

Social Mobilization Guideline for Health



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MINISTRY OF HEALTH - ETHIOPIA

Social Mobilization Guideline for Health

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ACRONYMS

BCC	Behavior Change Communication
CSO	Civil Society Organization
EDHS	Ethiopian Demographic Health Survey
EPHS	Essential package of health services
FGM	Female Genital Mutilation
HEP	Health Extension Program
HEWs	Health Extension Workers
HPS	Health Promotion Strategy
HSDIP	Health Sector Midterm Development and Investment Plan
HSTP	Health Sector Transformation Plan
IEC	Information, Education & Communication
IPC	Interpersonal communication
MDGs	Men Development Groups,
MoH	Ministry of Health
MOU	Memorandum of Understanding
NCDs	Non-Communicable Diseases
NGO	Non-governmental Organization
NHPCS	National Health Promotion & Communication Strategy
PHC	Primary Health Care
PHCUs	Primary Health Care Units
PYDGs	Positive Youth Development Groups,
RHB	Regional Health Bureau
SBC	Social and Behavior Change
SBCC	Social and Behavior Change Communication
SDGs	Sustainable Development Goals
SM	Social Mobilization
SMS	Short Message Service
SOPs	Standard operating producers
SWOT	Strength, Weakness, Opportunity & Threat
TWG	Technical Working Group
UHC	Universal health coverage
VHLs	Village Health Leaders,
WASH	Water, Sanitation, and Hygiene
WDGs	Women Development Groups,
WHO	World Health Organization

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Social mobilization is a powerful catalyst for health promotion and development, fostering collective action to achieve meaningful and sustainable health outcomes. It is a dynamic process that engages all sectors of society—policymakers, community and religious leaders, media, technical experts, civil society organizations, and individuals—toward a shared vision of improved well-being through self-reliant efforts.

In Ethiopia, social mobilization has been a cornerstone of our health sector strategy, driving progress in key public health areas. Frontline healthcare providers, particularly Health Extension Workers, have played a pivotal role in reaching communities through home visits and outreach services, promoting preventive health actions, and strengthening health literacy. These efforts, supported by community engagement platforms, have contributed significantly to reducing maternal and child morbidity and mortality, curbing communicable diseases, and improving access to clean water, sanitation, and hygiene.

Despite these achievements, disparities in health service utilization persist, particularly among rural communities, socio-economically disadvantaged groups, and those with limited access to formal education. Misconceptions, socio-cultural beliefs, systemic barriers, and low health system literacy continue to hinder optimal health-seeking behavior. Addressing these challenges requires a renewed commitment to strengthening social mobilization efforts.

The Ministry of Health remains dedicated to enhancing social mobilization interventions by developing and implementing standardized guidelines for planning, execution, and monitoring at all levels. This will ensure more effective engagement, bridge existing gaps, and foster stronger partnerships between communities and stakeholders.



I encourage all stakeholders to embrace this guideline as a vital tool for empowering communities, promoting healthy behaviors, and alleviating the burden on healthcare systems. I extend my sincere appreciation to all those who have contributed to the development of this important document, and I look forward to the collective impact we can achieve through its implementation.

Dr. Mekdes Daba

Ministry of Health, Ethiopia

Definition of Terms

Health Education: “Any combination of learning experiences designed to facilitate voluntary action conducive to health 1.” **Social and Behavior Change:** a set of processes, approaches, tools, strategies and tactics that promote positive and measurable changes in people’s environments, societies, and behaviors². **Health promotion:** The process of enabling people to increase control over their health and its determinants, and thereby improving their health. **Social mobilization:** Involves planned actions and processes to reach, influence, and involve all relevant segments of society across all sectors from the national to the community level for wider participation, coalition building and ownership including community mobilization. **Community mobilization:** Uses deliberate, participatory processes to involve local institutions, local leaders, community groups, and members of the community to organize collective action toward a common purpose. **Community Engagement:** - WHO has defined community engagement as “a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes”. **Advocacy for health:** a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program. **Behavior changes communication:** communication-related processes and strategies to change individuals’ knowledge, attitudes and beliefs. It is a component of broader social behavior change (SBC) processes that seek to achieve change in communities or environments. **Social and Behavior Change /SBC/:** is a collaborative, interactive and transformative process that facilitates positive individual and collective behavior change based on evidence. By empowering individuals, households and communities, improving knowledge, shifting norms and perceptions, and modifying structures and policies. **Social marketing:** Promotes and sells products, ideas, or services that are considered to have social value, using a variety of outlets and marketing approaches.

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1. <https://www.open.edu/openlearncreate/mod/oucontent/view.php?id=158&printable=1> 1/10 unless otherwise stated, copyright © 2023 The Open University, all rights reserved. Printable page generated Tuesday, 5 December 2023
 2. *Social and behavior change program guidance, UNICEF, 2020*
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SECTION ONE :- INTRODUCTION

Health promotion is an integral component of Ethiopia's health policies and strategies. The country has prioritized disease prevention, behavioral change, and community empowerment to increase the demand for health services and ensure the sustainability of health outcomes. Advocacy, social mobilization, and behavioral change communication are key strategies included in the strategic plans of numerous health programs.

Social mobilization is a fundamental tool for health promotion in the context of health development. It encompasses a broad-scale movement to engage people's participation in achieving specific development or health goals through self-reliant efforts. This process involves all relevant segments of society, including policymakers, community and religious leaders, media, technical experts, religious groups, NGOs, community members, and individuals. It is a planned, decentralized approach that seeks to facilitate change through the engagement of various stakeholders in interrelated and complementary efforts.³

Ethiopia has implemented social mobilization as one of the primary principles and strategies for achieving the strategic objectives of its health sector plans. Frontline health care providers, including Health Extension Workers, have played a crucial role in conducting home visits and outreach services to promote preventive health actions. These efforts, supported by community engagement platforms, have led to commendable improvements in maternal and child morbidity and mortality, a reduction of communicable diseases, and enhancements in water, sanitation, hygiene, and environmental health. However, despite these achievements, there are challenges in the utilization of health services, particularly among rural dwellers, socio-economically deprived groups, and those without formal education. Factors such as misperceptions, socio-cultural beliefs, facility-related issues, and low health system literacy contribute to low health-seeking behavior and service utilization.

To address these challenges, it is essential to strengthen social mobilization interventions with the development and implementation of standard guides for planning, implementing, and monitoring social mobilization at different level. This will help bridge the gaps in conducting effective social mobilization and ensure the active participation and engagement of community and potential stakeholders.

1. Health sector transformation plan, MOH, 2020



1.1. Rationale of the Guideline

In Ethiopia's health sector, social mobilization is conducted in a fragmented way by different actors. This is due to the absence of standard guidelines on how to design, implement, monitor, evaluate and scale up social mobilization activities. To achieve targeted goals and results from the various health programs, the fragmented and unstructured social mobilization activities must be harmonized and guided in a standard way. Ministry of Health aims to ensure that social mobilization activities are carried out effectively and efficiently, leading to improved health outcomes through creating ownership for the community and society in large. It also aims to promote coordination and collaboration among different stakeholders, leading to a more cohesive and impactful approach to social mobilization.

Overall, the development of this social mobilization guide is a significant step towards strengthening the health system in Ethiopia and achieving better health outcomes for the population. It also reflects a commitment to promote community engagement, empower individuals to take charge of their health, promote healthy behavior and reduce the burden on health care facilities.

1.2. Purpose of the Guideline

The purpose of this guideline is to support, facilitate, and guide effective stakeholder collaboration and harmonize social mobilization activities to achieve and bring intended outcomes. Moreover, it also creates a common understanding of the approaches to social mobilization, helps build alliances, engage stakeholders, and ensure community participation and ownership. It also ensures uniformity in approaches to social mobilization implementation by different local bodies and effective social mobilization for sustainable community health improvement.

1.3 Scope of the Guideline

The scope of this social mobilization guide is to provide a framework for all stakeholders to come together and take collective action to address their shared health problems. The guide outlines guiding steps for organizing and mobilizing community members, including how to effectively communicate and engage with the community, how to pool resources and seek external support, and how to actively participate in decision-making processes. The guide will also emphasize the importance of empowering individuals and households to take ownership of their own solutions and to actively participate in shaping the future of their community. It will also help guide all stakeholders in the planning, implementation, monitoring, and evaluation of social mobilization interventions. Overall, the guide will serve as guidance for all stakeholders to work together towards positive social change and improvement in their lives.

This guideline can be used by any actor with a stake in social mobilization in different health programs to mobilize the various stakeholders to positively influence the health needs of the community and individuals. Furthermore, researchers, development partners, and academic institutions can use the guide to reach out to the community and household level.



Section Two:- framework of social mobilization

2.1. Principles of social mobilization

Principles of social mobilization involve the process of engaging and empowering individuals, communities, and organizations to take action and bring about social change. This can include raising awareness, building partnerships, and advocating for policy change.

Social mobilization for health rests on a few basic concepts and principles:

- **People-Centered Approach:** A people-centered approach to health is one that puts the needs and priorities of the people at the center of all planning, implementation, and evaluation. It is based on the principle that people have the right to determine their own health and well-being, and that they are best able to do this when they are involved in the decisions that affect them.
- **Transparency:** Accountability is basically the process of sharing information about social mobilization. Governments, stakeholders, groups, and individuals in communities are accountable to each other when they honor their commitment to communicate plans and are responsible for what they actually do.
- **Cultural Sensitivity:** an orientation that recognizes and respects cultural influences, diversity, and gender differences.
- **Integration:** Designing individual elements to encourage synergy towards a common purpose, recognizing that relations among peoples and communities are dynamic
- **Equity:** A situation in which all classes, genders, ethnic groups, and generations with different geographical setups have equal access to and control over resources and social mobilization services, as well as a fair distribution of the advantages resulting from these resources.
- **Empowerment:** the process of enabling all community members to increase their role and ability to determine their present and future as an act of their choice.

- **Sustainability:** a condition that allows interventions and initiatives to take root and have a life of their own. They are sustainable when people are able to continue their core activities and when their needs are met without compromising the abilities of future generations to meet their own needs.
- **Participation:** It is the act of being involved in or participating in health-related activities, such as a decision-making process, activity, or event. It may entail actively contributing ideas, thoughts, or actions to a common aim or objective. It also necessitates the participation of individuals, communities, and organizations in promoting and enhancing health outcomes.

2.2. Approaches of Social mobilization

Community dialogue/conversation: widely used method for community engagement and participation to stretch community members' ownership of their problems as well as motivate them to take the initiative to identify, discuss, and solve major health problems using local resources.

- **Education /Seminars:** a form of academic instruction, either at an academic institution or offered by a commercial or professional organization.
- **Consultative Meetings:** a conference or meeting at which opinions are exchanged or advice is prescribed.
- **Media forums:** any medium designed or intended to be used to convey information to other individuals.
- **Social Media Campaigns:** Leverage the power of online platforms to spread awareness, build communities, and mobilize action around health issues.
- **Cultural and Artistic Events:** Creatively engage communities through music, theater, dance, or visual arts to raise awareness and inspire behavior change.
- **Engage Local Leaders and Influencers:** Advocate for social changes or resource allocation that supports health initiatives by engaging decision-makers.



- **Door-to-Door Outreach:** Build personal connections with community members, providing information, addressing concerns, and promoting health services.
- **Engage faith-Based organizations:** Partner with religious institutions that hold significant influence in communities to reach a wider audience and leverage their trust networks.
- **Engagement of social networks:** Utilize existing social structures and relationships within communities to spread information, encourage peer support, and mobilize action.
- **Interpersonal Channels:** involve a personal interaction with the intended audience that can be one-to-one, in small groups, large groups, or in a forum. IPC can be delivered in various formats: in person, over the phone (e.g., a hotline), or via social media. Examples are: one-to-one communication, such as provider to client, peer to peer, house to house visits, training, consultative meetings, seminars, and skills-building in small groups.
- **Mid-media:** Reaching communities and households using platforms like community dialogue, Community radio, mini medias, Cultural events and festivals, Road Shows and Mobile Outreach public discussions, parent teacher meetings, drama, road shows, cultural events, etc.
- **Mass and digital media:** - It is a term that covers all the means of communication that have functions such as informing, raising awareness, education, socialization, entertainment, and agenda setting, including all kinds of oral, written, and visual images. The term refers to components of the media communications industry such as print media, publishing, the news media, photography, cinema, broadcasting, digital media, and advertising. It includes television or radio shows/spots, Facebook pages or groups, Telegram, WhatsApp, text messaging and other social media platforms.

2.3. Process of social mobilization

Social mobilization needs a series of building-block dialogic processes, whereby each step leads to the next step and the results of the earlier steps are carefully evaluated and course corrections are taken for the next steps.

In the Ethiopian context where resources for different programs, including health, is limited, and reduction in duplication of resources is common, social mobilization to working in partnership with different actors is very important. On the other hand, enabling communities to be able to produce their own health is the main goal of community mobilization. Hence, it requires step by step guide for social mobilizers to coordinate such efforts. The social mobilization process would typically involve several steps, as described below:

Steps of Social Mobilization

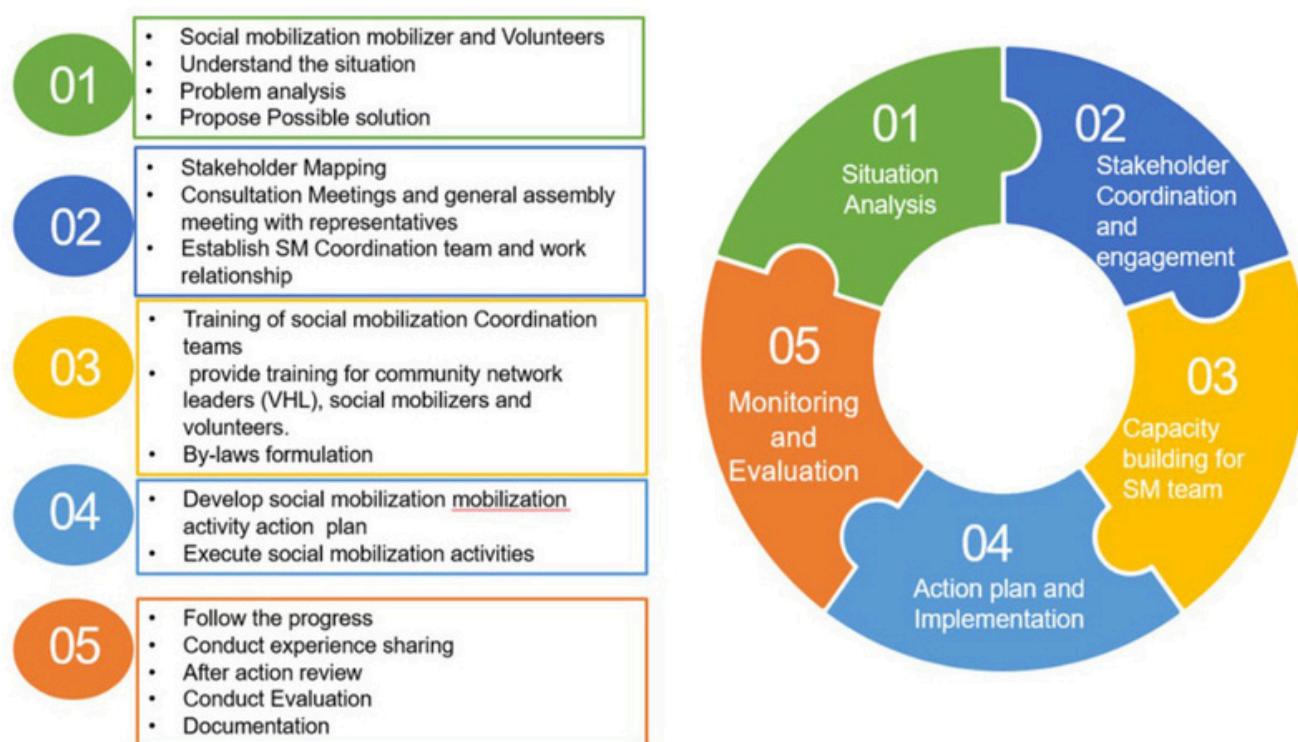


Figure 1: social mobilization steps adopted from Community Action Cycle (CAC)



Section Three: Situational Analysis

Understanding how communities perceive and comprehend a problem is necessary to design adequate interventions.

A situation analysis is the systematic collection and study of information to identify trends, forces and conditions related to the problem you are trying to solve. In the case of social mobilization, it helps to examine the people affected and their needs; social and cultural norms; potential constraints on individual and collective change; potential facilitators of individual and collective change; and the channel preference.

Social mobilization begins, identification of potential expertise and establishing a social mobilization task force/team which facilitate and lead social mobilization programs implementation is required.

3.1. Understanding the Situation

It examines the current status of the health issue as well as the social, economic, political and health context in which the health issue exists.

Understanding the situation could be done through analyzing primary and the existing secondary data, which involves conducting desk review, using existing evidence from research findings, reports, and other contextual information etc. as well as from consultation with potential expertise, knowledgeable staff with staff situation.

Furthermore, we also using primary data by conducting formative assessment with systematic collection and study of health and demographic data.

3.1.1 Collecting available evidence and conducting assessment helps to:

Understanding the situation could be done through primary and the existing secondary data.

For complete understanding of the situation gather information on the following information on four areas:

- Health Issue and demographic characteristics
 - contexts of the target group
 - Community and potential stakeholders map out
 - Communication landscape and opportunities
 - Previously social mobilization experience
-
- **Identify the Health Issue and demographic characteristics**

For many health programs or strategies, the health issue is identified at the outset through review of existing health and demographic data, survey results, study findings, and any other available data. Throughout the review, at least the following variables and characteristic could be determined and analyzed:

- The prevalence or incidence the health issue
- Geographic areas where high levels of mortality and morbidity exist
- Identify affected population groups and segments based on their characteristics and risk exposure
- The existing priorities of the government
- Health trends from one point in time to another etc.
- Existed opportunities within the communities including resource and platforms

A.contextsof the community

Every community has its own culture, assets, history of achievement, and challenges on which to build. Many communities experience persistent poverty, health and economic inequities and longstanding patterns of racism.

Recognizing and understanding these unique community settings, helps to direct SBC strategies including social mobilization to better align with and leverage various dynamics. Community context encompasses many things, including:

- Culture,
- Assets,
- Environment and natural settings
- Challenges and current concern of the community
- Local policies and systems
- Communities perceive



B. stakeholders mapping

Stakeholder mapping in social mobilization involves identifying and analyzing the various individuals, groups, organizations, and communities that have stake to a particular social mobilization effort. This process helps in understanding the power dynamics, relationships, interests, and potential contributions of each stakeholder in achieving the goals of the social mobilization campaign. By mapping stakeholders effectively, social mobilizers can engage with key actors, build partnerships, and mobilize resources to create meaningful and sustainable social change.

Table 1: Baseline information collection form for social mobilization at kebele/village or community level

List of organizations or community structures for social mobilization in the locality	Can they be engaged in your social mobilization activities?		How would they help in your social mobilization	What mechanisms do you use to engage them?	What challenges would you anticipate in engaging them?
	Yes	No			
Community gatekeepers/ Religious leaders, elderly men and women					
Political leadership/Kebele or village leaders					
One to five, one to thirty, or other community networks,					
School community					
Security structure					
Community based organizations like idir, religious groups like Tsiwa,					
NGO's					
Private institutions, including private health facilities in the locality					
Youth and women groups					
Any other entity?					

C. Communication landscape and resource

This task helps determine the current communication landscape in terms of available resources and current communication activities. Assess potential resources such as availability and accessibility of traditional and modern media, influential people. Trained personnel, evaluate what is currently being done to address the challenge, its strength, weakness, perception among the audience.

D. Previous social mobilization experience

An analysis of strengths, weaknesses, opportunities and threats (SWOT) the previous social mobilization activities helps to take lesson for the future social mobilization activities.

3.2. Problem analysis and possible solution

3.2.1 Analysis of health Problems

The social mobilization team, the social mobilizers and volunteers together should hold group meetings with the maximum participation of communities and stakeholders to carry out a problem analysis.

Such meetings should start with a clear description of the future or a vision statement or goal that all stakeholders in the community can share and want to create. Brief overview of the health issue, in which the community members are requested to identify problems and root causes related to the health program and specific issues, will be carried out.

3.2.2 Identifying problems associated to the health issue/root cause

Depending on the number of participants, the team should form groups of 6-10 community members or volunteers and identified individuals to identify and list all problems associated with the health program in the locality.

3.3. Proposing possible solutions

Then each group should present the problem analysis and possible solutions that can be solved with the help of social mobilization interventions, with identifying the “who should do that”.



Identification of essential tasks

Through identification of tasks, answering the following questions here is helpful:

- What are the essential tasks?
- Who should perform those tasks and to whom should those performing the tasks be accountable to?
- Who would pay or contribute for that?
- How to monitor the objectives achieved?

Table2: Health problem analysis, essential tasks and role assignment

Health issue context	Vision Statement or Goal	Problems associated with the health issue	Possible solution (s)	Essential tasks	Responsible body/entity

Section four: Stakeholder Coordination and Engagement

Following the completion of a situational analysis, the next crucial step involves coordinating and engaging stakeholders. To carry out this process, we need to accomplish the following key tasks:

4.1. Stakeholder Mapping and Analysis

Stakeholder mapping and analysis involves identifying and understanding the various individuals, groups, and organizations involved in or affected by a particular health issue. This can range from community members and local leaders to government agencies, NGOs, and private organizations. Follow the following steps to conduct Stakeholder mapping and analysis.

4.1.1. Identify all possible stakeholders

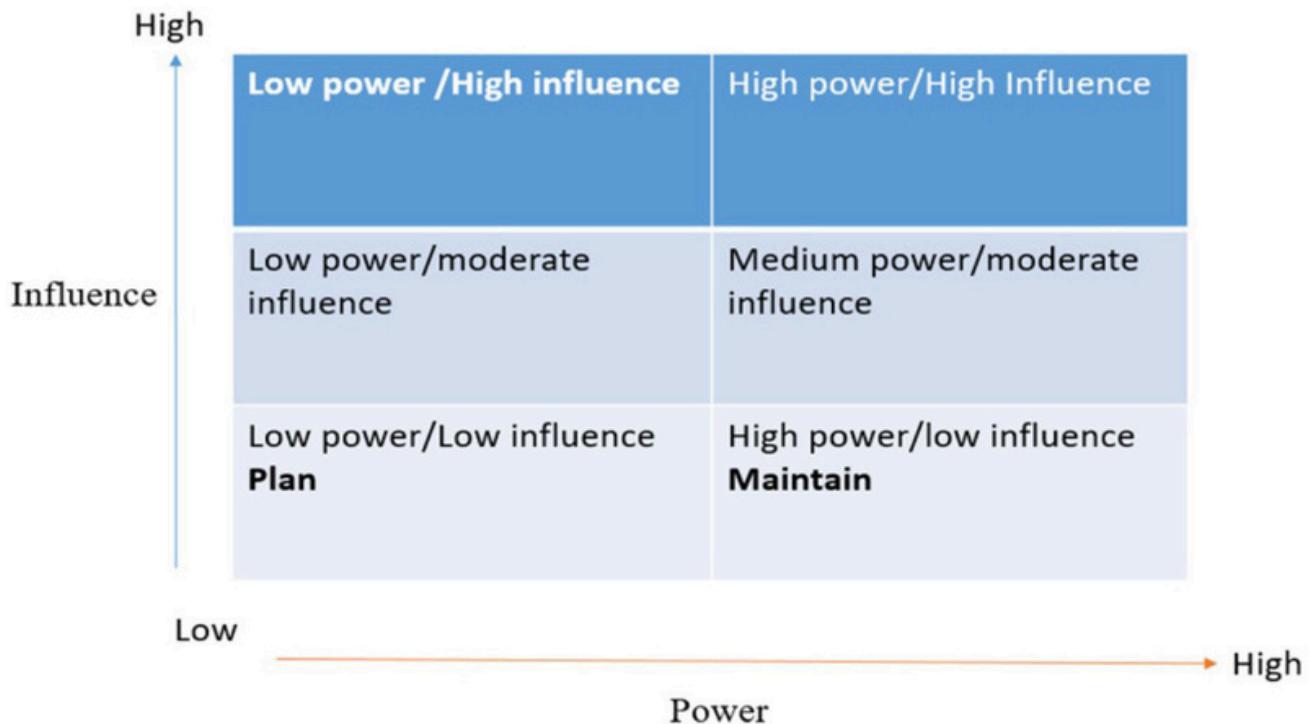
The social mobilizer should accurately identify and record all potential stakeholders by cross-referencing the situational analysis findings with the actual stakeholders present in the catchment area. Additionally, it is crucial to recognize and include stakeholders that might not have been initially identified during the situational analysis. This comprehensive approach ensures a thorough understanding of the stakeholder landscape and minimizes the risk of overlooking key contributors to social mobilization.

Understand the stakeholders based on the power versus influence matrix

Once you've identified them, the next step is to understand their interests, influence, and potential contributions. To determine the power and influence of these stakeholders, use the below power maps. The power maps will inform the approach and implementation. The power map assists efforts to understand who is, or could be, influential in supporting the identified social mobilization issues.



Power maps



- **Prioritize the stakeholders from the matrix**

Based on the above power map, select the prioritized stakeholder that will help your social mobilization.

The identified stakeholders might be included the following community groups;

- Adolescents and youth groups and clubs
- mothers,
- Elders
- religious leaders,
- community leaders,
- clan leaders,
- People with disabilities
- Local government officials (civil servants...)
- representatives from the marginalized group

- Social service providers (health service providers, emergency response,
- Formal and informal community platform representatives (WDA, M to M...etc.).

Define the role and responsibilities of identified stakeholders

Define the roles and responsibilities of the prioritized stakeholders by referencing their depicted power, influence, and potential contributions in the provided figure. Clarify the specific tasks and obligations assigned to each stakeholder based on their identified strengths, influence, and the valuable contributions they can bring to social mobilization. This ensures a targeted and efficient allocation of responsibilities, maximizing the impact of each stakeholder in alignment with their individual capacities and strategic positions.

4.2 Consultation and General Assembly Meetings

4.2.1 Consultation Meetings with the stakeholders

In stakeholder consultation meetings, social mobilizers play a pivotal role by presenting the insights gleaned from the situational analysis. This includes outlining potential solutions and highlighting priority stakeholders along with their possible roles, setting the stage for informed discussions. The objective is to collaboratively create a consensus on viable engagements and the roles each stakeholder is best positioned to undertake. Through this participatory approach, the diverse perspectives of stakeholders converge, fostering agreement on proposed solutions and delineating the collective roles that contribute to the success of the initiative. These consultative sessions serve as crucial milestones where the synergy of ideas and consensus-building propel the social mobilization efforts forward with a unified and informed approach.

4.2.2 Conducting General Assembly Meeting

The social mobilization team, working closely with dedicated volunteers, should organize a series of community-level meetings as a precursor to the general assembly gathering. These meetings serve the dual purpose of shedding light on the key aspects of social mobilization issues and the selection of community representatives that coordinating the social mobilization activities to address the identified health concern.

To ensure broad participation and convenience for the community members, it is crucial to carefully schedule the meeting dates, times, and venues according to their preferences.



In the spirit of fairness and inclusivity, the social mobilization team should make a concerted effort to publicize the selection meeting widely. This can be achieved through advance announcements in the village and the distribution of written messages to all community members. The objective is to encourage eligible stakeholders and community members to step forward and participate in the representation process.

During the meeting, before proceeding with the election of social mobilization coordination team, it is important to provide a concise explanation of the following:

- The nature and significance of the health issue at hand.
- The roles, responsibilities, and authority vested in the general assembly and the social mobilization coordination team.
- Desirable qualities for effective representatives (based on guidelines for volunteers, with additional considerations tailored to local needs).
- The imperative of selecting the most qualified representatives.

Furthermore, it should be emphasized that the number of members in the social mobilization coordination team, typically comprising at list 5 representatives at the kebele level, may include leaders from religious institutions, political figures, school administrators, leaders of community-based organizations like Idirs leaders and key influencers.

Lastly, the general assembly should convene on a regular basis to evaluate the progress of social mobilization activities and formulate plans. Biannual meetings are suggested as a suitable timeframe for these assessments and planning sessions.

4.3 Establish Social Mobilization Coordination team and work relationship

After the social mobilization coordination team are selected by the general assembly, groups of these nominees, identified to coordinate the social mobilization activities.

Afterwards, the social mobilization coordination team should decide on the date, time and place for routine meetings to coordinate the social mobilization team and volunteers. Ideally, the meeting should take place at some community center, local governmental office, school, a training hall or any common place in a village where no individual or group has any reservation to participate. Suggested routine meeting could be arranged

on a monthly basis. The social mobilization team could present activities implemented during these routine meetings for the coordination team.

Once the coordination team is put in place, set a mechanism how the already identified trained volunteers and the social mobilization coordination team work together. The health team should set the roles and responsibilities of the two, make clear demarcation of the roles and responsibilities and make all necessary arrangements for the two to work in harmony.

4.4 Capacity building for Social Mobilization team

The main objective of this task is to prepare the social mobilization team for essential tasks to carry out the social mobilization activities with high quality. Most of the capacity will be built through on-the-job training and learning while doing.

After the formation of the social mobilization teams (social mobilizer, social mobilization Coordination team and volunteers), members of the team should be trained in the basics and social mobilization related activities to be undertaken for the health program. The training should be focused on subjects like the

- basics of the health issue
- the need and benefits of involving the community and different structures
- organizational management
- resource management
- record keeping and documentation
- framing of by-laws, and
- Methods of mobilizing resources for the social mobilization activities.

The important aspect here to be considered is provision of competent and experienced trainers. For this, appropriate resource persons should be identified (such as health program experts, health extension workers, teachers, agricultural extension workers or other community members who are considered successful in effectively delivering the training). This training should be a continuous process and be conducted up to grassroots levels. The community representatives and health system staff trained at higher-level should be used as resource persons for lower tiers structures, because communities learn more from their fellow.



4.4.1 Formulation of by-laws

The by-laws are dynamic instruments used to enforce, regulate and promote disciplined action. They are referred to as a dynamic instrument because the by-laws are not static or permanent, and can be changed by the general assembly when deemed necessary with a specified majority vote of general assembly members. No system or structure can function properly or be sustained for a longer time unless the system has some basic and clearly defined set of rules to abide by.

Thus, at this point in time, communities should be encouraged to proceed to develop and establish initial draft by-laws for the proper functioning of the health program and social mobilization activities under the rules framed by the government and the local team. The social mobilization teams for health will give technical assistance in this regard by providing some certain model by-laws already framed by the government's legislation or arranging appropriate consultation and advice. The main areas to be covered are:

1. Duties and function of different stakeholders and community members,
2. Meeting time and procedures,
3. Termination of membership,
4. Resource mobilization and management,
5. Dispute resolution,
6. Sanctions and any other

Section five: Action plan development and implementation

5.1 Action plan development

An action plan consists of:

- **Set objectives:** Objectives need to be achievable - do not be over-ambitious. They need to be measurable and carried out within a certain period.
- **List activities:** A series of tasks needs to be identified for the objectives to be achieved. What tasks are necessary, in what order, to meet the objective.
- **Resource:** identify resources (human, financial and technical) to meet a series of activities.
- **Agree a time frame:** put a time frame for each activity how long it will take and when it needs to be done.

N.B: *Action plan template is attached in the annex*

The most important aspect of this activity is that the community representatives, social mobilization teams and health staff initially undertake most of the activities jointly. For activities undertaken independently by the health team staff (for example collection of initial data, maps etc.) the information shall be shared with communities.

This is not only important for building trust and developing more effective communication between the social mobilization team, the different stakeholders and the community, but also for providing much more valuable learning experience for all. Aside from these, joint field activities, data collection and its analysis will help in the preparation of undertaking social mobilization activities and sharing responsibilities.

5.2 Implementation of social mobilization

Social mobilization implementation is an important step to carry out social mobilization activities. The following points should be considered for implementation:

- Well, understand and design the activities and resource needed: to understand the context in which you will be implementing the program, including potential facilitators and barriers to program implementation and the resources available to and within the communities.



- Joint planning with identified representative target actors; to develop a social mobilization in a community participatory workshop-type setting, and stakeholders that will engage and implement social mobilization activities, in the joint planning make sure to conduct effective mobilization with the selected approach.
- Test materials and tools, and implement; it is crucial to not only implement activities but also practical test designed materials and tools before to the broader society.
- Monitoring and Post implementation follow up; During Planning and execution monitor sated indicators withacceptable standards and procedures, and measure effectiveness of mobilizationwith allocated criteria.

5.2.1 Social mobilization skills

Social mobilization in a community involves a lot of work with people, and finding out what really matters to them. Hencethe social mobilization team member should understand and pay attention to the participants' needs and make them as comfortable as possible.

Role and skill needed for facilitator:

The facilitator for social mobilization event is individual who introduce and guide the social mobilization and are expected to coordinate, lead, and encourage participation in the process of discussion as well as doing other related activities.

Coordination of the social mobilization event

- Ensure that the discussion is clear and every participant understands and accepts.
- Encourage participants to respect social mobilization rules and regulations.
- Select and use tactical means to interlink activities.
- Support and coordinate group and the community during the intervention

Leading the social mobilization Process

- Lead the social mobilization in line with the identified topic and issues
- Ensure participants are attending attentively.
- Find solutions to contradictory ideas.
- Create common understanding to prompt awareness.
- Mediate/ without taking sides contradicting views of the participants of community conversation.
- Ensure the discussion is led in a way that is considered culture sensitivity

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, incrimination, disregarding, and underestimating others is not allowed.
- Give priority to participants to answer questions
- Appreciate and motivate age participants that respond to questions to encourage others.

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. In any case, 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 eyecontactwiththespeaker.
- 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

Communications Skills for facilitator

The facilitator should be a good communicator, problem solving, counselling and listening skill.

Sometimes talking about some difficult issues, such as sexual abuse is not easy, therefore, considering the following points is helpful.

- Be knowledgeable, and confident, and understand the issues being discussed.
-



- Practice using the terms and discussing the topic so that you are comfortable; don't show discomfort.
- Focus on the relevant issue.
- Use polite local words for sensitive words
- Create a comfortable environment such as grouping people together with others who are similar to them (women, men, traditional leaders, religious leaders, politicians, etc.).
- Use techniques such as drama or storytelling; that way, people are less likely to feel threatened and more likely to be objective in their analysis.
- If you are not competent in a subject matter, rehearse with an expert in that field and work with them to address the issues with the relevant target audiences.
- It is also important to use simple, straightforward language

Discussing Issues Dealing with Fear, Myths, and Misconceptions

- Myths are a challenge for communicators; by trying to convince people a myth or misinformation is incorrect; they end up reinforcing the very myth or misinformation.
- Fear can be a powerful tool in communication, but fear-based communication should be approached cautiously as being too frightening or not culturally appropriate, which can cause some in the target audience to avoid the communication altogether.
- The way to deal with myths and misconceptions is by not focusing on the myths and misconceptions, but on the facts surrounding the topic, issue, or ideology.

Notetaker

Record important points discussed during the social mobilization, effective note takers are:

- Observant and able to capture the essence of a conversation without inserting own thoughts or ideas.
- be able to identify important details and relate them to the larger goals

Setting up social mobilization event space/venue

Set up the dialogue venue before the social mobilization event within the considerations of:

- place should be free from noise,
 - sitting arrangements in a circle
-

- Making sure all materials and equipment is working available
- gather names,
- provide refreshment, if any

What to ask during social mobilization event with community

Prepare relevant questions for discussion topics such as WASH, nutrition, RMNCH with available materials and/or job aids such as family health guide, counseling aids, posters or/and audiovisuals materials and community dialogue guide is helpful to manage discussion.

The following sample discussion guiding questions may help to initiate discussion and to clarify & correct misconceptions about the topic as well as set concrete action point at the end, but feel free to add or adapt questions for your specific participants or community. In one session focusing on one thematic will have importance to make the social mobilization event specific and avoid the bulk of messaging.

Finalize the session plan

Before the session, the facilitator will need to:

- 1) review the session plan
- 2) Depending on the participant's needs, age and educational level, some activities can be adapted so that they are more user-friendly.
- 3) Practice the Good Facilitator techniques
- 4) Double check the space, any required materials, stationery, and refreshments are prepared.

During the time of social mobilization event at community level

the following activities should be done:

- **Facilitators introduce themselves:**

Example: Thanks participants and anyone who helped. Give an example of how to introduce: Good morning. My name is XXX and I am the facilitator of this dialogue. Thank you to XX school/kebele for hosting the discussion. I also would like to thank all of you for taking your time to join us...

- **Describe the purpose of the event.**

Example: This discussion is a chance for us to come together and discuss issues affecting our communities. Today, we are interested in exploring how we can re-



duce child marriage in our community. We will also discuss how we can support our community members who don't want to marry off their children before the age of 18...

- **Review the ground rules and confirm that everyone is ok with them**

Example: Before we begin, we will review our ground rules. These are our agreed rules.....,

- **Explain your role as a facilitator and introduce the note taker**

Example: My role is to ask questions to help us have a good conversation. We want to hear from you, and I won't be offering my views but may ask follow-up questions to understand more about the issues you raise. I will also make sure that everyone is contributing to the conversation.

- **Go through the discussion questions**

- **Wrap up:**

Example: thank everyone for attending. State some of the messages and follow-ups.

Tips for Facilitators:

- o Ensure that everybody is seated on the same level and sat
- o Get maximum participation and avoid a few voices dominating the dialogue.
- o Make sure everyone has a chance to say something early on
- o Ask if anyone has something to add
- o Call on people by name (Yeshe, do you have something to say?)
- o If the conversation is off-topic, relate to the main questions by repeating the question
- o If people are reluctant to talk, remind them that there are no right or wrong answers. Perhaps, reword the question

Section Six: Monitoring and evaluation

6.1 Monitoring and evaluation of Community Dialogue

The social mobilization process should be monitored and evaluated for its benefits of continue to replicate after the end of the social mobilization.

Monitor the Process: helps in ascertaining whether the social mobilization is on track, and check the process were implemented as planned.

Evaluating: implies assessing the goals and specific objectives for the particular social mobilization.

Documentation: An implementation process complemented with appropriate documentation will provide the evaluation with data. Questions such as:

- o Did the program implementation go as planned?
- o How many people participated in the community dialogue? Could easily be answered through a proper implementation process. Such documented information could be gathered through existing program records and reports from health posts and health centers.

Annex 1

Annex1: Action Plan Template

Objective/ key result area	Activities	Indicators	Target	Resource	responsibility	Time frame	Remark



Annex 2. Role and responsibilities

S. No	Name of the institution	Role for SM implementation
1	Ministry of Health	<ul style="list-style-type: none"> • Undertake consultations with key stakeholders in the designing and implementation of social mobilization platforms • Develop standard implementation guides and training packages • Develop various job aids, tools, and M and E formats aligned with the standards • Support national, regional, woreda levels training on social mobilization implementation • Follow up of the implementation of social mobilization platforms • Document learnings & best practices for shared experience and scale up to large scale • Collaborate with key stakeholders in the implementation of social mobilization interventions • Coordinate national and inter regional monitoring and evaluation activities, employing standard tolls and manuals
2	Regional Health Office	<ul style="list-style-type: none"> • Provide support in the designing and implementation of social mobilization • Print and/or distribute social mobilization implementation guides, training packages, job aids, and tools • Support trainings on social mobilization approaches at different levels • Follow up of the implementation of social mobilization platforms • Identify, document, and scale up learning • Collaborate with key stakeholders in the implementation of social mobilization approaches • Coordinate monitoring and evaluation activities
3	Woreda Administration	<ul style="list-style-type: none"> • Coordinate woreda level social mobilization activities • Give guidance on who to be facilitate social mobilization (HEWs/HDAs/WDGs) • Follow up the commencement and implementation of community level social mobilization • Document the process and send the regular report to the regional health bureau/Zonal/Sub city and provide timely feedback to facilitators (HEWs/HDAs/WDGs) • Formation of Woreda Advisory Committee • Coordination Meeting with Government Departments and NGOs • Create demand and enabling Environment for practice the desired behavior

S. No	Name of the institution	Role for SM implementation
4	Primary Health Care Unit	<ul style="list-style-type: none"> • Collaborate with key stakeholders to buy-in support in the implementation of social mobilization • Recording, reporting, and use of data for performance improvement • Coordinate and lead the implementation of social mobilization at community level • Ensure availability and regular use of social mobilization guides, training packages, job aids, and tools • Provide trainings on social mobilization for PHCU staffs, kebeles, political leaders, and other sectors • Provide pre-deployment training, refresher training, and regular thematic training for social mobilization • Regular follow up of the implementation of social mobilization • Regular review of implementation of social mobilization during monthly PHCU and kebele level review meetings • Organize experience sharing meeting for community volunteers
5	Kebele Administration	<ul style="list-style-type: none"> • Participate in the planning and implementation of community dialogue • Create pre-dialogue awareness on the implementation of the six discussion topics in the community at the Kebele and sub-Kebele level • Coordinate and encourage community efforts and contributions to the program • Ensure the commencement of the dialogue at the Kebele and sub-Kebele level as well as follow up the implementation process • Make sure that timely reports are communicated to relevant bodies • Coordinate development partner's efforts and mobilize resources, as need be, for the effective implementation of the program • Create conducive environments and deliver inputs such as the place for meeting/hall for the community dialogue
6	Community Leaders	<ul style="list-style-type: none"> • Be a model in positive behavior being done in the community • Encourage household heads and other family members to actively participate social mobilization • Establishment of Village-level discussion Forums • Facilitation of small and large group meeting • Formulate and enforce by laws in discussion with the community • Follow up on implementation of social/community mobilization



S. No	Name of the institution	Role for SM implementation
7	Religious Institutions	<ul style="list-style-type: none"> • Consultation meetings with religious scholars at the national Level to solicit their views and involvement in promoting of positive behavior • TV/radio/ discussion sessions with prominent religious scholars on the topic. • Assist the social mobilization team in reviewing and revising the different training curriculum for religious leaders • Encourage and/or influence affiliate organizations, such as mothers' unions • Integrate messages on recommended positive practices during religious gatherings or masses • Awareness creation for community leaders and influential people • Awareness creation for community leaders on the prevention of Harmful traditional practice like food taboo
8	CSOs	<ul style="list-style-type: none"> • Conduct orientation and sensitization sessions with key influencers to discuss social mobilization team's operations • Invite key community influencers to their participation and contribution • Develop implementation guide based on this advocacy and Community mobilization document. • Organize various community activities to create excitement and publicity for promoting the positive behavioral practice • Conduct mapping of people with disability and promote and/or assist them to participant in social mobilization • Disseminate relevant key messages to practice positive behavior and active participation for common goal • Advocate for attitudes, beliefs, and practices that promote positive behavior and social change • Incorporate health and development related issues into programs Connect with extension workers and community mobilisers and train them • Provide financial, technical, and other resources • Follow up with and support affected individuals and families • Advocate multi-sectoral engagement • Create demand and enabling environment

S. No	Name of the institution	Role for SM implementation
9	Private sectors, UN and other developmental partners	<ul style="list-style-type: none"> • Participate in the preparation of the social mobilization and action implementation and support with the necessary technical, financial and materials. • Provide technical, financial, and material support for the intended orientation. • Participate in the implementation, monitoring, evaluation, and assessments • Encourage implementers and provide technical, financial, and material support to the project in the dissemination and sharing of pleasant experiences and results with other communities
10	Schools	<ul style="list-style-type: none"> • Facilitate and coordinate School based mobilization and awareness creation • Organize periodic sanitation campaign • establish and strengthen school health club • Hold classroom discussions on positive health practices • Organize students to engage health behavior activities, such as school gardens • Organize farming demonstrations on improved farming techniques • Engage Parent, teacher and student associations (PTA) to facilitate discussions about health behavior. • Engage school mini-medias to broadcast information about health promotion and diseases prevention • Engage students in outreach activities such as performing cultural/theatrical activities
11	Media Houses	<ul style="list-style-type: none"> • Documentary Film Show of success stories • Communication materials development/posting banner / • Create awareness on the use of health service seeking behavior • Advocate health as their priority agenda



S. No	Name of the institution	Role for SM implementation
12	Community Health workers such as Health Extension workers (HEW) and Health/women development army (HDA or WDA)	<ul style="list-style-type: none">• Plan for the implementation of the dialogue with the involvement of the Kebele Administration and partners• Self-commit to the community dialogue facilitation with the involvement of relevant bodies• Organize and conduct orientation on facilitation together with the primary health care unit as per HEWs integrated refresher training (IRT) manuals.• Follow up the implementation of the dialogue by HDAs/WDAs is based on the guideline• Participate in community dialogue sessions and responses by providing technical assistance like explaining technical issues, giving directions and setting discussion points• Organize and create forums for sharing good experiences and results• Organize visits to sites and households that represent the real/actual health situation in the Kebele to ensure that the dialogues are authentic and evidence-based• Document and communicate the process and the performance report to relevant bodies and receive timely feedback• Lead community mobilization efforts and community mapping of key influencers• Coordinate and follow up on action plans developed together with key influencers like kebele leaders, religious and traditional community leaders.• Provide technical expertise during community planning sessions• Identify model schools, kebeles and Households that will be example for others.• Encourage and support households to adopt healthy behaviors,• Integrate health related issues into work plans, budgets, and reports• Monitor social and behavior change activities at the community level• Conduct mapping of people with disability and promote and/or assist them to participate in social mobilization• Share information about health in religious centers like churches and Mosques when there are ceremonies like masses

Annex 3: Thematic Areas

<h2>Nutrition</h2>		
<i>Explore (What do we know about IYCF)</i>	<i>Issues related to IYCF (what we do usually and why/ actual act and reason for)</i>	<i>Action plan focus</i>
<ul style="list-style-type: none"> • Has pregnant and lactating women special need of nutrition (type and frequency)? • Did you know supplements such as Iron folate for pregnant and lactating women which helps them to be healthy pregnancy and lactation • What are colostrum and its importance for the newborn? • What is the recommended time to start breastfeeding after birth? • What is exclusive breastfeeding? • Who is/are responsible to initiate breastfeeding for the newborn? • When do children need to have additional food? Which type of food is used for complementary feeding? • Are sick children need breastfeeding, including if they have vomit • What is the importance of breast milk substitutes such as formula milk? When has it been recommended for under six children? • What is the importance of and how you use Iodized salt for PLW and baby food preparation? 	<ul style="list-style-type: none"> • At the end of the session, the participants should be an action plan using the template How do you practice plan support others to exclusively breastfeed for the first six months? What is the common practice in the community and why? • What is the practice related to additional food for children? • How do you manage a sick baby with breastfeeding? • Do you give special focus to pregnant and lactation women? What is the real experience in your community? List the socially acceptable and advisable practices for infants and young children practice in your community. • How do you add Iodized salt during preparing PLW and baby food preparation? 	<p>should answer the following questions:</p> <ul style="list-style-type: none"> • What commitments and decisions can make as individuals and as a community to ensure well-nourished children and to produce a productive generation? • What decisions can the community make to ensure proper infant and youth children feeding practice?



Key messages community should know on nutrition

Have pregnant and lactating women special need of nutrition

- Pregnant mothers should eat one extra meal or snack daily for the health of the mother and the physical and cognitive development of the fetus.
- Lactating mothers need to eat two extra meals to maintain the physical and cognitive development of the newborn.

What are the supplements taken during pregnancy and lactation and their importance?

- Among the micro nutrients that need to be consumed in an increased amount during pregnancy is iron. The human body doesn't naturally make iron; it can only be obtained through diet or IFA supplements. This supplement will give her enough Iron storage in the blood and prevent her from Anemia, stillbirth, low birth weight, congenital anomalies
- Pregnant women should take Iron folic acid supplement daily for six months to prevent anemia, maternal death due to heavy bleeding during labor and birth defect.
- Pregnant women should start taking Iron folate as soon as they know they are pregnant
- Pregnant women also recommended to take Iron rich food, particularly animal product (red meat, liver, poultry, fish, dried beans and peas, as well as green leafy vegetables).

What is colostrum and why it's important

- Colostrum is the thick yellowish milk, which is good for the newborn baby to protect a newborn baby from illness and aids to remove the first dark stool
- Colostrum has proteins, nutrients, and antibodies that strengthen the immunity of the newborn and contributes significantly to the baby's healthy growth and long-term development.
- When does breastfeeding start after birth and what is the importance of early initiation?
- Breastfeeding should start within the first hour of birth, it helps the baby to learn to breast-feed while the breast is still soft and helps reduce the mother's bleeding
- Breast milk provides all the food and water that the baby needs, so exclusive breastfeeding for the first six months helps maintain optimal growth and protect the baby from diarrhea, and respiratory infection.

How can manage EBF for a mother who does not have left a full day with her baby?

- When you are separated from your baby, you can express breast milk before you leave your home so that your baby's caregiver can feed your baby while you are away.

Is a sick baby breastfed?

- Mothers should breastfeed more frequently when the baby is sick which helps the baby fight the sickness, reduce weight loss, and recover more quickly.
- After each illness, mothers should increase the frequency of breastfeeding to help their baby regain health and weight

When is breast milk substitute used?

- Breastmilk substitutes or formula milk should be the last resort feeding option only if the mother is ill and not in a condition to breastfeed or in any other circumstances as indicated by a health service provider.

When starting additional food for children?

- Breastmilk becomes inadequate for the baby's nutritional requirements six months after birth and other foods become necessary
- Complementary foods must be soft mashed food and contain five or more food groups including breast milk (such as cereals, grains, animal source food, vegetables, and fruits) to ensure healthy growth and development.
- Babies need to get enough food, 3-5 times with breast milk within a day help them to have age-appropriate growth and development.
- Continue to breastfeed your baby until two years or beyond to ensure healthy growth and development.

Who is/are responsible to initiate breastfeeding for the newborn?

- Husbands and partners should support mothers in household activities, so they have adequate time to provide proper feeding and care for their children.

What is the importance of using Iodized salt during food preparation?

- Iodine deficiency is the most common cause of preventable mental retardation. Iodine cannot be stored well in the body and little quantities are required every day.
- During pregnancy, Iodine is essential for the production of maternal and fetal thyroid hormones which is essential for the development of the fetal brain and nervous system.
- A woman's iodine requirements increase substantially during pregnancy to ensure adequate supply to the fetus. If a woman does not have enough iodine during pregnancy, her child is likely to be born with a mental disability or possibly a hearing or speech disability.
- If the child does not get enough iodine during infancy and childhood, he/she may have a delayed physical, mental or cognitive development. Even mild deficiency can reduce learning ability and lower intelligence.
- So, family should make sure to buy iodized salt and add salt on the food after cooking rather than add while cooking to prevent iodine loss.



WASH

<i>Explore (What do we know about clean water, sanitation, and hygiene)</i>	<i>Issues (what we do usually and why/ actual act and reason for)</i>	<i>Action plan focus</i>
<ul style="list-style-type: none"> • When and why hand washing is important? • What are Menstrual Hygiene and its importance for the life of girls and women? • How can make water clean? And why? • What is food hygiene? • What is food-born and water-borne diseases? • What is the importance of using the toilet often? • What is the importance of properly managing child feces? • What is the consequence of emergencies such as drought, and flooding on the health of the community, in particular sanitation and hygiene related? • How can prevent emergency-related health problems? 	<ul style="list-style-type: none"> • How do you practice hand washing in your daily life? • How is the menstrual time of girls and women defined by the community? Explain the real experience of women and girls during such time. • Have you clean toilet at your house and communal toilets around? Did you use the toilet always? If not why? • What is your contribution to promote consistent toilet use and avoid Open defecation? • Are schools and households suitable for girls and women during their period? Why? • Which is the source of water you use often? Is that clean water you use? • Did you or your family member face waterborne diseases such as diarrhea ever? What is the cause for that for you? And how do you manage it? • How do you do during the preparation and use of food to make it safe and clean? • Do you use the toilet often? If not, why? • How do you manage baby feces? • And what is the common practice in your community? • How you and your community prevent yourself from emergence-induced disease and outbreaks before the occurrence 	<p>At the end of this session the participant should set an action plan using the template in Annex 3, to the action plan should answer the following questions:</p> <ul style="list-style-type: none"> • What commitments and decisions can make as individuals and as a community to ensure the health and save lives of the community from preventable health problems? • What decisions can the community make to ensure positive hygiene and sanitation in practice?

Key messages community should know on WASH

When and why hand washing is important?

- Properly hand washing at least at critical times: after using the toilet, before food preparation, before eating food, before feeding a child/ breastfeeding, and after cleaning a child's bottom prevents diarrheal disease, respiratory disease, intestinal worms, and eye disease.
- Follow the proper hand washing steps for at least 20 seconds:
 - Wet your hands with clean water
 - Lather with soap and rub your palms together Interlace your fingers
 - Wash the backs of your hands and fingers
 - Wash your thumbs
 - Clean your nails
 - Rinse your hands well with clean water
- Washing hands with only water do not prevent the spread of infectious diseases, therefore, using Soap, or substitutes like ash, remove germs from hands by rubbing.
- Hand washing facilities should available near toilets, food preparation, and serving places improves hand washing practice.
- Schools should always have soap available at hand washing stations.

Why is MHM the issue?

- Menstruation is a natural gift for girls, it is not a curse or sign of starting sexual intercourse, but rather it is a normal biological process.
- The main reason for schoolgirls' absenteeism and dropout is directly related to less attention to menstrual hygiene management at school.
- Schools should create enabling environment for menstrual hygiene management—providing girls with an adequate number of separate private latrines, menstrual hygiene corner rooms, adequate water supply, and a safe waste management system.
- Encouraging girls to openly discuss any reproductive issues, including menstrual hygiene management, boosts their confidence and school achievement.

How can you make water clean? and why?

- Drinking contaminated water causeWaterborneillnesses such as diarrhoea and vomiting, skin, ear, respiratory, or eye problems.
- Use treated water, washing water containers regularly using locally available cleaning materials, help to prevent from water-borne diseases.
- Water from all sources, including pipe water, should be treated at home using different home-based water treatment methods such as boiling, filtration equipment, and chemicals.



What is food hygiene?

- Always separate raw and cooked food, wash raw vegetables, cook food thoroughly, cover cooked food, keep food preparation utensils and surfaces meticulously clean, as well as Keep your hygiene— body, nails, hair, clothes, and shoes help to protect or prevent diseases caused by unsafe food.
- The shelf life of foods differs; always make sure the food you are using is not expired.
- Anyone with suspected/active disease should be diagnosed and get treated before he/she prepares or serves food

What is the importance of often using the toilet?

- Proper use of toilets promotes the health of the people by allowing them to dispose of waste appropriately, preventing contamination of the environment and reducing risk.
- You have a responsibility to properly use and clean the communal latrine which helps to protect you, your family, and your community from communicable diseases.
- Use locally available sanitation materials to keep your latrine always clean so that people will be encouraged to use it.
- Schools and religious meeting places such as churches should always have latrines and washing facilities.

What is the importance of properly managing child feces?

- Child feces are infectious, and properly managing child feces (diaper), can protect you and your family from communicable diseases.
- Make the construction and use of improved latrines normal in your culture.

Proper Management of Solid and Liquid Waste

- protect yourself, your family, and your community from social, economic, and health problems by practicing proper waste disposal methods.
- Segregating waste appropriately at home makes waste management efficient and helps reduce risks associated with hazardous waste.
- Prevent bad odors and the breeding of flies, which transmit diseases, by collecting solid waste frequently, following the procedures, and properly taking the necessary precautions.

What is the consequence of emergencies such as drought and, flooding on the health of the community?

- Drought, floods, and other disasters often cause disease outbreaks such as acute watery diarrhea, scabies, typhoid, typhus, and measles. These diseases can be prevented mostly by washing hands with soap at critical times, properly and consistently using latrines, keeping food clean, use treated or boiling drinking water. Make sure people in your community
- understand the risks associated with disasters and mobilize them during emergencies so that they can protect themselves through proper hygiene and environmental health practices.

Reproductive, maternal and child health

<i>Explore</i>	<i>Issues</i>	<i>Action plan focus</i>
<ul style="list-style-type: none"> • When and why hand washing is important? • What are Menstrual Hygiene and its importance for the life of girls and women? • How can make water clean? And why? • What is food hygiene? • What is food-born and water-borne diseases? • What is the importance of using the toilet often? • What is the importance of properly managing child feces? • What is the consequence of emergencies such as drought, and flooding on the health of the community, in particular sanitation and hygiene related? • How can prevent emergency-related health problems? 	<ul style="list-style-type: none"> • How do you practice hand washing in your daily life? • How is the menstrual time of girls and women defined by the community? Explain the real experience of women and girls during such time. • Have you clean toilet at your house and communal toilets around? Did you use the toilet always? If not why? • What is your contribution to promote consistent toilet use and avoid Open defecation? • Are schools and households suitable for girls and women during their period? Why? • Which is the source of water you use often? Is that clean water you use? • Did you or your family member face waterborne diseases such as diarrhea ever? What is the cause for that for you? And how do you manage it? • How do you do during the preparation and use of food to make it safe and clean? • Do you use the toilet often? If not, why? • How do you manage baby feces? • And what is the common practice in your community? • How you and your community prevent yourself from emergence-induced disease and outbreaks before the occurrence 	<p>At the end of this session the participant should set an action plan using the template in Annex 3, to the action plan should answer the following questions:</p> <ul style="list-style-type: none"> • What commitments and decisions can make as individuals and as a community to ensure the health and save lives of the community from preventable health problems? • What decisions can the community make to ensure positive hygiene and sanitation in practice?



Key Facts community should know about RMNCH

What is ANC? When does it start?

- ANC is one of the crucial cares to ensuring healthy outcomes in women and newborns, timely initiation of antenatal care can avoid pregnancy-related problems and save the lives of mothers and babies.
- The first ANC visit should be before 16 weeks, so, if you miss your period, check the pregnancy, and start ANC follow-up.
- Consumes iron and folic acid, gets tested for STIs, including HIV, and follows the advice of the health worker based on the results.

What is the danger sign during pregnancy?

- severe vaginal bleeding,
- convulsions,
- severe headache with blurred vision,
- severe abdominal pain,
- too weak to get out of bed,
- Fast or difficulty in breathing,
- reduced fetal movement, fever, and swelling of the fingers, face, and legs

How do manage danger signs during PNC?

- If you have seen any danger sign, know the danger signs for seeking immediate care at the facility

What is the preparation during pregnancy?.

Preparing for the delivery allows you to plan for the best available care and should include the following:

- Identify the place of your delivery with your health worker
- Discuss with the nurse/midwife when you should go for antenatal visits, when to reach the center for the delivery, and what to take with you
- Prepare the necessary materials for yourself and your baby
- Save enough money for going to the health center for the delivery/complications, other medical expenses and the transport
- Identify the transport to be used for the above
- Plan who will go with you for support during delivery and who will help at home while you are away
- Has a plan for birthing and complications or emergencies, including identification of the facility to go to, the transport to use, saving/procuring birr for transport and medical services, arrangements for care at home, and assistance for the mother.

Who is responsible for completing ANC?

- The support of their husband, family and community is very important to the pregnant women to remind the schedule for follow-up and other support she needs.

Birth and PNC

What is PNC? And why is PNC important?

- (Mother)and babiesare assessed by a trained health worker early in the first week postpartum, preferably within 24 hours of birth or at least within the first three days and have follow-upvisits as advised by the health worker.

Do all mothers after birth need PNC?

- Allmothers should attend all PNC visits with their newborns which help to receive any missed doses of tetanus toxoid, advice of the health worker and follows the most suitable method for family planning to delaythe next birth, etc.

What is/are a post-partum danger sign

- Excessive vaginal bleeding (e.g., more than 2 or 3 pads soaked in 20-30 minutes after delivery or bleeding increases rather than decreases after delivery)
- Convulsions
- Fast or difficult breathing
- Fever and being too weak to get out of bed
- Severe abdominal pain
- Foul-smelling vaginal discharge
- Severe headache and swelling of the hands and face
- Red patches or streaks and or pain in the legs
- Severe painful, engorged breasts and/or sore, cracked, bleeding nipples

Newborn care

What is the treatment needed for a newborn?

- The temperature of the baby is maintainedbythe following:
Have the baby dried with a clean cloth immediately after the birth and wrapped (including the head) with a fresh clean dry cloth.
- Placing the baby close to the mother, preferably practicing skin-to-skin contact.
- Delaying the first bath for the baby until the next day.
- Verifying that the baby is maintaining temperature by checking that the tummy, hands, and feet are all adequately warm, not cold or too hot
- The mother commences breastfeeding within one hour of the birth without giving any other fluids and breastfeeds the newborn exclusively on demand during the day and night at least 8-10 times a day (24 hours).
- The mother keeps the cord clean and dry without applying ash, clay, or any other similar harmful substance.
- protect the baby from infections, the mother and family members wash their hands with clean water and soap before touching the baby, especially after using the toilet or changing the napkin/diaper for the baby and cleaning items or the house.



- The mother provides greater care for the low-birth-weight infant, such as:
- Keeping the baby warm by skin-to-skin contact (kangaroo mother care).
- Breastfeeding more frequently.
- Delaying the first bath for a week or more but taking care to keep the baby clean by sponging the parts that get dirty.
- Taking the baby to the nearest health facility if he/she cannot maintain temperature or suck at the breast.
- The base of the cord is red, swollen, and has pus discharge or a foul smell.

What is the danger sign for the newborn?

- Is sucking less or not sucking at all?
- Is inactive/ lethargic.
- The body feels excessively hot or cold.
- The breathing is fast or is associated with lower chest retraction,
- Has abdominal distension and or persistent vomiting.
- Has convulsions.

Immunization

What is the benefit of vaccinating children?

- Immunize your child because immunization protects children from several dangerous vaccine-preventable diseases, so, boost your child's natural defenses against diseases! Keep your child pure of infections – Vaccinate!
- No one is safe until everybody is safe, as the virus does not discriminate, everyone who are eligible for vaccine should take Covid 19 vaccination.
- Fathers' support is vital for full immunization of children to ensure their protection against vaccine-preventable diseases and associated illness, disability, and death.
- Vaccines are safe, and they protect children from many vaccines' preventable diseases. Should you have any questions, please ask the health professionals until all your concerns are addressed.

Who is responsible for vaccinating children?

- Fathers' support is vital to ensure their child's protection against vaccine-preventable diseases and associated illness, disability and death.
- The mother keeps the cord clean and dry without applying ash, clay, or any other similar harmful substance.
- protect the baby from infections, the mother and family members wash their hands with clean water and soap before touching the baby, especially after using the toilet or changing the napkin/diaper for the baby and cleaning items or the house.

Traditional practice which affects well being

<i>Explore (What do we know about the right of children, the consequences of harmful practices on children, risk factors for child abuse and violation act)</i>	<i>Issues related to Child protection (what we do usually and why/ actual act and reason for)</i>	<i>Action plan focus</i>
<ul style="list-style-type: none"> • Whydo children need special attention? • Describe harmful practices and violence against children’s rights. • What is the cause of children’s physical abuse and violence? • What is early marriage? Its cause and consequence? • How do protect children from physical abuse and violence? • Do you know the incidence reporting mechanism? • What are the risk factors for physical abuse and violence against children such as FGM, GBV, early marriage and child labor, within the context of an emergency? How prevent it? • What is meant to be a girl and a woman in your community? 	<ul style="list-style-type: none"> • Is there FGM, early marriage, GBV and any other violent practice in your community? Why (the root cause)? • How do you do to avoid the risks and acts of child abuse and violence act? And what is the main constraint to avoiding it? • what do you do for victim children? Where to go for support? • How do you define males and females regarding their role in the community? Do you believe that this is important? How do you do to avoid gender imbalance? 	<p>At the end of the session, the participant should set an action plan using a template in Annex 3, the action plan should answer the following questions:</p> <ul style="list-style-type: none"> •What commitments and decisions can make as individuals and as a community to ensure the well-being of children and protect children from harmful practices? • What decisions can the community make to ensure a safe world for children?



Key Facts community should know

Children:

- Experience insidious forms of violence, exploitation, and abuse, this can be physical, emotional, or sexual. It happens in the places children should be most protected – their homes, schools and playing environment.
- Their experience is worsened during emergencies, they may be forced to flee their homes, some torn from their families and exposed to exploitation and abuse along the way.

Child protection refers to all efforts to prevent and respond to abuse, neglect, exploitation, and violence against children.

Female genital mutilation (FGM):

- Every girl and woman have the right to be protected from female genital mutilation (FGM), a manifestation of entrenched gender inequality with devastating consequences.
- FGM cause short-term complications such as severe pain, shock, excessive bleeding, and infections, as well as long-term consequences for their sexual and reproductive health and mental health, avoid this worthless act in female

Early Marriage:

- Early marriage, or child marriage, is a marriage or union between two people in which one or both parties are younger than 18 years of age.
- Child marriage denies girls educational opportunities, leads to poverty and economic insecurity and has a serious negative impact on their health and decision-making capacities, so condemn child marriage.
- Girls are free to decide if, when and who they marry
- Spousal age difference can make women more vulnerable to health risks and social isolation by creating power dynamics, these power dynamics can increase girls' vulnerability to emotional, physical, and sexual abuse.

For parents should do

- Strive to keep the family together
- Try not to be separated from your children for long periods
- Know where your children are always
- Do not promise children things you cannot provide
- Promise that you will do anything you can to protect them
- Talk to the children, pay attention to them, and let them explain their concerns and fears
- Give children accurate information about what is happening
- Caring for children and telling them you love them will reassure them
- Do not criticize children for the changes in their behavior such as being 'clingy' to parents or caregivers, clumsiness or seeking reassurance frequently.

- Do not show anger or aggression in front of your children
- Girls and boys have to be treated equally and provided with equal access to distribution items

Prioritizing families with children, single parents, child heads of households and unaccompanied minors in distribution

Children should do:

- Know where your family is if you are not together
- Know where your safe places are in the community (chapel, schools, community halls)
- If you go out to school, play or anywhere, tell your family where you are going
- If you are forced to flee, stay with your families and hold on to your mum and dad, aunts, uncles, elder brothers or sisters' hand
- If you lose your family, look for other parents or someone you can trust
- Know your parents' names and contact numbers

Neglected tropical diseases (NTD)

<i>Explore (What do we know about neglected tropical diseases such as trachoma, schistosomiasis, intestinal worms, lymphatic filariasis, and Onchocerciasis)</i>	<i>Issues related to neglected tropical diseases (what we do usually and why/ actual act and reason for)</i>	<i>Action plan focus</i>
<ul style="list-style-type: none"> • Do you know about What do we know about neglected tropical diseases such as trachoma, schistosomiasis, intestinal worms, lymphatic filariasis, and Onchocerciasis? • What is the cause and risk factors for such diseases. • Are the diseases preventable? How? • Are the diseases treatable? • Are you affected by one of NTD ever or do you know someone affected by this? What was the result? • What do you do, if you affected by one of the NTD? • What are preventable actions by yourself and community members? Have you done that? If not why? 	<ul style="list-style-type: none"> • What you and your community do to prevent NTD? • Why you practice to prevent? Who most influence you to practice such things? • How you treat, if you affected by (hypertension, Diabetics, cancer, cardiovascular disease, mental health, eye health)? • Could your belief that NTD are treatable or not? Why? 	<p>At the end of the session, the participant should set an action plan using a template in Annex 3, the action plan should answer the following questions:</p> <ul style="list-style-type: none"> • What commitments and decisions can make as individuals and as a community to prevent themselves from non-communicable diseases? • What decisions can the community make to avoid non communicable diseases?



Neglected tropical diseases

What is mass drug administration?

- Medicines used during mass drug administration (MDA) is administering medicines to community members for treatment of neglected tropical diseases (NTDs) and prevent as well as treat neglected tropical diseases, namely, trachoma, schistosomiasis, intestinal worms, lymphatic filariasis, and Onchocerciasis. They are free, safe, and effective. In order to minimize side effects, it is important to eat a meal before taking the drug.
- Side effects are typically seen in individuals with higher levels of infection. This is because the drug is reacting to the bacteria or parasites in the body. If the side effects are severe or continue, contact your health-care worker or go to the nearest health facility.
- People who are not eligible should not take the drug.
- Pregnant mothers, children under five, sick people, and mothers who have delivered within one week are not eligible for drugs administered orally

How we prevent from NTD?

- We can prevent schistosomiasis by avoiding contact with pond, lake, or river water.
- Promote wearing long clothes that cover the whole body within your community, especially for people working in the fields (Onchocerciasis).
- Make sure your whole family sleeps under insecticide-treated bed nets to prevent diseases transmitted by mosquito bites (lymphatic filariasis).

Treatment of NTD

- 1. Trachomatous Trichiasis:** the inversion of eyelashes that rubs the eyeball and causes pain/feeling of foreign body in the eye—is a result of repeated trachoma infection. This can be corrected by a simple and effective procedure on the same day as the health facility visit and has quick recovery time.
 - Trachomatous Trichiasis can be corrected by a simple and effective procedure on the same day as the health facility visit and has quick recovery time.
 - Health facilities, not traditional healers, are the best option for treating eye diseases, including trachoma Cthe.
- 2. Lymphedema:** Lymphedema is caused by mosquito bites (lymphatic filariasis) or walking barefoot for a long time on clay soil (podoconiosis). It is not hereditary or transmitted by physical contact. It is neither a curse nor is it related to individual traits or personality.
 - Washing your legs,
 - Rubbing your skin with Vaseline,
 - Elevating affected limbs,
 - Exercising, wearing shoes, and Caring for your wounds.
 - Consult a health professional if you have swelling of the limbs or scrotum.
 - Consult a health professional if you have lymphedema and you experience swelling and redness of the limbs, fever, and pain. (Indicating an acute attack.)

- If the disease is not treated early, it can cause the limbs to swell so much that it causes difficulty of movement and, eventually, disability.
- 3. Onchocerciasis:** is a disease caused *Onchocerca volvulus*; a parasite is transmitted through the bites of black flies. The symptoms—severe itching, bumps under the skin, and blindness—can occur one to two years after infection.
- If the disease is not treated early, it can lead to severe pain and limited functionality, including blindness.
- 4. Leishmaniasis:** Leishmaniasis is a collection of diseases caused by leishmania parasites transmitted through bites by the female sand fly. If the disease is not treated early, it can lead to severe pain and limited functionality, including blindness.
- Based on the symptoms, leishmaniasis has three forms. Cutaneous leishmaniasis, the most common causes erythema in the skin (nose, mouth, hand, and feet), nodular lesions, and swelling.
 - The lesions turn into ulcers/open sores that can scar and deform the face and body and can lead to social discrimination.
 - Mucocutaneous leishmaniasis known for the partial or total destruction of the mucous membranes of the nose, ear, mouth, and throat. Without medical treatment, this type of leishmaniasis is not curable. In some cases, it may recur or remain incurable.
 - Visceral leishmaniasis affects internal organs of the body, mainly the pancreas, liver, and spleen. The sign and symptoms occur three to six months after infection.
 - People with this disease might suffer from severe and prolonged fever, loss of weight, enlarged liver and spleen, and anemia. Nose bleeding, cough, vomiting, diarrhea, weakness of the body, and loss of appetite are the minor symptoms of the disease.
 - Leishmaniasis co-infection with other diseases, such as tuberculosis and HIV, makes diagnosis and treatment more challenging.
 - Someone is suspected of having leishmaniasis disease if he/she lives or travels to the areas affected by the disease, has a fever for more than two weeks, and their pancreas or liver is enlarged. They must go to a medical facility to get the necessary advice, follow up, and treatment.
 - In some cases, leishmaniasis can recur or be incurable. Nevertheless, the person needs to undergo the proper follow up and treatment for other alternatives.
 - If you discontinue treatment, you will build resistance to the medicine and the disease will become severe. Even if you feel better while taking the drug, you have to take all of the prescribed drugs otherwise the disease will relapse and become severe.
- 5. Trachoma:** is a disease of the eye caused by infection with the bacterium *Chlamydia trachomatis*. Washing your legs,
- Vector management and control is crucial for reducing the number of vectors and intermediate hosts that are capable of spreading infections, reducing the transmission potential between vectors and hosts, preventing new infections and re-infections.



- Vector management and control is an important complement to preventative chemotherapy, and encouraging environmental improvement is crucial to control neglected tropical diseases transmitted by vectors. Black flies, sand flies and mosquitoes are, respectively, the biological vectors of Onchocerciasis, leishmaniasis and lymphatic filariasis; while houseflies are mechanical vectors that transmit trachoma. Freshwater snail is intermediate host of schistosomiasis. Flies are responsible for transmitting trachoma from sick to healthy individuals. Washing children's faces daily and removing discharge from their eyes and noses will keep flies away. Faces should be kept clean throughout the day, so flies will not be attracted to them. Flies breed in waste, human excreta, dung, and sewage.
- The number of flies increases in the presence of unclean environment with waste, human excreta, and open sewage. Fly breeding sites can be reduced or eliminated by improving the disposal of human excreta, animal dung, and sewage disposal; keeping domestic animal dung away from house environment and neighborhood; improving food handling; and ensuring that waste is properly managed.

6. Onchocerciasis:

- Onchocerciasis is transmitted by bites of black flies.
- Cover your body parts with clothes to minimize the chance of infection. Wearing long clothes that cover the whole body, especially for people working in the fields prevent from black flies.
- Identify the breeding site, avoiding the sites and chemical sprays helps to control the breeding of black flies.

7. Leishmaniasis: is caused by infection with Leishmania parasites, which are spread by the bite of phlebotomine sand flies.

- Sand flies are the main transmitters of leishmaniasis and that they should regularly take measures to prevent bite by sand flies.
- The sand flies bite mostly during nighttime and take protective measures to prevent bites such as:
 - Sand fly breeding sites are identified and make vector control measures are taken by authorities.
 - Use of insecticide-treated bed nets properly and consistently for the whole family sleeps under insecticide-treated bed nets to prevent diseases transmitted by sand fly bites.
 - Do not sleep outdoor without bed nets. You should wear long-sleeve shirts while in the field to prevent sand fly bites.

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