Table of Contents

Acronyms 1

Introductions 2

Social Mobilization Woreda Kickoff Roadmap 3

Johns Hopkins Center for Communication Programs Overview 4

Steps for Social Mobilization 10

Vision Setting 13

Community Description 24

Problem Identification and Prioritization 29

Root Cause Analysis and Prioritization 37

Objective and Strategy Setting 47

Action Plan 54

Reporting Format (PHCU) 60

Reporting Format (Facilitators) 65
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCP</td>
<td>Center for Communication Programs</td>
</tr>
<tr>
<td>FHC</td>
<td>Family health card</td>
</tr>
<tr>
<td>GOE</td>
<td>Government of Ethiopia</td>
</tr>
<tr>
<td>HEW</td>
<td>Health Extension Worker</td>
</tr>
<tr>
<td>HMIS</td>
<td>Health management information system</td>
</tr>
<tr>
<td>HSTP</td>
<td>Health Sector Transformation plan</td>
</tr>
<tr>
<td>IPC</td>
<td>Inter personal communication</td>
</tr>
<tr>
<td>PHCU</td>
<td>Primary health care unit</td>
</tr>
<tr>
<td>RMNCH</td>
<td>Reproductive, maternal, neonatal and child health</td>
</tr>
<tr>
<td>SBCC</td>
<td>Social and behavior change communication</td>
</tr>
<tr>
<td>SM</td>
<td>Social mobilization</td>
</tr>
<tr>
<td>SNNP</td>
<td>Southern nations, nationalities and people</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, sanitation and hygiene</td>
</tr>
<tr>
<td>WDA</td>
<td>Women development army</td>
</tr>
<tr>
<td>WT</td>
<td>Woreda transformation</td>
</tr>
<tr>
<td>WTP</td>
<td>Woreda transformation plan</td>
</tr>
</tbody>
</table>
Introduction

The Communication for Health is a five year (2015-2020), USAID-funded project designed to optimize the power of health communication to save lives and transform the public health system in Ethiopia. Communication for Health envisions a healthier Ethiopia through improvements in health behaviors in four regions —Amhara, Oromia, SNNPR and Tigray. Communication for Health works across multiple health areas including Reproductive, Maternal, Newborn and Child Health (RMNCH); Malaria; Tuberculosis (TB); Water, Sanitation and Hygiene (WASH); Prevention of Mother-to-Child Transmission of HIV (PMTCT); and Nutrition.

Communication for Health has designed the Integrated Communication Platform (ICP) to support the different activities. The ICP, under the የሸላ ከማስተካከل brand, encompasses media and advocacy related interventions as well as social mobilization activities. The social mobilization efforts are based on a global model called Communication for Social Change. Using this model, communities will go through a process to identify health problems through dialogue and develop action plans they will work on collectively towards resolving the problems. Different community structures and administrations are part of this process, enhancing the existing social mobilization strategy, the Health Extension Program (HEP) of the Government of Ethiopia (GoE).

The social mobilization effort will make use of the Woreda Transformation Plan (WTP) of the GoE as a main catalyst and aims to support the achievement of the WTP by engaging relevant stakeholders, and identifying the communication intervention points following the discussions that will identify priority areas and development of action plans.

Communication for Health will take a phased approach in its social mobilization efforts. In phase I, the project launches social mobilization kickoff meetings at the intervention woredas. These meetings will provide an opportunity to initiate the dialogue, nurture shared vision, assess current situation and identify barriers, prepare an action plan, assign roles and responsibilities, and renew commitments.

In the second phase, Communication for Health will work on engaging schools, and religious and traditional leaders. A Social Mobilization tool kit will be developed based on needs identified during the initial meetings at the woredas. Other elements of the project will reinforce and complement the social mobilization efforts. These include, effective use of media for behavior change, IPC trainings to midwives, and SBCC trainings to woreda officials.
Social Mobilization Woreda Kickoff Roadmap

- Registration
- Welcoming and Introduction
- Objectives
- Ground rules

- CCP overview and SM concept
- HSTP and WTP

Vision
- What is it?
- Why vision?
- How to see vision

Assessment and description of current situation

Health problem identification & prioritization

Follow up and monitoring

Plan of action to meet the objectives

Setting objective and strategies to address priority problems

Root cause analysis
Important Note to Facilitators: Read this section carefully and clearly explain to participants:

- Project’s overview, highlighting on the social mobilization activity and how it contributes to the Woreda Transformation Plan and creation of model Kebeles.
- The integrated Communication Platform “Hulu Betena”

Johns Hopkins Center for Communication Programs (CCP) in collaboration with the Ministry of Health (MoH), Johns Snow Inc. (JSI), and Regional Health Bureaus, is implementing a five-year project called Communication for Health. The project aims to increase knowledge and healthy practices of individuals and communities, as well as improve capacity and coordination of SBCC programs. Communication for Health also serves to support the enhancement, impact, and sustainability of existing health communication efforts.

Approaches used for the project include:

- Social Mobilization
- Media Intervention
- SBCC Capacity Strengthening
- IPC Skill Training
**Geographic Coverage**

- Four regions: Amhara, Oromia, SNNP, and Tigray
- 240 Woredas total in 5 years
- 78 woredas in Year 1 in four regions
- 21 Woredas in SNNP in Year

**Selection of implementation woredas are selected based data from HMIS on the following:**

- Combined low health service uptake: RMNCH service uptake and WASH
- Weighted disease burden: high in Malnutrition and Malaria
- Avoided overlapping from other partner projects with similar strategy

**SOCIAL MOBILIZATION**

Using a recognized global model of social mobilization (Integrated Model of Communication for Social Change), the project supports HSTP and woreda transformation by helping Woredas organize workshops to set their vision, and goals, and develop action plans towards enabling communities to practicing and producing good health, creating high performing PHCU, and kebeles aiming to become model.

Setting visions and plans through the workshops, and implementing the plans collectively by taking responsibility, supporting families and communities will play a significant role towards achieving woreda transformation.
Goals of Woreda Transformation

• Creating high performing PHCU

• Graduation of model kebele

• Achievements of universal coverage through financial risk protection

A model kebele will have:

• At least 80% of the families in the kebele implementing all the health extension packages

• Will be free from Open Defecation and,

• Free from Home Delivery
የኔ

የምን እንወት ይታረም ወይም ያስቀኦ እርፋ ይታየ ወይም ደብርጉ ይታየ ይታየ ይታየ ይታየ ይታየ ይታየ ይታወ

ማይስም ከማኡ

1.የምን ያስቀኦ ይታየ ይታየ
2.የምን ያስቀኦ ይታየ ይታየ ይታየ ይታየ ይታየ ይታየ ይታወ
3.የምን ያስቀኦ ይታየ ይታየ ይታወ

ወንስ ይልታ ይለስ ይልታ ይልታ ይልታ ይልታ ይልታ ይልታ ይልታ
Social Mobilization Process in the Integrated Communication for Social Change Model

Integrated Model Communication for Social Change
- Catalyst
- Community Dialogue
- Collective Action

Communication for Health Social Mobilization Approach
- **Kickoff** - Two days: from vision setting to action planning
- Strengthening communication and awareness through schools
- Engaging traditional/religious leaders to support HEWs and community mobilizations
- Identify and engage other social networks

Woreda Transformation
- Community conference, problem identification, strategy design, action planning
  - **Pre-implementation** - Assign roles and responsibilities at community level, identify families who need support, train WDA using FHCs
  - **Implementation** - Households start practicing the WT health packages towards model kebele

Individual Change
- Skills
- Ideation
- Intention
- Behavior

Social Change
- Leadership & equity of participation
- Information equity
- Collective self-efficacy
- Sense of ownership
- Social cohesion & social norm

Societal Impact
Hulu Beteina is a brand developed by the Communication for Health project to strategically link and reinforce SBCC messaging around specific health topics and related issues for key audiences. The brand represents ownership and responsibility for one’s own health, which is vital for a full life. The brand is a reliable and trusted source of health information for households and communities. Numerous communication interventions will take place under the umbrella of the brand such as media interventions, social mobilization, and advocacy.
STEPS for social mobilization

1. Vision Setting
   • Future anticipation: What we want to see in the future in relation to health in our woreda
   • Vision should be present tense, inspiring, not necessarily time bound, not based on a problem

2. Situation/Context Description
   • Get the broad picture of the present reality
   • Description of situation will provide the platform to identify/locate health issues

3. Problem Identification and Prioritization
   • Problem identification - the setting they come from provides the existing community context. What are the top 5 - 10 diseases in the woreda causing morbidity and mortality? Focus should be health issues.
   • From among the 4 areas/categories (environmental, socio-economic, health, health services)
   • Rate/prioritize on a continuum of 'high', 'medium', or 'low' keeping in mind the 4 criteria during the discussions
   • Use other woreda level data to help prioritize (top 5 diseases, etc.)
   • Decide on which levels to work on, either high, or high and medium that will help achieve woreda transformation (refer to the document on woreda transformation criteria)
4. Root Cause Identification

- Participants in their PHCU
- List causes of problems as they come. This is just identification
- Discuss and agree on the immediate cause/first level cause. These could be multiple (2 - 3) for each problem
- Form sub-teams within the PHCU to work on different immediate causes to:
  - Discuss
  - Identify root causes for given immediate causes
  - Establish the cause-effect relationship or link the root cause in a logical manner

5. Root Cause Prioritization

- Each sub team brings its root cause analysis in respect to their respective line of the immediate cause
- Combine the sub teams’ root cause analysis together
- Review and explain how the root causes under each immediate cause are interconnected
- The following three criteria would be used during the discussion to prioritize root causes
  - Which ones are health related?
  - Are they feasible to be addressed at the woreda level
  - Causes interlinked to and feeding into other causes/effect. Solutions to them will have high impact
- Take the prioritized root causes for objective and strategy setting
6. Objective and Strategy Setting

- Make sure this level objective feeds/contributes to the WTP goal/objectives
- Share examples of objectives and strategies (to be attached) for better clarity and consistency
- If woreda and/or PHCU already has sets of objectives, have them review existing and focus on strategies

7. Action Planning

- The question to be asked here is ‘What should/can we do to address the prioritized root causes?’
- Based on objectives and strategies, lay out the action plan
- Use the provided format (in two copies) to put down the action plan

8. Monitoring Mechanism

- Follow up and monitoring mechanism has to be in place
Vision
Setting
SESSION TOPIC: Vision setting

Session objective:
Participants will have clear understanding about vision setting and develop a shared vision

Expected outcome:
By the end of the session participant will:

• Have common understanding on what vision is
• Exercise and develop shared vision

Material Needed:
• Flip charts
• Marker of different colors
• Masking tape
• Supportive document (facilitator’s presentations, hints on facilitation skill/tool, etc.)
• Things to write on flip charts before session starts:
  • Session objective and expected outcome
  • Examples of ‘vision statement’
  • Note # 4 and 6

Time needed: 2 hrs and 30 minutes
Presentation and facilitation process:

**Step 1:** Introduction of the session objective and expected outcomes
(post where all can see it)

**Step 2:** Defining/explaining what vision is and its importance

2-A. Let participants have brief discussion in buzz group on:
What shared vision means and why have shared vision

**Note 1:** Reminder for the facilitator

Have participants share their thoughts after 3 - 5 minutes discussion (one or two buzz groups share and others are invited to share additional points, if they have any)

2-B. Facilitator shares a story to underline the importance of shared vision

**Note 2: The story**

Once upon a time, in a village called Metebaber, there were three people engaged in the same job of placing large stone blocks one on top of another. A stranger passing by observed that they were working with varying degree of effort and care and stopped to ask what they were doing. He approached them and asked what they were doing.

The first man, Ato Dekeme, rather bored and without energy, replied:

“We are placing blocks one on top of another”

The second man, Ato Teshale, more interested in the task, said:

“We are assembling what will be part of a large wall”

The stranger, still curious to know more, approached the third person, Ato Berta, and asked:

And the third, responding with passion and vigour, stated:

“We are building a great Cathedral that will be a place of wonder and glory for centuries to come”

The stranger was amazed at what was being done in Metebaber village and went his way. He thought to himself and wished to have the passion to think of something exciting for the future of his village.
Note 3: Reminder for the facilitator

As you tell the story, put the story in context (village name, use names of people with meaning of what you want to say in the story, tell the story with the right body posture, tone of voice, etc.) and make it interesting and engaging for the participants to have attention as you tell it.

The story in the previous box (Note 2) could be used as a role play (optional). If you plan to have a role play, prepare the props ahead of time. (Props like pieces of stones, hammer etc.) You may not use a ‘hammer’ as such but use something else to resemble it and show by action.

Suggestion: Facilitators could act out the role play OR Give a brief explanation to 3 or 4 participants and have them do the role play

2-C. Ask the participants in the plenary:

1. What they understood from the story
2. How they see the difference between the three people
3. Why the responses of the three people are different
Note 4: Presentation

What is a ‘shared vision’?

- A clear description of the future that all parties or stakeholder can share or want to create
- A future that people are willing to pay a price for
- It is a place that we create, first in the mind, next in will and then in action.

Shared vision

- Creates synergy of purpose
- Helps all parties to be focused
- Charts the emotional course of the team
- Gives a sense of direction

Good Shared Vision

- Is owned by the people
- Inspires people
- Engage everyone
- Stronger than key constraints
- Suggest what people need to do

Vision is not:

- A goal although goals emerge from ‘vision’
- Narrow addressing a specific issue
- A strategy nor an activity

Note 5: Reminder to the facilitator

Facilitator underlines that: this underlines (referring to the above explanation of what shared vision is) that people interact and create a space for thinking and exploring the best of what they collectively want to see in the future.

Give participants some time to reflect on the discussion and presentation. Allow for suggestions, inputs, comments, questions
### Step 3: Reviewing examples of vision statements

3-A: Present two examples of vision statement: one that is clear, inspires people, etc. (refer to the above Note 6) and one that is narrow, vague, lacking focus etc. and post it where everyone could see

---

#### Note 6: Presentation

Examples of vision statements:

- **Example 1:** In the near future, our houses in our villages will have corrugated iron sheet roofing.
- **Example 2:** In 2013, we will have quality education in our schools for our children to excel and contribute to the development of our society

---

3-B: Ask participants to discuss, in buzz groups, and choose which one of the two examples they consider as good shared vision statement and let them give their reasons for doing so

---

#### Note 7: Reminder to the facilitator

As the buzz groups share their points, let few of them share and let the others ask questions or have additional points.

Make sure you stress the presentation points in Note 4
Step 4: Actual vision setting exercise at PHCU level

Have participants be in their PHCU cluster and come up with a shared vision

Note 8: Reminder for the facilitator

Remind participants that when we set shared vision, we need to think of the following points:

- Do all stakeholders share the vision? (Households, communities, government, etc)
- Is it strong enough to overcome obstacles

Vision statement should not necessarily be time bound

- Once participants have come up with their vision, let the group representative from each of PHCU present the result of the group work for the plenary
- Ask participants to give their reflection on the presented PHCU vision

Step 5: Shared vision at woreda level

- Assign one representative from each small group to combine and come up with one shared vision statement that can also be the woreda’s vision (Using their break time)
- Post the shared vision statement

Step 6: Wrap-up by asking few individuals of: how they felt in the process of setting shared vision; what important points they would take from this session individually and collectively as a PHCU
Buzz group

This is a tool for having participants form small groups of dyads (twos) or triads (threes) right in the plenary to discuss one or two specific questions or issues. Buzz groups allow clarification of simple questions and formulation of more relevant and broader ones for further consideration.

Benefits of buzz group:

• Everyone gets to contribute in their small groups
• Opinions are stated in safe settings
• Could be used as ‘follow through’ and a closer look into points from brainstorming
• Could have productive ideas in a relatively short period of time
• Saves time of moving around to form groups and settle down for discussion

As a facilitator:

• Avoid extensive discussions by narrowing the discussion point
• Capture the ideas on a space visible to all as each buzz group read their points
• Encourage questions from the plenary
• Allow the buzz group members to respond to specific questions directed to them
• Be cautious and don’t go into extensive discussions but rather tie it up with your presentation or further steps of the session
**Story telling**

Purpose/strength of storytelling are:

- Stories help avoid touching the individual inadequacies
- The listeners would identify themselves with the character in the story
- Listeners would try to take solutions the story for themselves, if and only if the story real and specific issues
- Creating or putting together a story should be based on:
  - Collected and analyzed data around an identified problem/potential
  - Objective of dealing with the identified problem

Points to keep in mind when using stories to facilitate learning and group engagement:

- Use names that are familiar
- Use names that reinforce character in the story
- Make the story short, simple and easy to follow
- Use few names of people and places
- Have one or two main ideas
- Should be relevant and realistic
- Care must be taken not to hurt people’s pride in their culture and experience
- Must be told, not read; try to capture the listeners’ attention (e.g., tone of voice, facial expressions, body posture, etc.)
- Should be followed by discussion
Role play

Role play is one the best tool that facilitates participation and action learning. It allows involvement in acting out or sensing an experience of real life situation in a risk-free environment.

Role play has the following purpose and benefits:

- Present information to viewers
- To trigger/provoke thinking and examine ones attitudes and behavior
- Provide illustration or ‘mirror’ into real life situation
- To learn how others think and feel when different characters play different roles

Points to consider:

- Define the specific issue that needs to be addressed and establish a situation. The specific issue should be significant to the players as well as to those viewing the play
- Write or think through the script to structure the dialogue. The script should be simple to avoid distraction from the main issue
- Determine the roles to be played. Characteristics of each role should be noted and players willingly take up character roles they can perform well. Names and props (clothes, materials, etc.) should closely reflect the real life situation to be portrayed
• Briefing players/actors on roles to be played – brief written summary of roles to be played must be given to players followed by rehearsal.

• Acting out the scene – setting the stage for the scene with props and players/actors movement needs attention. Players must be conscious of viewers when they are on the stage to act (e.g., take time until audience stops laughing so that important points are not missed).

• Discussion and analysis by the viewers follows using the following discussion guide: (this may not be of use on this particular point but the guide could be of help in your future engagement to bring about individual and social change)

S – What did you See?

H – What was Happening/taking place?

O – Does this happen in Our village/community?

We – Did We do anything about it?

D – What can we Do about it?

The ‘what can we do about it?’ question is thoroughly discussed and should generate energy to decide and engage in seeking solution to the issue discussed.
SESSION TOPIC: Situation/Community Description

Session objective
To engage participants to describe and appreciate their community context

Expected Outcomes
By the end of this session, participants will be able to

• Describe the benefits of situation/community description
• Describe the context/community
• Identify opportunities and challenges

Materials needed:
• Flipcharts
• Markers (with different colours)
• Masking tape
• Road map on a flip chart
• Things to write on flip charts before session starts
  • Session objective and expected outcome on a flipchart

Time needed: 45 minutes
Presentation and facilitation process:

**Step 1:** Facilitator briefly introduces the objective of the session and the expected outcomes and post where all could see (2 minutes)

**Step 2:** Remind participants, their collective “vision statement” (3 minutes)

---

**Note 1: Reminder for the facilitator**

Underline the following connection

- Current state (present) - Vision (future)
- What does our situation looks like now? - Where we want to be/ vision
- How do we describe ourselves now? What do we want to look like in the future

**Step 3:** Situation context or community description (15 minutes)

3-A: Guide participants through the following points by PHCU to identify and briefly describe their context. Take each point at a time and give them few minutes to jot down.
a. Average family size in their community

b. Community source of income (agriculture, trade, animal herding, mixed, etc)

c. Where do they get drinking water? (Spring water, river, tap water, etc)

d. What community services do they have (Schools, health centers, health post, hospitals etc. Tell them to write in number)

e. Other institutions (Religious institution, Edir, associations, etc)

f. Ecology (Qola, Dega, Woyna Dega)

Note 2: Reminder for the facilitator

Remind participants that the identified context could be potential resources or opportunities for action plan

- Consider the gender checklist

3-B: Let PHCU representatives write down on a flipchart (during their tea break) and post it.
Checklist: Gender Integration in Situation/Context Description

When to use this checklist: During situation description that will inform program design/action plan.

How to use this checklist: Use the following questions/answers as a guide to ensure that you have taken gender into consideration when analyzing the context of the health issue(s)

- Roles and responsibilities of men and women
- Health problems of men and women
- Barriers that men and women face in practicing healthy behaviors and utilizing health services (E.g., self-confidence, mobility, financial resources, role in making decisions, access to services, perceived social norms, providers’ judgmental attitudes, inequitable policies etc)
- Traditional gender-related norms, values and/or practices that allow health problem to occur
- Facilitators/influencers of women and men
- Existing support systems/initiatives for women and men
- Access to Health Information
Problem Identification & Prioritization
SESSION TOPIC: Problem Identification & Prioritization

Session objective
By the end of this session, participants will be able to identify and prioritize health problems in their PHCU

Expected Outcomes:
By the end of this session, participants will be able to

- Explain what a ‘health problem’ is
- Identify health problems for their PHCU
- Understand the rationale and criteria for problem prioritization
- Demonstrate how to prioritize problems and set prioritized health problems of their PHCU

Materials needed:
- Flip charts, markers (different colors), masking tape,
- Things to write on flipchart before session starts
  - Session objective & outcomes
  - Note 2, 5, 7

Note 1: Reminder for the facilitator
Make sure what you need under ‘Materials needed’ including presentations written on flipcharts, and supportive documents are prepared well ahead of time before the session

Time needed: 2 hours 30 minutes
**Presentation and facilitation process**

**Step 1:** Facilitator briefly introduces the session objective and expected outcomes on a flip chart and post where all can see

**Step 2:** Problem identification

Facilitator presents on what a 'health problem' is, gives clear examples of health problems, and explains the difference between a health problem and causes of health problems

2-A: Post the flipchart and read the explanation of what a 'health problem' is.

---

**Note 2:** Presentation by facilitator

A health problem is any deviation from the health standard, which is outside the accepted tolerance or norm

In identifying problems, don’t confuse ‘problems’ with ‘causes’

*Examples:*

Health problems: High maternal death, malnutrition in under-five children, high diarrheal diseases

Causes of a health problem: lack of transportation, lack of adequate knowledge

---

**Note 3:** Reminder to the facilitator

Remind participants to be aware that problems can and would stand in the way of the shared vision they have set as PHCU
Step 3: Group Activity

Let participants proceed with their PHCU level discussion and identify health problems in view of the above stated description of what a 'health problem' is.

Step 4: Ask a representative from PHCU to read through the health problems they identified. Let them get feedback from the plenary. If they have not identified health problems properly, ask them to review and state correct ones.

Step 5: Problem Prioritization

Facilitator briefly underlines the identified health problems.

5-A: Ask participants to have a buzz group discussion on the following point:

Why do we need to prioritize problems?

5-B: Have participants share their buzz group discussion points (3 - 4 selected buzz groups present, and others share what additional points they might have/any different point etc.)

Note 4: Reminder for the facilitator

Buzz groups share while they are at their tables and the facilitator writes their points on the flip chart.

2 - 3 buzz groups share (selected sharing) and the facilitator invites for other groups throw additional points they have, questions or suggestions they have.
**Step 6:** Facilitator presents the points in the box (Note 5) to the plenary as a wrap-up to their buzz group exercise

**Note 5: Presentation by the facilitator**

Purpose of Prioritization
- Resource scarcity
- Focus
- Time

**6-A:** Ask 2 or 3 people to share their experiences, in the plenary, in prioritizing problems and what criteria they have used in their day to day life or on occasions or critical circumstances

**Step 7:** Facilitator presents the criteria for prioritization to the plenary using Note 7

**Note 6: Reminder to the facilitator**

Facilitator could ask volunteers or ask anyone from among the participants

Reinforce some significant points when they finish sharing their experiences

**Note 7: Presentation by facilitator**

Criteria for problem prioritization
- Magnitude of the problem
- Degree of severity of the problem,
- Feasibility to address the problem
- Government concern
- Community concern
Step 8: Group work and presentation by PHCU

8-A: Participants, in their PHCU, discuss and respond to the following questions/points:

1. Look at the list of health problems identified in the earlier session

2. Consider the five criteria in Note 7 in your discussions and rank the problems as ‘high’, ‘medium’, ‘low’

3. Use the template/form below for ranking

Note 8: Reminder for the facilitator

• Remind group/PHCU members to choose discussion leader and note taker; to write discussion outcomes on a flip chart to present to the plenary

• Give few hints on ‘Facilitating/leading group discussion’ in the plenary

• Facilitator(s) join the PHCU discussion and clarify any point, if need arises; encourage group leader to engage group members

• Call the attention of the PHCU members to briefly look at the prioritized problems in view of the WTP
PHCU Health Problem Prioritization Template/Form

Region ________ Zone _________ Woreda_______ PHCU _________
Date ____________

<table>
<thead>
<tr>
<th>SN</th>
<th>List of health problem</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8-B: Group work, at PHCU level, presentation to the plenary

Let the PHCU director or who the group members assign present the discussion outcome to the plenary

Note 9: Reminder to the facilitator

Take note of input, comments, and questions from the plenary to the presenting group

Facilitator must be cautious of argumentative points of discussion in the plenary

• Note the points of argument on a ‘Parking lot’ flip chart for later attention

8-C: Each PHCU finalize their template for prioritized problem on flip chart and post

Step 9: Wrap the session pointing out major highlights and participants’ output (i.e. the template)
**Group discussion**

Consideration before the event:

- Be clear about the purpose of the discussion
- Develop a clear understanding of the issues
- Have enough knowledge of the group
- Formulate questions for discussion (knowledge of types of questions is a must e.g. open-ended questions; probing, reflective and bouncing questions)
- Set enough time for discussion

Facilitating discussion/points to consider during discussion:

- Be attentive to the content as well as the process of the group discussion
- Keep the purpose/main point of the discussion clear and keep reminding the group
- Reaffirm the purpose and bring the discussion back on track when drifting off from the main point is sensed
- Keep the discussion moving by encouraging different perspectives from among the participants
- Receive criticism and feedback without being defensive/recognize your error
- Recognize the group potential and stimulate thinking as well as participation
- Recognize when the group has talked about something ‘just enough’
- Assist the group identify areas of consensus and decisions
- Give the group the time to reflect on its process
Root Cause Analysis & Prioritization
SESSION TOPIC: Root Cause Analysis and Prioritization

Session objective
To enable participants engage in the process of identifying immediate and root causes for the prioritized health problems in each PHCU.

Expected outcomes
By the end of this session, participants will be able to
- Understand the difference between immediate and root causes
- Identify immediate causes of the prioritized health problems within PHCU
- Understand the purpose and process of root cause analysis
- Thoroughly analyze the root causes in their respective PHCUs.

Materials needed
- Flip charts, markers (different colors), masking tape, LCD, supporting documents (facilitator’s presentations, hints on facilitation skill/tool, etc.)
- VIIP cards – different colored A4 papers cut into smaller pieces
- Things to write on flipchart before session starts
  - Session objective & outcomes
  - Notes 2, 7

Time needed: 2 hours
**Presentation and facilitation process**

**Step 1:** Facilitator briefly introduces the session objective and expected outcomes on a flip chart and post where all can see.

**Step 2:** Facilitator asks participants to brainstorm on what root cause to a problem implies.

---

**Note 1: Reminder to the facilitator**

Make sure:

- the brainstorming is a time when participants are allowed to think and say what they think without being censored or corrected.
- you capture the points/responses from participants on a flipchart.

The facilitator presents brief points on the explanation of what root cause means.

---

**Note 2: Presentation by facilitator**

What is root cause of a problem?

- Root Cause – basic/ultimate cause of a problem
- A root cause can be linked to more than one problem
- One problem can have more than one root cause
- Thus, a root cause analysis is a process used to identify the primary/fundamental cause of a problem
Step 3: Facilitator asks the question of why/reason for root cause analysis. This would be carried out in PHCU small group. The facilitator captures the response points on a flipchart.

Reinforce their points through the following presentation

Note 3:  Presentation by facilitator

Why conduct root cause analysis?

- Addressing the obvious or most visible aspects of a problem is not likely to succeed. One must go deeper to get to what contributes to the ‘obvious or most visible’ aspect of a problem
- Even difficult, complex system social problems are solved by root cause solutions, not by popular solutions

Step 4: Conducting root cause analysis

4-A. Remind participants of the exercise/PHCU group work under the session ‘problem identification & prioritization’ where problems have been identified.

Note 4: Reminder for the facilitator

Briefly state and post the PHCU identified health problems from their respective contexts

4-B. Assign prioritized health problems to PHCU teams accordingly. For example, if there are 4 prioritized health problems and 8 PHCUs, assign 1 health problem to 2 PHCU
teams. (one option for assigning PHCUs to health problems: take little pieces of paper and write the priority health problems and fold the piece of paper. Shuffle the pieces and let one person from each PHCU pick one.) The PHCUs will take these assignments through the subsequent steps until objectives & strategies setting.

4-C. Each PHCU will identify immediate causes for their assigned prioritized health problems. They will list the causes of each problem as they come without labeling it as immediate cause.

4-D. PHCU members discuss and identify immediate causes (maximum of 2) to the health problems of their prioritized list/template.

**Note 5: Reminder for the facilitator**

Call the attention of the PHCUs to identify multiple immediate causes and have 2 to work through the next steps.

After they identify their immediate causes, make sure that the participants agree on the immediate causes before proceeding to root cause analysis.

4-E. Ask participants to present on the immediate causes to the plenary. It is crucial that PHCUs agree on those immediate causes before proceeding to identifying root causes.

4-F. Each PHCU would form sub-teams from among themselves to take each immediate cause and list the root causes that contribute to the immediate cause.
Note 6: Reminder for the facilitator

Let each sub-team take one immediate cause and follow through to establish the cause-effect relationship of the root causes contributing to the immediate cause.

Remind participants to list root causes to the immediate problem as they come without labeling it as cause or effect.

4-G: PHCU sub-teams consider their list of root cause to the immediate cause and establish the cause-effect relationship among them. Keep asking ‘But why?’ question until doing it exhaustively. (See example on the next page)

• Recommendation: This exercise might be easier using VIIP cards instead of writing on flipchart. Cut different colored A4 papers into smaller pieces to write the immediate and root causes and use tape to adhere them on a flipchart (or join 2 flipcharts for more space, if needed). That way, it’d be easier to move the paper pieces around throughout the analysis.

Note 7: Reminder for the facilitator

**As facilitator, show an example of how the boxes and arrows are put together to establish the cause-effect relationship.

Let the sub-teams of the PHCUs put their root cause analysis to their respective immediate cause and put their work on flipchart.

Refer participants to the example below.
Example of Root Cause Analysis

- Road Accident
  - Driver violating traffic rules
    - Reckless driving
      - Beating the red light
      - Driver is always in a rush
    - Improper driving etiquette
      - Hot headed
      - Impatient
    - Improper acquisition of driving skills
      - Lack of driving knowledge
  - Pedestrian violating rules
    - Insufficient punishment for violations
    - Lack of knowledge of the pedestrian
      - Government does not give much attention for this issue

- Example of Root Cause Analysis
**Step 5:** Prioritize root causes

5-A. Let each sub-team with their assignment of establishing cause-effect relationship among the root causes of their respective immediate cause, come together as PHCU and review their work.

5-B. PHCUs discuss, put the works of the sub-teams in one (taking all the immediate needs identified under each prioritized problem) and prioritize the root causes based on the following points:

**Note 8: Reminder for the facilitator**

Criteria for prioritizing root causes
- Which ones are health related
- Feasibility to be address
- High impact

**Step 6:** Let each PHCU present their work to the plenary

**Note 9: Reminder for the facilitator**

Remind participants to put page number on their flipcharts and post them keeping the sequence of the sessions and activities they have done in their teams and sub-teams

Attend to the group that you observe has not grasped the whole process on PHCU level rather than on the plenary

**Step 7:** Wrap-up and summary

**Note 10: Reminder for the facilitator**

Emphasize the connectivity of the sessions: Vision setting; Situation analysis and problem identification; Problem prioritization; Root cause analysis
**Pinning Cards/VIPP cards**

Is use of different size, shape, and color of cards to write or mark ideas individually or in small groups around an issue or problem being discussed.

**Purpose/benefit:**

- Capture significant/important points
- Could be moved around easily to create clusters of ideas and categorize if needed
- Easy to look at and underline main points being visualized
- Could be used to show hierarchies of ideas/points, main and secondary ones as well
- One point on a card makes it easier to see each one and categorize

**As a facilitator:**

- Prepare space to pin the cards (could be on the wall or a board) – enough space for participants to move around
- Use tapes or pins that could easily be removed
- Have one person from each sub-group (if used in small groups) pin the cards
- Note that participants use different colors, sizes and shapes
**Brainstorming**

Brainstorming is a means of generating ideas from a group of people in a relatively short time around a theme, issue, or problem. It also enables the facilitator to know the knowledge or understanding level of participants in regards to the point under discussion. It is based on deferred judgment and allows for the mind to think freely without a censored response. Groups work best to produce ideas than do individuals doing it alone.

Points to consider in brainstorming:

- Free expression of ideas is allowed
- No censorship (by facilitator nor by peers/group members); no critique or arguing over ideas; it creates judgment free situation
- Every point/idea is captured exactly as said
- Works best with 8-12 people
- Could be used in formal as well as informal settings

As facilitator of brainstorming:

- Make sure to allow for ideas to flow freely – the more ideas, the better
- Narrow or limit the issue or problem so that people could clearly see what they are tackling
- Use appreciation for the volume and not individual ideas
- Remind participants to have short response as much as possible

[There should be follow-up and evaluation of the points generated through brainstorming. One way of doing this would be to put a dot next to the point on the list if a participant is in agreement. After dots are placed on different points, the facilitator would tally the dots and note where the group has common response. If time allows, small groups discus on the points.]
Objective & Strategy Setting
SESSION TOPIC: Objective and Strategy Setting

**Session objective**
By the end of this session, participants will be able to set their own objectives on immediate cause level and strategies on root cause level in their PHCU

**Expected outcomes**
By the end of the session, participants will be able to
- Understand the rationale behind setting objectives and strategies
- Develop their own objectives and strategies for identified immediate and root causes, respectively

**Materials needed**
- Flip chart, flip chart stands, markers, adhesive tape, printed session handout
- Things to write on flipcharts before session starts
  - Session objective and expected outcome
  - Note # 2 and 3

**Time needed:** 2 hours
Presentation and facilitation process

**Step 1:** Facilitator briefly introduces the session objective and expected outcome on a flipchart and post where all can see

**Step 2:** Presentation by facilitator

2-A: Present on what objective and strategy are

2-B: Brainstorming in plenary (from 2-3 participants only)
   - Ask participants in the plenary: “Why do we need objectives and strategies?”
   - Write down their responses on flip chart

2-C: Presentation by facilitator (continued)
   - Show examples of objective and possible strategies with activities
   - Present on what considerations should be taken to set objectives & strategies
   - Allow for a Q&A session to address any concerns/ questions from participants.
Note 1: Presentation by facilitator

- Objectives are the specific measurable results of a program.
- Objectives offer specifics of how much of what will be accomplished by when
- Strategy is a way of describing how you are going to get things done. It is less specific than an action plan (which tells the who-what-when); instead, it tries to broadly answer the question, “How do we get there from here?” (Do we want to take the train? Fly? Walk?)
- A good strategy will take into account existing barriers and resources (people, money, power, materials, etc.)
- It will also stay with the overall vision, and objectives

Purpose of objectives & strategies
- To set direction and priorities
- To plan ahead
- To get everyone on the same page
- To simplify decision-making

Points to consider to set objectives & strategies
- Consider using existing system/structures
- Be as specific as possible when setting strategies
- Consider opportunities and challenges related to resources
- Establish responsibilities
- Establish methods of accountability and follow-up
**Note 2: Presentation**

*Sample Objective:* To decrease number of drivers violating traffic rules in city X by 85% in two years.

**Sample Strategies & Activities**
- Awareness Creation
- Working with school clubs to create awareness for school community
- Conduct community conversations on the negative impact of driving under the influence of alcohol
- Develop Social and Behavior Change Communication (SBCC) materials
- Organize street shows

**Capacity Building**
- Improve driving skills of public transport drivers

**Step 3:** Group activity per each PHCU: Setting objectives

**Note 3: Reminder for facilitator**

Facilitators should
- Remind team discussion leader and note taker to carry out their responsibilities
- Remind teams to write discussion outcomes on a flip chart for presentation
- Remind teams to assign a representative to present their outcomes to the plenary
- Join the PHCU discussions and clarify any point, if need arises.
- Encourage PHCU team leaders to engage all members to participate
3-A: Let participants be in their PHCU groups and go through their assigned priority health problems, immediate causes and the root cause analysis (refresh the steps they have followed thus far). Ask them to keep in their mind the Woreda Transformation Plan (WTP) and the status of their PHCU in relation to that before setting their objectives.

3-B: Setting objectives

Let participants, in their respective PHCU’ set objectives at their immediate cause level for the assigned priority health problem.

Step 4: Setting strategies

Note 4: Reminder for facilitator

- Objectives are to be set on the immediate cause level, whereas strategies will target root causes.
- It is recommended that the objectives be set for 2 years given the duration of this project’s presence, but it is not a requirement.
- It is also recommended that each PHCU sets a maximum of 4 objectives for each priority health problem. (There would be a total of 8 objectives per PHCU)
- Objectives need to meet some elements of SMART for this activity.

Let participants, in their respective PHCU’ set strategies for each objective at the root cause level (for the prioritized root causes)
**Note 5: Reminder for the facilitator**

Call participants’ attention to the presentation on the ‘what and whys’ of having strategies

4-A: PHCUs look at the root causes of the immediate cause under the priority health problem they have worked on for setting objectives

4-B: PHCUs discuss and set relevant and sound strategies to address the root causes

**Step 5: Participant presentation from each PHCU to the plenary**

- Ask participants’ representatives from each PHCU to present the objectives and strategies and briefly state how this contributes to the WTP

**Note 6: Reminder for the facilitator**

For the top 3 priority problems where 2 teams are working on the same topic, ask only one of the teams to present. After the first team presents, ask the other PHCU team working on the same topic to add anything that wasn’t addressed by the first team. This is done to be efficient with time

**Step 6: Wrap the session up by letting participants air their general impressions and lessons they have learned.**
Action Plan
SESSION TOPIC: Action Plan

Session objective
Participants enabled to understand the importance of action plan and develop one

Expected outcomes
By the end of the session, participants will be able to
• Explain the importance of action plan
• Develop action plan around the action items/activities they decide on to meet the objectives set

Materials needed
• Flip chart
• Markers of different colors
• Action plan format (copies to have each PHCU fill it)
• Things to write on flipcharts before the session starts
  • Session objective and expected outcomes and post it where all could see
  • Note # 2

Time needed: 2 hours
Presentation and facilitation process

**Step 1:** Introducing the session and going through the objective and expected outcome

**Step 2:** Ask participants what they understand by 'action plan' and how important it is (brainstorming)

**Note 1: Reminder for the facilitator**

Do pay attention when using 'brainstorming' to generate ideas. Brainstorming could also give you a brief understanding of what and how much they know about the issue under discussion.

Read through the brainstormed ideas from the flipchart and build on the point/s pertinent to your presentations.

**Step 3:** Action plan and how important it is

**Note 2: Presentation by facilitator**

What is an 'action plan'?

An action plan is a sequence of steps that must be taken or activities that must be performed well for an objective and strategy to succeed.

There are three major points to remember in preparing an action plan:

1. Activities or specific tasks showing what will be done and by whom
2. Time frame showing when it will be done/deadlines
3. Resources needed

The importance of having action plan is that it enables one to identify and list the tasks that have to be in place and carried out to meet the set objective. Action plan, once it is in place, would show who would be accountable, help manage time allocated for the task, look at resources and potentials available internally before accessing external resource.
**Step 4:** Preparing PHCU action plan

A. Let the PHCUs that have presented their objective to address the immediate causes, and the strategies for working on the root causes (identified and prioritized in prior sessions) on a health problem share their work with the other PHCUs that have same health problem.

B. Let each PHCU examine and evaluate the set objective and strategies whether they work for their context or not and modify as needed. They can add new strategies if they want additional ones.

**Note 3: Reminder for the facilitator**

Have a close follow up while the PHCUs discuss on the objective and strategies that other PHCUs with the same health problem have set.

**Step 5:** Action plan preparation

5-A. Introduce the action plan format and give the PHCU to look at it as a team, ask question, if any.

5-B. Let each PHCU discuss among themselves and work on the action plan
**Note 4: Reminder for the facilitator**

Make sure, as facilitators, that PHCU members are engaged in discussion while working on the action plan.

Make sure each PHCU prepares two copies of their action plans. If there is not time, take picture of each page of all the action plans.

---

**Step 6: Wrap up**

Let participants express their impressions in the process of preparing the action plan and how confident they are in realizing the objective set through their action plan.

---

**Note 5: Reminder for facilitator**

Make copies of the action plan and let each PHCU keep one while the other copy would be with the facilitator.
<table>
<thead>
<tr>
<th>Objective</th>
<th>Strategy</th>
<th>Activities</th>
<th>Person responsible for activities</th>
<th>Timeline</th>
<th>Resource requirement</th>
</tr>
</thead>
</table>

Action Plan Format
Reporting Format (PHCU)
**Monitoring and Follow Up**

Social mobilization will have a strong monitoring and evaluation element that provides information that enables to make decisions, tracks progress, enhance participation and ownership, and facilitates learning. The monitoring and follow up process will be integrated with the existing review meetings. Ensuring proper follow up and monitoring will help identify champion/model kebeles.

Below are existing platform for monitoring. Please discuss and verify which ones are practiced in the woreda, PHCU and kebele. Also identify areas of improvement/encouragement as well as modification on the attached tool.

- **Bi Weekly meetings:** HEWs and Kebele leaders at kebele level
- **Monthly Review meeting (by catchment):** kebele leaders, HEWs, PHCU and Woreda H.O at PHCU
- **Quarterly Review Meetings at the woreda level**

**Supportive Supervision**

- **Woreda level:** conduct supportive supervision for kebeles every month.
- **Joint supportive supervision at woreda level every quarter:** CCP regional staffs, zonal HO, woreda Ho and PHCU
- **Quarterly review meeting:** CCP regional, zonal HO, Woreda HO, PHCU, HEWs and kebele leaders at woreda level.
# Social Mobilization Activity Reporting Format

**Code K01**

<table>
<thead>
<tr>
<th>Region/ Zone</th>
<th>________________</th>
<th>Zone</th>
<th>________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woreda/ Kebele</td>
<td>________________</td>
<td>Kebele</td>
<td>________________</td>
</tr>
</tbody>
</table>

**Reporting body/office**

**Type of Social Mobilization Conducted:** __________________________ (E.g. Community Conversation, Pregnant Women Conference, Health Center Forum, etc)

**Reporting period:** from _______________ to _______________

<table>
<thead>
<tr>
<th>No</th>
<th>Indicator</th>
<th>Achievement in the given Time</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of total HHs in the kebele</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Number of CM/SM groups ever established</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Number of CM/SM groups currently active</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Number of CM/SM groups ever discontinued</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Number of CM/SM groups ever completed CC cycle and developed action plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Average number of CM/SM participants</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Number of individuals who reached/completed at least 8 months CM/SM sessions or 80% of the CM cycle for SBCC health communication</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Number of trained CM/SM facilitators actively working</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

**Other community information**

| 9  | # of HHs with ITN (from HMIS) |       |       |
| 10 | # of HHs with latrine (from HMIS) |       |       |
| 11 | # of HHs using latrine (from HMIS) |       |       |

**Report completed by:** ____________________________________________

**Signature:** _______________________________________________________

**Date:** ___________________________________________________________
### Report Content

**Region/ Zone**

**Woreda/ PHCU**

**Reporting body/office**

**Type of Social Mobilization Conducted:** (E.g. Community Conversation, Pregnant Women Conference, Health Center Forum, etc)

**Reporting period:** from _______ to _______

<table>
<thead>
<tr>
<th>No</th>
<th>Indicator</th>
<th>Achievement in the given Time</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Q1</td>
<td>Q2</td>
</tr>
<tr>
<td>1</td>
<td>Number of total HHs in the PHCU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Number of CM/SM groups ever established</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Number of CM/SM groups currently active in the PHCU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Number of CM/SM groups ever discontinued in the PHCU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Number of CM/SM groups ever completed CC cycle and developed action plan in the PHCU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Average number of CM/SM participants in the PHCU</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Number of individuals who reached/completed at least 8 months CM/SM sessions or 80% of the CM cycle for SBCC health communication</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Number of trained CM/SM facilitators actively working</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

### Other community information

- # of HHs with ITN (from HMIS) in the PHCU
- # of HHs with latrine (from HMIS) in the PHCU
- # of HHs using latrine (from HMIS) in the PHCU

Report completed by:  

Signature: 

Date:
<table>
<thead>
<tr>
<th>No</th>
<th>Indicator</th>
<th>Achievement in the given Time</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of total HHs in the Woreda</td>
<td></td>
<td>Q1</td>
</tr>
<tr>
<td>2</td>
<td>Number of CM/SM groups ever established in the woreda</td>
<td></td>
<td>Q2</td>
</tr>
<tr>
<td>3</td>
<td>Number of CM/SM groups currently active in the woreda</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Number of CM/SM groups ever discontinued in the woreda</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Number of CM/SM groups ever completed CC cycle and developed action plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Average number of CM/SM participants in the woreda</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Number of individuals who reached/completed at least 8 months CM/SM sessions or 80% of the CM cycle for SBCC health communication</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Number of trained CM/SM facilitators actively working</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

**Other community information**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td># of HHs with ITN (from HMIS) in the woreda</td>
</tr>
<tr>
<td>10</td>
<td># of HHs with latrine (from HMIS) in the woreda</td>
</tr>
<tr>
<td>11</td>
<td># of HHs using latrine (from HMIS) in the woreda</td>
</tr>
</tbody>
</table>

Report completed by: ____________________________

Signature: ____________________________

Date: ____________________________
Reporting Format (Facilitators)
Reporting Format for Consultants after kick off

The consultants should compile kick off report as follows.

**Background**

1. Region
2. Zone
3. Woreda
4. # of Kebeles
5. # of PHCU

**Kick off detail: Provide as much detail as possible for the following.**

1. Vision setting – the overall woreda vision
2. List of Problems identified by the PHCU
3. Common Prioritized problems identified
4. Immediate and root causes prioritized under each health problem set by the PHCU
5. Objectives and strategies set
6. Attach copy of action plan
7. Any challenges and lessons learned from the kick off.
Facilitator’s Checklist for SM Kickoffs

Facilitator’s package
- Table of contents
- Roadmap
- CCP overview and SM model (HSTR,WTP)
- Steps
- Vision Setting
- Situation/Community description
- Problem identification & prioritization
- Root Cause Analysis
- Objectives and Strategies
- Action Plan Format
- Follow up and monitoring (PHCU)
- Reporting format (CCP)

PHCU’s package
- CCP overview and SM model (HSTR,WTP)
- Vision Setting (supporting documents)
- Situation Analysis (supporting documents)
- Problem identification & prioritization (supporting documents)
- Root Cause Analysis (supporting documents)
- Objectives and Strategies (supporting documents)
- Action Plan Format (2 copies)
- Follow up and monitoring

Materials needed (numbers are recommendations. Adjust to number of PHCUs)
- Banners
- Markers = 10 packets
- Flipcharts = 15
- Masking tape = 5
- Notebooks & pens = 100
- Stapler
- LCD
- Camera & charger