Dialogues for Life

Training Facilitators in Dialogue-Based Behavior Change Communication for Reproductive Health

Trainer’s Guide
(Revised, June 2007)

PATH
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Acknowledgements

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- National Health Education, Information and Communication Center
- Technical Committee for the Implementation of Comprehensive Abortion Care
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Introduction

Program context

This training was originally developed for the Dialogues for Life project, a pilot behavior change communication project focusing on preventing unwanted pregnancy and unsafe abortion, and increasing women’s access to safe, legal abortion to terminate unwanted pregnancy. Led by PATH in collaboration with the Nepal Ministry of Health and Population, Family Health Division, and local nongovernmental partner groups in 2004–2006, with funding from an anonymous donor, the project sought to achieve these objectives by promoting dialogue about sensitive reproductive health issues in families and communities. The central intervention in Dialogues for Life is the facilitated dialogue group, which meets twice a month for about two hours to explore reproductive health issues through role-play, storymaking, and experience-sharing, as well as discussion and critical reflection on values, attitudes, beliefs, and behaviors.

Training facilitators in dialogue-based approaches

This training is one component of the Dialogues for Life approach. It comprises three training modules: an initial five-day training and two subsequent four-day trainings. Following each of the first two training modules, the participants lead community events for a period of two to three months. The trainings prepare participants to lead activities such as dialogue groups, magnification of personal stories of behavior change, and facilitation of referrals for reproductive health services.

The main content areas of this training include:

- Introductions, pre- and post-tests, expectations, and overview.
- Techniques for leading participatory activities, including figureheads, body mapping, storymaking, role-plays, and use of provocative questions.
- Technical sessions on reproductive health and other bodily systems.
- Preparation for community-based work.

The training is designed to include approximately five and a half hours of learning and practice sessions per day (e.g., sessions can run from 10:00 a.m. to 5:00 p.m., with an hour and a half for lunch and tea breaks). The training is intensive and highly participatory, with extensive practice in the use of dialogue facilitation approaches.

Training objectives

The objective of the Dialogues for Life training is to build the capacity of community-based group facilitators to:

1. Facilitate group discussion and critical reflection on deeply rooted social values, attitudes, and beliefs that underlie behaviors and practices related to sensitive reproductive health issues, including family planning, unwanted pregnancy and abortion, gender roles, and partner communication.

2. Identify positive examples of reproductive health behavior change in the group and community that can be “magnified” in the larger community to help establish new behavioral norms that promote better reproductive health.
Sparkling behavior change through community dialogue

The approach to behavior change communication embodied in *Dialogues for Life* is highly interactive and participatory, utilizing a variety of role-play and story-based techniques. In the safe environment of dialogue group meetings, participants are encouraged to engage in deep discussion of and critical reflection on the values, attitudes, and beliefs that underlie health behaviors and social practices. During every meeting, participants share their experiences and learn from one another. According to the needs and interests of the group, facilitators also offer information sessions on topics such as human biology, including reproductive biology, family planning, safe abortion, and emergency contraception. The dialogue group intervention has an impact in the larger community through:

- Dialogue group members themselves, who become sources of information and reference on reproductive health issues for their families and other members of their social networks.
- Magnification of positive behavior change examples in the larger community through a variety of media.

Selecting the trainers

This training should be conducted by a team of at least two trainers with experience in participatory methods and adult learning. Trainers should have complementary skills and background that include:

- Experience with behavior change communication programs that utilize a dialogue-based approach.
- Community-based group facilitation.
- Good grasp of social barriers to reproductive health.
- Proficiency and confidence in using the major group dialogue tools taught in this training (figureheads and storytelling). This can be achieved by trying out these tools with community groups prior to conducting the training.

Trainers should also have access to technical resource persons who can co-facilitate and serve as references for sessions on reproductive health technical information.

Selecting the training participants

The *Dialogues for Life* training is designed for a group of approximately 20 to 25 participants. The majority of participants should be people who have been recruited as community-based dialogue group facilitators. Some participants will have had previous experience facilitating groups and discussion; others will not. In addition to dialogue group facilitators, supervisors who will be supporting facilitators should participate in the training. Other participants may include program staff involved in managing the behavior change communication program and relevant staff or officials of local health institutions. Participants should be prepared to attend all three modules of the training and to practice what they learn with dialogue groups between each training module.
**Supervising and supporting facilitators between trainings**

Dialogue group facilitators will need regular supervision and support during their practicum periods between trainings. Organizations implementing the *Dialogues for Life* approach to behavior change communication are encouraged to:

- Hold regular monthly facilitator meetings to identify challenges and solve problems.
- Have supervisors make at least monthly visits to observe facilitators in action and provide feedback on improving dialogue group facilitation.
- Prepare a list of referral centers for reproductive health and other social services and orient facilitators to the services available in their communities.
- Inform facilitators about who to call on for technical back-up and referral linkage.

In addition, it can be highly productive to have facilitators pair up and provide peer support and review during dialogue group sessions, particularly in the first six months of *Dialogues for Life* implementation.

**Using energizers**

Energizer activities are not included in this training guide. However, because the training is intensive and very focused, trainers should pay careful attention to the energy level of the group throughout each day. Trainers should prepare a variety of short (five-minute) energizers to use between sessions or to break up sessions as they see fit. Alternatively, one or two participants each day can serve as “mood monitors.” These volunteers can be responsible for leading the group in a song, dance, or energizer exercise at least once during the day when they sense that participants’ energy is low.

The following resource provides excellent ideas for energizer activities:


**Adapting and using the training guide**

We anticipate that the training guide will be used and adapted to fit the needs of different institutions, programs, and participants. Although the content in this manual focuses on unwanted pregnancy, family planning, and abortion, the approach to behavior change communication and the dialogue tools and processes utilized here are content-neutral. They can be used to promote dialogue, reflection, and change related to a range of sensitive reproductive health issues, as well as broader health and social concerns.

**Assembling materials before the training begins**

Trainers should familiarize themselves thoroughly with the curriculum content before initiating the training, and prepare copies of the agenda, handouts, and any other resources necessary. The following materials should be assembled before the training as well:

- Copies of the registration form
- Copies of the pre- and post-tests
- Marker pens (felt-tip or white board markers)
• Newsprint (flipchart paper)
• Metacards (index cards or blank sheets of paper)
• Masking tape
• Name badges
• Welcome packets for participants—slim-ring binders with folder pockets, containing:
  o Welcome letter.
  o Training agenda.
  o Notebook.
  o Pen.
• Copies of the final workshop evaluation form

Exploring additional resources

For additional information on the context of safe abortion in Nepal, the process used to develop the Dialogues for Life strategy, and the results of the pilot project, please see the following resources:

• **Safe abortion in Nepal—Sharing experiences and changing lives: Communication influences informed choice for Nepali women.** This web page introduces the behavior change communication work PATH and its partners are doing to increase knowledge of and access to safe abortion in Nepal, and provides links to the documents listed below. Available at: www.path.org/projects/safe_abortion_nepal.php.

• **Behavior Change Communication: Increasing Access to Safe Abortion in Nepal. PATH and Ipas; 2005.** This two-page fact sheet gives a brief overview of the behavior change communication work that PATH and its partners are doing to increase knowledge of and access to safe abortion in Nepal. Available at: http://www.path.org/publications/pub.php?id=1095.

• **Getting Down to Details: A Draft Planning Guide for Sparking Dialogues on Safe Abortion. Seattle: PATH; 2005.** A companion resource to “Sparking Dialogue,” this guide provides an in-depth look at four of the key steps in the behavior change communication strategy development process: conducting a formative assessment, organizing a community strategy design workshop, developing a monitoring and evaluation plan, and carrying out behavior change communication skills training. Available from: info@path.org.

• **Women’s Right to Choose: Partnerships for Safe Abortion in Nepal. PATH, Technical Committee for the Implementation of Comprehensive Abortion Care, Government of Nepal Family Health Division, Centre for Research on Environment Health and Population Activities, Forum for Women, Law and Development, Ipas; 2005.** This booklet documents the early steps and achievements in the process of implementing the reformed abortion law in Nepal, highlighting the roles and activities of the many stakeholders involved. A range of issues and initiatives are covered, related to the establishment of services, training of staff, monitoring of services, legal points, advocacy and information dissemination, and behavior change communication. Available at: www.path.org/publications/pub.php?id=1284.
List of handouts and trainer’s aids

Module 1:

Handout 1: Introductions activity
Handout 2: Dilemma – obstetrical emergency
Handout 3: Instructions for figureheads
Handout 4: Making a paper goldfish
Handout 5: How people learn
Handout 6: Dilemma – unwanted pregnancy
Handout 7: Dialogue facilitation assessment
Handout 8: Body mapping instructions
Handout 9: Body systems – true or false activity
Handout 10: Body systems – true or false answers
Handout 11: Reproductive biology treasure hunt
Handout 12: Reproductive biology treasure hunt answers
Handout 13: Reproductive system matching game
Handout 14: Male and female reproductive systems
Handout 15: Fact sheet on menstruation and conception
Handout 16: Reproductive anatomy puzzle instructions
Handout 17: Reproductive anatomy puzzles
Handout 18: Dilemma – sexual violence
Handout 19: Family planning bazaar instructions
Handout 20: Family planning methods – information sheet
Handout 21: Dialogue group session log
Handout 22: Module 1 final evaluation form

Trainer’s Aid A: Pre- and post-test
Trainer’s Aid B: Notes on figureheads
Trainer’s Aid C: Practicing questioning – themes to explore
Trainer’s Aid D: Facilitation challenges

Module 2:

Handout 1: Introductions activity – find someone who…
Handout 2: Dilemma – extramarital sex and pregnancy
Handout 3: Dialogue facilitation assessment
Handout 4: Visual thinking checklist
Handout 5: Safe abortion fact or fiction game
Handout 6: Safe abortion fact or fiction game answers
Handout 7: Safe abortion information sheet
Handout 8: Emergency contraception matching game
Handout 9: Emergency contraception matching game answers
Handout 10: Emergency contraception information sheet
Handout 11: IMM-4Z information form  
Handout 12: IMM-4Z consent form  
Handout 13: IMM-4Z feedback form  
Handout 14: Community behavior change – notes to the trainer  
Handout 15: Instructions for storymaking and role-play with freeze  
Handout 16: Module 2 final evaluation form

Trainer’s Aid A: Sample personal field experience map  
Trainer’s Aid B: Instructions for figureheads  
Trainer’s Aid C: Notes on storymaking  
Trainer’s Aid D: Notes on role-play with freeze

Module 3:

Handout 1: Discussion and storymaking topics  
Handout 2: Dialogue facilitation assessment  
Handout 3: Dilemma – gender issues in facilitation  
Handout 4: Dilemma – incest  
Handout 5: Dilemma – intercaste marriage  
Handout 6: Provocative questions – Part 1  
Handout 7: Facilitator guidelines – discussion of causes and consequences  
Handout 8: Provocative questions – Part 2  
Handout 9: Instructions for body modeling  
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