

The trainer should introduce participants to the process used in facilitation of community conversations. To facilitate means to make easier. Process facilitation means to accompany communities in their process of change. It requires an understanding of sociocultural, individual and collective forces at work in a particular community. The facilitator guides the process using a set of skills and tools and taps into the existing capacities of the community in its search for a response to challenging situations. Facilitation makes the response quicker, easier and proactive by creating space for communities to reflect, envision and plan their responses. It strengthens the capacity of communities to identify implement, maintain and sustain desired changes.

Community conversation facilitation process creates good learning environment where participants' freedom and equality is maintained, without being said "right or wrong" about the idea they raise. Facilitators are also expected to know community norms and culture.

At the end of the unit, participants will be able to:

- Reflect on the implications of the approaches they have been using in their work with their communities,
- Demonstrate an understanding of the role of process facilitation in enhancing and unleashing community capacity, and.
- Distinguish the roles of a community from the role of a facilitator in the process of enhancing community capacity.

Session guide

Show the two pictures and ask participants to answer the following questions.
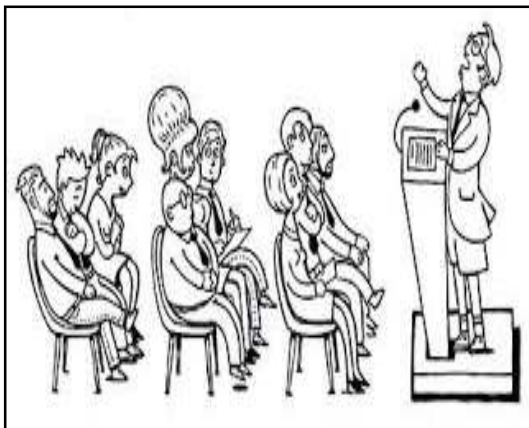
Picture 1.
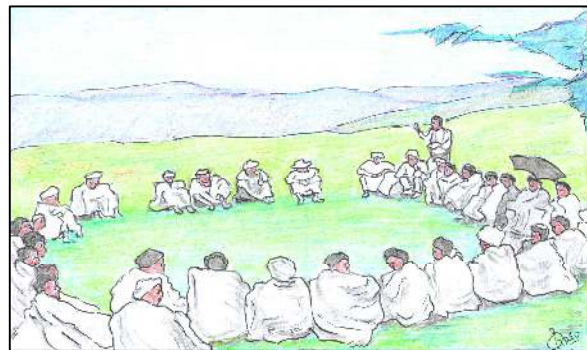
Picture 2

- What is taking place in picture one? How about in picture two?
- What do you think about the feelings of people in the two pictures?
- How do you define the relationship of people in picture one and two?
- Which picture indicates the habitual practices while dealing with community?
- How can you put in plain words the situation in picture one and two?

Note: Summarize the activity and indicate that in CC, scenario 2 is the preferred approach because of its ability to address power relations and because it values all speakers.

1.3.3. *Strategic Questioning*

Strategic questioning is an enabling way of soliciting information and perspectives that opens up several options for answers. Strategic questioning can help the community members reflect ton issues that affect them and deepen their understanding of concerns and options for transformation. Strategic questioning is a tool and a principal skill that should be used throughout the facilitated change process, but especially so in the identification and exploration of community concerns.

It is an enabling way of soliciting information and perspective that opens up several options for answers. It is a special skill in the identification and exploration of community concerns.

At the end of the unit, participants will be able to:

- Develop competencies in constructing strategic questions, and
- Appreciate the relevance of strategic questioning in stimulating community conversations and action.

It is an enabling way of soliciting information and perspective that opens up several options for answers. It is a special skill in the identification and exploration of community concerns.

Distinguishing Features of Strategic Questions

- Create options/several possibilities
- Emanate from facts and practical experiences.
- Go deeper in to matters.
- Reinforce and give value to speaker.
- Not elicit simple 'yes' or 'no' answers

- Exclude the word 'why' and its accompanying value judgments and tendency to put people on the defensive.

- Help touch the untouchable and tickle taboos.

Example

"Demeku Do you want to go and reside in Addis Ababa?" This question requires one of the two answers, i.e. 'yes I will' or 'No I will not' and limits the number of options. On the other hand strategic questioning has to provide several options.

Example

By extending the first question, we can ask Demeku in different ways.

"Where do you want to live?" Or "where do you wish to live?" These questions provide different options or alternatives.

Note:

- Ask participants what they learnt in this unit.
- Strategic questioning is a tool and a competency mostly used in concern identification and exploration.

1.3.4. Active Listening

Active listening is a skill in which a participant in a conversation follows closely what is being said. Facilitators are expected to develop this skill and carefully listen to participants to achieve positive results.

In most situations, people tend to remember the ideas that they enjoy and agree upon. Anyway if a person is expected to listen actively, he must have a free mind. However, if a person agrees or disagrees with someone's idea, he must actively listen and remember the idea.

Active listening has the following attributes.

- Maintaining eye contact with the speaker.

- Not showing signs of disagreement or being frustrated with the speaker's opinion.

- Observing and acknowledging non-verbal expression

- Paraphrasing to confirm that you understand what has been said.

By the end of the session, participants will:-

- Develop active listening capacity.

- Enable participants to listen to ideas that are different from their own.

Session guide

- Divide participants into small groups

- Prepare question that can provoke discussion

Example

- Mothers should talk with their husbands about vaccine preventable diseases.

- Ask participants in groups to reflect individually and write down their responses and perspectives.

- Ask participants to read their perspective and share the same with other group members.

- Facilitators clarify as participants to listen actively and not interrupt the person who is sharing his perspective.

- Ask people to be attentive to retain only what they agree with, but also remember what they do not agree with.

- After all group members expressed their perspectives, ask each group member to remember what they heard from others.

- Encourage a group to reach to common perspective and consensus if possible, if not possible tell them, as diversity is a reality of their group.

- Ask participants to give a detailed description of how to show respect for and take in to account everyone's perspective during conversation.

- Ask each group to identify three key elements of active listening and respect for diverse perspectives.

- Finally, the highlights of the group discussion will be presented in the plenary.

1.3.5. Communication Skills

Communication – it is the process of sharing ideas, feeling or attitudes among two parties through which common understanding is possible.

Skill - is an ability that an individual has to have in order to know the feeling of others.

Understanding is the processes of exchanging ideas between two or more people interact for mutual actions. There are five major understanding processes.

- Talking to oneself (self talk)

- Communicating between two or more people.

- Body language.

1.4. *Mass media or public media information.*

- Organizational communication.

Methods of creating mutual understanding

- Understanding feelings of others.

- Use words that initiate participants and spark the potential of instigating the desired change.

- Build positive thinking and impact.

- Tolerance on point of differences

- Negotiation

- Confidence to express facts

- Avoid temper

- Confirm availability of participants

- Brainstorm on the previous discussion points

1.5. Role of CC Facilitators

First of all, facilitators should understand that there are differences in opinion both at the start and all the way through community conversation. They are expected to make the process simple and fast until changes occur. They are supposed to coordinate, lead and encourage participation in the process of discussion and doing other related activities.

1.5.1. Coordination of the discussion process

- Ensure that the discussion is clear and every participant understands and accepts.

- Encourage participants to respect workshop rules and regulations.

- Select and use tactical means to interlink activities.

- Support and coordinate group and the community during the intervention

- Use locally available materials

1.5.2. Facilitating the Process

- Lead the discussion in line with the identified discussion topic.

- Ensure participants are attending attentively.

- Find solutions to contradictory ideas.

- Create common understanding to clearly prompt awareness.

- Mediate contradicting views of the participants of community conversation.

1.5.3. *Encouraging Participation*

- Encourage full participation of the whole participants and encourage learning from each other until ideas are exhausted.

- Initiate participants to forward different suggestions, contribute, ask questions and participate in the discussion.

- Be exemplary by respecting the viewpoints of participants.

- Explain that making unnecessary fun, laughter, humiliation, and incrimination, disregarding and underestimating of others is not allowed.

- Give priority to participants to answer questions.

- Appreciate and motivate participants that respond to questions in order to encourage others.

1.5.4. *Wrap up*

It is a process of orderly and clearly summarizing the important points perceived during the daily discussions. Wrapping-up helps to connect issues discussed at different sessions. The presentation could be carried out by one or two participants or by the facilitator when necessary.

By the end of the session, participants will:-

- Evaluate whether key issues discussed during the day were conveyed properly.

- Assist in connecting the different discussion sessions.

Session guide

- Tell the group to nominate one or two participants to wrap-up the daily discussion points.

- The selected reporters will organize their notes and sequentially summarize the activities and ideas discussed during the day.

- The same individual(s) will present the wrap-up, in fifteen minutes at most at the beginning of the next session.

1.6. CC Implementation Steps

1.6.1. Trainer's Notes:

These guidelines will assist the district or village to draw a comprehensive CC implementation plan in order to ensure implementation with fidelity. After the initial skill building workshop, it is paramount that a clear plan of action is drawn which shows how the six building components will be addressed.

- **Topic Objectives:** At the end of this unit, participants will be able to understand the six CC building components.

- **Instructions for the Trainer:** Take participants through the six components slowly so that they understand the Implementation Framework.

1.6.2. The six components are:

i.   Enrollment

The primary aim is to sell the approach and solicit support of the community leadership and key stakeholders within the community. One on one visits and one day workshops are organized by District officials or Implementing partners to share the methodology, concepts and skills with key stakeholders and the community leadership. The community leaders and stakeholders include local health workers, education bureaus, CBOs, FBOs, Private sector and others

ii.   Capacity Building

Initial skill building workshops/trainings should be organized for TOTs and CCFs, this is meant to build a pool of resource persons with transformative leadership abilities and facilitation skills in community conversation to scale up the community response to routine immunizations. Capacity building includes periodic skill refinement sessions to address skill gaps identified in the self-assessments and CC documentation. Upon completion of their training—guided by this training manual—TOTs should be well-versed in the CC process, and should be able to train and support CCFs during the CC implementation phase to ensure quality . Likewise, CCFs should be able to conduct Community Conversations using the CC Facilitator's Guide as a reference.

iii.   Community Conversations and Documentation

A team of trained CCFs enable CC where people are encouraged to reflect upon and express their perspectives according to their viewpoints, beliefs and experiences regarding the issues under discussion. Each individual perspective should be recorded exactly as they were expressed. Documentation should be conducted in a rigorous way right from the first visit, and should be shared with TOTs during the onsite support visits. All documentation should remain with the community for future reference.

iv.   Onsite Support

After initial skill building workshops, TOTs or trained supervisors should join the CCFs in their community conversations and observe the facilitation process. The aim is to provide technical assistance (coaching and mentoring) in order to strengthen their capacity and that of the community. This also allows supervisors to identify gaps that can be addressed during skill refinement sessions. One-on-one visits to communities during CC initiatives implementation by district level officials motivates and encourages communities and CCFs in their efforts.

v.   Reflection and Review

Reflection and review sessions can be conducted at village or district level where community conversation groups—led by CCFs—come together to share success stories and achievements, to engage in stocktaking, and set direction for improvement, sustainability and expansion of partnerships. This sets an opportunity for mutual learning as well.

vi.   Community to Community Exchange

Program to program visit exchanges should be organized and supported by TOTs or the DACs as part of the learning and knowledge transfer process. The visits should not be evaluative or competitive but tools for strengthening the process and facilitators' skills, as well as encouraging communities in their efforts.

Tips:

- Ask participants what they learnt at the end of the unit.
- Summarize the unit by highlighting how they can use the Implementation Framework (refer to the CC Framework 3).
- Refer participants to Module 2 of the CC Facilitator's Guide for more details about the essential steps to be taken before and throughout the CC implementation phase.

## 2. FRAMEWORK AND PROCESS OF COMMUNITY CONVERSATION

Participants will learn the six phases of community conversation methodology and the necessary skills and tools that facilitate implementation of each step. In order to facilitate acquisition of necessary skills, participants will engage in a number of role plays and simulation games. Moreover, the trainer will emphasize the interconnectedness of the steps in

the framework in order to demonstrate how the steps contribute to a holistic community transformational process.

At the end of this unit, participants will be able to:

- Describe the six phases used in the CC Framework and processes and
- Demonstrate an in-depth understanding of the CC Framework,
- Demonstrate an understanding of the relevant tools and competencies for facilitating implementation of each step.
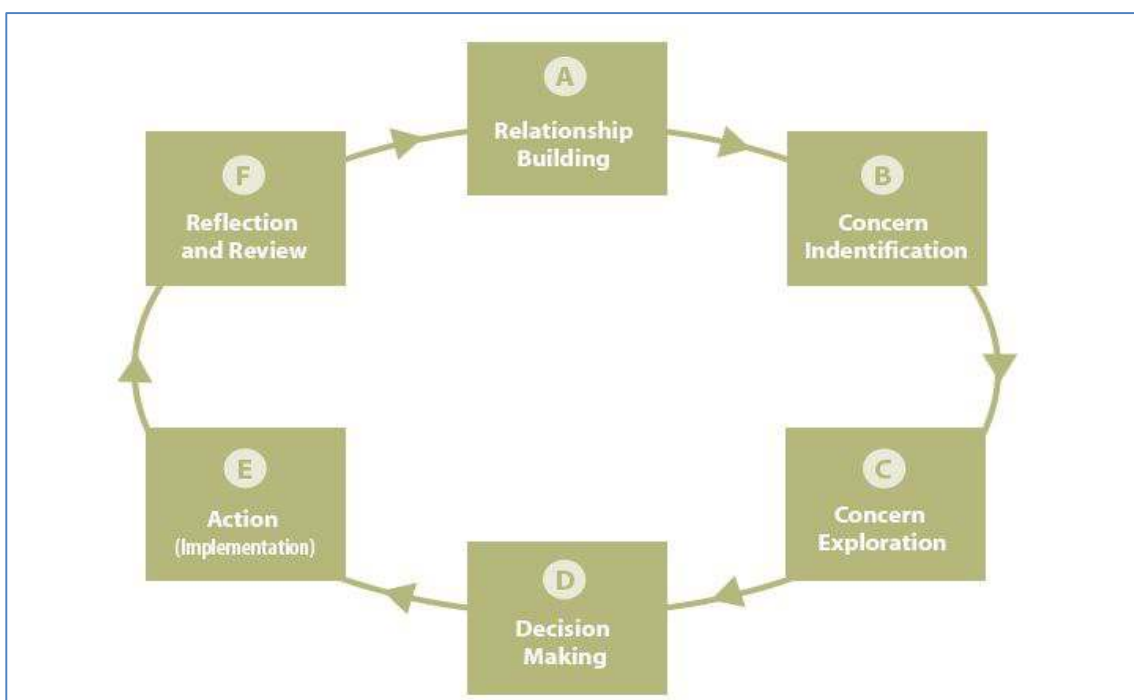
2.1.   Relationship Building

This is usually the first part of entry in community and engaging a community in a change process. The trainer should emphasize that a facilitator works to gain the confidence of the community and establish the expectations of the process. Once established, a relationship of trust should be nurtured throughout the CC process. The relationship should be strong enough to allow for challenges from both sides. This requires time and the skillful use of tools.

2.1.1. Introducing Participants

Introducing participants and facilitators will help to know and trust each other, build mutual respect and create sound relationships among themselves.

The purpose of introducing community members and facilitators is to create strong relationship during the discussion process.

Session guide

The facilitators will tell participants to get into pairs with the person whom they do not know and ask them to introduce each other:

- Name

- Community of origin

- Favorite hobbies

- Strengths/what they most like about themselves

- Name by which one wishes to be called

After sharing this information, each person presents his/her partner using the information collected during the discussion. At community level introduction will take place at the stage.

2.1.2. *Governing Rules during Conversations*

Every community has its own rules and regulation to be guided with. These rules and regulations are established by the community itself and members can pay attention easily and adhere to them.

By the end of the session, participants will:-

- Formulate the rules and regulations to be followed.

- Agree on additional ground rules required during the facilitation of the workshop

- Agree on their accountability regarding rules they have set during the workshop.

Session guide

- Discuss and agree on the importance of mutual respect, approach and behaviors during the workshop.

- Explain the possibility of showing the ground rules in picture form. For example – if you need to show No Smoking in the meeting room! – Could be shown by putting 'X' on a cigarette picture.

- Form a group comprising 4 to 5 members.

- Distribute papers and markers to each group

- Ask each group to present their picture to the larger group and also ask them to explain the rules they would like to be adhered to.

- If two groups have drawn similar pictures, decide with participants as to which picture is better.

- In the plenary session, if participants agree on each proposed rule, post the picture on the wall.

- Ask participants to select 'minister of justice', who serves for a week time, to remind when rules are not respected. Assigning timekeepers in rotation bases may be helpful.

- At the end of the session, briefly highlight the importance of respecting common codes of conduct in order to exist in harmony.

- This process is to be emphasized in the training of facilitators, but the community conversation sessions shall have general rules and guidance to follow for the sake of time saving.

2.1.3. Group Formation

In any community, working in a group is more successful than activities carried out on individual basis. Accordingly, it is important to show and facilitate that the participants of community conversation work in a group and share individual knowledge and skills and bring to their attention the advantage of it to attain the anticipated changes. The participants have to reach consensus on this and be able to implement it in the future as well.

By the end of the session, participants will:-

- Be aware of their individual roles in a group.

- Enable group members to notice and recognize individual contribution in a group

- Explain the importance of other members' role in successfully completing group tasks.

- Divide the participants in groups

- Distribute flip chart and marker to each group.

- Aware an individual participant to think of an animal that he can draw in 3 minutes.

- Tell participants to be quiet and relay the markers and start draw the picture.

- Inform group members as they draw by extending lines to complete the picture of the animal in mind (10-15 minutes).

- Ask participants to name the picture and then post it on the wall.

- Finally, they will present the group work in the plenary session.

Discussion questions

- What did you feel?

- What did you learn?

2.2. Concern Identification

Community concerns are general issues that worry or disturb the community; from this they extract their needs which are more specific. Looking at concerns generates many possibilities for action as the concern usually reflects how a problem is experienced from within. Ensure

that participants understand how to bring in the already identified concern in a manner that will not spoil the built relationship. The facilitator should find out if the community identifies and validates the issue at hand. Find out community observations and what they know about the issue. Probe on the uptake of the services or magnitude of the issue under discussion, and reinforce with relevant statistics.

Instructions to the Trainer
Task 1: Understanding concern identification in CC

Engage participants in a discussion where they define:

- Concern identification
- Importance of identifying community concerns in CC
- The role of a facilitator as outlined in the CC
- Community perspective

 Write all the responses on a flipchart as they come.

Task 2: Group exercise
- Break participants into groups.
- Assign one person in each group to play the role of a CCF and facilitate the rest of the participants—acting as community members—in a mock CC to identify their concerns.
- Suggest that participants use the CC Facilitator's Guide,
  Tips:
- Indicate to the participants that community concerns will be identified by using tools and competencies such as strategic questioning and rich description
- Ask participants what they have learnt at the end of the unit.
- Summarize the unit by highlighting why identifying community concerns is important in community conversations.

2.2.1. *Basic knowledge of vaccine preventable disease (VPD), Type of vaccines and vaccination schedule*

In the process of community conversation, participants are expected to know more about the VPDs, their vaccines and route of vaccine administration.

After the session, participants will be able to know and explain:

- The VPDs
- The ten vaccines
- Route of vaccine administration
- Vaccination schedules

Session guide

- Explain the objectives of each topic
- Arrange participants in groups and introduce group enquiries
- Discuss on the group enquiries
- Substantiate discussions with emphasis on VPDs
- Provide additional reading materials or flyers as much as possible.

Issues for discussion

- What are VPDs?
- What are the means of prevention?
- What are the importance of vaccines?
- What are the vaccines?
- What are the routes of vaccine administration?
- When are the time schedules of each vaccine?
- Where can you get IEC/ BCC materials around our community?
- What are the advantages of card retention?

Table	NOTE FOR THE FACILITATOR			
Vaccine	**Site of administration**	**Route of Administration**	**Schedule**	**Disease to prevent**
BCG	Right Upper Arm (shoulder)	Intra dermal	At birth	Tuberculosis
OPV	Oral (mouth)	Oral	At birth, 6, 10 & 14 weeks	poliomyelitis
IPV	Right Upper Thigh	Intra muscular	14 weeks	poliomyelitis
DPT-HepB-Hib1	Left Upper Thigh	Intra muscular	6, 10 & 14 weeks	Diphtheria, Pertussis, Tetanus, Hepatitis B, Hemophilus Influenza Type B infection
PCV	Right Upper Thigh	Intra muscular	6, 10 & 14 weeks	Pneumococcal pneumonia, meningitis
Rota	Oral (Mouth)	Oral	10 & 14 weeks	Diarrhea
Measles	Left Upper Arm	Subcutaneous	9 month	Measles
TT	Right/Left Upper Arm	Intra muscular	at any time, 4 weeks, 6 month, 1 year and 1 year	Tetanus

2.2.2. *Immunization Service Accessibility and Utilization*

During the discussion, participants are expected to know the available immunization service delivery strategies (static, outreach and mobile); the importance of card retention; factors affecting immunization service accessibility and utilization.

After the session, participants will be able to know and explain:

- Immunization service delivery locations and time/date and encourage utilization

- Problems related to immunization service accessibility

- Problems related to immunization service utilization

- Importance of immunization card retention

Session guide

- Facilitators will explain the objective of the topics and mention group discussion points and questions.

- Facilitators will give enough time to participants to enable them discuss the questions within their groups.

- Every group will present its findings in the plenary session.

- Facilitators will provide information, knowledge and skills on the basis of the findings presented by discussion groups. They will also distribute materials or flyers related to immunization services accessibility and utilization.

- Next session, participants will further discuss in-group on ideas they came up individually.

Issues for Group Discussion

- Where can you get the immunization services?

- What are the problems related to immunization service accessibility?

- What are factors hindering service utilization?

- What is the importance of immunization card retention?

NOTE FOR FACILITATORS –

1. *Strategies to deliver immunization service are: Static, outreach and mobile.*

2. *Card retention – vaccination card is important to remind parents/caretakers about the next immunization session of a child, it has also important messages about immunization. It also serves as a source of information for differ scientific studies*

2.2.3. Rumor and Misconceptions

During the discussion, participants are expected to know the misconceptions and misunderstanding related to immunization service delivery, i.e. repeated dose of immunization may cause illness, TT vaccination may leads to infertility, adverse events following immunization may lead the community to think that immunization is harmful.

By the end of the session, participants will-

- Be able to know that vaccination can cause mild fever, pain and redness at the injection site, irritation and discomfort that will be disappeared within two or three days.

- Be able to know repeated dose of vaccine has no harm to the child; rather, it boosts the immunity of a child.

- Be able to know that TT vaccination can protect mothers and newborns from Tetanus. However, the vaccines have no relation to infertility.

Session guide

- Facilitators will explain the objective of the topics and mention group discussion points and questions.

- Form a group of five or six people.

- During the session, participants will list and discuss on misconceptions and beliefs which needs to be clarified.

- Every group will present its findings in the plenary session.

- Facilitators will record in detail the misconceptions and beliefs listed and discussed.

- Facilitator will elaborate more and assists the group to avoid misconceptions and believes.

- If there are issues not clarified and agreed upon, facilitators will invite professionals for clarifications.

- Facilitator will submit the recorded misconceptions and believes to the concerned bodies.

Issues for Group Discussion

- What are your unfavorable experiences related to immunization services in your community?

- What are rumors related to immunization in your community?

- What is your believe towards TT vaccination?

- Why TT is given to women?

- What is your believe towards repeated dose of child vaccination?

> **NOTE FOR FACILITATORS**
>
> *Adverse Events Following Immunization (AEFI) - is a medical incident that takes place after an immunization. It is classified as:-*
>
> 1. *Vaccine reaction – event caused by the vaccine when given correctly but caused by the inherent property of the vaccine, eg. Mild fever.*
>
> 2. *Injection reaction – event from anxiety about or pain from the injection itself rather than the vaccine, eg. Redness and tenderness at the injection site, irritability of a child*
>
> 3. *Coincidental event happen after immunization but not caused by the vaccine- a chance association*

2.2.4. Transect Walk and Mapping

The *transect walk* is a tool that allows community members to explore and thereby rediscover familiar surroundings. This activity allows people to focus attention on community realities that are usually overlooked or taken for granted, leading them on a process of self-reflection and collective exploration. Participants are requested to look out for community resources, strengths, weaknesses, and for a possible to improve RI.

Following the *transect walk, mapping* can be used to visualize community strengths and concerns. Visual representations of familiar surroundings allow people (including those who are illiterate) to increase awareness on RI. Addition, representations deepen their understanding of the current reality. The *transect walk* and mapping is also a way of documenting the current community reality, and can be used again at a later point to illustrate and measure changes that have taken place

At the end of the unit, participants will be able to:

- *Demonstrate an understanding of transect walk and mapping tools,*

- *Apply transect walk to build relationships and identifying community concern, x Describe the tool of mapping as a way to identify community concerns, and x Demonstrate how they will use mapping their own communities*

**Instructions to the Trainer** Task 1:

Transect walk

- Introduce the concept day before the walk by asking participants to be ready for a walk (right clothing, shoes, water, etc.).
- Inform the participants that when they plan a transect walk they must:
    - ✓ Ensure that a specific community area is determined for the walk.
    - ✓ Walk in groups of six to eight through the community in various patterns

(size of the group may change based on the size of the area being covered)
  ✓ Walk in silence.

Transect Walk
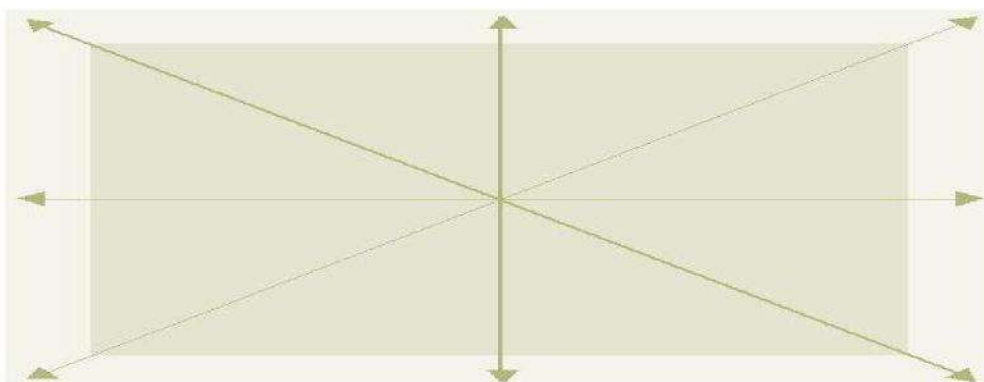
Notes. These are possible paths that can be taken during a community transect walk

- Inform participants that as they walk they should look for:
    - ✓ Community gathering points

    - ✓ Community activities on routine immunization
    - ✓ Community strengths and resources ("green grass")
    - ✓ Situations, behaviors and factors that may make the community vulnerable to VPD ("dry grass")

2.2.5. *Community Mapping*

Mapping could be used to visualize community strengths, concerns and other issues. Mapping will deepen the understanding of the current reality of the surrounding. It is also a way of documenting one current community reality and can be used again at a later stage to illustrate and measure changes that have taken place.

By the end of the session, participants will be able to:-

- Describe that mapping is used to identify community concerns.

- Map their own surroundings.

- Use strategic questions to draw out community concerns using the map.

- Emphasize that mapping is a tool that can be used throughout the process to identify and explore community concerns and make decisions.

Session guide

- Explain that mapping is prepared based on available landmark information,

- Describe that facilitators use mapping to help the community members to identify their concerns including VPD.

- Explain how mapping is carried out, and tell community members to select areas where they can exercise mapping. Individual members of the community should contribute their share in the mapping process. Location of schools, business areas, residential houses, churches, mosques, rivers, health posts, health centers, mountains, roads, and other detail places should be included in the map.

- The maps will be presented and explained at the plenary session

- Facilitators should use the maps to ask strategic questions to find out concerns of the community.

Issues for Group Discussion

- Where does immunization activity take place in your community?

- Why children are not vaccinated in your community?

- What is your responsibility in your community to vaccinate the unvaccinated children?

- What are the concerns of your community regarding places of immunization service delivery?

- In which area of your community VPD, such as, measles, diarrhea and other diseases outbreak? List the name of the villages.

- How was the traditional trend of vaccine preventable disease currently and before the era of Expanded Program Of Immunization (EPI)?

COMMUNITY MAP
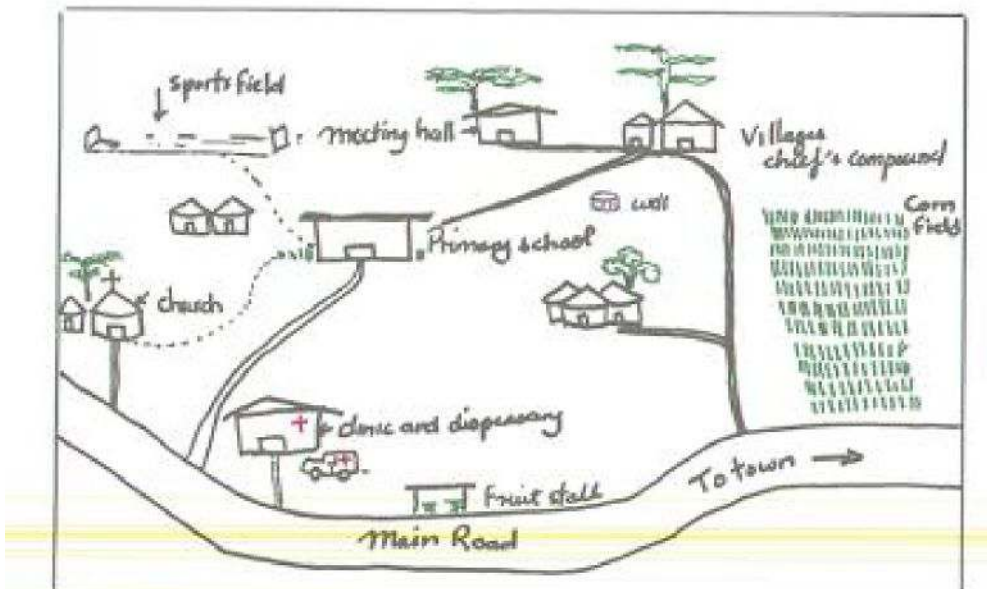
Ask participants to present in plenary.

- The facilitator can use the following strategic questions to draw out community concerns using the map.
  - ✓ What is happening in your community in the areas of health and development?
  - ✓ Where do they happen?
  - ✓ What are the areas of concern in your community about Vaccine?
  - ✓ Ask participants what they have learnt at the end of the unit.
- Note: Highlight that *transacts walk* and *mapping are* tools that can be used throughout the process. For example, to identify and explore community concerns and to make decisions.
- Mention that the *transect walk* should be done more than once with the community.

NOTE FOR FACILITATORS – the following lists are the common problems of low access and poor utilization of immunization services

1. **Lack of means of transportation to vaccination sites**
2. **Law social mobilization about time and place of vaccination**
3. **Inaccessibility of vaccination site due to scattered settlement and difficult topography**

2.3. Concern Exploration

Having identified and mapped community concerns, the trainer helps the community to explore their concerns. The other phrases that could be used to express exploration are: "to examine bit by bit", to "dig deeper" or "going into new territory". Through exploration, one examines the magnitude of the concern and its underlying factors. This phase denotes application of the CC and Evidence-based Planning (EBP) linkages where the issues identified by the EBP process are explored after community validation.

Group exercise

- Break participants into groups.

- Assign one person in each group to take the role of the CCF and facilitate the rest of the participants in a mock CC to explore their concerns.
- Display a list of identified or validated concerns.
- Ask participants to prioritize identified or validated concerns (according to what they want to do first).
- Ask participants to develop a *strategic question* that would help establish underlying factors or causes of the concern.
- Let the participants use the template below to create a *community wall.*

Prioritized Issues	Underlying Factors	Misconceptions

2.3.1. *Story creation and telling (narration)*

Stories could be told about people and what they do. They are ways of understanding social life its dynamics, influences and impact. Stories touch listeners more than theories or statistics do. Stories and proverbs are the ways that traditionally helped people to understand their own actions and their impact on others. (Mention locality poems focus on prevention than treatment example "ታሞ ከመማቀቅ አስቀድሞ መጠንቀቅ")

By the end of the session, participants will be able to:-

- Explore values and attitudes influencing individual and collective behavior.
- Demonstrate the use of stories as a tool to create conducive atmosphere to initiate self-expression.
- Mobilize the community to anticipate changes.
- Discuss immunization and VPDs in detail.

Session guide

- Prepare stories based on the objective situation of the community.
- Invite participants to sit in a circle to enable them listen attentively.
- Begin to narrate a story and invites community members to involve themselves and take part.
- Assist facilitators document individual views and responses forwarded after community story presentation.

- Facilitators analyze the views of the community responses.

- Facilitators share the findings from their analysis with participants

- Ask participants to share similar experience in their communities

- Facilitators conclude the session after discussing and commenting on the report presented by each group.

i. *Story Creation*

Stories could be created from the concerns of the community that require in depth discussions to bring about positive results after community conversation.

The following points should be considered in order to create stories.

- Ensure that the story focuses on identified community concerns.

- Underscore the possible outcome /direction/ of the identified community concern.

- Assure individual names, places and other matters are commonly used and avoid misunderstanding in all manners. Besides, the names of individual that took part in the story creation should not be mentioned.

- The story should be short and precise and inclusion of basic facts to clarify the story is helpful, as also deemed necessary.

- Ensure that the story touches the day-to-day real life of the community, and draws the participant's attention. This in turn will have significant role in the process and success of the discussion.

The following story is presented as an example:

Story 1.

Elias is the only child for his parents. He has been vaccinated at birth for the first time at the health center. He also received the second vaccination at 45th day of his birth. After the vaccination, he developed mild fever, redness at the injection site (his left thigh), he was irritated and cried for one day. His mother Leyla got worried about the condition of her child. After the incident, she stopped taking Elias to the vaccination site. After a year, Elias and other children in the village have developed symptoms, such as rush, fever, runny nose and redness of eyes. Elias's parents didn't take him to the health facility for treatment. However, after a few days his parents notice that Elias has become blind and cannot see anymore.

Story 2

Ariat Ujulu and her husband Ujulu Obang are couples. Ariat has become pregnant and didn't attend ANC and never received TT vaccine before and during her pregnancy. Ariat gave birth to a baby boy at home. After three days of birth, the baby stopped sucking breast, unable to cry and his body muscles and his jaw became stiffed and died at the seventh day of his birth.

---

ii. Story telling

After carefully creating the story and determining the time for community presentation, facilitators should consider the following points:

- One of the facilitators will tell the story taking position in an appropriate place that will ease the audience to be attentive. The second facilitator will document the viewpoints and responses of the individual community members. This facilitator will sit with the community and collect the information without obstructing the attention and feelings of the community.

- The facilitator narrating the story has to face all participants and give equal opportunity during the discussion.

- He/ She have to allow participants to see the story in different angles in relation to community concerns arising from the discussion.

- The facilitator has to know when to stop the discussion. The story has to be discontinued at some point to make participant more eager about what next. This way the discussion could be extended with their families and friends. However, it is not advisable to stop the discussion without letting the community exhaust the issues.

- Finally the facilitators with participants will make analysis of the story narration and present the findings for a broader discussion.

2.3.2. Analysis of story telling

After the story, it is important for the community to conduct discussion, which has great advantage and the facilitators have to prepare steps of analysis to start the discussion. The analysis includes the following points:

The above points are described in detail below:-

Community perception	Concern	Neglected and overlooked issues	Misunderstanding /misconception	Issues that require action

Community Perception It is an individual opinion; it includes the views and responses that created on the basis of the story that participants listened to.

Concerns

Concerns are issues reflected by participants repeatedly and created mixed passions like happiness, initiation, anger, disappointment, dialogue and other feelings among participants during the discussion.

Neglected and overlooked issues

These are issues not raised or reflected by participants during the narration because of different reasons or reluctance to react.

Even though participants overlooked some of the issues due to diverse reasons, the facilitators can raise them and give emphasis in the discussion.

Misconceptions/misinterpretations

These issues are points raised during the discussion but are far from reality and lack scientific evidences. Hence, these issues will enable facilitators to develop strategic questions and ideas when they start the discussion and formulate strategy to equip the community with such information.

Issues that entail Intervention

Story telling is a key to instate an in-depth discussion of community concerns, and in addition it assists and prompts the community to intervene. Hence, facilitators should identify issues that require action on the basis of the content and process of the discussion and present the same for more discussions and suggestions.

2.3.3. *Concern Analysis*

The community should have in-depth awareness about the identified community concerns and their causes in order to make valid and acceptable decisions. To this effect the analyses of the four windows enable one to see things in different perspectives. That means one can look at individual and community levels in light of internal and external factors in order to grasp the real picture.

By the end of the session, participants will be able to:-

- Create awareness on the causes that hinder immunization service access and utilization.

- Have insight and analyze the view and conceptual differences among individuals and the community, and understand the correlation between behavior and real action.

Session guide

- Equip participants with general concepts and objectives of the analysis of the four windows.

- Divide participants into groups and make them analyze the identified concerns by using the four windows.

- Discuss the findings of the groups in plenary session.

- Highlight the findings including decisions made or solutions recommended.

Table _____

Description: Concern exploration Ken – Wilbert Quadrant (KW-Q)

	Internal	**External**
Individual /individualistic	"B" • Observation • Feelings • Assumptions • Knowledge • Attitude	"A" • Behavior • Action
Common/ communal	"C" • Belief • Culture/habit/norm • Value	"D" • System • Law • Institution • Policy • Service delivery

In the analysis of the four windows, the issues stated in the four different quadrants could be discussed as follows: -

- The issues included in /A/ (the individual and external quadrant) are community concerns pointed out during the discussion. These are the starting points of the discussion.

- Issues included in /B/ (individual and internal quadrant) are the causes that prompt individuals to behave or act on matters stated in /A/.

- *Example:* Statement like "mild adverse events following immunization" could lead mothers/caretakers not to take their children to vaccination sites.

- Issues included in /C/ or (common and internal quadrant) are factors that create behavior or actions related to culture, habit, norm and value that create community concerns, which are stated in 'A'.

- *Example:* If the community believes that "taking newborns out of the house before 45th day of birth might bring health risks to the newborn" leads to low uptake of birth doses.

- Issues included in /D/ or (common and external quadrant) are factors that create favorable situation or behavior by using system, institution, laws, policies, service delivery and the like, which are stated in 'A'.

- *Example:* In a community, where there is no immunization service delivery, it could be a cause not to get vaccinated.

Note: Matters mentioned in /A/ need to be carefully analyzed, because behavior and action are quite different both in content and quality.

2.3.4. Resource and Capacity Mapping

After building relationship and identifying community concerns, participants should recognize and consolidate individual and group capacity and resources in the community before they arrive at decisions and launch intervention.

By the end of the session, participants will be:-

- Be able to identify and know individual and group ability, skills and strengths.

- Become aware and know the resources available in the community.

- Understand how to utilize the recognized individual, group and community capacity and resources to solve their problems.

Issues for Discussion

Discuss the initiative taken by the community to solve its problems or concerns using its own capacity, resources and skills. What are the resources, capacity and currently used to improve routine immunization service?

Table ----- Resource Mapping				
Types of Resources	List of Resources	Purpose	How to use the resource	Where to find the resource
Physical				
Human				
Financial				

2.4. Decision Making and Action Planning

Communities have the capacity to make their own decisions based on the identified concerns and findings of their exploration. They envision the future and make decisions and commitments on possible actions for change and transformation necessary to address the challenges of RI in their communities. This is the stage where the community prioritizes the identified concerns and decides possible solution and prepares plan of action.

2.4.1. Decision Making on Identified Concerns

This section has the following main processes:-

i. **List concerns** - Facilitators present the major concerns of the community and create a situation where they can discuss thoroughly and prioritize. The recommended possible interventions need to consider the capacity, resources and skills of the community.

ii. **Prioritization -** It is not possible to implement all the recommended interventions at the same time. It is necessary to prioritize the interventions by using some of the following criteria:

- o **Urgency** - From among the recommended interventions, the relatively urgent and the most pressing ones deserve priority.

- o **Accessibility and simplicity**- This refers to the evaluation of the community's capacity and resources, as well as simplicity of implementation.

The attribute of the intervention to address more concerns from among the recommended interventions, some may best contribute to address multiple concerns or pave the way to handle others.

By the end of the session, participants will be able:-

- To enable facilitators and the community to prioritize the recommended intervention on the basis of the above criteria.

Session guide

- Assist participants to be well aware and comprehend the criteria.
- Use rating points to prioritize interventions. Facilitators could apply the criteria and the methods used by the participants to identify community concerns and prioritize the interventions to prepare plan of action.

Table _____ Exploring Action Points		
S.N.	**Root Cause of the Concern (From KW-Q)**	**What to do? (exploring Action Points/alternatives)**
1		
2		
3		
4		

-

2.4.2. *Preparing Plan of Action*

Planning is a key building block in the capacity enhancement process. The action plan has to respond to questions like what, how, who, when and where. It has to include budget or inputs expected from the community and other stakeholders.

By the end of the session, participants will be able to:-

- Discuss and realize that planning is important in the process of implementing the agreed interventions that address community concerns,

- Develop achievable implementation plan and commit to it,

- Create a vision for the future,

- Appreciate the importance of stakeholder involvement.

Session guide

- Exchange views on the importance of the plan of action for sustainable intervention and outcome.

- Draw the palm of your hand with five fingers and relate the five key words that represent the pillars of planning.
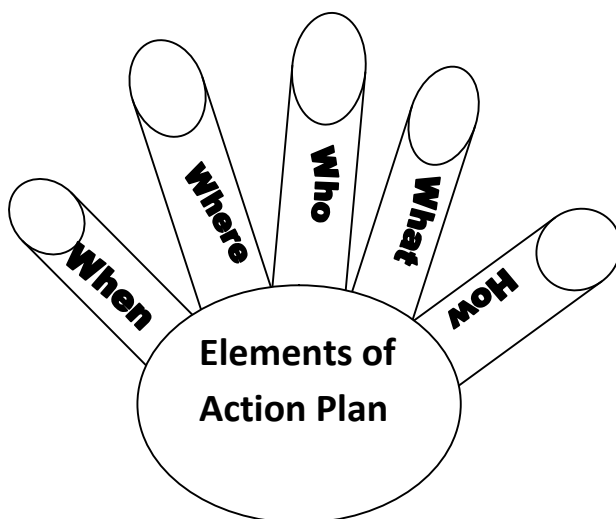
These key elements refer to the following:

- What – what activities should we execute?

- How – How are we going to work it out? What are the specific steps we need to take to accomplish our goals? What are the inputs required?

- Who – Who will be responsible for each action?

- When – When is the appropriate time to take the action?

- Where – where does the action take place?

Note: The facilitator with the representatives of the community will prepare the plan and program by using the following annex and then present to the general assembly for endorsement.

Community Conversation

Decisions and Action Plan Form

Date _____

*Region*_____ *Zone* _____ *Woreda* _____ *Kebele* _____

CC station/Sub kebele _____

*Prioritized Concern identified by community*_____

S.N.	*Decision reached to avoid concern*	*(What) Planned Interventions*	*Who should do it*	*(When) Time frame*	*Expected outcome*	*Resources/capacity*	
						Community	*Partners*

Completed by (facilitator)   *Community's Representative:*

Name _____   *Name* _____

Date _____   *Date* _____

Signature _____   *Signature* _____

Note: This form is filled at the CC station at kebele levels.

2.5.   Implementation/Action

2.5.1. Implementation Strategy

At this stage, community conversation participants, community leaders and other community members implement jointly those interventions stated in the action plan form, in accordance with the time frame.

Involving all community members in the implementation process develops a sense of concern and ensures success and sustainability. Furthermore, the kebele administration, cultural and religious leaders and other members of the community have a broad role to play in coordinating and advocating the decision to be more acceptable if they attended the kebele level meetings.

The role that individual community members play in the implementation are outlined and agreed upon during the decision making process. Facilitators continue to support the

community during this phase through onsite support visits and honoring their commitments as reflected in the community action plans. The facilitators also act as links with other systems keeping the community informed about what is available to sustain them in the course of action. Participants need to know that planning for implementation helps to outline important sub activities or tasks that will ensure effective quality execution of the planned activity.

At the end of the unit, participants will be able to help communities implement planned activities

Group Exercise

- Break participants into groups.

- Ask each group to designate one person who will act as the CCF and guide the rest of the participants—acting as community members—in selecting activity in the plan

  - Brainstorm on relevant tasks or sub activities

  - Assess for any knowledge gaps in relation to implementation of this task

  - If there are knowledge gaps, plan for capacity building

  - List relevant key stakeholders

  - Agree on dates of implementation

  - Identify lead persons for each task

- Agree on how and when to give feedback to the entire group x Ask participants to present in plenary.

Note: *The key competencies and tools used during this phase are the Five Friends of Planning, team work, documentation and emotional intelligence*

2.5.2. *Advocating Community Conversation*

Participants transmit awareness, ideas and decisions that enhance change to other members of the community. The process of transmitting them is further extended in a form of relaying the information and then causes a multiplying effect among community members.

Methodology

The advocacy process of community conversation could be carried out in the following style.

- Making individuals to disseminate knowledge, ideas and the like gained from the discussion to at least five people.

- Pass the same information to family members, neighbors and colleagues.

- Use social gathering places like Idir, religious, marriage and mourn services etc.

- Convey resolutions of the discussion to administrators, partners, stakeholders, pastoralists, farmers and other members when they get together.

2.6.   Reflection and Review

Instructions to the Trainer

Task 1: Discussion

- Lead a discussion session using the following questions:
- What is reflection?

- What is review?

Task 2: Group work
- Break participants into groups.
- Ask them to discuss the following questions:
- What is the importance of review and reflection in CC?

- At what stage of CC should review and reflection be done?

- How can ongoing reflection/review be helpful to the community?

- How can ongoing reflection/review be helpful to facilitators?

- Ask groups to present in plenary.

Note:

- Please note that Reflection and Review is the sixth phase of the CC Framework and a tool to be used at all times during CC.
- Key competencies and tools are *reflection and review, documentation, active listening, social cultural dynamics*

2.6.1.   *Monitoring*

It is a process in which the community observes the achievements made in the behavioral and social changes of the community, problems encountered in the course of implementation and learn from the experiences; take remedial actions and ensure sustainability.

At this stage, evaluation takes place to ensure that the decisions of the community, plans and programs drawn are implemented urgently with wide coverage by maintaining quality services. These processes could be carried out in regular discussion sessions, consultative meetings and field visits.

Methodology

- Facilitators will report to the community about the implementation of the plan of action.

- Participants will exchange views regarding the activities carried out to implement the plan of action and discuss behavioral and other changes observed in the community.

- Agree on the next step based on the information in the report.

- Facilitators should complete and pass the evaluation form regarding results of the meeting to concerned bodies.

Community Conversation

Action Plan Monitoring Form

Date _____

Region_____ Zone _____ Woreda _____ Kebele _____

CC station/Sub kebele _____

S/No	*Planned activities*	*Activities preformed and change Noticed*	*Discrepancy between planned and implemented activities*	*Reason for the discrepancy*	*Future action required*

2.6.2. Baseline and final survey

Before the discussion begins, the facilitators should collect basic information in order to evaluate the realized changes after community conversation sessions. The content of the information includes the following points.

- General information about the environment/ population census, economic, cultural and social situations/
- Social factors that contribute to low immunization coverage.
- Misconceptions
- Harmful habitual practices in the community and etc.

Objectives

- To enable list out interventions to be carried out with regard to improve immunization service

- To enable facilitators acquire ample information about the values, culture, norms and living conditions of the community before they start community conversation.

- To see the differences brought about during and after the conversation on the basis of the prior information collected.

Methodology

- Talk to and discuss with kebele agriculture extension workers, teachers, and religious leaders, prominent figures of the community as an individual and in a group.

- If the discussion is to be carried out by health extension workers, unaddressed issues have to be addressed and the information has to be included.

Note: If the information is going to be collected by facilitators with the help of health extension workers, then the document need to be kept in the kebele.

3. DOCUMENTATION

Documentation is a process of organizing and compiling community conversation information in writing, photographs, pictures, films, drama and using other methods.

Facilitators document resolutions reached during the discussion, changes observed, problems encountered, facial expression and the discussion time including even the negative reactions manifested in the conversation.

Documentation does not focus on information contained in the action plan, but has to include any registered information about natural and social phenomenon or happenings.

Furthermore, facilitators should have complete information before they involved in a given activity. Besides while developing action plan, facilitators should have information that will respond the key five questions: what? How? Who? Where? And When and help the implementation of the plan.

Objectives

- To enable agree on the definition of documentation.
- To discuss different means of documentation with facilitators and the community.
- To be well aware the benefits of documentation in community capacity building.

Methodology

- The facilitator will give brief description on documentation.
- The facilitator will lead community meetings by posing the following questions as deemed.

Questions for Discussion

- Ask participants to write the replies for questions on a flip chart
- Why do we need to document community conversation process?

  _____

- Where shall we place the documents?

  _____

- Who should be in custody?

  _____

- Who are the users?

  _____

- What means can we use to document? (Mapping, current events, video and audio system and photographs)

  _____

Community Conversation Report Form per session

Part One: Basic Information

1. Region _____ zone _____ Woreda _____ Kebele _____ sub kebele _____

2. Date of Conversation _____

3. Number of Previously conducted CC sessions _____

4. Duration of the conversation from _____ to _____

5. Number of participants, male _____ female _____ total _____

6. Facilitators full name _____

Part Two

1. Level of the process(frame work) _____

2. Discussion topics of the day _____

3. Important issues raised _____

4. Misconceptions revealed and inclination that are far from the reality

   _____

5. Problems encountered and recommended solutions

   _____

6. Observed changes in the community(it is expected after implementation stage)

   _____

7. Community metaphors (proverbs) and quotes

   _____

8. Community Decisions or solutions reached

   _____

9. Other Issues

   _____

Note: Community changes recognized within fifteen days will be prepared briefly and the form community conversation will be completed and be sent to the Woreda.

ANNEXES

Annex - Training Schedule

Training of Trainers on CC Facilitation to Improve Routine Immunization

Time	Activity/topic of presentation	Facilitator
Day 1		
08:30-09:30	Registration	
09:30-09:40	Welcoming and objective of the training	-
09:40-09:50	Self introduction of participants	Participants
09:50-10:00	Overview of CEISLPA Project	
10:00-10:30	Tea Break	
10:30-12:20	Introduction − Definition, Concepts, Objectives and outcomes ,principles of Cc	-
01:30-12:30,	Discussion	Participants
12:30-01:30	Lunch	
01:30-3:30	- Basic skills of CC Facilitator Brainstorming, facilitation,	
03:15-03:30	Tea Break	
03:30-05:30	- Questioning, active listening, communication skill	
Day 2		
02:30-9:00	Reflection on day one	
09:00-10:15	− Steps of CC	
10:15-10:30	Tea Break	
10:30-12:30	Role of CC Facilitators − Coordination, Facilitation, encouraging, wrap up	
12:30-01:30	Lunch	
01:30- 03:15	Framework and Process of CC, Relationship Building Introduction, Rules, Grouping	
	Group work	Participants
03:15-03:30	Tea Break	
10:30-05:30	− Group presentation	Participants
Day 3		
08:30-09:00	Reflection on day 2	

09:00-04:15	Concern Identification - Knowledge, rumors ad misconception, community mapping	
09:40-04:15	Group Work on Concern Identification	Participants & Facilitators
10:15-10:30	Tea Break	
10:30-12:30	Plenary Discussion	Participants
12:30-01:30	Lunch	
01:30-03:15	Concern Exploration − story creation and telling, story analysis, concern analysis, resource mapping	
03:15-03:30	Tea Break	Participants
03:30-5:30	Group discussion on story creation, telling and analysis and plenary session	
	Day 4	
08:30-09:00	− Reflection on day three	
09:00 10:15	Decision Making and Action Planning	
10:15-10:30	Tea Break	
10:30-12:30	Prioritization, action planning	
12:30-1:30	Lunch	
01:30-03:15	Group Work on action planning	
03:15-03:30	Tea Break	
03:30-05:30	− Plenary Discussion	
	Day 5	
08:30-09:00	Implementation strategies, advocacy	
09:00 10:15	Group Work on Implementation	
10:15-10:30	Tea Break	
10:30-12:30	− Plenary Discussion	
12:30-1:30	Lunch	
01:30-03:15	Reflection and Review − Monitoring and Review, Group Work on reflection and review	
03:15-03:30	Tea Break	
04:00-04:50	Reflection and Review − Reporting and Documentation	
04:40-05:00	Closing	
05:00-------	Administrative issues	

Annexe2 - Partners Reporting Format

Partners Community Conversation Monthly/Quarterly Report Form

Reporting period from _____to _____

Report date _____

1. **Implementing Partner Name_____ Region _____Zone_____**

2. Number of Community Conversation Groups established _____

3. The number of CC groups in Relationship establishment stage _____

   The number of CC groups in Concern Identification stage _____

   The number of CC groups in Concern Explore stage_____

   The number of CC groups in Action Planning stage _____

   The number of CC groups in Implementation stage _____

   The number of CC groups in Reflection and Review stage_____

4. Total Number of CC sessions conducted _____

5. Number of participants, male _____ female _____ total _____

6. Concern identified _____

7. Misconceptions revealed and inclination that are far from the reality

   _____

   _____

8. Observed changes in the community(Expected to be reported after Implementation stage

   _____

   _____

9. Community metaphors (proverbs) and quotes

   _____

10. Community Decisions or solutions reached

    _____

    _____

11. Other Issues_____

12. Problems encountered_____

_____

13. Action taken /Recommended solutions

    _____

    _____

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