Dialogues for Life

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

Trainer’s Guide

(Revised, June 2007)
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- National Health Education, Information and Communication Center
- Technical Committee for the Implementation of Comprehensive Abortion Care
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- Bishnu Shrestha, dialogue group facilitator and illustrator

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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.
Sparking 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.

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  
Handout 10: Provocative questions – Part 3  
Handout 11: Using trigger points to evoke discussion  
Handout 12: Identifying people who have changed their attitudes or behavior  
Handout 13: Magnification – key steps  
Handout 14: Module 3 final evaluation form
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Overview of Module 1

Following is a summary of the main content for each day of the training, along with the suggested time frame.

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<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>10:00–10:30</td>
</tr>
<tr>
<td>Welcome, introductions, and expectations</td>
<td>10:30–11:30</td>
</tr>
<tr>
<td>Overview of workshop objectives and agenda</td>
<td>11:30–11:45</td>
</tr>
<tr>
<td>Workshop norms and pre-test</td>
<td>11:45–12:00</td>
</tr>
<tr>
<td>Headlines</td>
<td>12:00–12:30</td>
</tr>
<tr>
<td>Lunch</td>
<td>12:30–1:30</td>
</tr>
<tr>
<td>Figureheads demonstration: Obstetric emergency</td>
<td>1:30–3:30</td>
</tr>
<tr>
<td>Figureheads debriefing</td>
<td>3:30–4:30</td>
</tr>
<tr>
<td>Evaluation of Day 1</td>
<td>4:30–4:45</td>
</tr>
</tbody>
</table>

**Total time:** 6.75 hours

### Day 2

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Review of Day 1 and overview of Day 2</td>
<td>10:00–10:30</td>
</tr>
<tr>
<td>How people learn</td>
<td>10:30–11:45</td>
</tr>
<tr>
<td>Tea</td>
<td>11:45–12:00</td>
</tr>
<tr>
<td>Encouraging participation through questioning</td>
<td>12:00–1:00</td>
</tr>
<tr>
<td>Detailed overview of figureheads instructions</td>
<td>1:00–1:30</td>
</tr>
<tr>
<td>Lunch</td>
<td>1:30–2:15</td>
</tr>
<tr>
<td>Elements of good facilitation</td>
<td>2:15–2:45</td>
</tr>
<tr>
<td>Figureheads Practicum I: Unwanted Pregnancy</td>
<td>2:45–4:15</td>
</tr>
<tr>
<td>Tea</td>
<td>4:15</td>
</tr>
<tr>
<td>Figureheads debriefing</td>
<td>4:15–4:45</td>
</tr>
<tr>
<td>Evaluation of Day 2</td>
<td>4:45–5:00</td>
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**Total time:** 7 hours
### Day 3

<table>
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<th>Time</th>
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</thead>
<tbody>
<tr>
<td>10:00–10:30</td>
<td>Review of Day 2 and overview of Day 3</td>
</tr>
<tr>
<td>10:30–11:00</td>
<td>Practicing questioning</td>
</tr>
<tr>
<td>11:00–11:15</td>
<td>Tea</td>
</tr>
<tr>
<td>11:15–12:45</td>
<td>Body mapping</td>
</tr>
<tr>
<td>12:45–1:30</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:30–2:15</td>
<td>Body systems</td>
</tr>
<tr>
<td>2:15–2:30</td>
<td>Tea</td>
</tr>
<tr>
<td>2:30–4:15</td>
<td>Reproductive biology</td>
</tr>
<tr>
<td>4:15–4:30</td>
<td>Evaluation of Day 3</td>
</tr>
</tbody>
</table>

**Total time:** 6.5 hours

### Day 4

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>10:00–10:15</td>
<td>Review of Day 3 and overview of Day 4</td>
</tr>
<tr>
<td>10:15–10:45</td>
<td>Practicing questioning</td>
</tr>
<tr>
<td>10:45–11:00</td>
<td>Preparing for Figureheads Practicum II: Sexual Violence</td>
</tr>
<tr>
<td>11:00–11:15</td>
<td>Tea</td>
</tr>
<tr>
<td>11:15–1:15</td>
<td>Figureheads Practicum II: Sexual Violence</td>
</tr>
<tr>
<td>1:15–2:00</td>
<td>Lunch</td>
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<tr>
<td>2:00–3:45</td>
<td>Family planning bazaar</td>
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<tr>
<td>3:45–4:00</td>
<td>Evaluation of Day 4</td>
</tr>
</tbody>
</table>

**Total time:** 6 hours

### Day 5

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00–10:15</td>
<td>Review of Day 4 and overview of Day 5</td>
</tr>
<tr>
<td>10:15–11:15</td>
<td>Family planning information session</td>
</tr>
<tr>
<td>11:15–11:30</td>
<td>Tea</td>
</tr>
<tr>
<td>11:30–12:30</td>
<td>Role of the facilitator</td>
</tr>
<tr>
<td>12:30–1:30</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:30–3:00</td>
<td>Preparing for field practicum</td>
</tr>
<tr>
<td>3:00–4:00</td>
<td>Evaluation and closing</td>
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</table>

**Total time:** 6 hours
Day 1

<table>
<thead>
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<th>Session</th>
<th>Time</th>
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<tbody>
<tr>
<td>Registration</td>
<td>10:00–10:30</td>
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<tr>
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<tr>
<td>Workshop norms and pre-test</td>
<td>11:45–12:00</td>
</tr>
<tr>
<td>Headlines</td>
<td>12:00–12:30</td>
</tr>
<tr>
<td><em>Lunch</em></td>
<td>12:30–1:30</td>
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<tr>
<td>Figureheads demonstration: Obstetric emergency</td>
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<tr>
<td>Figureheads debriefing</td>
<td>3:30–4:30</td>
</tr>
<tr>
<td>Evaluation of Day 1</td>
<td>4:30–4:45</td>
</tr>
</tbody>
</table>

**Total time:** 6.75 hours

**Registration**
(30 minutes)

**Materials and preparation needed:**

- Copies of registration form (provided by nongovernmental or community-based partner)
- 25 name cards
- Welcome and information packets for participants (25 slim-ring binders with folder pockets, containing a welcome letter, training agenda, notebook, and pen)

1. As the participants enter the room, greet them and ask them to register their names.
2. Distribute name cards and information packets.

**Welcome, introductions, and expectations**
(1 hour)

**Materials and preparation needed:**

- Blank newsprint
- Marker pens
- Masking tape
- Scissors
- Copies of *Handout 1: Introductions activity*
Make one extra copy of Handout 1: Introductions activity and cut on the dotted lines to prepare 12 or 13 matching pairs of symbols (☀, ♥, ♦, Δ, ⌂, @, ?, ₣, ₫, ♠, etc.), with one symbol on each slip of paper. Alternatively, the trainer can hand draw their own symbols.

Write on newsprint the following interview questions:
- What is your name?
- What was the most embarrassing moment in your life?

Welcome and introductions (30 minutes)

1. Welcome participants to the training. Ask the trainers to introduce themselves briefly.

2. Mix up the slips of paper with the symbols on them and distribute one to each participant. Make sure that no one is left without a partner (use 10 matching pairs of symbols for 20 participants, for instance).

3. Ask participants to find the person who has the matching symbol on his or her card.

4. When all the participants have identified their partners, refer them to the interview questions written on newsprint, and ask them to take five minutes to interview each other.

5. Trainers and program staff should also pair up with each other to introduce themselves in the same way.

6. After five minutes, ask each participant to introduce his or her partner to the larger group, sharing his or her partner’s most embarrassing moment.

7. Distribute copies of Handout 1: Introductions activity.

Expectations (20–30 minutes)

8. Ask participants to reflect for a minute on what they expect from this training. Allow them a minute or two to jot down their ideas if they would like to.

9. Ask participants to share their expectations in the plenary, recording on flipchart paper and grouping them thematically as you go. Then post the expectations on the wall. (Alternatively, ask participants to write one or two major expectations on slips of paper, have them read aloud, and the trainer can collect, group, and post them on the wall.)

10. Summarize the list of participants’ expectations.
Overview of workshop objectives and agenda
(15 minutes)

Materials and preparation needed:

- Training objectives (written on newsprint)
- First day agenda (written on newsprint)
- Masking tape

1. Summarize the overall training framework by explaining that participants will attend three training module sessions, each followed by a period of two to three months of field practicum. During the field practicum, they will be expected to form community dialogue groups and lead four or five meetings using techniques such as figureheads, body mapping, and information sessions about health topics.

2. Review and post facilitator training objectives for this module.

Objectives for this module:

- Improve participants’ understanding of how our bodies work, especially in the areas of reproduction and contraception.
- Build participants’ skills in facilitating group dialogue and discussion, and introduce different ways of learning, thinking, analyzing, and understanding to make them better facilitators.
- Introduce some exciting new processes that participants can use to help people discuss sensitive issues.
- Prepare participants to facilitate dialogue groups in their communities.

1. Compare the training objectives with the participants’ expectations. Point out which participant expectations will be met by the training, and which will not.

2. Review and post the first day’s agenda.

Workshop norms and pre-test
(30 minutes)

Materials and preparation needed:

- Blank newsprint
- Marker pens
- Masking tape
- Copies of Trainer’s Aid A: Pre- and post-test
Workshop norms (15 minutes)

1. Ask participants to suggest norms for the workshop. Norms are guidelines or rules that the group agrees to follow during the workshop to encourage an atmosphere of trust and respect for learning. Record on newsprint. Be sure to add “turn off mobile phones” as a rule if participants do not suggest it themselves.

2. Ask participants to suggest consequences for breaking the agreed-upon norms. Record on newsprint and post in a prominent place.

3. Ask for one or two volunteers to be responsible for the role of timekeeper and for other issues that arise from day to day.

4. Explain that the training will be intense, demanding, and highly participatory. Learning sessions may be different from those they are used to, and will include lots of hands-on practice of different approaches and processes.

5. Explain the logistics and arrangements for payment of participant transport or per diem, lodging, etc.

Pre-test (15 minutes)

6. Explain to participants that to measure changes in their knowledge before and after the workshop series, they will take a short quiz. Request that participants mark their name on the quiz, or use another identifying symbol that they will use again to match with their post-test for comparison of results.

7. Distribute copies of Trainer’s Aid A: Pre- and Post-Test. Allow participants about 15 minutes to finish completing the quiz, and collect their papers. Ensure that each pre-test has the participant’s name or identifying symbol on it.

Headlines (30 minutes)

Session objective:
Introduce participants to role-play techniques and open them up to discussing sensitive reproductive health issues.

Materials and preparation needed:
- Session objective (written on newsprint)
- Write on slips of paper the headlines listed below (one headline per slip of paper).
1. Review the objective of the session.

2. Divide participants into four or five groups with four or five participants in each group. If possible, each group should include both men and women.

3. Distribute two or three intriguing headlines to each group and instruct them to quickly create a three- or four-minute skit using one of the headlines. Allow them only five minutes to prepare, and advise them to select their roles and agree on a story outline. Encourage them to consider challenging and unexpected roles.

Headline suggestions:
- She’ll bring shame on the family.
- But what if the neighbors find out?
- Don’t tell anyone...
- You can’t do that without my permission...
- I won’t make that mistake again.
- Now you’ve reached the age that...
- That’s a terrible place to go...
- Does this mean that we can’t do anything about it now?
- What will happen if somebody sees us?
- Oh no, we can’t afford another one...

4. After the groups have discussed their skits for five minutes, ask each group to present to the large group and to read out the given headline after the performance.

5. Ask the audience for their comments and discuss how well the skit matched the headline.

**Figureheads demonstration: Obstetric emergency (2 hours)**

**Session objective:**
Introduce participants to figureheads—the primary dialogue tool they will learn in Module 1.

**Materials and preparation needed:**
- Session objective (written on newsprint)
- 6 figurehead placards
- Blank newsprint
- Marker pens
- Handout 2: Dilemma – obstetrical emergency
Figureheads introduction (20 minutes)

1. Identify a woman to role-play the “dilemma holder” in the figureheads session to take place after lunch and brief her during lunchtime. Give her the dilemma, with instructions to acquaint herself with it. Instruct her not to share the dilemma with any of the other session participants. Be sure to choose a fictitious name for the dilemma holder that is not one of the session participants’ names. For the purpose of this session, the dilemma holder will be a woman, but although most of the dilemma holder roles are female, either a man or a woman can act the part of the dilemma holder.

2. Conduct at least one practice session of figureheads before undertaking in training. For more information, read Trainer’s Aid B: Notes on figureheads. The introductory steps are needed only the first time figureheads is introduced to training participants. The trainer will act as the figureheads facilitator for this demonstration of the first three rounds.

3. Use Handout 2: Dilemma – obstetrical emergency for this session of figureheads. Follow the instructions in Handout 3: Instructions for figureheads.

4. Ask participants what they understand by the word “figurehead.” List their answers on newsprint.

5. After a few participants have spoken, explain that the term figurehead refers to a person in the community or family who represents a stereotype of authority or influence, and whose role and function are understood in the same way by everyone. For example, a religious leader might be a figurehead because s/he is an important gatekeeper of traditional social-religious systems and values and plays an important role in offering spiritual guidance to community members. Parents, teachers, or family members might be figureheads.

6. Ask participants to give examples of some figureheads from their culture that can be used during the session. Accept the participants’ suggestions without judgment. Note suggestions on a flipchart, and work with participants to agree on a list of five or six. Write each figurehead title on a blank metacard (Teacher, Priest, Mother-in-Law, District Health Official, etc.).

7. Ask participants to describe the word “dilemma.” Allow them to share their views. Explain that for the purposes of the game, a dilemma is a situation that presents a difficult set of choices, usually two. Both choices may have some advantages, but both may also have seriously negative consequences. Neither of those negative consequences is acceptable, making it difficult for the person to choose between them. What should the person do?
8. Tell the group that you are now about to start the dialogue game called figureheads.

**Figureheads Round 1 (25 minutes)**

9. Ask for five or six volunteers to be the figureheads identified on the figurehead placards. Give each one a placard. Ask the volunteer figureheads to sit at the pre-arranged panel table and to hold up their placards so that they can be seen by the audience.

10. Ask the dilemma holder (identified and briefed earlier) to step up and stand in the enactment area near the figureheads. Tell the audience that they are about to hear the dilemma of a person who needs help to make a difficult choice. Let the dilemma holder take her position before the group and tell her story.

11. Once the dilemma holder has spoken, the trainer/facilitator can fill in or clarify any parts of the story that the dilemma holder may have forgotten or been confused about. The trainer/facilitator should also recap the dilemma for the group so that everyone is clear about the two choices of action and the negative consequences of each course of action.

12. Instruct the dilemma holder to choose any one of the figureheads who she feels might be able to suggest a solution to the dilemma.

13. Ask the first figurehead to advise the dilemma holder on what she should do, trying to remain within his or her role as a figurehead.

14. Once the first figurehead has finished, ask each of the remaining figureheads the following questions:
   - Do you agree with the advice the preceding figurehead(s) gave?
   - If not, what would be your advice to the dilemma holder?
   - If yes, can you improve upon the advice?

15. Allow each figurehead to speak up and advise the dilemma holder. In each case, urge the figurehead to improve upon the advice that the other figurehead(s) gave. This will promote diversity in the responses.

16. Don’t rush through this round. Be sure to give enough time for each figurehead to respond.

**Figureheads Round 2 (20 minutes)**

17. Once all the figureheads have presented their views and suggestions to the dilemma holder, summarize what each figurehead said. Then ask the following question to the remaining participants:
   - Now that you have heard what the figureheads said, can you improve upon their ideas using your own real-life knowledge and experiences?
18. This session should solicit and extract the views and opinions and advice of as many of the remaining participants as possible. In this round, the trainer/facilitator should be asking probing questions, and should be sharp, provocative, challenging, and quick—posing points and counterpoints, asking people to defend their positions, and introducing facts that challenge things participants have said. A good technique is to ask for greater and greater detail.

**Figureheads Round 3 (30 minutes)**

19. This processing round is the most important and informative phase. Invite all the players, including those who had played figurehead roles, to share their experiences and reactions to the particular dilemma.

Possible facilitation questions include:

- How common is this kind of problem in your community?
- Has anyone you know had an experience like this?
- How was the experience different from the dilemma we just examined?
- How did she solve the problem?
- Who is the best person to approach for help?
- Why does this dilemma occur in a person’s life?

20. Remind participants to change the names of the people in their stories so their privacy is protected.

21. Unlike the previous round, don’t ask any probing questions about the stories that participants share. Allow them to share as much or as little as they feel comfortable with.

**Figureheads debriefing (1 hour)**

**Session objective:**

Participants will be able to describe the basic components of a figureheads session, and explain how figureheads sessions allow groups to explore personal issues pertaining to reproductive health.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Marker pens
- Copies of **Handout 2: Dilemma – obstetrical emergency**
- Copies of **Handout 3: Instructions for figureheads**
Trainer’s Aid B: Notes on figureheads

Write the framework for figureheads on newsprint:

- Preparation.
- Round 1: presenting a dilemma and asking figureheads for advice.
- Round 2: participants’ advice.
- Round 3: experience-sharing.

22. Ask for participants’ feedback, reactions, and questions related to the overall process. Clarify misconceptions and add key points that the group may not bring up. For more information, see Trainer’s Aid B: Notes on figureheads.

Possible facilitation questions include:

- What impressed you the most?
- What do you think the overall objective of the session was?
- How did you feel about approaching a serious issue (in this case, obstetric emergency) through role-play?
- What was the role of the trainer/facilitator?

23. Go over the figureheads session framework, round by round, and ask questions that encourage participants to explore various aspects of figureheads, including (1) role-play, (2) role of the trainer/facilitator, (3) asking probing questions, (4) sharing experiences, and (5) confidentiality.

Questions about Round 1:

- What do you think the purpose of this round was?
- What was the purpose of having participants take on different roles?
- What was the role of the facilitator in this round?

Questions about Round 2:

- What do you think the point of this round was?
- What was the role of the facilitator in this round?
- What was the purpose of asking lots of probing questions?
- How was the discussion content of Round 2 different from Round 1?

Questions about Round 3:

- What do you think the purpose of this round was?
- What was the role of the facilitator in this round?
- How was the discussion content of Round 3 different from Rounds 1 and 2?
24. Distribute copies of **Handout 2: Dilemma – obstetrical emergency** and **Handout 3: Instructions for figureheads**. Ask participants to review the instructions overnight in preparation for facilitating a different dilemma the next day.

**Evaluation of Day 1**

(15 minutes)

**Session objective:**

Participants will evaluate what they learned or what impressed them the most (*ghat laageko*) about the first day of training, and what questions or suggestions for changes they have.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- 10–20 blank metacards or pieces of paper

1. Ask participants to take a metacard or a blank piece of paper and draw a happy face 😊 on one side and a turning arrow ↖ on the other side.

2. Ask participants to write down on the side of the paper with the happy face the one thing that impressed them the most (*ghat laageko*) from the day’s sessions. Tell participants this may be something they liked or learned, a piece of information, a technique used, the way that participants interacted, a story they heard, etc.

3. Ask participants to write on the side of the paper with the turning arrow suggestions for any changes they would like to see in the remaining days of training, or questions they have.

4. Allow participants a couple of minutes to record their thoughts, and ask for several volunteers to share their impressions.

5. Collect the metacards/evaluation papers from participants for review with the other trainers.
## Day 2

<table>
<thead>
<tr>
<th>Session</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of Day 1 and overview of Day 2</td>
<td>10:00–10:30</td>
</tr>
<tr>
<td>How people learn</td>
<td>10:30–11:45</td>
</tr>
<tr>
<td>Tea</td>
<td>11:45–12:00</td>
</tr>
<tr>
<td>Encouraging participation through questioning</td>
<td>12:00–1:00</td>
</tr>
<tr>
<td>Detailed overview of figureheads instructions</td>
<td>1:00–1:30</td>
</tr>
<tr>
<td>Lunch</td>
<td>1:30–2:15</td>
</tr>
<tr>
<td>Elements of good facilitation</td>
<td>2:15–2:45</td>
</tr>
<tr>
<td>Figureheads Practicum I: Unwanted Pregnancy</td>
<td>2:45–4:15</td>
</tr>
<tr>
<td>Tea</td>
<td>4:15</td>
</tr>
<tr>
<td>Figureheads debriefing</td>
<td>4:15–4:45</td>
</tr>
<tr>
<td>Evaluation of Day 2</td>
<td>4:45–5:00</td>
</tr>
</tbody>
</table>

**Total time:** 7 hours

### Review of Day 1 and overview of Day 2 (30 minutes)

**Session objective:**

Participants will review content and share what activities most impressed them from the previous day.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Day 2 agenda (written on newsprint)
- Evaluations of Day 1
- Masking tape

1. Welcome participants to Day 2 of the training.

2. Summarize for the group the common themes of the evaluation activity completed at the end of the previous day (the ☺️ side of each evaluation card). Address any changes that the trainers plan to make in response to the participants’ requests (the ☠️ side of each evaluation card).
3. Ask for a volunteer to summarize the main activities and content that were covered the previous day.

4. Ask for two or three volunteers to share what most impressed them from the previous day, or any further reflections they would like to share with the group since the end of Day 1.

5. Ask for and respond to participant questions about material covered the previous day. If there are specific questions about figureheads, ask the group to hold them until the afternoon session, when the figureheads process will be covered in detail.

6. Review and post the agenda for Day 2.

**How people learn**  
*(1 hour, 15 minutes)*

**Session objective:**
Participants will be able to identify key elements of exploratory approaches to learning.

**Materials and preparation needed:**
- Session objective (written on newsprint)
- Sheets of A4-size paper for making paper goldfish
- Blank newsprint
- Marker pens
- Copies of *Handout 4: Making a paper goldfish*
- Copies of *Handout 5: How people learn*
- Write the “How People Learn” proverb (below) on newsprint.

1. Review the objective of the session, and then post on the wall the proverb “How People Learn,” written on newsprint. Ask for a volunteer to read out loud each of the statements, pausing for a moment of reflection between each one. Then turn to the learning activity.

The learning proverb is as follows:
- What I hear I could forget
- What I hear and see I remember a little
- What I hear, see, ask questions about, or discuss I begin to understand
- What I hear, see, discuss, and do allows me to do and understand
- What I teach to another I master
2. Divide participants into roughly four groups, numbered 1 through 4, and explain that each group will explore a different way of learning. Keep the stack of paper on a table nearby.

3. Groups 1 and 2: Ask each member of Group 1 to pair up with a member of Group 2. Each Group 1 member should take a sheet of paper and make a goldfish with it while the partner from Group 2 watches. No words should be spoken. Next, the partner from Group 2 should try to make a goldfish, as demonstrated, using a fresh sheet of paper. Members of Group 1 may help verbally, but not physically.

4. Group 3: Distribute a copy of **Handout 4: Making a paper goldfish** to each member of Group 3, and ask them to make goldfish following the written instructions. No words should be spoken.

5. Group 4: Explain verbally to Group 4, but without demonstrating, how to make a paper goldfish. People will be allowed to take notes, but not to ask any questions. They should each then try to make a goldfish.

6. Allow the groups to work for 15 minutes and then call the group back together in plenary.

7. Ask participants to share their experiences with learning in the different ways: through self-exploration, through demonstration, through reading, and through listening. Which way was the easiest? Which way did they prefer? Talk about different ways of learning and receiving instructions: reading, listening, watching, and trying it on their own. What role did being allowed to ask questions play?

8. Open up the discussion to other learning experiences in participants’ lives. Ask them how they learned to walk, talk, speak Nepali, brush teeth, have a bath, tie shoe laces, ride a cycle, drive a cart, make rotis, light a fire; the multiplication tables; the spellings of words; their way to school; to type; the capitals of world countries; to sing the national anthem, comb their hair, plait their friend’s hair, have sexual intercourse, etc.

Possible facilitation questions include:

- Which types of things did they learn because they themselves wanted to? And which did they learn because others wanted or required them to?
- Which were self-taught or exploratory learning, and which were taught by others?
- Which had a practical application in their lives and which did not (or did not seem to)?
- Which types of things do they forget at times and have to remind themselves of, or have to re-learn?
9. Explain that there are many different approaches to teaching and learning. Most of them are probably familiar with traditional classroom or “explanatory” approaches to learning, perhaps through their school experiences. But there are also more “exploratory” approaches to learning. And in fact, many of their practical life skills were learned through exploration.

10. Facilitate discussion in the large group on differences between exploratory learning and traditional explanatory learning, recording participants’ ideas on newsprint.

Differences might include:

<table>
<thead>
<tr>
<th>Traditional explanatory</th>
<th>Exploratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher-centered</td>
<td>Learner-centered</td>
</tr>
<tr>
<td>Teacher is the expert</td>
<td>Everyone has important knowledge and skills to share and learn from</td>
</tr>
<tr>
<td>Teacher controls process and content</td>
<td>Process and content are self-directed and determined</td>
</tr>
<tr>
<td>One-way communication from teacher to student</td>
<td>Multi-directional communication</td>
</tr>
<tr>
<td>Not very interactive</td>
<td>Very interactive</td>
</tr>
<tr>
<td>Didactic and lecture-based</td>
<td>Discussion and dialogue-based</td>
</tr>
<tr>
<td>Information-based</td>
<td>Experience-based</td>
</tr>
<tr>
<td>Questioning is discouraged</td>
<td>Asking questions is encouraged</td>
</tr>
<tr>
<td>Learning by listening and reading</td>
<td>Learning by doing and discussing</td>
</tr>
</tbody>
</table>

11. Return to the learning proverb. Explain that it includes some of the principles of exploratory learning. Ask participants if they agree with the principles.

12. Conclude by saying that this training—and the tools participants will be learning to promote discussion, critical reflection, and behavior change in their dialogue groups—are based on the principles of exploratory learning. Distribute copies of **Handout 4: Making a paper goldfish** to anyone who did not receive a copy during the session, and **Handout 5: How people learn** to all participants.
Encouraging participation through questioning (1 hour)

Session objective:
Participants will be able to ask questions to encourage participation and deeper discussion.

Materials and preparation needed:
- Session objective (written on newsprint)
- Blank newsprint
- Marker pens
- Write the following topics on four separate metacards:
  - Women are impure during menstruation.
  - Children are a gift of god.
  - Temporary family planning methods are bad for your health.
  - Legalized abortion will result in more sexual immorality.

1. Review the objective of the session in plenary.

2. As a way of introducing question-asking, ask participants if they recall the trainer asking any questions during the previous day’s figureheads session. What kinds of questions? Why do they think the trainer asked those questions? How did the questions help encourage discussion?

3. Brainstorm reasons why questions are important, and record participants’ ideas on newsprint.

Why are questions important? Possible responses include:
- Encourage participation.
- Stimulate further thinking on a topic.
- Seek deeper understanding and/or greater detail.
- Draw connections to participants’ own life experiences.
- Clarify a point that is unclear.
- Maintain interest and attention.
- Indicate that the speaker is listening to or reflecting on the content of the discussion.
- Verify participants’ understanding of a topic.

The first four points are important to note. Add them if the participants have not cited them.
4. Ask participants what types of questions might encourage exploration, critical reflection and deeper understanding, and participation.

Possible responses include:
- Open-ended questions.
- Non-judgmental questions.
- Wh- questions (who, what, why, when, how often, how many).
- Probing questions.

5. Ask participants to describe what they mean by each type of question, giving examples.

6. Have participants break into four groups for about ten minutes. Give each group one of the topics written on the metacards. Instruct each group to think of questions that they could ask a group or an individual to stimulate deeper discussion and reflection on the topic.

7. Ask participants to come back to the large group for plenary discussion. Ask each group to share their topic and the questions they would propose. Invite participants to evaluate each group’s questions regarding the topic they were given.

Facilitation questions for the discussion in plenary:
- Is the question open-ended?
- Is the question non-judgmental?
- Will this question stimulate deeper discussion and reflection? If not, why not?
- What are some other questions that might stimulate deeper discussion?

8. If time permits, ask for one or two volunteers to come up and practice facilitating a five-minute discussion for the large group on one of the four topics—without consulting the list of questions that was proposed earlier for that topic.

Detailed overview of figureheads instructions (30 minutes)

Session objective:
Participants will be able to give an overview of how to run a figureheads session.

Materials and preparation needed:
- Session objective (written on newsprint)
- Figureheads materials (instructions, blank placards, etc.)
- Blank newsprint
Marker pens
- Copies of **Handout 6: Dilemma – unwanted pregnancy** for volunteer facilitators

1. Ask if anyone recalls the major rounds in running a figureheads session. Write on newsprint.

   Answers should include:
   - Preparation.
   - Round 1 (presenting a dilemma and asking figureheads for advice).
   - Round 2 (participants’ advice).
   - Round 3 (experience-sharing).

2. Take each round of figureheads (beginning with preparation) one by one, and ask participants to recall the steps involved (without consulting the instructions). Record on newsprint. Ask participants to clarify any missing or incorrect steps. The trainer should provide clarification only on the steps and process that the group is not able to.

3. Ask for three volunteers, one to facilitate each round of the figureheads practicum that will take place after lunch.

4. Distribute to the volunteer facilitators copies of **Handout 6: Dilemma – unwanted pregnancy**, and other materials needed to conduct a figureheads session. Make sure they have their figureheads instructions from the day before. Instruct the facilitators as a group to decide on which figureheads to use, prepare the figurehead placards, prepare the room, and select the dilemma holder. However, the facilitator for Round 1 should be responsible for briefing the dilemma holder.

5. Have the Round 1 facilitator now select and brief a participant to act as dilemma holder.

6. Consider inviting an extra five or ten individuals to join the workshop as participants in the next figureheads practicum. It is recommended that these individuals have some association with the nongovernmental/community-based organization (staff or volunteers) so that the training participants do not view their participation as an imposition.

### Elements of good facilitation

**(30 minutes)**

**Session objective:**

Participants will be able to identify basic elements of good facilitation.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Blank newsprint
1. Explain to participants that prior to conducting the figureheads session, you want to briefly discuss basic elements of good facilitation, because they will be evaluating themselves and their peers on the facilitation of the figureheads process in the next session.

2. Have the group brainstorm basic elements of good facilitation. Ask “What are qualities of an effective facilitator?”

Possible responses include:
- Masters the content, tools, and the process.
- Has technical information (relevant for information sessions).
- Knows how to pose effective questions.
- Can skillfully lead a participatory discussion.
- Is clear and easy to understand (is a good presenter, uses simple language).
- Has good listening skills.
- Body language is open and natural.
- Is skilled at managing conflict.

3. Distribute copies of *Handout 7: Dialogue facilitation assessment*, and go over the list, highlighting the indicators that came up during brainstorming and those that may not have.

4. Ask for three volunteers to be peer observers during the figureheads demonstration. Assign each peer observer one round/facilitator to evaluate. Ask the volunteers to carefully observe the facilitator for their assigned round and to evaluate the facilitator and the discussion based on the criteria outlined in *Handout 7: Dialogue facilitation assessment*. After the session, peer observers will be asked to share their comments on peers’ facilitation.
**Figureheads Practicum I: Unwanted Pregnancy**
(2 hours)

**Session objective:**

Participants will be able to demonstrate a figureheads session and to identify facilitation strengths and weaknesses through peer and self-evaluation.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Figurehead placards prepared by volunteer facilitators before lunch
- Blank newsprint
- Marker pens
- Copies of *Handout 6: Dilemma – unwanted pregnancy*

1. Ask the first volunteer facilitator to conduct Round 1. When Round 1 has finished, invite the next volunteer to facilitate Round 2. Do the same with Round 3.

2. Trainer inputs should be minimal during this demonstration, and only if the volunteer facilitator is very confused or the discussion is way off track.

3. When all three rounds are finished, thank all of the volunteers for their participation. Ask for the volunteer facilitators’ feedback on how the figureheads demonstration was conducted.

Facilitation questions include:

- What worked well?
- What was difficult? Why?
- How do you feel about your facilitation of the exercise?

**Figureheads debriefing (30 minutes)**

4. Ask each peer observer to share feedback on the facilitation of his or her respective round. Participants can refer to notes they may have made on the facilitator skills checklist.

5. Invite additional comments from other participants who may have suggestions to share. Add points that the group may have missed.

6. Pay particular attention in the debriefing discussion to (1) the volunteer facilitator’s questioning skills demonstrated in Round 2, (2) the depth of the discussion, and (3) the kinds of experiences and diversity of solutions to the problem shared in Round 3.
7. Distribute a copy of **Handout 6: Dilemma – unwanted pregnancy** to all participants who did not receive one.

**Evaluation of Day 2**  
(15 minutes)

**Session objective:**

Participants will evaluate what they learned or what impressed them the most (*ghat laageko*) about the second day of training, and what questions or suggestions for changes they have.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- 10–20 blank metacards or pieces of paper

1. Ask participants to take a metacard or a blank piece of paper and draw a happy face 😊 on one side and a turning arrow ↩ on the other side.

2. Ask participants to write down on the side of the paper with the happy face the one thing that impressed them the most (*ghat laageko*) from the day’s sessions. Tell participants this may be something they liked or learned, a piece of information, a technique used, the way that participants interacted, a story they heard, etc.

3. Ask participants to write on the side of the paper with the turning arrow suggestions for any changes they would like to see in the remaining days of training, or questions they have.

4. Allow participants a couple of minutes to record their thoughts, and ask for several volunteers to share their impressions.

5. Collect the metacards/evaluation papers from participants for review with the other trainers.
Day 3

<table>
<thead>
<tr>
<th>Session</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of Day 2 and overview of Day 3</td>
<td>10:00–10:30</td>
</tr>
<tr>
<td>Practicing questioning</td>
<td>10:30–11:00</td>
</tr>
<tr>
<td><em>Tea</em></td>
<td>11:00–11:15</td>
</tr>
<tr>
<td>Body mapping</td>
<td>11:15–12:45</td>
</tr>
<tr>
<td><em>Lunch</em></td>
<td>12:45–1:30</td>
</tr>
<tr>
<td>Body systems</td>
<td>1:30–2:15</td>
</tr>
<tr>
<td><em>Tea</em></td>
<td>2:15–2:30</td>
</tr>
<tr>
<td>Reproductive biology</td>
<td>2:30–4:15</td>
</tr>
<tr>
<td>Evaluation of Day 3</td>
<td>4:15–4:30</td>
</tr>
</tbody>
</table>

**Total time:** 6.5 hours

**Review of Day 2 and overview of Day 3**

(30 minutes)

**Session objective:**

Participants will review content and share what activities most impressed them from the previous day.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Day 3 agenda (written on newsprint)
- Evaluations of Day 2
- Masking tape

1. Welcome participants to Day 3 of the training.
2. Summarize for the group the common themes of the evaluation activity completed at the end of the previous day (the side of each evaluation card). Address any changes the trainers plan to make in response to the participants’ requests (the side of each evaluation card).
3. Ask for a volunteer to summarize the main activities and content that were covered the previous day.
4. Ask for two or three volunteers to share what most impressed them from the previous day, or any further reflections they would like to share with the group since the end of Day 2.

5. Ask for and respond to participant questions about material covered the previous day.

6. Review and post the agenda for Day 3.

Practicing questioning
(30 minutes)

Session objective:
Participants are able to ask questions to encourage participation and deeper discussion.

Materials and preparation needed:
► Session objective (written on newsprint)
► Masking tape
► Write on three or four separate metacards three or four commonly held values, beliefs, or practices that impact reproductive health. For ideas, refer to Trainer’s Aid C: Practicing questioning – themes to explore.

1. Tell participants that, like the day before, they will have an opportunity to practice their questioning skills. Have participants quickly recall some of the main reasons why asking questions is important in dialogue facilitation.

2. Read out the first theme statement, and put the metacard on the wall. Ask the group to brainstorm questions that could be asked to explore that theme as deeply as possible.

3. Ask for a volunteer to facilitate a five- to ten-minute discussion on the theme by asking questions. If the volunteer flounders, ask for another person to take over the facilitation.

Facilitation questions include:
- Were the questions open-ended?
- Were the questions non-judgmental?
- Did the questions stimulate deeper discussion and reflection? If not, why not?
- What are some other questions that might stimulate deeper discussion?
4. Show the group another theme statement, and ask for another volunteer to facilitate a quick discussion. Without group brainstorming, have this volunteer facilitate a short discussion by asking questions. After five to ten minutes, have the group give feedback.

5. Repeat the process with another volunteer and a new theme if time permits.

Body mapping
(1 hour, 30 minutes)

Session objective:

Participants will express their own understanding of male and female anatomy, and various biological functions.

Materials and preparation needed:

- Session objective (written on newsprint)
- 8 sheets of blank newsprint
- 4 sets of marker pens in 4 colors (e.g., red, green, black, blue)
- Masking tape
- Copies of Handout 8: Body mapping instructions

1. Introduce the session by saying the group will be doing a “body mapping” exercise.

2. Divide participants into four groups, preferably with men and women in each group. Give each group four pieces of newsprint and a set of color marker pens.

3. Ask the groups to draw the outline of a standing male figure on one sheet of newsprint and the outline of a standing female figure on the other sheet. Ask them to draw as many details as they can of what is outside the body (e.g., external organs that are the same or different between the sexes).

4. Next, ask the groups to take fresh pieces of newsprint and again draw the outlines of male and female figures; this time with as many details as they can of what is inside the body (e.g., internal organs needed for bodily functions such as digestion, breathing, pumping blood, and reproduction).

5. As the groups draw, go around and observe, asking questions that will help them think about body organs they may have forgotten.

6. Ask the groups to label the different parts with the Nepali names, and discuss their functions in the body (e.g., digestion, circulation, respiration, and reproduction).

7. Once all the groups have drawn and labeled their “maps” of the male and female bodies, ask them to post their drawings on the wall, and invite everyone to walk around and view the exhibition.
8. After the session has been completed, debrief the large group about the exercise. Ask for participants’ feedback, reactions, and questions related to the overall process. What struck them most?

Facilitation questions include:

- What was the objective of this session?
- How is the objective of a game like body mapping different from the objective of a dialogue tool like figureheads?
- How did the participants feel about approaching a sensitive issue (in this case, male and female anatomy) through a drawing game?
- What was the role of the facilitator?
- How is the facilitator’s role in body mapping different from the role of the facilitator in figureheads?

9. Distribute copies of **Handout 8: Body mapping instructions**. Explain that body mapping is an exploratory tool for facilitators to use with their dialogue groups. It will allow the groups to express and share their own understanding of the body and how it works. It will also help the facilitator identify important information gaps. Address any questions that the group may have about facilitating a body mapping session.

**Body systems**  
(45 minutes)

**Session objective:**

Participants will be able to understand how various systems contribute to the body’s functioning.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Blank newsprint
- Marker pens
- Copies of **Handout 9: Body systems – true or false activity**
- Copies of **Handout 10: Body systems – true or false answers**
1. While the previous body mapping exercise allows people to express their own understanding of how the body works, this session provides correct information on how different systems contribute to the functioning of the body.

2. Tell participants that the human body consists of many different systems that serve different functions, such as providing structure or strength, digesting food and liquids, excreting toxins, breathing, etc. In this training, we will review only some of the main functions of these systems, but spend more time on the reproductive system.

For the trainer’s reference, the major systems of the human body are listed here. Only the reproductive system is covered in detail in this training.

- Nervous system
- Reproductive system
- Respiratory system
- Skeletal system
- Urinary system
- Circulatory system
- Digestive system
- Endocrine system
- Immune system
- Integumentary system (skin, hair, nails)
- Muscular system

3. Distribute copies of Handout 9: Body systems – true or false activity and ask participants to work in pairs to choose the best answers. Alternatively, this exercise can be done in two teams competing for the most correct answers, or in small groups.

4. When participants have finished, come back together in the large group. Read each statement and ask for volunteers to explain why the statement is true or false.

5. After the session has been completed, debrief the group about the exercise.

Processing questions include:

- What did you learn from the activity?
- How could this activity or the knowledge you gained from this activity best be used with community members?

6. Distribute clean copies of Handout 9: Body systems – true or false activity and Handout 10: Body systems – true or false answers to participants, and explain that this is a session that can be conducted with dialogue groups to provide correct information on how the body works. However, it should only be used with dialogue groups in which the majority of group members are literate. Dialogue groups with non- or low-literate members can be limited to the body mapping exercise and discussion. Address any specific questions that participants have about facilitating the session.
Reproductive biology  
(1 hour, 45 minutes)

Session objective:

Participants will be able to name the male and female reproductive organs, and explain basic reproductive processes.

Materials and preparation needed:

- Session objective (written on newsprint)
- Blank metacards
- Treasure hunt box or basket
- Scissors
- Reproductive health resource person (if available)
- Copies of Handout 11: Reproductive biology treasure hunt
- Copies of Handout 12: Reproductive biology treasure hunt answers
- Copies of Handout 13: Reproductive system matching game
- Copies of Handout 14: Male and female reproductive systems
- Copies of Handout 15: Fact sheet on menstruation and conception
- Copies of Handout 16: Reproductive anatomy puzzle instructions
- Copies of Handout 17: Reproductive anatomy puzzles

- Make an extra copy of Handout 11: Reproductive biology treasure hunt and cut along the dotted lines to separate the questions and answers. Put the slips of paper into a large box or basket. Label the box “Treasure hunt.” Shake it well so that the questions and answers are all mixed up.
- Make an extra copy of Handout 13: Reproductive system matching game and cut it into slips of paper. There should be only one reproductive biology term or one description on each slip of paper. Put the slips of paper into a box or basket, and mix them up.

1. Tell participants that the function of the female reproductive system is to enable a woman to produce eggs, produce hormones, have sexual intercourse, protect and nourish the fertilized egg until it is fully developed, and give birth. The male reproductive system enables a man to produce and release semen into the reproductive system of the female during sexual intercourse and to produce hormones.

2. Pass the treasure hunt box around the room, and invite participants to pick up two strips each, without first reading the strips.

3. Ask participants to study the questions or answers on their strips. Point out that some strips have questions, and some have possible answers to those questions.
4. Ask a volunteer participant to read one question out loud. Ask all the other participants to check their strips and to raise their hands if they think they have possible answers on one of their strips. Have them read out the possible answers, and then ask the group to try to determine which answer is correct and give reasons for their choice. If the group is unable to reach a consensus on a correct answer, then the trainer or reproductive health resource person should provide the correct information. Repeat until all of the questions have been read and answered.

5. If participants have any new questions based on what they have learned, ask them to write down their questions on metacards and submit to the trainer.

6. The trainer and/or the reproductive health resource person should sort and respond to the questions.

7. If time permits, conduct the reproductive system matching game to reinforce participants’ learning about reproductive biology.

8. Distribute either one reproductive biology term or one description to each participant.

9. Ask participants to circulate and to try to find the person who has the description or reproductive biology term that matches what they have.

10. When all participants have paired up, have the group return to plenary and read each matching term and description out loud. If a pairing is incorrect, the trainer or reproductive health resource person should provide the correct information.

11. Respond to any questions that participants have, and distribute copies of Handouts 11–15.

12. Explain to participants that if their dialogue group members are low-literate or non-literate, this activity can be replaced with a reproductive health anatomy puzzle activity. Distribute Handout 16: Reproductive anatomy puzzle instructions and Handout 17: Reproductive anatomy puzzles for participants to use with low-literate or non-literate dialogue groups.

**Evaluation of Day 3**

*(15 minutes)*

**Session objective:**

Participants will evaluate what they learned or what impressed them the most (ghat laageko) about the third day of training, and what questions or suggestions for changes they have.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- 10–20 blank metacards or sheets of paper
1. Ask participants to take a metacard or a blank piece of paper and draw a happy face 😊 on one side and a turning arrow ☝ on the other side.

2. Ask participants to write down on the side of the paper with the happy face the one thing that impressed them the most (ghat laageko) from the day’s sessions. Tell participants this may be something they liked or learned, a piece of information, a technique used, the way that participants interacted, a story they heard, etc.

3. Ask participants to write on the side of the paper with the turning arrow suggestions for any changes they would like to see in the remaining days of training, or questions they have.

4. Allow participants a couple of minutes to record their thoughts, and ask for several volunteers to share their impressions.

5. Collect the metacards/evaluation papers from participants for review with the other trainers.
# Day 4

<table>
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</tr>
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<tr>
<td>Practicing questioning</td>
<td>10:15–10:45</td>
</tr>
<tr>
<td>Preparing for Figureheads Practicum II: Sexual Violence</td>
<td>10:45–11:00</td>
</tr>
<tr>
<td>Tea</td>
<td>11:00–11:15</td>
</tr>
<tr>
<td>Figureheads Practicum II: Sexual Violence</td>
<td>11:15–1:15</td>
</tr>
<tr>
<td>Lunch</td>
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</tr>
<tr>
<td>Family planning bazaar</td>
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<tr>
<td>Evaluation of Day 4</td>
<td>3:45–4:00</td>
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**Total time:** 6 hours

## Review of Day 3 and overview of Day 4 (15 minutes)

### Session objective:
Participants will review content and share what activities most impressed them from the previous day.

### Materials and preparation needed:
- Session objective (written on newsprint)
- Day 4 agenda (written on newsprint)
- Masking tape

1. Welcome participants to Day 4 of the training.
2. Summarize for the group the common themes of the evaluation activity completed at the end of the previous day (the ☑ side of each evaluation card). Address any changes that the trainers plan to make in response to the participants’ requests (the ☐ side of each evaluation card).
3. Ask for a volunteer to summarize the main activities and content that were covered the previous day.
4. Ask for two or three volunteers to share what most impressed them from the previous day, or any further reflections they would like to share with the group since the end of Day 3.
5. Ask for and respond to participant questions about material covered the previous day.

6. Review and post the agenda for Day 4.

**Practicing questioning**

(30 minutes)

**Session objective:**

Participants are able to ask questions to encourage participation and deeper discussion.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Masking tape
- Write on three or four separate metacards three or four commonly held values, beliefs, or practices that impact reproductive health. For ideas, refer to *Trainer’s Aid C: Practicing questioning – themes to explore*.

1. Tell participants that, like the day before, they will have an opportunity to practice their questioning skills. Have participants quickly recall some of the main reasons why asking questions is important in dialogue facilitation.

2. Read out the first theme statement, and put the metacard on the wall. Ask the group to brainstorm questions that could be asked to explore that theme as deeply as possible.

3. Ask for a volunteer to facilitate a five- to ten-minute discussion on the theme by asking questions. If the volunteer flounders, ask for another person to take over the facilitation.

Facilitation questions include:

- Were the questions open-ended?
- Were the questions non-judgmental?
- Did the questions stimulate deeper discussion and reflection? If not, why not?
- What are some other questions that might stimulate deeper discussion?

4. Show the group another theme statement, and ask for another volunteer to facilitate a quick discussion. Without group brainstorming, have this volunteer facilitate a short discussion by asking questions. After five to ten minutes, have the group give feedback.

5. Repeat the process with another volunteer and a new theme if time permits.
Preparing for Figureheads Practicum II: Sexual Violence
(15 minutes)

Session objective:
Participants will be prepared to run a figureheads session.

Materials and preparation needed:

- Session objective (written on newsprint)
- Figureheads materials (instructions, blank placards, etc.)
- Copies of Handout 18: Dilemma – sexual violence for volunteer facilitators
- Copies of Handout 7: Dialogue facilitation assessment for peer observers

1. Inform participants that they will be conducting another figureheads session.
2. Ask for three volunteer facilitators to conduct the three rounds of the figureheads practicum that will take place after the tea break.
3. Ask for three volunteers to be peer observers to evaluate the rounds/facilitators.
4. Distribute to the volunteer facilitators copies of Handout 18: Dilemma – sexual violence, and other materials needed to conduct a figureheads session. Make sure they have their figureheads instructions from Day 1. Instruct the facilitators as a group to decide on which figureheads to use, prepare the figurehead placards, prepare the room, and select the dilemma holder. However, the facilitator for Round 1 should be responsible for briefing the dilemma holder.
5. Have the Round 1 facilitator now select and brief a participant to act as dilemma holder.
6. Distribute copies of Handout 7: Dialogue facilitation assessment to the peer observers, and assign each of them a facilitator and round to observe.
7. Consider inviting an extra five or ten individuals to join the workshop as participants in the figureheads practicum in the next session. It is recommended that these individuals have some association with the nongovernmental/community-based organization (staff or volunteers) so that the training participants do not view their participation as an imposition.
Figureheads Practicum II: Sexual Violence
(2 hours)

Session objective:
Participants will be able to demonstrate a figureheads session and to identify facilitation strengths and weaknesses through peer and self-evaluation.

Materials and preparation needed:
- Session objective (written on newsprint)
- Figurehead placards prepared by volunteer facilitators before the tea break
- Blank newsprint
- Marker pens
- Copies of Handout 18: Dilemma – sexual violence

1. Ask the first volunteer facilitator to conduct Round 1. When Round 1 has finished, invite the next volunteer to facilitate Round 2. Do the same with Round 3.

2. Trainer inputs should be minimal during this demonstration, and only if the volunteer facilitator is very confused or the discussion is way off track.

3. When all three rounds are finished, thank all of the volunteers for their participation. Ask for the volunteer facilitators’ feedback on how the figureheads demonstration was conducted.

Facilitation questions include:
- What worked well?
- What was difficult? Why?
- How do you feel about your facilitation of the exercise?

4. Have each peer observer share feedback on the facilitation of his or her respective round. Participants can refer to notes they may have made on the facilitator skills checklist.

5. Invite additional comments from other participants who may have suggestions to share. Add points that the group may have missed.

6. Pay particular attention in the debriefing discussion to (1) the volunteer facilitator’s questioning skills demonstrated in Round 2, (2) the depth of the discussion, and (3) the kinds of experiences and diversity of solutions to the problem shared in Round 3.

7. Distribute Handout 18: Dilemma – sexual violence to all participants who did not receive one.
Family planning bazaar  
(1 hour, 45 minutes)

Session objective:
Participants will be able to identify available modern contraceptive methods and describe how they are used and how they prevent pregnancy.

Materials and preparation needed:
- Session objective (written on newsprint)
- Blank newsprint
- Marker pens
- Masking tape
- Contraceptive devices or pictures of contraceptive devices
- Flipcharts of male and female sterilization (if available)
- Educational materials on family planning methods that explain how family planning methods work, how they are used, and how effective they are (if available)
- Family planning resource person (if available)
- Copies of Handout 19: Family planning bazaar instructions
- Write the following facilitation questions on newsprint:
  - What is the family planning method and how is it used?
  - How does it prevent pregnancy?
  - What are the method’s advantages and disadvantages?
  - Where is the method available in your community?
- Prepare for the session as outlined in Handout 19: Family planning bazaar instructions

1. Introduce the session by saying that this next session allows people to explain their own understanding of different contraceptive methods and to learn from each other—what methods are available locally, how they are used, how they work, advantages, and disadvantages. This session can help the trainer or facilitator identify gaps in knowledge that can be followed up by an information session if needed.

2. Inform participants that they are going to take part in a “family planning bazaar,” and explain the objective of the session.

3. Ask the women to take on the roles of their husbands/partners for a moment. Ask them to suggest all of the things that they might do as men to ensure that their wives/partners don’t become pregnant. List on a newsprint headed “Male family planning methods.”
4. Then turn to the men and ask them to take on the roles of their wives/partners. Ask them to suggest all the things they might do as women to ensure they don’t become pregnant. List on a newsprint headed “Female family planning methods.”

5. Allow the men to add to the male methods list, and the women to add to the female methods list. Facilitators can add methods that participants have not mentioned.

Possible responses include:
- Abstinence (may also be called natural family planning).
- Withdrawal (may also be called natural family planning).
- Lactation amenorrhea method (LAM—may also be called natural family planning).
- Contraceptive foams and spermicides.
- Male sterilization.
- Female sterilization.
- Implants (e.g., Norplant).
- Injectables (e.g., Depo-Provera).
- Intrauterine device (IUD).
- Oral contraceptive pills.
- Male condom.
- Female condom.

6. Ask participants to identify which modern contraceptive methods are widely available in Nepal. Put a star next to each of these methods on the newsprint list.

7. Ask participants to form seven groups and assign each group one of the most common modern contraceptive methods by giving them the contraceptive device or a picture of it (e.g., male condom, Depo-Provera, IUD, pills, male sterilization, female sterilization, and Norplant). Don’t tell the groups which methods they have received.

8. Ask each group to prepare a presentation or demonstration for the family planning bazaar. Refer the groups to the facilitation questions listed on newsprint. Each group will have the chance to “market” their assigned family planning method to the rest of the participants by giving technically correct information that answers the facilitation questions. Allow groups about 20 minutes to develop their presentations/demonstrations.

9. Encourage groups to be creative. The presentation could take many forms—a poster, a poem, a song, a role-play, and so on.

10. Allow each group five minutes to present their method.
11. After each presentation, allow a couple of minutes to correct or clarify any information that was incomplete or wrong. As much as possible, see if participants have the correct information. A facilitator or resource person can then clarify as needed in this or the next session.

12. If needed, the family planning bazaar session can be followed up by a detailed technical information session to address information gaps.

13. After the session has been completed, debrief the large group about the exercise. Ask for participants’ feedback, reactions, and questions related to the overall process.

14. Distribute copies of **Handout 19: Family planning bazaar instructions** and explain that this is a session that can be conducted with dialogue groups to provide correct information about different contraceptive methods. Address any specific questions that the group may have about facilitating a family planning bazaar session.

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**Evaluation of Day 4**

**(15 minutes)**

**Session objective:**

Participants will evaluate what they learned or what impressed them the most (**ghat laageko**) about the fourth day of training, and what questions or suggestions for changes they have.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- 10–20 blank metacards or pieces of paper

1. Ask participants to take a metacard or a blank piece of paper and draw a happy face 😊 on one side and a turning arrow ↩️ on the other side.

2. Ask participants to write down on the side of the paper with the happy face the one thing that impressed them the most (**ghat laageko**) from the day’s sessions. Tell participants this may be something they liked or learned, a piece of information, a technique used, the way that participants interacted, a story they heard, etc.

3. Ask participants to write on the side of the paper with the turning arrow suggestions for any changes they would like to see in the remaining days of training, or questions they have.

4. Allow participants a couple of minutes to record their thoughts, and ask for several volunteers to share their impressions.

5. Collect the metacards/evaluation papers from participants for review with the other trainers.
Day 5

<table>
<thead>
<tr>
<th>Session</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Review of Day 4 and overview of Day 5</td>
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<td>• Family planning information session</td>
<td>10:15–11:15</td>
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<tr>
<td>• Tea</td>
<td>11:15–11:30</td>
</tr>
<tr>
<td>• Role of the facilitator</td>
<td>11:30–12:30</td>
</tr>
<tr>
<td>• Lunch</td>
<td>12:30–1:30</td>
</tr>
<tr>
<td>• Preparing for field practicum</td>
<td>1:30–3:00</td>
</tr>
<tr>
<td>• Evaluation and closing</td>
<td>3:00–4:00</td>
</tr>
</tbody>
</table>

Total time: 6 hours

Review of Day 4 and overview of Day 5 (15 minutes)

Session objective:
Participants will review content and share what activities most impressed them from the previous day.

Materials and preparation needed:
- Session objective (written on newsprint)
- Day 5 agenda (written on newsprint)
- Evaluations of Day 4
- Masking tape

1. Welcome participants to Day 5 of the training.
2. Summarize for the group the common themes of the evaluation activity completed at the end of the previous day (the ☺ side of each evaluation card). Address any changes that the trainers plan to make in response to the participants’ requests (the ☹ side of each evaluation card).
3. Ask for a volunteer to summarize the main activities and content that were covered the previous day.
4. Ask for two or three volunteers to share what most impressed them from the previous day, or any further reflections they would like to share with the group since the end of Day 4.
5. Ask for and respond to participant questions about material covered the previous day.
6. Review and post the agenda for Day 5.

**Family planning information session**  
*(1 hour)*

**Session objective:**
Participants will be able to identify available modern contraceptive methods and describe how they are used, how they work to prevent pregnancy, advantages and disadvantages, and possible side effects.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Blank metacards
- Marker pens
- Copies of *Handout 20: Family planning methods – information sheet*

**Note to the trainer**
This is a complementary session to the family planning bazaar session. It should be used to address information gaps and needs that emerged from that session. If possible, it is helpful to invite a resource person (family planning or reproductive health technical person) to be available to answer technical questions.

1. Explain the objective of the session.
2. Distribute the blank metacards and have participants write down any questions they may have about contraceptives that were not answered in the preceding session.
3. Collect the questions and sort according to contraceptive method.
4. Read out loud one of the questions and see if any participants can answer correctly. If yes, go on to the next question. If not, the trainer or resource person should answer the question. Proceed in this way until all the questions are answered.
5. Once all the questions have been answered in this way, ask for any remaining questions participants may have.
Role of the facilitator
(1 hour)

Session objective:
Participants will be able to explain the role of the dialogue group facilitator, as well as its limitations.

Materials and preparation needed:

- Session objective (written on newsprint)
- Scissors
- Make a copy of *Trainer’s Aid D: Facilitation challenges* and cut the situations into separate slips of paper.

Note to the trainer
Be sure to invite project management staff to attend this session. They will be able to clarify roles and expectations if there is confusion, as well as provide more information on appropriate referral mechanisms, etc.

1. Ask participants to brainstorm a list of the main responsibilities of a dialogue group facilitator.

Possible responses include:

- Forming dialogue groups.
- Following up on attendance problems or undertaking member outreach as needed.
- Planning and preparing for dialogue group discussion sessions (choosing a topic, choosing a tool, and getting necessary materials ready).
- Facilitating dialogue and discussion (promoting deep discussion, critical reflection, and experience-sharing).
- Providing information on selected reproductive health topics (those topics covered in training).
- Arranging for resource persons to conduct more detailed reproductive health information sessions.
- Referring the dialogue group and other community members to family planning and other reproductive health services as needed.
- Keeping records of dialogue group meetings.
2. Emphasize that the facilitator’s primary role is to facilitate dialogue and discussion, although other responsibilities are also important.

3. Inform the group that as they receive more training, the facilitator’s role will grow to include new responsibilities (for example, identifying and collecting stories of people who have changed their behavior). In addition, if a project management staff person is present, s/he can clarify whether other kinds of responsibilities that the group suggests (undertaking baseline interviews, escorting people to service centers, etc.) are an expected part of the facilitator’s role.

4. Ask participants to work in pairs. Tell the group that while everyone is probably fairly clear about the main responsibilities of a dialogue group facilitator, there are many situations and expectations that a facilitator can be faced with—some of which, s/he is trained to address, while others may fall outside his or her role or capabilities.

5. Explain that you will be distributing a different “situation” to each pair. Some of these situations include:
   - Several members of your group are interested in learning about family planning options. What do you do?
   - One group member comes to you after the meeting and says she is experiencing heavy menstrual periods, and thinks it may be due to her use of Depo Provera. What do you do?
   - A group member is very agitated after the meeting and asks to talk with you privately. She breaks down weeping and tells you that her husband has been beating her. What do you do?
   - Your group wants to learn about HIV/AIDS. What do you do?

6. Distribute the situations. Ask the pairs to reflect on the situations, and decide how they would respond as facilitators. Allow five to ten minutes for the pairs to discuss.

7. Ask participants to return to the large group. Have each pair share their situation and their response with the large group. Encourage brief discussion if participants want to elaborate, or if they feel the response is not appropriate and they have alternative responses to offer.

Trainers should pay special attention to helping facilitators:

- Identify situations that are beyond their capabilities or fall outside the scope of their responsibilities as dialogue group facilitators.
- Develop appropriate responses to the situations, including making referrals to appropriate services and providers, seeking support from project management staff, and setting limits as needed.

For example: Facilitators are not trained as family planning counselors, and while they can give basic information, they cannot counsel a participant about which contraceptive to choose. Another example: Facilitators are not medical personnel and should not be offering guesses about what symptoms like excessive bleeding or vaginal discharge indicate. In these cases, facilitators should refer to the appropriate service providers.
Preparing for field practicum
(1 hour, 30 minutes)

Session objective:

Participants will be able to plan for and document dialogue group sessions during the first practicum period.

Materials and preparation needed:

- Session objective (written on newsprint)
- Overview of dialogue group meetings (written on newsprint)
- Overview of dialogue group documentation form sections (written on newsprint, from Handout 21: Dialogue group session log)
- Blank newsprint
- Marker pens
- Masking tape
- Copies of Handout 21: Dialogue group session log
- Write on newsprint the following overview of the dialogue group meetings that participants are expected to conduct during the next field practicum:
  - Two figureheads sessions.
  - One body mapping session.
  - One reproductive biology session.
  - One family planning information session.

1. Explain the objective of the session.
2. Refer participants to the overview of dialogue group meetings written on newsprint. Go over the basic framework of activities for the dialogue group meetings that will take place over the next two to three months. Note that participants are expected to facilitate a total of five meetings.
3. Brainstorm the basic preparatory activities facilitators will need to undertake prior to dialogue group meetings, and record on newsprint.

Responses might include:

- Selecting the topic and tool to be used.
- Gathering and preparing materials needed (verbally go over the different preparations that might be needed for figureheads, for body mapping, and for other sessions).
- Photocopying as needed.
- Reminding participants of each meeting day and time.
• Arriving at the meeting place before participants to set up the room.
• Reviewing instructions to refresh memory about the steps in the session.

4. Distribute copies of **Handout 21: Dialogue group session log** and review the sections of the form. Review each line in detail and check participants’ understanding of the form. Two items at the bottom of the form may need special explanation: “Emerging topics or themes” and “Behavior change stories for magnification.”

• “Emerging topics or themes” refers to topics or themes that (1) may have come up over and over during the discussion session, (2) were parts of the discussion that seemed to be particularly “hot” or even generated conflict, or (3) revealed gaps in information that need to be addressed. These observations will provide ideas for planning future sessions according to the group’s interests and needs.

• “Behavior change stories for magnification” refers to examples or stories of people who changed their behaviors in positive ways and improved their reproductive health or lives (for example, a person who started using family planning, a couple that chose safe abortion over unsafe abortion to terminate an unwanted pregnancy, a family that stopped barring its daughters from attending school during menstruation). These examples may be from group members or from people they know in the community. In the future, facilitators will be collecting these stories from people who are willing to share them, and looking for opportunities to “magnify” the examples in the larger community.

5. Inform the group that they will receive training in both identifying emerging topics and themes and identifying behavior change stories in their next training—Module 2. Until they participate in the Module 2 training, they should not fill out these last two sections.

6. Have participants practice by filling out the form for one of the sessions conducted during the training: a figureheads session, a body mapping session, etc. Trainers should circulate and give feedback as needed.

7. Ask for a couple of volunteers to share the content of their forms in plenary.

**Evaluation and closing**
(1 hour)

**Session objective:**
Participants will provide feedback on the training.

**Materials and preparation needed:**
- Session objective (written on newsprint)
- 100 blank metacards or half-sheets of paper
- Marker pens
- Masking tape
1. Explain in plenary that participants will now have an opportunity to reflect and give feedback on the training.

2. Distribute four blank metacards or half-sheets of paper to each participant.

3. Ask participants to answer the following questions, putting one response on each card.

   Evaluation questions:
   - What did you like most about the training? (positives)
   - What was not useful or didn’t work well in the training? (negatives)
   - What would you recommend changing to improve the process? (suggestions)
   - What questions do you have related to the training or the field work you’re expected to do? (questions)

4. Post signs on each of the four walls of the training room, one labeled “Positives,” one labeled “Negatives,” one “Suggestions,” and one “Questions.”

5. Ask participants to circulate around the room and post each of their four cards or half-sheets of paper under the appropriate sign.

6. When participants have posted all of their comments, review some of the comments on each wall. Summarize the main observations from each of the four categories.

7. For the questions category, read aloud the questions, and if appropriate, ask for participants to volunteer answers. If the group does not have an appropriate answer to a question, trainers should clarify.

8. Distribute copies of Handout 22: Module 1 final evaluation form and allow ten minutes for participants to fill it out before leaving.

9. Thank the participants for their attendance and contributions, and wish them well for their field practicum experience. Provide drinks or snacks if appropriate.
Handout 1: Introductions activity

Instructions:
Cut into strips of paper along the dotted lines so that one symbol is on each strip. Distribute one symbol to each participant. Ask participants to find the person who has the symbol that matches theirs. Alternatively, the trainer can hand draw their own symbols.
My name is Reeta, and I am 16 years old. I got married at the age of 16, and became pregnant almost immediately. My husband is an only son, and I could tell that both he and his parents were delighted to see that I was pregnant. I am happy, too, though I feel quite embarrassed. None of us have spoken about my pregnancy, but my in-laws, who were quite cruel to me when I first came to live in their house, have been taking good care of me since then.

But for the last two days, I have been experiencing bleeding and severe abdominal pain. I am afraid that something is terribly wrong. *What if I lose the baby? I might never be able to have another child. I feel like I might even die if I don’t do something immediately. But my condition is so shameful, and I’m afraid I will be seen as unlucky for my husband and my in-laws—I can’t share my problem with any of my family members.* What should I do?
Handout 3:  
Instructions for figureheads

Figureheads preparation

1. Prepare separate metacards to identify each of five or six figureheads. Figureheads could include: Teacher, Religious Leader, Health Care Provider, Traditional Healer, District Health Official, Pharmacist, Tea Shop Owner, Priest, Mother-in-Law, and so on.

   The dilemma should be written or typed in large print on a single piece of paper.

2. In advance, identify a participant to role-play the dilemma holder. Give him or her the dilemma, with instructions to acquaint him or herself with it. Instruct him or her not to share the dilemma with any of the other session participants. Be sure to choose a fictitious name for the dilemma holder that is not one of the session participants’ names. Although most of the dilemma holder roles are female, either a man or a woman can act the part of the dilemma holder.

3. Set up a long table or floor seating arrangement so that the five or six figureheads will be able to face the training participants.

Figureheads Round 1  
(20–25 minutes)

1. Ask for five or six volunteers to be the figureheads identified on the figurehead placards. Give each one a placard. Ask all of them to sit at the pre-arranged table for the panel and to hold up their placards so that they can be seen by the audience.

2. Ask the dilemma holder (identified and briefed earlier) to step up and stand in the enactment area near the figureheads. Tell the audience that they are about to hear the dilemma of a person who needs help to make a difficult choice. Let the dilemma holder take his or her position before the group and tell the story.

3. Once the dilemma holder has spoken, the trainer/facilitator can fill in or clarify any parts of the story that the dilemma holder may have forgotten or been confused about. The trainer/facilitator should also recap the dilemma for the group so that everyone is clear about the two choices of action and the negative consequences of each course of action.

4. Instruct the dilemma holder to choose any one of the figureheads who s/he feels might be able to suggest a solution for the dilemma.

5. Ask the first figurehead to advise the dilemma holder on what s/he should do, trying to remain within his or her role as a figurehead.

6. Once the first figurehead has finished, ask each of the remaining figureheads the following questions:
   - Do you agree with the advice the preceding figurehead(s) gave?
   - If not, what would be your advice to the dilemma holder?
   - If yes, can you improve upon the advice?
7. Allow each figurehead to speak up and advise the dilemma holder. In each case, urge the figurehead to improve upon the advice that other figurehead(s) gave. This will promote diversity in the responses.

8. Don’t rush through this round. Be sure to give enough time for each figurehead to respond.

**Figureheads Round 2
(20 minutes)**

9. Once all the figureheads have presented their views and suggestions to the dilemma holder, summarize what each figurehead said. Then ask the following question to the remaining participants:
   - Now that you have heard what the figureheads said, can you improve upon their ideas using your own real-life knowledge and experiences?

10. This session should solicit and extract the views and opinions and advice of as many of the remaining participants as possible. In this round, the trainer/facilitator should ask probing questions and should be sharp, provocative, challenging, and quick—posing points and counterpoints, asking people to defend their positions, and introducing facts that challenge things participants have said. A good technique is to ask for greater and greater detail.

**Figureheads Round 3
(20–30 minutes)**

This is the most important and informative round. In this, the facilitator will personalize the dilemma, and invite all the players, including those who played figurehead roles, to share their experiences and reactions to the particular dilemma. Possible questions include:

- How common is this kind of problem in your community?
- Has anyone you know had an experience like this?
- How was the experience different from the dilemma we just examined?
- How did s/he solve the problem?
- Who is the best person to approach for help?
- Why does this dilemma occur in a person’s life?

Remind participants who do have stories to share to change the names of the people in them so their privacy is protected.

Unlike the previous round, the facilitator should not be asking any probing questions about the stories that participants share. Allow them to share as much or as little as they feel comfortable with.
Handout 4:  
Making a paper goldfish

1. Take an A4-size piece of paper and fold one corner up to meet the long edge of the paper, forming a triangle.
2. Cut off the extra paper along the edge of the triangle.
3. Unfold the triangle to make a square.

How People Learn

What I hear I could forget

What I hear and see I remember a little

What I hear, see, ask questions about, or discuss I begin to understand

What I hear, see, discuss, and do allows me to do and understand

What I teach to another I master
My name is Shanti, and I am a 28-year-old woman from ________________ (insert name of town). I live with my husband, mother-in-law, and two daughters. My husband is the only child of his mother. He works in a garment factory on a daily wage. His income is not enough to support our family, so I work as a maid in a well-to-do neighbor’s house. Between the two of us, our earnings are just about enough to support our five-member family. As the only child, my husband is insisting that we have a son. My mother-in-law is also pressuring us to try for at least one son; otherwise, the family line will die out with my husband. We need sons for the death rituals as well.

I am six weeks pregnant. I do not want this child, as our income won’t be sufficient for another child. In fact, the family income will be even less than usual, as I won’t be able to work for a long time. If I go for an abortion, I will be stigmatized by my husband and mother-in-law. If I have another child, all of our children will have miserable lives. What should I do?
Handout 7:
Dialogue facilitation assessment

1. What was the facilitator’s greatest strength?

2. What aspect(s) of facilitation need improvement?

3. On a scale of 1 to 4, how would you rank the facilitator’s mastery of the process? (Circle one)
   - poor
   - needs improvement
   - good
   - excellent

   Additional comments:

4. On a scale of 1 to 4, how would you rank the facilitator’s knowledge of technical information? (Circle one)
   - poor
   - needs improvement
   - good
   - excellent

   Additional comments:

5. On a scale of 1 to 4, how would you rank the facilitator’s quality of questioning? (Circle one)
   - poor
   - needs improvement
   - good
   - excellent

   Additional comments:
6. On a scale of 1 to 4, what was the quality of group discussion? (Circle one)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>poor</td>
<td>needs improvement</td>
<td>good</td>
<td>excellent</td>
<td></td>
</tr>
</tbody>
</table>

Additional comments:

7. On a scale of 1 to 4, how would you rank the facilitator’s general facilitation skills (e.g., clarity, listening skills, eye contact, body language, conflict management)? (Circle one)

<table>
<thead>
<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>poor</td>
<td>needs improvement</td>
<td>good</td>
<td>excellent</td>
<td></td>
</tr>
</tbody>
</table>

Additional comments:
Handout 8:
Body mapping instructions

Session objective:
Participants will express their own understanding of male and female anatomy, and various biological functions.

Materials and preparation needed:
- Session objective (written on newsprint)
- 8 sheets of blank newsprint
- 4 sets of marker pens in 4 colors (e.g., red, green, black, blue)
- Masking tape
- Copies of this handout

Process:
1. Introduce the session by saying the group will be doing a “body mapping” exercise.
2. Divide participants into groups four groups, preferably with men and women in each group. Give each group four pieces of newsprint and a set of color marker pens.
3. Ask the groups to draw the outline of a standing male figure on one sheet of newsprint and the outline of a standing female figure on the other sheet. Ask them to draw as many details as they can of what is outside the body (e.g., external organs that are the same or different between the sexes).
4. Next, ask the groups to take fresh pieces of newsprint and again draw the outlines of male and female figures; this time with as many details as they can of what is inside the body (e.g., internal organs needed for bodily functions such as digestion, breathing, pumping blood, and reproduction).
5. As the groups draw, go around and observe, asking questions that will help them think about body organs they may have forgotten.
6. Ask the groups to label the different parts with the Nepali names, and discuss their functions in the body (e.g., digestion, circulation, respiration, and reproduction).
7. Once all the groups have drawn and labeled their “maps” of the male and female bodies, ask the groups to post their drawings on the wall, and invite everyone to walk around and view the exhibition.
8. After the session has been completed, debrief the large group about the exercise. Ask for participants’ feedback, reactions, and questions related to the overall process. This step is not required when conducting dialogue group sessions.

Facilitation questions include:
- What impressed you the most?
- What was the objective of this session?
• How is the objective of a game like body mapping different from the objective of a dialogue tool like figureheads?
• How did the participants feel about approaching a sensitive issue (in this case, male and female anatomy) through a drawing game?
• What was the role of the facilitator?
• How is the facilitator’s role in body mapping different from the role of the facilitator in figureheads?

9. Distribute copies of this handout. Explain that body mapping is an exploratory tool for facilitators to use with their dialogue groups. It will allow the groups to express and share their own understanding of the body and how it works. It will also help the facilitator identify important information gaps. Address any questions that group may have about facilitating a body mapping session.
Handout 9:
Body systems – true or false activity

Instructions:
Ask the participants to work in pairs, or alternatively, in small groups, and choose the best answer for each question based on their knowledge. After everyone has finished, you will correct the questions together in the large group. The correct answers are on Handout 10.

1. The circulatory system helps the heart pump blood through the body. When the heart stops, the blood stops moving and a person dies.
2. Veins carry blood away from the heart.
3. Arteries carry blood back to the heart.
4. Blood carries vitamins, proteins, sugars, and other useful things to the parts of the body that need them.
5. Waste water containing toxic chemicals is eliminated from the body through tears.
6. Toxic (poisonous) substances and unwanted chemicals are released by the blood into the intestines and excreted.
7. The kidneys help to process and eliminate toxic (poisonous) chemicals from the body.
8. If an adult’s small intestine were stretched out in a straight line, it would be more than 20 meters long.
9. The heart contains six valves that allow blood to be pumped out into the arteries.
10. The body has four intestines—north, south, east, and west.
11. The respiratory system helps bring oxygen into the body through the lungs.
12. Carbon dioxide picked up from different parts of the body leaves your body when you breathe out.
13. Our noses contain fine hairs that filter out much of the dust and dirt in the air.
14. Food is converted into energy for the body, or stored in the body as fat, to be used when needed.
15. Sperm are big enough to be seen without a microscope.
16. More than 300 million sperm are usually released during a single ejaculation, but usually only one can fertilize an egg.
17. The uterus contains some of the strongest muscles in the female body.
Handout 10:
Body systems – true or false answers

1. The circulatory system helps the heart pump blood through the body. When the heart stops, the blood stops moving and a person dies. **X**

2. Veins carry blood away from the heart. **FALSE—VEINS CARRY BLOOD TO THE HEART.** **X**

3. Arteries carry blood back to the heart. **FALSE—ARTERIES CARRY BLOOD AWAY FROM THE HEART.** **X**

4. Blood carries vitamins, proteins, sugars, and other useful things to the parts of the body that need them. **X**

5. Waste water containing toxic chemicals is eliminated from the body through tears. **FALSE—WASTE WATER CONTAINING TOXIC CHEMICALS IS ELIMINATED THROUGH URINE.** **X**

6. Toxic (poisonous) substances and unwanted chemicals are released by the blood into the intestines and excreted. **X**

7. The kidneys help to process and eliminate toxic (poisonous) chemicals from the body. **X**

8. If an adult’s small intestine were stretched out in a straight line, it would be more than 20 meters long. **FALSE—THEY WOULD BE MORE THAN FIVE METERS LONG.** **X**

9. The heart contains six valves that allow blood to be pumped out into the arteries. **FALSE—THE HEART HAS FOUR VALVES (TRICUSPID, PULMONARY, MITRAL, AND AORTIC).** **X**

10. The body has four intestines—north, south, east, and west. **FALSE—THE BODY HAS A SMALL INTESTINE AND A LARGE INTESTINE.** **X**

11. The respiratory system helps bring oxygen into the body through the lungs. **X**

12. Carbon dioxide picked up from different parts of the body leaves your body when you breathe out. **X**

13. Our noses contain fine hairs that filter out much of the dust and dirt in the air. **X**

14. Food is converted into energy for the body, or stored in the body as fat, to be used when needed. **X**

15. Sperm are big enough to be seen without a microscope. **FALSE—SPERM ARE TOO SMALL TO BE SEEN WITHOUT A MICROSCOPE.** **X**

16. More than 300 million sperm are usually released during a single ejaculation, but usually only one can fertilize an egg. **X**

17. The uterus contains some of the strongest muscles in the female body. **X**
Handout 11:
Reproductive biology treasure hunt

Instructions:

Cut the questions and answers below into separate pieces and put them into a large box or basket. Label the box “treasure hunt.” Shake it well so that the questions and answers are all mixed up. Pass the treasure hunt box around the room, and invite participants to pick up two strips each, without first reading the strips.

Ask participants to study the questions or answers on their strips. Point out that some strips have questions, and some have possible answers to those questions.

Ask a volunteer participant to read one question out loud. Ask all the other participants to check their strips and to raise their hands if they think they have possible answers on one of their strips. Have them read out the possible answers, and then ask the group to try to determine which answer is correct and give reasons for their choice. If the group is unable to reach a consensus on a correct answer, then the trainer or reproductive health resource person should provide the correct information. Repeat until all of the questions have been read and answered. The correct answers are on Handout 12.

Where are the ovaries located in the body?
- Above the uterus
- In the fallopian tube
- Inside the vagina
- In the cervix

Where do sperm usually meet the egg?
- In the ovaries
- In the cervix
- In the vagina
- In the fallopian tube

Another name for the cervix is...
- The womb
- The vagina
- The neck of the womb
- The birth canal

Where does a baby grow when a woman is pregnant?
- In the uterus
- In the fallopian tube
- In the ovaries
- In the stomach

Where does menstrual blood pass out of a woman’s body?
- The sperm duct
- The fallopian tube
- The urethra
- The vagina
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which male reproductive organ is external?</td>
<td>The kidney, The sperm duct, The seminal gland, None of the above</td>
</tr>
<tr>
<td>What is the most sensitive part of a woman’s external genitalia?</td>
<td>The ovaries, The labia majora, The clitoris, The fallopian tubes</td>
</tr>
<tr>
<td>What is the name of the tip of the penis?</td>
<td>Foreskin, Glans Penis, Scrotum, Clitoris</td>
</tr>
<tr>
<td>Where is male sperm produced and stored?</td>
<td>Testes, Penis, Foreskin, Sperm duct</td>
</tr>
<tr>
<td>What is semen?</td>
<td>Normal fluid, Fluid containing millions of sperm, Same as sperm, Ejaculation</td>
</tr>
<tr>
<td>How many sperm usually come out in each ejaculation?</td>
<td>1 to 2 million, 10 to 20 million, 50 to 100 million, 200 to 500 million</td>
</tr>
<tr>
<td>What tube in the man’s body carries the sperm from the testes to the penis?</td>
<td>Glans penis, Sperm duct, Foreskin, Small intestine</td>
</tr>
<tr>
<td>What is ovulation?</td>
<td>Fertilization of egg, Sperm meets egg, When the egg ripens and is ready to leave the ovary</td>
</tr>
<tr>
<td>What indicates that a girl is about to have her first menstruation?</td>
<td>Gains height and weight, Breasts begin to develop and pubic hair grows and becomes coarser and darker, Looks very attractive, Reaches her teenage years</td>
</tr>
<tr>
<td>What has to happen for a baby to be conceived?</td>
<td>The egg has to be in the ovary, A sperm has to meet and join with an egg after ovulation, The uterus has to contract</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
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<td>-------------------------------------------------------------------------------------------------</td>
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</tbody>
</table>
| What happens if conception does not occur (i.e., if a sperm does not meet with an egg after ovulation)? | - The uterine lining breaks and menstruation starts  
- The egg returns to the ovary  
- The sperm stays in the uterus and waits for another egg  
- The sperm travels up to the ovary in search of another egg |
| When is usually the most fertile time in a woman’s menstrual cycle?     | - The middle of her menstrual cycle, when she is ovulating  
- When she is menstruating  
- When the egg is in the ovary  
- Three days before her period |
| How many days elapse between most women’s menstrual periods?             | - About 15 days  
- About 20 days  
- Between 28 and 30 days  
- More than 35 days |
### Handout 12: Reproductive biology treasure hunt answers

<table>
<thead>
<tr>
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<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where are the ovaries located in the body?</td>
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</tr>
<tr>
<td>Where do sperm usually meet the egg?</td>
<td>In the ovaries, In the cervix, In the vagina</td>
</tr>
<tr>
<td>Another name for the cervix is...</td>
<td>The womb, The vagina, The neck of the womb, The birth canal</td>
</tr>
<tr>
<td>Where does a baby grow when a woman is pregnant?</td>
<td>In the uterus, In the fallopian tube, In the ovaries, In the stomach</td>
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<td>Where does menstrual blood pass out of a woman’s body?</td>
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<td>Normal fluid&lt;br&gt;<strong>Fluid containing millions of sperm</strong>&lt;br&gt;Same as sperm&lt;br&gt;Ejaculation</td>
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<td>How many sperm usually come out in each ejaculation?</td>
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<td>What tube in the man’s body carries the sperm from the testes to the penis?</td>
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</tr>
<tr>
<td>What indicates that a girl is about to have her first menstruation?</td>
<td>Breasts begin to develop and pubic hair grows and becomes coarser and darker&lt;br&gt;Looks very attractive&lt;br&gt;Reaches her teenage years</td>
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<td>The egg returns to the ovary&lt;br&gt;The sperm stays in the uterus and waits for another egg&lt;br&gt;The sperm travels up to the ovary in search of another egg</td>
</tr>
<tr>
<td>When is usually the most fertile time in a woman’s menstrual cycle?</td>
<td><strong>The middle of her menstrual cycle, when she is ovulating</strong>&lt;br&gt;When she is menstruating&lt;br&gt;When the egg is in the ovary&lt;br&gt;Three days before her period</td>
</tr>
<tr>
<td>How many days elapse between most women’s menstrual periods?</td>
<td>About 15 days&lt;br&gt;About 20 days&lt;br&gt;<strong>Between 28 and 30 days</strong>&lt;br&gt;More than 35 days</td>
</tr>
</tbody>
</table>
Handout 13:
Reproductive system matching game

Instructions:

Cut the following biology terms and descriptions into slips of paper. There should be only one reproductive biology term or one description on each slip of paper. Mix them up in a basket or box and distribute one to each participant.

Ask participants to circulate and to try to find the person who has the description or reproductive biology term that matches what they have. When all participants have paired up, have the group return to plenary and read each matching term and description out loud. If a pairing is incorrect, the trainer or reproductive health resource person should provide the correct information.

Female internal reproductive organs

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vagina</td>
<td>A muscular, hollow channel that extends from the uterus to the exterior of the body. Because it has muscular walls, this organ can expand and contract to allow a baby to be delivered. This organ also serves as a passageway for menstrual blood to be dispelled from the body when a woman is not pregnant.</td>
</tr>
<tr>
<td>Ovaries</td>
<td>Two oval-shaped organs that lie to the upper right and left of the uterus. They produce, store, and release eggs into the fallopian tubes. They produce the female sex hormones—estrogen and progesterone. Usually one egg is released monthly from one of these organs.</td>
</tr>
<tr>
<td>Uterus (womb)</td>
<td>Shaped like an upside-down pear, this organ has thick lining and muscular walls. The muscles are able to expand and contract to accommodate a growing fetus and then help push the baby out during labor. When a woman is not pregnant and is menstruating, bloody tissue builds up as a lining of this organ and is shed through the vagina during the monthly menstrual cycle.</td>
</tr>
<tr>
<td>Cervix</td>
<td>Called the neck of the womb, this organ connects the uterus to the vagina. It has strong, thick walls and a small opening. During childbirth, this organ can expand or open up to allow a baby to pass.</td>
</tr>
<tr>
<td>Fallopian tubes</td>
<td>The passageways from the ovaries to the uterus. The man’s sperm meets and fertilizes the egg in one of these passageways.</td>
</tr>
</tbody>
</table>
### Female external reproductive organs

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urethra</td>
<td>The small canal that carries urine from the bladder to the outside of the body. Urine comes out from the urethral opening above the vagina.</td>
</tr>
<tr>
<td>Inner lips (labia minora)</td>
<td>The smaller flaps of skin that surround the vaginal opening.</td>
</tr>
<tr>
<td>Outer lips (labia majora)</td>
<td>The larger flaps of skin on either side of the vagina; they protect the clitoris, the urethral opening, and the vaginal opening.</td>
</tr>
<tr>
<td>Clitoris</td>
<td>A very sensitive spot, about the size of a small pea, located toward the front of the vulva where the folds of the labia join. This organ produces pleasurable senses when stimulated.</td>
</tr>
<tr>
<td>Mons pubis</td>
<td>The fleshy area located just above the top of the vaginal opening. Once girls become sexually mature, the outer labia and the mons pubis are covered by pubic hair.</td>
</tr>
</tbody>
</table>
## Male reproductive organs

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penis</td>
<td>A shaft of special muscle and spongy tissue that can expand and contract. It can become erect when stimulated.</td>
</tr>
<tr>
<td>Foreskin</td>
<td>A sheath of skin that surrounds the penis. In many cultures, this skin is removed by a process called circumcision.</td>
</tr>
<tr>
<td>Glans penis</td>
<td>Tip of the penis that is a sensitive area. At the end of this part of the penis is a small slit or opening where semen and urine exit the body through the urethra.</td>
</tr>
<tr>
<td>Urethra</td>
<td>The tube through which urine passes from the bladder to the outside of the body, and through which sperm pass during ejaculation. The tube is closed to urine during ejaculation and vice versa.</td>
</tr>
<tr>
<td>Testes or testicles</td>
<td>Two round glands that are surrounded by loose skin called the scrotum. They produce and store sperm starting in puberty, and they produce testosterone, the male sex hormone.</td>
</tr>
<tr>
<td>Scrotum</td>
<td>A pouch of skin outside the pelvis that contains the testicles and epididymis. This bag of skin helps to regulate the temperature of the testicles, which need to be kept cooler than body temperature to produce sperm. The scrotum changes size to maintain the right temperature.</td>
</tr>
<tr>
<td>Sperm duct (vas deferens)</td>
<td>A muscular tube that passes upward alongside the testicles and transports semen (containing sperm) from the testicles to the penis during ejaculation.</td>
</tr>
<tr>
<td>Accessory glands</td>
<td>These include the seminal vesicles and the prostate gland. These glands provide fluids that lubricate the duct system and nourish the sperm. The seminal vesicles are sac-like structures attached to the sperm duct, which is attached to the side of the bladder. The prostate gland, which produces some of the parts of semen, surrounds the ejaculatory ducts at the base of the urethra, just below the bladder.</td>
</tr>
</tbody>
</table>
Handout 14:
Male and female reproductive systems

Male reproductive system

[Diagram of male reproductive system with labeled parts: SPERM DUCT, BLADDER, PENIS, TESTICLES, ANUS]
Female reproductive system
Menstruation

Pregnancy

Handout 15:  
Fact sheet on menstruation and conception

- Menstruation is the shedding of tissue and blood from the lining of the womb through a woman’s vagina. This process takes place once a month during a woman’s reproductive years.

- Menstruation is also called monthly bleeding, menses, menstrual course, menstrual period, and period.

- Beginning to menstruate means a girl is capable of becoming pregnant and having a baby.

- Menstruation occurs regularly every month in girls who have reached puberty (9–17 years old).

- Each month, one egg ripens and leaves an ovary. This is called ovulation.

- The egg is picked up by the broad end of the fallopian tube and starts moving toward the uterus, the V-shaped area. At the same time, the uterus starts getting ready for the egg by thickening its inner lining. An egg can grow into a baby only if it meets a sperm cell from a male. If the sperm and egg meet, a woman becomes pregnant. If the egg is not fertilized by a sperm, the lining is not needed and it breaks down. The lining tissue and the egg flow out of the uterus through the vagina and leave the body. This is menstruation.

- A girl cannot know for sure when she will begin to have periods. However, a girl’s first period usually comes about a year after her breasts begin to develop and after her pubic hair becomes coarser and darker.

- Usually, monthly bleeding lasts from two to seven days, often around seven days. Menstruation usually occurs every 28 days, but this can vary, and it can occur between every 21 and 35 days.

- Men do not menstruate because their bodies function differently than women’s, and they do not have babies.
Handout 16:
Reproductive anatomy puzzle instructions

Session objective:
Participants will be able to identify the names and functions of the main internal and external organs of male and female reproductive anatomy.

Materials and preparation needed:
- Session objective (written on newsprint)
- Scissors
- Tape
- Copies of Handout 17: Reproductive anatomy puzzles

1. The following activity can be used with participants of any literacy level, including non- or low-literate groups.

2. Introduce the session by saying that this next session allows participants to share and build their knowledge of human reproductive anatomy. This session can help the trainer or facilitator identify gaps in knowledge that can be followed up by an information session if needed.

3. Explain the objective of the session and inform participants that they are going to assemble visual “puzzles” of the human reproductive anatomy.

4. Cut up the three puzzles into individual pieces. Each puzzle piece should have one part, or organ, of the reproductive anatomy illustrated. Distribute the puzzle pieces so that most or all of the workshop participants have one piece.

5. Ask for one participant to come forward and place their puzzle piece on the board (white board, black board, or a piece of newsprint that is hung up on a wall at the front of the room). Alternatively, if the participants are seated on the floor or in a semi-circle, the puzzles can be assembled on a mat on the floor where all participants can see.

6. Ask each participant as they come forward to tell the group what the name and function of the anatomical part is that is illustrated. Ask the group if they have any corrections or supplementary information to provide for each organ or puzzle piece.

7. After the first puzzle piece is placed, any participant who feels that they have a puzzle piece that fits with the first one can come up and place their piece while explaining the name of the anatomical part and its function in the body.

8. Continue in this manner until all three puzzles are assembled. Congratulate the group and ask if they have any corrections or supplementary information to add to the illustrations of reproductive anatomy.

9. Summarize the main functions of the male and female reproductive biology and correct any misinformation that has surfaced during the activity.
Handout 17: Reproductive anatomy puzzles

Male side
Female front
Female vagina

Handout 18:
Dilemma – sexual violence

My name is Sanu Maya. I have three children—two daughters aged nine and five, and a three-year-old son. I am anemic and have my hands full trying to take care of my children, the house, and our small farm. I don’t want any more children, but I’m afraid to discuss this with my husband, who is a heavy drinker and sometimes beats me up. My husband has refused to use a condom in the past, and I know he would not consider a sterilization operation, believing that it will permanently weaken him. I myself have had bad experiences with pills and Depo-Provera, the two temporary family planning methods I’ve tried without my husband’s knowledge. My in-laws support their son and tell me that children are a “gift from god.” They have threatened me with bringing another wife for their son if I refuse to have more children.

Recently, I have been avoiding having sexual intercourse with my husband, but last night, he hit me for refusing sex. I know he will be back again tonight for sex, and I am afraid. *If I have unprotected sex, I might become pregnant, and we absolutely can’t afford another child. If I refuse to have sex, my husband might seriously hurt me.* What should I do?
Handout 19:
Family planning bazaar instructions

Session objective:
Participants will be able to identify available modern contraceptive methods and describe how they are used and how they prevent pregnancy.

Materials and preparation needed:
- Session objective (written on newsprint)
- Blank newsprint
- Marker pens
- Masking tape
- Facilitation questions (written on newsprint)
- Contraceptive devices or pictures of contraceptive devices
- Flipcharts of male and female sterilization (if available)
- Educational materials on family planning methods that explain how family planning methods work, how they are used, and how effective they are (if available)
- Resource person (if available)
- Copies of this handout

1. Introduce the session by saying that this next session allows people to explain their own understanding of different contraceptive methods and to learn from each other—what methods are available locally, how they are used, how they work, advantages, and disadvantages. This session can help the trainer or facilitator identify gaps in knowledge that can be followed up by an information session if needed.

2. Inform participants that they are going to take part in a “family planning bazaar,” and explain the objective of the session.

3. Ask the women to take on the roles of their husbands/partners for a moment. Ask them to suggest all of the things they might do as men to ensure that their wives/partners don’t become pregnant. List on a newsprint headed “Male family planning methods.”

4. Then turn to the men and ask them to take on the roles of their wives/partners. Ask them to suggest all the things they might do as women to ensure they don’t become pregnant. List on a newsprint headed “Female family planning methods.”

5. Allow the men to add to the male methods list, and the women to add to the female methods list. Facilitators can add methods that participants have not mentioned.

Possible responses include:
- Abstinence (may also be called natural family planning).
- Withdrawal (may also be called natural family planning).
• Lactation amenorrhea method (LAM—may also be called natural family planning).
• Contraceptive foams and spermicides.
• Male sterilization.
• Female sterilization.
• Implants (e.g., Norplant).
• Injectables (e.g., Depo-Provera).
• Intrauterine device (IUD).
• Oral contraceptive pills.
• Male condom.
• Female condom.

6. Ask participants to identify which modern contraceptive methods are widely available in Nepal. Put a star next to each of these methods on the newsprint list.

7. Ask participants to form seven groups and assign each group one of the most common modern contraceptive methods by giving them the contraceptive device or a picture of it (e.g., male condom, Depo-Provera, IUD, pills, male sterilization, female sterilization, and Norplant). Don’t tell the groups which methods they have received.

8. Ask each group to prepare a presentation or demonstration for the family planning bazaar. Each group will have the chance to “market” their assigned family planning method to the rest of the participants by giving technically correct information that answers the following questions:
   ○ What is the family planning method and how is it used?
   ○ How does it prevent pregnancy?
   ○ What are the method’s advantages and disadvantages?
   ○ Where is the method available in your community?

9. Encourage groups to be creative. The presentation could take many forms—a poster, a poem, a song, a role-play, and so on.

10. Allow each group five minutes to present their method.

11. After each presentation, allow a couple of minutes to correct or clarify any information that was incomplete or wrong. As much as possible, see if participants have the correct information. A facilitator or resource person can then clarify as needed in this or the next session.

12. If needed, the family planning bazaar session can be followed up by a detailed technical information session to address information gaps.

13. After the session has been completed, debrief the large group about the exercise. Ask for participants’ feedback, reactions, and questions related to the overall process.

14. Distribute copies of this handout and explain that this is a session that can be conducted with dialogue groups to provide correct information about different contraceptive methods. Address any specific questions that the group may have about facilitating a family planning bazaar session.
### Handout 20:
#### Family planning methods – information sheet

**Note:** Not all of the methods listed are available in every country. Please check with a medical provider to see what is available in your country.

<table>
<thead>
<tr>
<th>Method</th>
<th>Description and advantages</th>
<th>Effectiveness and safety</th>
<th>Possible side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined oral contraceptives</td>
<td>• Take one pill every day and start new pill packs on time for greatest effectiveness.</td>
<td>• Very effective if used correctly every time.</td>
<td>• Unexpected bleeding or spotting may occur, especially at first. Not harmful. Monthly bleeding becomes lighter and more regular after a few months.</td>
</tr>
<tr>
<td></td>
<td>• Can be used at any age and whether or not a woman has had children.</td>
<td>• Reversible without delay.</td>
<td>• Some women have mild headaches, weight change, upset stomach, especially at first. These often go away.</td>
</tr>
<tr>
<td></td>
<td>• Help prevent menstrual cramps, heavy bleeding, anemia (low blood iron), and other conditions.</td>
<td>• Safe for nearly every woman. Serious complications are very rare.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• When used in special doses, combined oral contraceptive pills can be used as emergency contraception to prevent pregnancy up to five days after unprotected sex.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Progestin-only oral contraceptives</td>
<td>• Good choice for breastfeeding mothers who want pills, beginning six weeks after childbirth.</td>
<td>• Very effective during breastfeeding and reversible without delay.</td>
<td>• If not breastfeeding, spotting and unexpected light bleeding are common. Not harmful.</td>
</tr>
<tr>
<td></td>
<td>• Take one pill every day for greatest effectiveness.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condoms</td>
<td>• Help prevent both pregnancy and some sexually transmitted infections (STIs) including HIV/AIDS, when used correctly every time.</td>
<td>• Effective if used correctly every time. Usually only somewhat effective because not used every time.</td>
<td>• Some people object that condoms interrupt sex, reduce sensation, or embarrass them. Talking with partner can help.</td>
</tr>
<tr>
<td></td>
<td>• For protection from STIs and HIV, some couples use condoms along with other methods.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Easy to use with a little practice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method</td>
<td>Description and advantages</td>
<td>Effectiveness and safety</td>
<td>Possible side effects</td>
</tr>
<tr>
<td>--------------------------------</td>
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<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Injectable contraceptives      | - One injection every three months (13 weeks) with DMPA, every two months with NET-EN. Return to health care provider as much as two weeks late and still get the next injection.  
- Private. Others cannot tell that a woman is using it.  
- Can be used at any age and whether or not a woman has had children.  
- When injections stop, a woman can become pregnant again. After DMPA it may take a few more months.  
- Monthly injectables may be available. With these injectables, monthly bleeding usually becomes lighter and shorter or less frequent. Spotting and unexpected bleeding can occur. | - Very effective and safe.  
- Safe during breastfeeding, beginning six weeks after childbirth.                                                                                                                                                           | - Spotting and unexpected bleeding often occur in the first several months, then often monthly bleeding stops. Gradual weight gain, mild headaches. Not harmful.                                                               |
| Copper-bearing intrauterine device (IUD) | - Small, flexible device placed inside the uterus. Little to do once IUD is in place.  
- A woman can become pregnant with no delay after the IUD is removed.                                                                                                                                                           | - Very effective, reversible, long-term method. TCu-380A IUD is effective for at least 12 years.  
- Can come out on its own, especially at first.                                                                                                                                                                                 | - Menstrual bleeding may be heavier and longer, especially at first. Some pain during insertion.  
- Pelvic infection occasionally occurs if a woman has certain STIs when the IUD is inserted. Serious complications are rare.                                                                                     |
| Contraceptive implants         | - One or several small rods or capsules placed under the skin of a woman’s upper arm. Little to do once implants are in place.  
- Can be used at any age, and whether or not a woman has had children.  
- A woman can have a trained provider take out the implants at any time. Then she can become pregnant with no delay.                                                                                                           | - Very effective up to three, five, or seven years, depending on which implant.  
- Safe during breastfeeding, beginning six weeks after childbirth.                                                                                                                                                        | - Unexpected light bleeding or spotting may occur, or monthly bleeding may stop. Not harmful.                                                                                                                                |
<table>
<thead>
<tr>
<th>Method</th>
<th>Description and advantages</th>
<th>Effectiveness and safety</th>
<th>Possible side effects</th>
</tr>
</thead>
</table>
| Diaphragm with spermicide     | • Placed deep in the vagina each time before sex. Can do this ahead of time.  
    • Woman must have an internal vaginal exam to get diaphragm of correct size. | • Effective if used correctly every time.                                                | • Bladder infection is more common.                                                  |
| Spermicide                    | • The woman inserts a spermicide in her vagina before each time she has sex. Spermicide can be in the form of foam, cream, tablets, suppositories, or film. | • Effective if used correctly every time.                                                | • Women at high risk of HIV infection should not use a spermicide. It may increase the risk of genital lesions, which could increase the risk of HIV infection. |
| Female sterilization          | • Meant to be permanent. For women who are sure that they will not want more children. Think carefully before deciding. | • Very effective (but not 100% effective).  
    • Involves physical exam and safe, simple surgery. The woman usually stays awake. Pain is blocked. | • Pain and swelling can last a few days after procedure.  
    • Serious complications are rare.  
    • No long-term side effects. No effect on sexual ability or feelings. |
| Vasectomy                     | • Meant to be permanent. For men who are sure that they will not want more children. Think carefully before deciding. | • Very effective after three months (but not 100% effective).  
    • Use another method for the first three months, until the vasectomy starts to work.  
    • Safe, simple, convenient surgery. Done in about ten minutes. Pain is blocked. | • Pain, swelling, or bruising can last a few days. A few men have lasting pain.  
    • No effect on sexual ability or feelings. |
<table>
<thead>
<tr>
<th>Method</th>
<th>Description and advantages</th>
<th>Effectiveness and safety</th>
<th>Possible side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fertility awareness methods</td>
<td>A woman learns to tell the fertile time of her monthly cycle.</td>
<td>Can be effective if used correctly. Usually only somewhat effective, however.</td>
<td>No physical side effects.</td>
</tr>
<tr>
<td></td>
<td>During the fertile time a couple avoids vaginal sex, or they use another method such as condoms.</td>
<td>Usually, partners must cooperate closely.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Certain methods may be hard to use during fever or vaginal infection, after childbirth, or while breastfeeding.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lactational amenorrhea method (LAM)</td>
<td>A family planning method based on breastfeeding, for up to six months after childbirth.</td>
<td>Effective up to six months after childbirth.</td>
<td>None.</td>
</tr>
<tr>
<td></td>
<td>A breastfeeding woman uses LAM when:</td>
<td>A woman should plan for another method before she no longer can use LAM.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Her baby gets little or no food or drink except breast milk, and she breastfeeds often, both day and night, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Monthly bleeding has not returned, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Her baby is less than six months old.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Handout 21:
Dialogue group session log

Instructions:
The facilitator completes this form for each dialogue session.

ORGANIZATION NAME: _____________________________________________

DATE: _______________ FACILITATOR: ___________________________________

DIALOGUE GROUP NAME: ___________________________

START TIME: ______ a.m./p.m. END TIME: ______ a.m./p.m. DURATION: ___ minutes

ATTENDANCE DETAILS:
___ Number of group members attending
___ Number of non-group members attending
___ Total number attending

SESSION DETAILS

Topic of discussion:

Technique(s) used:

Resource person? (If yes, identify who the person is and his or her area of expertise)

Emerging themes and information gaps: (use the back of the form as needed)

Behavior change stories for magnification: (use the back of the form as needed)
Handout 22:
Module 1 final evaluation form

1. What I liked most about the training was… _____________________________

2. What I would suggest changing or improving about this training is… _____________

3. What was your greatest area of learning from this training?

4. In what area did your skills improve the most?

5. What specific feedback do you have for the trainers/facilitators?

6. What other comments do you have?
Trainer's Aid A:
Pre- and post-test

Name: ___________________
Date: ___________________
PRE- or POST-test? [Circle one]

1. All adults learn better by listening than seeing.  ☐ True  ☐ False
2. An effective facilitator knows how to pose questions that elicit discussion and participation.  ☐ True  ☐ False
3. The human body has only three systems that make all of our internal organs function.  ☐ True  ☐ False
4. Name two important body systems: ____________________
5. If an adult's small intestine were stretched out in a straight line, it would be two meters feet long.  ☐ True  ☐ False
6. The cervix can also be called "the neck of the womb" — it separates the uterus from the vaginal canal.  ☐ True  ☐ False
7. The vas deferens is part of the male external reproductive anatomy.  ☐ True  ☐ False
8. Body mapping is a technique used to find out how people feel about their bodies.  ☐ True  ☐ False
9. A woman cannot get pregnant the first time she has sex.  ☐ True  ☐ False
10. A woman is usually most fertile about one week before her period.  ☐ True  ☐ False
11. Name three methods of contraception: ____________________
12. There is a pill that women can take to prevent pregnancy up to five days after unprotected sex.  ☐ True  ☐ False
13. It is legal for a woman to have an abortion in Nepal.  ☐ True  ☐ False
14. Any doctor can perform a safe abortion.  ☐ True  ☐ False
15. Dialogue groups should always be mixed, with both men and women in the same group.  ☐ True  ☐ False
16. When a person experiences a "dilemma," they may be faced with choices of action that could lead to negative consequences.  ☐ True  ☐ False
17. Emerging themes are "hot topics" or issues that come up repeatedly during dialogue group sessions. They can also be gaps in information that needs to be addressed.  ☐ True  ☐ False
18. Dialogue group facilitators should try to ask as many closed-ended questions as possible.

19. The term “figurehead” refers to a person in the community or family who represents a stereotype of authority or influence, and whose roles and functions are understood in the same way by everyone.

20. Many stories have “key dramatic moments” that can be used to inspire discussion about behavioral choices and solve problems.
Notes on figureheads

**What is the objective of the figureheads game?** The objective of the figureheads game is to create a safe environment in which a real-life behavioral dilemma or a taboo subject can be explored using a fictional setting. *The goal of the game is to bring about a sharing of real-life experiences, problems, and solutions.*

*Important:* The objective of the game is *not* to find out what community figureheads think or to teach people which figurehead to turn to when in trouble. The objective of the game is also *not* to identify the single, best solution to a particular dilemma. In other words, although diverse solutions to a given situation will be shared, this is *not* a problem-solving game but an experience-sharing game. Individuals should be encouraged to arrive at their own choices.

**Why does figureheads work?** The figureheads game works because no one feels specifically targeted during the game. Participants move gently from a theoretical, role-playing framework to a real-life, experience-based framework at their own pace.

**What is the purpose of the panel of figureheads?** Nominating figureheads improves the chances of diverse solutions being offered to the dilemma. As each figurehead plays his or her assigned figurehead role, s/he will try to think as that person would think. This increases the chances of diversity in advice.

**Why is it important to have diversity in opinions expressed?** The more differing advice is given by the figureheads in Round 1, the greater the number of options that participants will react to in Round 2. This improves the quality of experience-sharing in Round 3.

**How do I select and brief the dilemma holder?** It is best to select someone who is fairly outgoing and comfortable role-playing in front of a group to be the dilemma holder, particularly the first time figureheads is done with a group. Go over the dilemma with the person who has been selected to be the dilemma holder in advance of the session. If the person cannot read, it will be important to brief him or her verbally a couple of times. Tell the dilemma holder to tell the story in his or her own words, with as much feeling as possible. Make sure that the “two horns” of the dilemma at the end of the story are clear—that is, that both choices of action at the end of the story have negative consequences. The facilitator can fill in any missing details or points that need clarification after the dilemma holder speaks.

**Should people who volunteer as figureheads take on their real-life roles?** When participants volunteer as figureheads, make sure that they don’t take on their real-life roles. For example, if a teacher is in the room, s/he might play the role of a priest, but not of a teacher. Likewise, a female community health volunteer might take on the role of a traditional healer, but not the role of community health volunteer. Role-play allows participants to safely air diverse community viewpoints without having to claim those views as their own.

**What is the role of the facilitator in Round 1?** In Round 1, the facilitator’s role is limited. It includes (1) summarizing and clarifying the dilemma, once the dilemma holder has spoken,
and (2) encouraging figureheads to speak. The facilitator should allow figureheads plenty of time to speak, and should not dominate the round by asking too many probing questions. If figureheads give responses that are too short (for example, only a sentence), give open-ended encouragement (“What else?”).

Can members of the figureheads panel ask questions of the dilemma holder? Members of the figureheads panel should not ask questions of the dilemma holder, and the facilitator should intervene if this happens. Questions from the panel (often trying to find out more “details” about the dilemma holder’s situation) can degenerate into a two-way conversation that loses the audience, and can result in the dilemma holder making up new “facts” that obscure or change the original dilemma.

What is the purpose of Round 2? The purpose of this round is to solicit as many diverse viewpoints as possible. In addition, the discussion provides an opportunity to probe deeply into a particular issue, and promote critical reflection on feelings, values, attitudes, behaviors, and practices that contribute to the problem.

What is the role of the facilitator in Round 2? In Round 2, the facilitator takes on a much more active role, to promote a lively discussion and deep reflection. Round 2 provides a great opportunity for the trainer to model the key role that questioning plays in dialogue facilitation and promoting deep discussion. Although the “provocative questioning” tool will not be formally introduced to training participants until Module 2 of the training, trainers can familiarize themselves with the provocative questioning process. This may help them understand the depth and range of probing and provocative questions that can be used to promote a lively discussion.

Why is experience-sharing so important? Fundamental to the Dialogues for Life approach to behavior change communication is the belief that experience-sharing (which occurs in Round 3) is the pinnacle of a good discussion. The logic here is that people learn from experience. And since an individual’s experience can only go so far, sharing experiences in a group expands our learning. If the experiences are emotionally shared, then people become emotionally involved in them, too.

What about confidentiality during experience-sharing? Whether participants share their own experiences or stories of people they know, it is important that the privacy of those involved be protected. If a participant shares someone else’s story, it is important to change the name and identifying characteristics of the person (such as where they live, relationship to the speaker, etc.). If a participant chooses to share his or her own story with the group, other participants should not share the story outside the group.

What is the role of the facilitator in Round 3? The role of the facilitator in Round 3 is to create a safe and respectful environment and to invite experience-sharing related to the dilemma explored in Rounds 1 and 2. Experiences that participants share may be uncomfortable, painful, and sad, and may have positive or negative outcomes. Unlike Round 2, in which the facilitator is highly active and asking many questions, in Round 3, the facilitator should not ask probing questions about the stories that participants share. Allow them to share as much or as little as they feel comfortable with.

One purpose of experience-sharing is to look for and share alternative choices, responses, and behaviors (or solutions) in a given situation or in response to a particular problem. If the
experience-sharing round begins to dissolve into a *dukha* (pain) session, without any solutions, it is appropriate for the facilitator to gently inquire if anyone in the group knows of someone who was in a similar situation but who responded to the situation or solved the problem in a **different** way. This should not be probed—if the group doesn’t have any positive responses or solutions to share, that is fine.
Unmarried youth in Nepal do not engage in sexual activity.

Men will be weak after a sterilization operation.

A woman older than the age of 50 cannot become pregnant.

Illiteracy is the major reason people don’t use contraception.

If you have sexual intercourse on the fourth day of a woman’s period, she will become pregnant with a son.

A couple that has only daughters must keep trying until they have a son.

An unmarried daughter who becomes pregnant brings shame upon her family.

Abortion is a sin.

A child who is touched by a woman who has had an abortion will be runche laageko (afflicted by continuous crying).

Girls should be ritually secluded for several days while they are having their first period.

If a menstruating woman touches achar (pickles, chutney), that achar will spoil.

People attending a woman in delivery should wash with sunpaani (gold-purified water).

Women who use contraception are sexually “loose.”

If a baby dies in childbirth, its spirit will haunt the mother.

Unmarried women should not have access to contraception.

A woman who is barren is bad luck for the family.

Family members must not touch a woman who has given birth until the baby’s nwaran (naming ceremony).

A woman whose husband works outside Nepal should not use contraception.
Trainer's Aid D: Facilitation challenges

1. Several members of your group are interested in learning about family planning options. What do you do?

2. One group member comes to you after the meeting and says she is experiencing heavy menstrual periods, and thinks it may be due to her use of Depo-Provera. What do you do?

3. A group member is very agitated after the meeting and asks to talk with you privately. She breaks down weeping and tells you that her husband has been beating her. What do you do?

4. Your group wants to learn about HIV/AIDS. What do you do?

5. A group member brings a friend along who wants to have a permanent sterilization operation. What do you do?

6. After you have conducted a session on family planning methods, group members raise a lot of questions about how the devices work that you are not able to answer. What do you do?

7. A group member says she needs to have an abortion at the district hospital, but she doesn’t have enough money. What do you do?

8. A group member asks you to go with her to the health post to get a temporary family planning method. What do you do?

9. A group member approaches you after the meeting and tells you she has been having smelly vaginal discharge. What do you do?

10. After a couple of dialogue group meetings, four or five members don’t show up for the next meeting. What do you do?

11. A group member says she has a friend whose son has been using drugs. She wants to know what the friend should do. What do you do?

12. A teacher at the local high school says he has heard about your dialogue group. He wants to know if you will come and teach the sessions on sexual and reproductive health in his eighth grade class. What do you do?

13. Your dialogue group decides they want to have literacy classes in addition to holding twice-monthly meetings. They ask you to be the literacy teacher. What do you do?

14. A group member tells you she is planning to take a friend to the local pharmacy for an abortion. What do you do?
Dialogues for Life

Module 2
Overview of Module 2

Following is a summary of the main content for each day of the training, along with the suggested time frame.

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>10:00–10:15</td>
</tr>
<tr>
<td>Welcome, introductions, and expectations</td>
<td>10:15–10:45</td>
</tr>
<tr>
<td>Workshop objectives, agenda, and norms</td>
<td>10:45–11:00</td>
</tr>
<tr>
<td>Tea</td>
<td>11:00–11:15</td>
</tr>
<tr>
<td>Field experience mapping</td>
<td>11:15–12:00</td>
</tr>
<tr>
<td>Lunch</td>
<td>12:00–1:00</td>
</tr>
<tr>
<td>Field experience review: Four corners</td>
<td>1:00–2:30</td>
</tr>
<tr>
<td>Figureheads: Extramarital sex and pregnancy</td>
<td>2:30–4:30</td>
</tr>
<tr>
<td>Evaluation of Day 1</td>
<td>4:30–4:45</td>
</tr>
</tbody>
</table>

Total time: 6.75 hours

<table>
<thead>
<tr>
<th>Day 2</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of Day 1 and overview of Day 2</td>
<td>10:00–10:30</td>
</tr>
<tr>
<td>Visual thinking</td>
<td>10:30–12:30</td>
</tr>
<tr>
<td>Working tea</td>
<td>11:30</td>
</tr>
<tr>
<td>Understanding storymaking</td>
<td>12:30–1:30</td>
</tr>
<tr>
<td>Lunch</td>
<td>1:30–2:30</td>
</tr>
<tr>
<td>Storymaking practice</td>
<td>2:30–4:30</td>
</tr>
<tr>
<td>Working tea</td>
<td>3:30</td>
</tr>
<tr>
<td>Evaluation of Day 2</td>
<td>4:30–4:45</td>
</tr>
</tbody>
</table>

Total time: 6.75 hours
### Day 3

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of Day 2 and overview of Day 3</td>
<td>10:00–10:30</td>
</tr>
<tr>
<td>Role-play with freeze practice</td>
<td>10:30–11:30</td>
</tr>
<tr>
<td>Tea</td>
<td>11:30–11:45</td>
</tr>
<tr>
<td>Practicum I: Storymaking, Role-Play with Freeze, and Experience-Sharing</td>
<td>11:45–2:00</td>
</tr>
<tr>
<td>Lunch</td>
<td>2:00–2:45</td>
</tr>
<tr>
<td>Safe abortion</td>
<td>2:45–3:45</td>
</tr>
<tr>
<td>Emergency contraception</td>
<td>3:45–4:30</td>
</tr>
<tr>
<td>Evaluation of Day 3</td>
<td>4:30–4:45</td>
</tr>
</tbody>
</table>

**Total time:** 6.75 hours

### Day 4

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of Day 3 and overview of Day 4</td>
<td>10:00–10:30</td>
</tr>
<tr>
<td>Community behavior change</td>
<td>10:30–12:30</td>
</tr>
<tr>
<td>Working tea</td>
<td>11:15</td>
</tr>
<tr>
<td>Introduction to magnification: Few to many</td>
<td>12:30–1:00</td>
</tr>
<tr>
<td>Lunch</td>
<td>1:00–1:45</td>
</tr>
<tr>
<td>Practicum II: Storymaking, Role-Play with Freeze, and Experience-Sharing</td>
<td>1:45–3:45</td>
</tr>
<tr>
<td>Preparing for field practicum</td>
<td>3:45–4:30</td>
</tr>
<tr>
<td>Evaluation and closing</td>
<td>4:30–5:30</td>
</tr>
</tbody>
</table>

**Total time:** 7.5 hours
Day 1

<table>
<thead>
<tr>
<th>Session</th>
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<tbody>
<tr>
<td>Registration</td>
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<tr>
<td>Welcome, introductions, and expectations</td>
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<td><em>Tea</em></td>
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<tr>
<td>Field experience mapping</td>
<td>11:15–12:00</td>
</tr>
<tr>
<td><em>Lunch</em></td>
<td>12:00–1:00</td>
</tr>
<tr>
<td>Field experience review: Four corners</td>
<td>1:00–2:30</td>
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<tr>
<td>Figureheads: Extramarital sex and pregnancy</td>
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</tr>
<tr>
<td>Evaluation of Day 1</td>
<td>4:30–4:45</td>
</tr>
</tbody>
</table>

**Total time:** 6.75 hours

**Registration**
*(15 minutes)*

**Materials and preparation needed:**

- Copies of registration form (provided by nongovernmental or community-based partner)
- 25 name cards
- Welcome and information packets for participants (welcome letter, training agenda, notebook, and pen)

1. As the participants enter the room, greet them and ask them to register their names.
2. Distribute name cards and information packets.

**Welcome, introductions, and expectations**
*(30 minutes)*

**Materials and preparation needed:**

- Blank newsprint
- Marker pens
- Masking tape
- Copies of *Handout 1: Introductions activity – find someone who*…
Welcome and introductions (15 minutes)

1. Welcome participants to the training. Ask the trainers to introduce themselves briefly.

2. Distribute copies of Handout 1: Introductions activity – find someone who….

3. Ask participants to circulate and greet their colleagues. By asking questions of their colleagues, they should find someone’s name to write on each line of the handout. This should take about five to ten minutes.

4. When all the participants have completed the handout, ask them to sit down. When everyone is in plenary, ask some of the participants for the names of other participants that they were able to fill in for a few of the questions.

Expectations (10–15 minutes)

5. Ask participants to reflect for a minute on what they expect from this training. Allow them a minute or two to jot down their ideas if they would like to.

6. Ask participants to share their expectations in the plenary, recording on flipchart paper and grouping them thematically as you go. Then post the expectations on the wall. (Alternatively, ask participants to write one or two major expectations on slips of paper, have them read aloud, and the trainer can collect, group, and post them on the wall.)

7. Summarize the list of participants’ expectations.

Workshop objectives, agenda, and norms (15 minutes)

Materials and preparation needed:

- Training objectives (written on newsprint)
- First day agenda (written on newsprint)
- Blank newsprint
- Marker pens
- Masking tape
Workshop objectives and agenda (10 minutes)

1. Summarize the overall training framework by explaining that participants are now attending the second of three training modules, which will be followed by a period of two to three months of field practicum. During the field practicum, they will be expected to lead four or five dialogue group meetings using techniques such as figureheads, body mapping, and information sessions about health topics.

2. Review and post facilitator training objectives for this module.

Objectives for the second module:
- Share participants’ field experiences, successes, and challenges, and identify solutions.
- Learn new dialogue processes (storytelling and role-play with freeze) that help dialogue group members to explore beliefs, feelings, actions, and behaviors related to reproductive health problems and to identify solutions.
- Learn basic information about emergency contraception; safe, legal abortion; and the risks of unsafe abortion.
- Prepare participants for the second round of field work.

3. Compare the training objectives with the participants’ expectations. Point out which participant expectations will be met by the training, and which will not.

4. Review and post the first day’s agenda.

Workshop norms (5 minutes)

5. If the participant group is nearly the same as in the first workshop (Module 1), post the norms from the first workshop. Ask participants to review and suggest any additional norms for the workshop. Remind participants that norms are guidelines or rules that the group agrees to follow during the workshop to encourage an atmosphere of trust and respect for learning. Record on newsprint. Be sure to add “turn off mobile phones” as a rule if participants do not suggest it themselves.

6. Ask participants to suggest consequences for breaking the agreed-upon norms. Record on newsprint and post in a prominent place.

7. Ask for one or two volunteers to be responsible for the role of timekeeper and for other issues that arise from day to day.

8. Explain that as in Module 1, the training will be intense, demanding, and highly participatory. Learning sessions may be different from those they are used to, and will include lots of hands-on practice of different approaches and processes.

9. Explain the logistics and arrangements for payment of participant transport or per diem, lodging, etc.
Field experience mapping  
(45 minutes)

**Session objective:**

Participants will reflect on and map out their personal experiences from the field practicum period.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Half-sheet of blank newsprint for each participant
- Marker pens
- Large selection of colored symbols (e.g., tikas or stickers), leaves, flower petals, etc.
- Masking tape
- Draw a sample personal field experience map on newsprint, like the one in Trainer’s Aid A: Sample personal field experience map.

1. Explain to participants that the field experience session will be divided into two parts. In the first part, they will reflect individually on their experiences during their field work, including high points and low points. In the second part, they will reflect as a group on the successes and challenges of specific aspects of their field experience and come up with solutions.

2. Show participants the sample personal field experience “map.” Show how it is laid out to reflect:
   - A timeline of events (from left to right, representing the time frame from the first module training up to the present second module training).
   - A “scale” of emotions showing which events the person experienced as positive and which they experienced as negative (the happy face above the center line represents positive experiences, and the sad face below the center line represents negative experiences).

3. Point out which event the sample individual perceived as most positive (highest point) and which as most negative (lowest point). Distribute the half-size pieces of newsprint and ask participants to make their own field experience maps. Tell them you will walk them through the first couple of steps.

4. Ask participants to draw a horizontal line across the center of the paper and to make some kind of symbol representing positive (e.g., happy face) in the left-hand corner above the line, and another symbol representing negative (e.g., sad face) in the left-hand corner below the line.
5. Ask participants to draw three or four equally spaced vertical lines to divide each month since their work as facilitators began (for example, equal divisions for June, July, August).

6. Once the basic framework is completed, ask participants to close their eyes for a minute and reflect back on their experiences as facilitators working in communities with their groups—beginning after Module 1 training and before this Module 2 training. Ask them to think of their experiences in their minds, and pick out the single most positive event or experience in the entire three month period. This event should be something that gave them great satisfaction, a sense of accomplishment, or joy. It could be related to anything in their experiences as facilitators—something they learned, something related to their groups, an individual interaction with a group participant or community member, and so on.

7. Ask participants to draw or select a symbol (e.g., tika or sticker) to put on the newsprint to label their most positive event or experience. The mark should be placed approximately at the point at which the event or experience took place within the month-by-month time frame. Since it represents the high point of their experience, it should be somewhere above the horizontal center line – near the top of the page if it was a very positive experience, closer to the center line if it was only moderately positive. Then ask participants to describe the event next to the label, using no more than three to five words.

8. Once participants have identified and marked their most positive experiences, ask them to close their eyes again for a minute and reflect back on their experiences as facilitators. Ask them to go over their experiences in their minds, and pick out the single most negative event or experience in the entire three month period. This event could be something that made them feel badly, frustrated, angry, depressed, helpless, etc. Remind them that it could be related to anything in their experiences as facilitators. Ask participants to mark and label the event or experience as they did with the most positive event. Since it represents the low point of their experience, it should be somewhere below the horizontal center line – near the bottom of the page if it was a very negative experience, closer to the center line if it was only moderately negative.
9. Ask participants to take about 20 minutes to fill in the rest of their field experience maps on their own, marking positive and negative experiences as they occurred over the last three months. The more positive the experience, the closer to the top of the page it should go; the more negative the experience, the closer to the bottom of the page it should go. Encourage participants to be creative. Trainers can do their own maps, or circulate among the participants.

10. As they finish, ask participants to post their maps around the room at eye level, and ask them to take a gallery walk around to look at other participants’ maps.

11. When all the participants have had an opportunity to look at the maps on the walls, ask them what commonalities they see in the maps. Those commonalities represent trends in their experiences in the field.

Possible facilitation questions include:
- What commonalities do you see among the maps?
- What were the most positive events for most facilitators?
- What were the most negative events or experiences?

Field experience review: Four corners
(1 hour, 30 minutes)

Session objective:
Participants will reflect on their field experiences and share observations, questions, successes, and challenges.

Materials and preparation needed:
- Session objective (written on newsprint)
- 4 blank metacards for each participant
- Blank newsprint
- Marker pens
- Masking tape

1. As preparation, identify a participant to role-play the “dilemma holder” in the figureheads session to take place after lunch and brief him or her during lunchtime. Explain the dilemma, with instructions to the participant to acquaint him or herself with it. The dilemma should not be shared with any of the other session participants. Be sure to choose a fictitious name for the dilemma holder that is not one of the session participants’ names.
2. Explain that participants will now have the opportunity to share, discuss, and reflect on their field experiences in the large group.

3. Post one piece of paper on each of the four walls of the training room, with one of the following headings on each paper: “Observation,” “Question,” “Success,” and “Challenge.”

4. Distribute four metacards to each participant. Ask them to write a short phrase on each card to represent the following:
   - Card 1: An observation about their field experience over the last two-to-three months.
   - Card 2: A successful experience or aspect of their field practicum.
   - Card 3: A challenge from their field experience.
   - Card 4: A question they have about their field experience.

   The items noted can be about any aspect of their field experience, including (but not limited to):
   - Community response to the dialogue group.
   - Formation of the dialogue group.
   - The dialogue group itself.
   - Figureheads sessions.
   - Information sessions on topics such as reproductive biology and family planning.

5. Ask participants to tape each metacard on the wall under the appropriate heading and return to their seats.

6. When all the cards are posted, ask participants to turn to one wall at a time and help you regroup the cards into natural clusters. For example, observations on figureheads will form one grouping, and questions about forming a dialogue group will form another.

7. For each wall, lead a discussion about the cards on that wall.

   Possible facilitation questions include:
   - What commonalities do you see among the observations, questions, successes, and challenges?
   - Which observations do you agree or disagree with and why?
   - What successes or challenges can you relate to and why?
   - How did you deal with the challenges that you faced?
   - What questions would you like to try to answer?
   - Do any of the successes, challenges, or observations relate to the questions?
For the wall of cards with questions, invite participants to elaborate on any of the questions, or attempt to respond to any of the questions based upon their experiences. Provide additional information to answer any remaining questions.

Figureheads: Extramarital sex and pregnancy
(2 hours)

Session objective:
Participants will explore personal issues pertaining to extramarital sex and pregnancy.

Materials and preparation needed:

- Session objective (written on newsprint)
- 6 blank figurehead placards
- Questions regarding emerging themes and information gaps, written on newsprint (see bulleted list of questions below)
- Blank newsprint
- Marker pens
- Copies of Handout 2: Dilemma – extramarital sex and pregnancy
- Copies of Handout 3: Dialogue facilitation assessment
- Trainer’s Aid B: Instructions for figureheads
- Identify a participant to be the dilemma holder and brief him or her during lunchtime (see note to the trainer on page 101).
- Write or type the dilemma in large print on a single piece of paper.
- Set up a long table or floor seating arrangement so that five or six figureheads will be able to face the training participants.

1. Ask for three volunteer facilitators, one to conduct each of the three figureheads rounds, and for three volunteer peer observers, one to evaluate each volunteer round/facilitator.

2. Announce that, in addition to evaluating their peers’ dialogue facilitation, observers will have the new task of identifying “emerging themes” and “information gaps” that come up during discussion. Explain to the group that becoming aware of emerging themes, “hot” topics, and information gaps will help them plan future sessions with their groups according to each group’s needs and interests. For example, preference for sons is a theme that may occur repeatedly in different discussions—as a reason for not using family planning, for taking a second wife, for treating boys and girls differently, etc.

To help the participants identify themes and gaps, refer them to the following questions, listed on newsprint:

- Did any particular themes, issues, or topics come up repeatedly during the discussion?
Did any specific themes, issues, or topics generate particularly “hot,” energetic discussion (or even conflict)?

Do any themes, issues, or topics that came up during discussion need further exploration?

Were there any topics on which participants seemed to have incomplete or inadequate information?

3. Ask if participants noticed any emerging themes or “hot” topics during their dialogue group discussions, and have them share any such topics. It is fine if participants do not have much to share here—this session serves primarily to introduce this aspect of dialogue facilitation.

4. Distribute copies of Handout 2: Dilemma – extramarital sex and pregnancy and the blank figurehead placards to the volunteer facilitators. Instruct them as a group to decide on which figureheads to use and to prepare the placards.

5. Assign each peer observer one round/facilitator to evaluate, and give each a copy of Handout 3: Dialogue facilitation assessment. Answer any questions they may have about identifying emerging themes and information gaps. Ask them to take careful note of any emerging themes or information needs on the back of the dialogue facilitation assessment form, to share during the debriefing discussion.

6. Ask for six volunteers to be the figureheads identified on the figurehead placards. Give each one a placard. Ask the volunteer figureheads to sit at the pre-arranged panel table and to hold up their placards so that they can be seen by the audience.

7. Ask the first volunteer facilitator to conduct Round 1. When Round 1 has finished, invite the next volunteer to facilitate Round 2. Do the same with Round 3.

8. Remind the volunteer facilitators to advise the figureheads to speak up and advise the dilemma holder. In each case, urge the figurehead to improve upon the advice that the other figurehead(s) gave. Be sure that each figurehead is given enough time to respond.

Possible facilitation questions include:

- Do you agree with the advice the preceding figurehead(s) gave?
- If not, what would be your advice to the dilemma holder?
- If yes, can you improve upon the advice?

9. Have each peer observer share feedback on the facilitation of his or her respective round. Participants can refer to notes they may have made on the facilitator skills checklist.
Facilitation questions include:

- What worked well?
- What was difficult? Why?
- How do you feel about your facilitation of the exercise?

10. Invite additional comments from other participants who may have suggestions to share. Add points that the group may have missed.

11. Pay particular attention in the debriefing discussion to (1) the volunteer facilitator’s questioning skills demonstrated in Round 2, (2) the depth of the discussion, and (3) the kinds of experiences and diversity of solutions to the problem shared in Round 3.

12. Ask participants if they have questions about or experienced specific difficulties while conducting figureheads in the field that have not been addressed during any of the day’s training sessions. Address any questions by first asking the group to respond. Trainers should clarify only as needed.

13. Distribute copies of **Handout 2: Dilemma – extramarital sex and pregnancy** and **Handout 3: Dialogue facilitation assessment** to all participants who did not receive them.

**Emerging themes discussion (20–25 minutes)**

14. Recall for the group that you asked peer observers to take special note of emerging themes and information gaps. Ask them to share their notes.

15. Write down their observations on two sheets of newsprint: One with the heading “Emerging themes” and the second with the heading “Information gaps,” categorizing as each topic is cited.

Examples might include:

<table>
<thead>
<tr>
<th>Emerging themes</th>
<th>Information gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premarital sex</td>
<td>Belief that family planning devices can travel to other parts of the body</td>
</tr>
<tr>
<td>Incest</td>
<td>Lack of information on girl trafficking laws</td>
</tr>
<tr>
<td>Selling of daughters</td>
<td></td>
</tr>
<tr>
<td>Sex work</td>
<td></td>
</tr>
</tbody>
</table>

16. After the peer observers have shared their ideas, ask if other participants noticed any emerging themes or information gaps. Add these to the newsprint.

17. When everyone has shared their ideas, trainers should add their own observations to the list.
Conclude by saying that this process of identifying emerging themes and information gaps will help them as facilitators to plan dialogue and/or information sessions that are of interest and need to their group members. Remind them of the section on the dialogue session documentation form on which they can record this information.

Evaluation of Day 1
(15 minutes)

Session objective:
Participants will evaluate what they learned or what impressed them the most (ghat laageko) about the first day of training, and what questions or suggestions for changes they have.

Materials and preparation needed:
► Session objective (written on newsprint)
► Blank metacards or pieces of paper

1. Ask participants to take a metacard or a blank piece of paper and draw a happy face 😊 on one side and a turning arrow ↚ on the other side.

2. Ask participants to write down on the side of the paper with the happy face the one thing that impressed them the most (ghat laageko) from the day’s sessions. Tell participants this may be something they liked or learned, a piece of information, a technique used, the way that participants interacted, or a story they heard, etc.

3. Ask participants to write on the side of the paper with the turning arrow suggestions for any changes they would like to see in the remaining days of training, or questions they have.

4. Allow participants a couple of minutes to record their thoughts, and ask for several volunteers to share their impressions.

5. Collect the metacards/evaluation papers from participants for review with the other trainers.
Day 2

<table>
<thead>
<tr>
<th>Session</th>
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</tr>
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<tbody>
<tr>
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<td>1:30–2:30</td>
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<tr>
<td>Storymaking practice</td>
<td>2:30–4:30</td>
</tr>
<tr>
<td>Working tea</td>
<td>3:30</td>
</tr>
<tr>
<td>Evaluation of Day 2</td>
<td>4:30–4:45</td>
</tr>
</tbody>
</table>

**Total time:** 6.75 hours

Review of Day 1 and overview of Day 2 (30 minutes)

**Session objective:**
Participants will review content and share what activities most impressed them from the previous day.

**Materials and preparation needed:**
- Session objective (written on newsprint)
- Day 2 agenda (written on newsprint)
- Evaluations of Day 1
- Marker pens
- Masking tape

1. Welcome participants to Day 2 of the training.
2. Summarize for the group the common themes of the evaluation activity completed at the end of the previous day (the 🌵 side of each evaluation card). Address any changes the trainers plan to make in response to the participants’ requests (the 🔖 side of each evaluation card).
3. Ask for a volunteer to summarize the main activities and content that were covered the previous day.
4. Ask for two or three volunteers to share what most impressed them from the previous day, or any further reflections they would like to share with the group since the end of Day 1.

5. Ask for and respond to participant questions about material covered the previous day.

6. Review and post the agenda for Day 2.

**Visual thinking**  
*(2 hours)*

**Session objective:**

Participants will be able to use their recall powers to describe scenes and situations in great visual detail, and practice using questions to provoke visual thinking.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Blank newsprint
- Marker pens
- Two or three three- to five-minute video clips of dramatic movie scenes (select from Nepali films on VHS or DVD)
- VCR or DVD player
- Television or computer monitor
- Copies of *Handout 4: Visual thinking checklist*

1. In plenary, ask participants to close their eyes for a moment and think about a specific dramatic event or incident in which they participated. Have them go over the event in their minds in as much detail as possible.

2. Ask for a volunteer to come up and narrate his or her story in as much detail as possible. Allow about four to five minutes to tell the story.

3. After the volunteer has narrated the story, ask the participants to close their eyes again and replay the incident in their heads as though it were a movie, recalling as much detail as possible.

4. Ask probing questions to explore the level of detail that was communicated.

Facilitation questions include:

- What time of day was it?
- What sort of clothes was the participant wearing?
- What was his or her mood?
• Where did the incident take place?
• What sounds could be heard?
• What was the sky like?
• What were the main colors in the environment?

5. Ask participants what make up the different aspects of a memory. Note their suggestions on a sheet of newsprint.

Possible responses include:
• Action.
• Sounds.
• Colors.
• Feelings.
• Textures.
• Environment.
• Words.
• Mood.

6. Tell participants that they are about to watch a short video clip one time through. Play the first five-minute video clip from the movie.

7. Stop the movie when the clip ends. Distribute copies of Handout 4: Visual thinking checklist and discuss.

Some of the points covered in the handout include:
• Action. What was going on? Who did what to whom?
• Colors. What were the main colors in the scene? Where did you see these colors?
• Textures. What were the different textures that you saw? Were there soft objects, rough objects, smooth objects, sharp objects, or complex objects?
• Verbal interaction. What words were said? Who said them? To whom?
• Feelings. What were the feelings of the people in the scene? How did they express these feelings?
• Environment. What was the environment like? Open or closed? Well lit or dark and gloomy? Colorful or dull?
• Mood. What was the overall mood you picked up? Cheerful or depressed? Tense or peaceful? Hopeful or anxious?
5. Ask for a volunteer to come up front and describe the video clip in as much detail as possible. Invite the listeners to refer to the handout and ask probing questions to get more detail from the speaker. Allow five to ten minutes.

6. Ask the group to rate the volunteer narrator on a scale of 1 to 10, based upon the level of detail s/he used to describe the video clip.

7. Play the remaining video clips, and after each one, repeat steps 8 and 9 above.

8. In plenary, ask participants to share what they learned from the session.

Facilitation questions include:
- What did you learn from this exercise?
- Did you find your skills in probing for greater detail improving?
- What sorts of questions did you find particularly useful?

9. Ask participants to work in pairs, with one person ‘A’ and the other ‘B’. Instruct A to give B the broad outline of a traumatic or memorable incident from his or her life. For example, “When I was young, I nearly lost a leg once.” B will ask as many questions as possible to extract sufficient detail to visualize it as though it were a video clip. After ten minutes, switch roles and repeat the exercise.

10. In plenary, discuss the visual thinking exercise and remind participants that visual thinking can help people begin to “feel” and relate to the experience of another person. It can also lead to deeper, more personal questions.

Understanding storymaking
(1 hour)

Session objective:
Participants will be able to describe how storymaking can help communities safely approach taboo and sensitive reproductive health topics, and will discover how asking questions helps build a detailed, compelling story.

Materials and preparation needed:
- Session objective (written on newsprint)
- Blank newsprint
- Marker pens
- An item to use as a trigger object (pen, notebook, woman’s bag, bangle, etc.)
- Selection of pictures to use as trigger pictures
- Trainer’s Aid C: Notes on storymaking
Note to the trainer

The trainer should conduct at least one practice session of the storymaking process before undertaking in training. For more information, see Trainer’s Aid C: Notes on storymaking.

1. Begin with a demonstration. Ask participants to suggest some common, everyday objects, such as a pencil, a glass, or spectacles, that could be used in this session. Choose one.

2. Tell participants that they are going to make up a complete story using this object as a trigger. The story will be assembled in four sets of questions (i.e., the storymaking framework): “Character,” “Network,” “Event,” and “Reactions.”

3. Ask participants to suggest some examples of dramatic, life-changing events that could happen in the life of a young woman. Choose one. (In this example, assume that the event is sexual attraction to a member of the opposite sex and that the trigger object is a pencil.)

4. Start with the character question set: “This pencil belongs to a young girl who found herself attracted sexually to a boy. What is her name?”

5. Select a name from those suggested, after making sure no one in the room has the same name or has any objection to the name being used.

6. Quickly pose the following questions, ask for suggestions, and make choices until you can begin to visualize a young Nepali girl.

   The first set of story questions includes:
   - How old is she?
   - Where does she live?
   - What is her height? Weight? What are her distinguishing traits?
   - Does she go to school? Where? Which class? How does she do in her studies? What are her hobbies?
   - What are her secrets?

7. Summarize the character so far. Continue with several additional questions to explore her network.

   The second set of story questions includes:
   - What is her family like? Parents’ names, ages, professions. Siblings and their ages.
   - Who in the family likes her and who does not? In whom does she confide?
   - Who are her friends? Their names, ages, why she likes them, who she likes the most.
   - Who are her enemies? Their names, ages, why they are not her friends.
   - Who was she attracted to? His name, age, appearance, profile.
   - Why was she attracted to him? Was he equally attracted to her?
8. Summarize the two characters so far. Continue with event questions to explore how, when, and where the attraction happened.

The third set of story questions includes:
- When did she first see the boy? What was she doing?
- Explore the moment: time of day, weather, what she was wearing, her mood.
- What did she feel? Did she do anything? What did she want to do?
- What was his reaction to her? Did he do anything?
- How did the attraction progress? Did they meet again? Did the attraction lead to anything? What? How?
- Try to find out if and when a specific, life-changing event, such as sexual intercourse, happened in the story. Explore details: Was it mutual? When did it happen? Where?

9. Summarize the story thus far. For the last set of facilitation questions, explore other people’s reactions to what happened.

The fourth set of story questions includes:
- Who else knew there was attraction between these two? How did they find out? What were their first words and reactions? What advice, if any, did they give?
- Did the family members find out? Who? How? What were their reactions?
- What advice did the girl and the boy receive in the course of their attraction?
- Did they discuss having sex, or did it happen spontaneously?

10. Once the story has been formulated, ask one of the participants to narrate it, including as much visual detail as possible.

11. Debrief in plenary. Ask for participants’ feedback, reactions, and questions related to the overall process.

Possible facilitation questions include:
- What struck you the most?
- How might using storymaking enable groups to approach sensitive reproductive health topics?
- How did you feel about approaching a serious issue (in this case, sexual attraction) through story?
- What was the role of the facilitator?
12. Discuss the elements of storymaking, specifically the trigger and the trigger question, the life-changing event, and the degree of detail needed.

13. Explain that anything, such as an object or a picture, can be used as a trigger. Explain that the trigger question works best when it is as open-ended as possible.

Sample sentences using a trigger object are:
- This object (pen, necklace, etc.) belongs to someone who was a victim of sexual violence.
- This object (pen, necklace, etc.) is connected to someone who committed sexual violence.
- With a trigger picture, there is an even greater range of trigger sentences:
  - This picture is connected to someone who was a victim of sexual violence.
  - Someone in this picture has committed sexual violence.
  - Someone in this picture was a victim of sexual violence.
  - Someone in this picture is connected to a person who has committed sexual violence.
  - Someone in this picture is connected to a person who has been a victim of sexual violence.
- The trigger sentence most likely to lead to the most open-ended discussion is the last one, because it allows the group to link someone in the picture or outside of the picture to the topic.

14. Discuss events that change a person’s life irreversibly, like childbirth or an accident. Introduce the term “key dramatic moment.”

15. Explain that a key dramatic moment is an action that changes the course of a character’s life. An experience such as feeling attracted to someone is a key dramatic moment only if it leads to an action that expresses the attraction. Ask participants to identify the action that happened between the two people in the story because of the attraction they felt for each other.

16. Discuss if this is a key dramatic moment. If not, then continue storymaking to develop the story up to an event that could contain a key dramatic moment.
Storymaking practice
(2 hours)

Session objective:
Participants will be able to facilitate storymaking by using a trigger object or picture and asking questions.

Materials and preparation needed:
- Session objective (written on newsprint)
- Blank newsprint
- Marker pens
- Masking tape
- Selection of pictures to use as triggers
- Write on newsprint and post the storymaking framework (character, network, event, and reactions).

1. In plenary, explain that the session will focus on practicing storymaking facilitation skills, including developing trigger questions and asking questions that will lead to the development of a realistic story.

2. Ask participants to list life-changing situations or events that might affect reproductive health. Record on newsprint.

Possible situations or events might include:
- Unprotected sex
- Unwanted pregnancy
- Unsafe abortion
- Early marriage
- Premarital sex
- Husband taking a second wife
- Sex for money
- Unsafe abortion
- Girl trafficking
- Incest
- Alcoholism
- Domestic violence
- Sex-selective abortion
- Extramarital affair
- Preference for sons and discrimination against daughters
- Rape
- Marital rape
- Sexual abuse by a teacher
3. Choose one situation on which to focus the storymaking.

4. Ask participants to suggest a variety of trigger objects or pictures. Choose one as an example, and have the group brainstorm trigger questions to stimulate story development. List on newsprint. Select the best trigger question.

5. Review the storymaking framework with the group:
   - Character.
   - Network.
   - Event.
   - Reactions.

6. Explain that you will ask for volunteer facilitators to lead the group through the storymaking process by asking questions related to each of the four facets of the story.

7. In plenary, ask participants to quickly brainstorm types of questions that might be asked in the first stage of storymaking to identify the character. Then ask for a volunteer to lead the group in developing the main character by asking questions.

8. Once the main character has been sufficiently developed, stop the process and ask the facilitator to recap the story so far. Thank the volunteer.

9. Move to the next facet of story development—creating the network of the main character.

10. Ask for another volunteer to lead the group in developing the network for the story. Continue in this way until all four facets of the story have been developed.

11. When the full story has been developed, ask for volunteer facilitator feedback, reactions, and questions related to the overall process.

   Possible facilitation questions include:
   - What impressed you the most?
   - What did you find challenging or difficult?
   - What was most helpful?
   - How did you use your visual thinking skills?

12. For each facet of storymaking (character, network, event, and reactions), ask for observations from both the facilitators and the participants about (1) the effectiveness and quality of the questions that stimulated development of the story, and (2) the degree of detail that was needed to make the story come alive.

13. Discuss the key dramatic moment in the story. Was there a key dramatic moment? If yes, what was it? If not, why do the facilitators and the group feel the story did not arrive at a key dramatic moment?
Evaluation of Day 2  
(15 minutes)

Session objective:

Participants will evaluate what they learned or what impressed them the most (ghat laageko) about the second day of training, and what questions or suggestions for changes they have.

Materials and preparation needed:

- Session objective (written on newsprint)
- Blank metacards or pieces of paper

1. Ask participants to take a metacard or a blank piece of paper and draw a happy face 😊 on one side and a turning arrow 🔄 on the other side.

2. Ask participants to write down on the side of the paper with the happy face the one thing that impressed them the most (ghat laageko) from the day’s sessions. Tell participants this may be something they liked or learned, a piece of information, a technique used, the way that participants interacted, a story they heard, etc.

3. Ask participants to write on the side of the paper with the turning arrow suggestions for any changes they would like to see in the remaining days of training, or questions they have.

4. Allow participants a couple of minutes to record their thoughts, and ask for several volunteers to share their impressions.

5. Collect the metacards/evaluation papers from participants for review with the other trainers.
Dialogues for Life
Module 2
Day 3
Day 3

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Total time: 6.75 hours

Review of Day 2 and overview of Day 3
(30 minutes)

Session objective:

Participants will review content and share what activities most impressed them from the previous day.

Materials and preparation needed:

- Session objective (written on newsprint)
- Day 3 agenda (written on newsprint)
- Evaluations of Day 2
- Marker pens
- Masking tape
1. Welcome participants to Day 3 of the training.

2. Summarize for the group the common themes of the evaluation activity completed at the end of the previous day (the ☺ side of each evaluation card). Address any changes that the trainers plan to make in response to the participants’ requests (the ☹ side of each evaluation card).

3. Ask for a volunteer to summarize the main activities and content that were covered the previous day.

4. Ask for two or three volunteers to share what most impressed them from the previous day, or any further reflections they would like to share with the group since the end of Day 2.

5. Ask for and respond to participant questions about material covered the previous day.

6. Review and post the agenda for Day 3.

**Role-play with freeze practice**

**(1 hour)**

**Session objective:**

Participants will be able to describe role-play with freeze, and how to facilitate it.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Trainer’s Aid D: Notes on role-play with freeze

1. Ask for a volunteer to recap yesterday’s story.

2. Have participants recall the key dramatic moment of the story. Discuss for a moment why this was the key dramatic moment, and how it changed the life of the person and those around him or her.

Possible facilitation questions include:

- What action or series of decisions and actions led up to the key dramatic moment?
- What happened as a result?
3. Ask for a pair of volunteers to role-play the events leading up to and immediately after the key dramatic moment. Make sure that they are clear about the situation to be enacted. Give the volunteers no more than a couple of minutes to prepare the role-play. Instruct them to role-play the key dramatic moment with as much realism and emotion as possible. The volunteers should be free to work out the details of the role-play themselves, without direction from the trainer.

4. Have the volunteers enact their role-play of the key dramatic moment.

5. Thank the volunteers, and ask if anyone can improve upon the role-play, making it even more realistic. Have a couple of new sets of volunteers role-play the key dramatic moment in this way, with the objective of bringing more and more realism and detail into the role-play.

6. Discuss and select which of the role-plays was most effective and why.

7. Now explain to the group that you are going to have the volunteers re-enact the most realistic role-play. Let them know that you will freeze the action at a key point.

8. Replay the role-play, and call out “Freeze!” (or “Stop!”) just before the key dramatic moment.

9. Once the action has stopped, seek to explore the main character’s feelings.

10. Address the main character, and remind him or her that s/he is about to take an action that has the potential to change life forever. Ask the main character to think for a moment about what has led him or her to the action s/he is about to undertake. How will the action affect his or her life? Have him or her share immediate reflections with the group.

11. Address the secondary character and allow him or her to also share immediate feelings and reflections about what has brought him or her to this point, and how it will affect life in the future.

12. Note that this sharing should be kept quite brief, no longer than three or four minutes per character.

13. When this process concludes, debrief in plenary with the participants about the role-play with freeze process and how it may be useful in dialogue groups.

Possible facilitation questions include:

- How did the group feel about the role-play with freeze process?
- What impressed you most? What did you find most challenging or difficult?
- What do you think is the point of freezing the action?
- When is the best moment to freeze the action?
- What is the point of having several sets of volunteers role-play the key dramatic moment before doing a role-play with freeze?
What is the value of exploring the feelings of the main and secondary characters at the key dramatic moment?

What is the role of the facilitator in role-play with freeze? (Note that it is important to emphasize the minimal role of the facilitator in enacting the role-play. The facilitator identifies the part of the story to enact—the rest is up to the role-play participants. After calling out “freeze”, the facilitator again has a role in eliciting reflection by the two main characters on the action they are about to commit.)

What questions do you have about role-play with freeze?

Practicum I: Storymaking, Role-Play with Freeze, and Experience-Sharing
(2 hours, 15 minutes)

Session objective:

Participants will be able to facilitate storymaking, role-play with freeze, and experience-sharing that is focused on a specific reproductive health-related situation.

Materials and preparation needed:

- Session objective (written on newsprint)
- List of life-changing situations brainstormed during the storymaking practice session on Day 2 of this training (written on newsprint)
- Blank newsprint
- Marker pens
- Dialogue facilitation assessment (written on newsprint)
- Copies of Handout 3: Dialogue facilitation assessment for peer observers

1. Explain to participants that they will be facilitating storymaking, role-play with freeze, and experience-sharing (which they learned in Module 1 and have used in figureheads). Remind them that the ultimate goal of this entire process is to inspire rich and personal experience-sharing.

2. Go over the list of life-changing situations related to reproductive health that was brainstormed the day before. Select one on which to focus in this session.

3. Quickly review the four stages of story development: character, network, event, and reactions.

4. Ask for four volunteers to facilitate the process: one for the first two stages of storymaking (character and network), one for the second two stages of storymaking (event and reactions), one for role-play with freeze, and one for experience-sharing. Note that experience-sharing is to be conducted just as it is done in figureheads.
5. Ask for four peer observers to evaluate the facilitation process, and give them copies of Handout 3: Dialogue facilitation assessment. Assign each observer only one facilitator to observe. Remind the observers to record on the back of the dialogue facilitation assessment handout any emerging themes or information gaps that may come up. (You may mention that themes and gaps are more likely to emerge during experience-sharing than during storymaking or role-play.)

6. Tell the rest of the group that they are not only participants, but they will be observing and commenting on their peers’ facilitation skills as well.

**Storymaking demonstration and review (1 hour)**

7. Have the storymaking volunteers facilitate.

8. At the end of the storymaking, be sure that the facilitators take the group through a process of identifying and discussing the key dramatic moment.

9. Ask for feedback from the volunteer facilitators on how the storymaking demonstration was conducted.

Possible questions for the volunteers include:
- What worked well?
- What was difficult? Why?
- How would you assess your own facilitation skills?

10. Ask for peer observer feedback on the volunteer facilitators. Then open the floor to additional feedback by other participants.

11. Add any points of your own that the group may have missed.

Possible other areas to which the trainer should pay attention include:
- Quality of questioning that led to story development.
- Quality of the story: Does the group feel they know the characters? Is the story realistic and compelling? Does the story deal with behaviors and actions that lead to a terrible consequence?
- Key dramatic moment: Does the story have a climax, a key dramatic moment? Were the facilitators able to identify this moment?
Role-play with freeze and experience-sharing (45 minutes)

12. Invite the next volunteer to facilitate role-play with freeze, immediately followed by experience-sharing.

13. Follow steps 10 and 11 for peer review of the role-play and experience-sharing demonstrations.

14. During the debriefing, and depending upon the content of peer feedback, explore the reactions of participants to the practicum session.

Possible areas for the trainer to explore during the debriefing include:
- How did having multiple role-plays bring greater realism and passion into the enactments?
- How did having multiple role-plays change our understanding of the situation?
- What did stopping the action and allowing the character(s) to speak accomplish toward understanding the action that the main character was about to take?

Emerging themes and information gaps (20–25 minutes)

15. Recall for the group that you asked peer observers to take special note of emerging themes and information gaps. Ask the peer observers to share their notes.

16. Write down their observations on two sheets of newsprint: One with the heading “Emerging themes for discussion” and the second with the heading “Information gaps,” categorizing as each observation is cited.

17. After the peer observers have shared their ideas, ask if other participants noticed any emerging themes or information gaps. Add these to the newsprint.

18. When everyone has shared their ideas, trainers should add their observations to the list.

19. Ask if participants have any questions about using these tools. Respond to the questions.

Safe abortion
(1 hour)

Session objectives:
Participants will be able to:
- Explain the conditions under which abortion is legal and not legal in Nepal.
- Describe differences between a safe and an unsafe abortion.
- Identify service sites in their districts.
**Materials and preparation needed:**

- Session objectives (written on newsprint)
- Marker pens
- Blank metacards for participant questions
- Scissors
- Safe abortion resource person who knows about abortion laws, procedures, complications, and service sites
- Copies of Handout 5: Safe abortion fact or fiction game
- Copies of Handout 6: Safe abortion fact or fiction game answers
- Copies of Handout 7: Safe abortion information sheet
- Make an extra copy of Handout 5: Safe abortion fact or fiction game and cut along the dotted lines to separate the 13 items.

**Safe abortion: Fact or fiction game (45 minutes)**

1. Review the objectives of the session.
2. Distribute one slip of paper from Handout 5 to each participant.
3. After the participants have had a moment to reflect on the statements, ask each person to read his or her phrase and state whether s/he believes it to be fact or fiction (true or false).
4. Correct the information for any fictitious or false answers using the answers in Handout 6: Safe abortion fact or fiction game answers.
5. Distribute copies of Handouts 5 and 6 to participants.

**Safe abortion: Information session (15 minutes)**

6. Distribute the blank metacards to participants and invite them to write down any questions they may have about safe abortion.
7. Collect and sort the cards. The trainer and/or resource person should respond to participant questions.
8. Distribute copies of Handout 7: Safe abortion information sheet to participants.
9. Review the information sheet with the participants. Remind them that this page can serve as a reference tool to help them answer dialogue group members’ questions about abortion.
Emergency contraception
(45 minutes)

Session objective:
Participants will be able to explain what emergency contraception is and how it works.

Materials and preparation needed:
- Session objective (written on newsprint)
- Blank metacards or pieces of paper
- Box or basket
- Scissors
- Copies of Handout 8: Emergency contraception matching game
- Copies of Handout 9: Emergency contraception matching game answers
- Copies of Handout 10: Emergency contraception information sheet
- Make an extra copy of Handout 8: Emergency contraception matching game and cut along the dotted lines to separate the questions and the possible answers. Put all the slips of paper into the box or basket and mix up.

1. Pass around the box, and invite participants to pick out one or two strips of paper. Ask them to study the questions or answers on their strips. Point out that some strips have questions, and some have lists of possible answers to those questions.

2. Ask participants to stand and circulate around the room, comparing and discussing with each other the questions/answers on their slips of paper until each of them finds the set of possible answers that matches the question and vice versa. Once paired, each pair should decide which of the multiple choices is the correct answer to the question. If a participant has more than one slip of paper, s/he can look for the match to that slip after s/he has identified a match for the first.

3. When all the matches have been found, ask participants to be seated. Have each question read out loud, followed by the chosen answer. Ask the rest of the participants if they agree that the answer matches the question. Refer to Handout 9: Emergency contraception matching game answers for the correct answers.

4. If participants have any new questions based upon what they have learned, ask them to write down the questions on blank metacards or pieces of paper and submit them to the trainer.

5. Distribute copies of Handouts 8–10.
Evaluation of Day 3
(15 minutes)

Session objective:
Participants will evaluate what they learned or what impressed them the most (ghat laageko) about the third day of training, and what questions or suggestions for changes they have.

Materials and preparation needed:
- Session objective (written on newsprint)
- Blank metacards or pieces of paper

1. Ask participants to take a metacard or a blank piece of paper and draw a happy face 😊 on one side and a turning arrow ↙ on the other side.

2. Ask participants to write down on the side of the paper with the happy face the one thing that impressed them the most (ghat laageko) from the day’s sessions. Tell participants this may be something they liked or learned, a piece of information, a technique used, the way that participants interacted, a story they heard, etc.

3. Ask participants to write on the side of the paper with the turning arrow suggestions for any changes they would like to see in the remaining days of training, or questions they have.

4. Allow participants a couple of minutes to record their thoughts, and ask for several volunteers to share their impressions.

5. Collect the metacards/evaluation papers from participants for review with the other trainers.
Day 4

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**Total time:** 7.25 hours

Review of Day 3 and overview of Day 4 (30 minutes)

**Session objective:**

Participants will review content and share what activities most impressed them from the previous day.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Day 4 agenda (written on newsprint)
- Evaluations of Day 3
- Blank newsprint
- Marker pens
- Masking tape
1. Welcome participants to Day 4 of the training.

2. Summarize for the group the common themes of the evaluation activity completed at the end of the previous day (the side of each evaluation card). Address any changes that the trainers plan to make in response to the participants’ requests (the side of each evaluation card).

3. Ask for a volunteer to summarize the main activities and content that were covered the previous day.

4. Ask for two or three volunteers to share what most impressed them from the previous day, or any further reflections they would like to share with the group since the end of Day 3.

5. Ask for and respond to participant questions about material covered the previous day.

6. Review and post the agenda for Day 4.

---

**Community behavior change**

(2 hours)

**Session objective:**

Participants will be able to describe the behavior change process through diffusion.

**Learning points:**

- Behavior change in a community is a process that begins with a few early adopters and spreads to a majority.
- New behavior becomes acceptable as more and more individuals adopt it successfully.
- New behavior diffuses as the community becomes aware of more and more individuals who have successfully changed behavior.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Three times as many chewable, flavored, lowest-dose possible calcium tablets as the number of participants (tablets should be unmarked and placed in sealed envelopes labeled IMM-4Z)
- Official-looking envelope (e.g., Fedex, DHL, etc.)
- Copies of Handout 11: IMM-4Z information form
- Copies of Handout 12: IMM-4Z consent form (be sure to mask the phrase “Handout 12;” before copying)
- Copies of Handout 13: IMM-4Z feedback form (mask the phrase “Handout 13;”)
- Copies of Handout 14: Community behavior change – notes to the trainer
Note to the trainer

This session is only effective if it appears spontaneous and unplanned. One trainer can come into the training room a bit late, and confer privately for a moment with the other trainer. Announce to the group that the agenda is being changed to accommodate an unscheduled pre-test of a medical product, at the donor’s request. Apologize for this, and promise to return to the agenda as soon as this activity ends. Appear reluctant, and act as if this is not a favorable change to the schedule.

The magic pill: Mock trial exercise (30 minutes)

1. Announce that the coming session is a break from the workshop and is in response to a special request from PATH, which develops low-cost medical solutions for low-resource settings. PATH has been collaborating with an international pharmaceutical company to develop a new pill that enhances pulmonary efficiency in oxygen use. The company and PATH have asked the organizers of the training to take advantage of the workshop to conduct a small pre-test among the participants, with their permission, solely to determine reaction to the flavor of the pill. Pharmacological properties have already been checked in other tests.

2. Take the information sheet out of the DHL envelope, and read the details about the tablet word for word from **Handout 11: IMM-4Z information form**. If participants ask for more information than the information sheet contains (for example, what a Phase III trial is), claim ignorance and apologize for not having more information.

3. Explain again that the current pre-test is only of the flavor. Distribute a copy of **Handout 12: IMM-4Z consent form** to each participant. Request that each person willing to participate in the trial fill out this consent form. Tell the group that those who participate will be entitled to a free lifetime supply of the pills if the trials are successful.

4. Ask participants if they have any further questions or need any clarification. Do not make up information. If the questions are beyond your knowledge, say that you would have to check with the pharmaceutical company.

5. Collect the forms at a desk apart from the workshop group. Distribute one pill each to all the individuals who agreed to participate. Also distribute a copy of **Handout 13: IMM-4Z feedback form** to each of these individuals.

6. In plenary, ask those who took a pill to record their reactions to the taste of the pill, its color, and shape on the feedback form.

7. Announce a 15-minute tea break. Remind people that those who participate will be entitled to a free lifetime supply of the pills if the trials are successful.
Community behavior change process (1 hour)

8. After participants reconvene, ask if any abstaining participants have reconsidered their decision and would like to join the pre-test. Have those who now wish to participate fill out consent forms, and distribute pills and feedback forms to them.

9. In plenary, create three groups: those who agreed to sample the pills in the first round, those who agreed in the second round or during the tea break, and those who have yet to agree to sample the pill. Explain that this session was a planned simulation to help demonstrate the phases of the community behavior change process. Clarify that the pill was just ordinary calcium and that there was no flavor trial taking place.

10. Use the following questions to discuss the choices different groups of participants made.

Possible facilitation questions include:

- What made you decide to be among the first to sample the pill?
- What information or knowledge persuaded you?
- During the tea break, what did people discuss with each other about the magic pill and their experiences with it?

Questions for participants who agreed in the second round or during the tea break:

- What made you change your mind and agree to sample the pill in the second round?
- Was it new information? Was it a discussion?
- Did someone else play a part in your decision?

Questions for participants who declined to sample the pill:

- What factors could persuade you to change your mind?
- How many others would have had to sample the pill before you would have felt comfortable volunteering yourself?

11. Use the discussion to make the following points about how a new behavior diffuses through a community:

- A few individuals in the community adopt a new behavior before it is adopted by others. These are called the “early adopters.”
- As the community becomes aware of the early adopters, more and more of them try out the new behavior themselves. These are the “late adopters” and the “majority adopters.”
- When a majority of the community has adopted the new behavior, it becomes a community norm.
- A small section of the community may never adopt the new behavior. These are known as the “laggards.”
- The spread of new behavior in a community in this manner is called the “diffusion of innovation.” Everett Rogers wrote the Theory of Diffusion of Innovation in 1962.
- The Dialogues for Life behavior change communication approach is based upon this theory of diffusion of innovation.
12. In plenary, ask participants to think about how communication (specifically behavior change communication) might influence behavior change. Make the point that behavior change communication helps change attitudes, knowledge, and beliefs. This in turn can lead to behavior change.

13. *Dialogues for Life* utilizes group dialogue and special dialogue tools such as figureheads and storymaking to begin the process of critical reflection and experience-sharing that can change deeply held beliefs, attitudes, and knowledge.

14. Explain to the group that the magic pill session was to introduce them, as facilitators, to the idea of community behavior change. It is not a session to be conducted with their dialogue groups.

15. To provide more information to participants, distribute copies of **Handout 14: Community behavior change – notes to the trainer.**

**Introduction to magnification: Few to many (30 minutes)**

**Objective:**

Participants will be able to describe how behavior change can be magnified in a community.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Blank newsprint
- Marker pens
- Write the following definition of magnification on newsprint:

  *Magnification refers to the sharing of behavior change stories from a few individuals to the larger community. Magnification can use traditional media, such as community theater, and mass media, such as radio and newspapers, to inspire and stimulate other community members to change their behavior. If enough individuals change their behavior and share their experiences with others, they can create the environment and stimulus for others to follow in their footsteps.*

1. Referring to the previous (magic pill) session, discuss with participants the process of community behavior change.

Possible points to make during the discussion include:

- Social change spreads community-wide once a certain number of individuals (early adopters) have adopted the change. The number of such individuals required to seed widespread change is known to be small. One study indicates that it might be as low as 150.
Social or behavior change can only spread if the larger community is aware of the early adopters and the new behavior they have adopted.

Perceived benefits to self can motivate someone to try a new behavior.

In most communities, this information spreads by word of mouth through the social networks of the early adopters.

The pace of change is dependent upon individuals and varies. It is important to realize that there are some people who will never change their behavior.

Magnification is a specific activity that is undertaken to increase community awareness of individuals who have successfully changed their behavior to improve their health while reducing their risk. It is called magnification because the successful behavior change of a few people is “magnified” to reach many people.

Successful magnification can help speed up and scale up changes in behavior and norms within a community.

12. Thinking about the magic pill session, ask participants how the early adopters (the ones who tasted the pill right away) could have been used to encourage others to try the pill. What kinds of activities involving the early adopters might have been useful? Trainers should be sure the following points appear on the list:
   ○ Interpersonal communication.
   ○ Sharing of their own experiences.

13. Refer to the definition of magnification, written on newsprint. Emphasize that magnification can help to reach many from few. The individuals who change their behavior are in the front line of community behavior change—and through their influence and recommendations, they can help bring about wider behavior change in their communities.

14. Inform the group that they will be asked to be alert for examples of change among their dialogue group members and other community members.

15. Explain that they are to look for changes in a range of behaviors related to reproductive health. Examples might include improved communication between a husband and wife about reproductive health matters; actions by a dialogue group member to share his or her new reproductive health knowledge with other members of the community; starting to use a contraceptive method; using emergency contraception; seeking a safe, legal abortion rather than an unsafe abortion by an untrained provider; seeking care for an otherwise hidden sexual or reproductive health problem (vaginal discharge, uterine prolapse); sending a daughter to school during menstruation when previously she was kept home; and so on.

16. Refer to the dialogue group session log format (Handout 19 for Module 1), and show participants where they should record any such examples of change that they come across over the next two to two-and-a-half months. Explain that they will receive more training on identifying and magnifying behavior change in the third training. This is only to get them started.
Practicum II: Storymaking, Role-Play with Freeze, and Experience-Sharing  
(2 hours)

Session objective:
Participants will be able to facilitate storymaking, role-play with freeze, and experience-sharing that is focused on a specific reproductive health-related situation.

Materials and preparation needed:

- Session objective (written on newsprint)
- List of life-changing situations brainstormed during the storymaking practice session on Day 2 of this training (written on newsprint)
- Blank newsprint
- Marker pens
- Dialogue facilitation assessment (written on newsprint)
- Copies of Handout 3: Dialogue facilitation assessment for peer observers
- Copies of Handout 15: Instructions for storymaking and role-play with freeze

1. Explain to participants that they will be facilitating storymaking, role-play with freeze, and experience-sharing (which they learned in Module 1 and have used in figureheads). Remind them that the ultimate goal of this entire process is to inspire rich and personal experience-sharing.

2. Go over the list of life-changing situations related to reproductive health brainstormed on Day 2 of this training. Select one on which to focus in this session.

3. Quickly review the four stages of story development: character, network, event, and reactions.

4. Ask for four volunteers to facilitate the process: one for the first two stages of storymaking (character and network), one for the second two stages of storymaking (event and reactions), one for role-play with freeze, and one for experience-sharing. Note that experience-sharing is to be conducted just as it is done in figureheads.

5. Ask for four peer observers to evaluate the facilitation process, and give them copies of Handout 3: Dialogue facilitation assessment. Assign each observer only one facilitator to observe. Remind the observers to record on the back of the dialogue facilitation assessment handout any emerging themes or information gaps that may come up. (You may mention that themes and gaps are more likely to emerge during experience-sharing than during storymaking or role-play.)

6. Tell the rest of the group that they are not only participants, but they will be observing and commenting on their peers’ facilitation skills as well.
Storymaking demonstration and review (1 hour)

7. Have the storymaking volunteers facilitate.

8. At the end of the storymaking, be sure that the facilitators take the group through a process of identifying and discussing the key dramatic moment.

9. Ask for feedback from the volunteer facilitators on how the storymaking demonstration was conducted.

Possible questions for the volunteers include:
- What worked well?
- What was difficult? Why?
- How would you assess your own facilitation skills?

10. Ask for peer observer feedback on the volunteer facilitators. Then open the floor to additional feedback by other participants.

11. Add any points of your own that the group may have missed.

Possible other areas to which the trainer should pay attention include:
- Quality of questioning that led to story development.
- Quality of story: Does the group feel they know the characters? Is the story realistic and compelling? Does the story deal with behaviors and actions that lead to a terrible consequence?
- Key dramatic moment: Does the story have a climax, a key dramatic moment? Were the facilitators able to identify this moment?

Role-play with freeze and experience-sharing (45 minutes)

12. Invite the next volunteer to facilitate role-play with freeze, immediately followed by experience-sharing.

13. Follow steps 10 and 11 for peer review of the role-play and experience-sharing demonstrations.

14. During the debriefing, and depending upon the content of peer feedback, explore the reactions of participants to the practicum session.

Possible areas for the trainer to explore during the debriefing include:
- How did having multiple role-plays bring greater realism and passion into the enactments?
- How did having multiple role-plays change our understanding of the situation?
Preparing for field practicum
(30 minutes)

Session objective:

Participants will be able to describe key activities of the practicum period and provide feedback on the training.

Materials and preparation needed:

- Session objective (written on newsprint)
- Overview of dialogue group documentation form sections (written on newsprint, from Module 1 Handout 19: Dialogue group session log)
- Masking tape
- Blank newsprint
- Marker pens
- Write on newsprint the following overview of the dialogue group meetings that participants are expected to conduct during the next field practicum:
• *Two* storymaking and role-play with freeze sessions.

• *One* figureheads sessions.

• *One or two* information sessions, selecting from those learned in both the first and second trainings, depending upon the facilitator’s sense of the group’s needs and interests. These might include family planning, reproductive biology, emergency contraception, and safe abortion.

1. Explain the objective of the session.

2. Refer participants to the overview of dialogue group meetings written on newsprint. Go over the basic framework of activities for the dialogue group meetings that will take place over the next two to two-and-a-half months. Note that participants are expected to facilitate a total of four or five meetings.

3. Brainstorm the basic preparatory activities facilitators will need to undertake prior to dialogue group meetings, and record on newsprint.

4. As facilitators of the dialogue groups, participants are expected to identify emerging themes for discussion and information needs and to note them in the appropriate places on their dialogue session documentation forms. These observations should be used to decide on topics of interest or need to each group and to plan sessions accordingly.

5. In addition, facilitators should identify behavior change stories that are appropriate for magnification. These should be recorded in the appropriate place on the dialogue session documentation forms.

### Evaluation and closing
(1 hour)

**Session objective:**

Participants will provide feedback on the training.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- 100 blank metacards or half-sheets of paper
- Marker pens
- Masking tape
- Refreshments, if appropriate
- Copies of *Handout 16: Module 2 final evaluation form*
2. Explain in plenary that participants will now have an opportunity to reflect and give feedback on the training.

3. Distribute four blank metacards or half-sheets of paper to each participant.

4. Ask participants to answer the following questions, putting one response on each card/piece of paper.

**Evaluation questions:**
- What did you like most about the training? (positives)
- What was not useful or didn’t work well in the training? (negatives)
- What would you recommend changing to improve the process? (suggestions)
- What questions do you have related to the training or the field work you’re expected to do? (questions)

5. Post signs on each of the four walls of the training room, one labeled “Positives,” one labeled “Negatives,” one “Suggestions,” and one “Questions.”

6. Ask participants to circulate around the room and post each of their four cards or half-sheets of paper under the appropriate sign.

7. When participants have posted all of their comments, review some of the comments on each wall. Summarize the main observations from each of the four categories.

8. For the questions category, read the questions aloud, and if appropriate, ask for participants to volunteer answers. If the group does not have an appropriate answer to a question, trainers should clarify.

9. Distribute copies of **Handout 16: Module 2 final evaluation form** and allow ten minutes for participants to fill it out before leaving.

10. Thank participants for their attendance and contributions, and wish them well for their field practicum experience. Provide drinks or snacks if appropriate.
Dialogues for Life

Module 2
Handouts
Handout 1:
Introductions activity – find someone who…

Instructions:
Stand up and circulate around the room, introducing yourself to the other participants. Ask questions about participants until you have a different person’s name for each blank line below.
For example, ask “Do you have two children?” If the participant says “Yes,” ask for his or her name and write it on the line. If s/he says “No,” move on and ask another person. Repeat until the list is complete.

Find someone who…
1. Has two children. ____________________
2. Gets exercise at least two times each week. ____________________
3. Comes from ___________________ (local town). ____________________
4. Likes talking to mothers about child health. ____________________
5. Has an older brother. ____________________
6. Has never driven a car. ____________________
7. Has never been to the cinema before. ____________________
8. Has led a dialogue group discussion. ____________________
9. Speaks four languages. ____________________
10. Likes the music of ___________________ (famous local singer). ____________________
11. Likes to dance. ____________________
12. Can name three bodily systems. ____________________
13. Plays a musical instrument. ____________________
14. Talks to their children about sexual health. ____________________
15. Is looking forward to leading more dialogue groups. ____________________
16. Wants to have fun during this workshop. ____________________
My name is Rakesh. I am a 30-year-old man working in a local high school as a teacher. I live with my wife, our daughter, and my father and mother in Rupandehi. Many members of my extended family also live nearby. For the past year, I have been having an extramarital affair with one of my colleagues. She knows that I am married, but is deeply in love with me. I am also attached to her, but I have a strong commitment and attachment to my family as well. I have just learned that she is six weeks pregnant and wants to have the baby. I have clearly told her that I cannot marry her and that our affair was a big mistake on my part. But she is trying to force me to marry her.

*If I don’t take her as my wife, she has threatened to tell everyone about our affair, including my wife and my parents. If I do accept her, my life with my first wife and children and my reputation in the community will be ruined.* What should I do?
Handout 3: Dialogue facilitation assessment

1. What was the facilitator’s greatest strength?

2. What aspect(s) of facilitation need improvement?

3. On a scale of 1 to 4, how would you rank the facilitator’s mastery of the process? (Circle one)

<table>
<thead>
<tr>
<th>poor</th>
<th>needs improvement</th>
<th>good</th>
<th>excellent</th>
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Additional comments:

4. On a scale of 1 to 4, how would you rank the facilitator’s knowledge of technical information? (Circle one)

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<th>needs improvement</th>
<th>good</th>
<th>excellent</th>
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Additional comments:

5. On a scale of 1 to 4, how would you rank the facilitator’s quality of questioning? (Circle one)

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<th>good</th>
<th>excellent</th>
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Additional comments:
6. On a scale of 1 to 4, what was the quality of group discussion? *(Circle one)*

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<tr>
<th>poor</th>
<th>needs improvement</th>
<th>good</th>
<th>excellent</th>
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<tbody>
<tr>
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</table>

*Additional comments:*

7. On a scale of 1 to 4, how would you rank the facilitator’s general facilitation skills (e.g., clarity, listening skills, eye contact, body language, conflict management)? *(Circle one)*

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<tr>
<th>poor</th>
<th>needs improvement</th>
<th>good</th>
<th>excellent</th>
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<tbody>
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*Additional comments:*
Handout 4:
Visual thinking checklist

**People.** There should be enough details so participants feel like they know the main people involved in the story. Participants should be able to visualize what they look like, how they walk, talk, dress, what their likes and dislikes are, and so on.

**Action.** What was going on? Who did what to whom? What happened next?

**Colors.** What were the main colors in the scene? Where did you see these colors?

**Textures.** What were the different textures that you saw? Were there soft objects, rough objects, smooth objects, sharp objects, or complex objects?

**Verbal interaction.** What words were said? In what tone of voice? Who said them? To whom?

**Feelings.** What were the feelings of the people in the scene or situation? How did they express these feelings?

**Environment.** What was the environment like? Open or closed? Well lit or dark and gloomy? Colorful or dull?

**Mood.** What was the overall mood you picked up? Cheerful or depressed? Tense or peaceful? Hopeful or anxious?
# Handout 5:
## Safe abortion fact or fiction game

**Instructions:**
Cut on the dotted lines below and distribute one slip of paper to each participant. Ask each person to read their phrase and state whether they believe it to be fact or fiction. The correct answers are on Handout 6.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>1.</strong> Abortion is legal in Nepal.</td>
<td><strong>Fact or fiction?</strong></td>
</tr>
<tr>
<td><strong>2.</strong> Manual vacuum aspiration (MVA) is the name of a procedure used for abortion up to 12 weeks.</td>
<td><strong>Fact or fiction?</strong></td>
</tr>
<tr>
<td><strong>3.</strong> In Nepal, a man can require his wife to have an abortion even if she doesn’t want one.</td>
<td><strong>Fact or fiction?</strong></td>
</tr>
<tr>
<td><strong>4.</strong> In Nepal, a woman can obtain an abortion without her husband’s consent.</td>
<td><strong>Fact or fiction?</strong></td>
</tr>
<tr>
<td><strong>5.</strong> In Nepal, a woman can obtain a legal abortion up to 12 weeks of pregnancy.</td>
<td><strong>Fact or fiction?</strong></td>
</tr>
<tr>
<td><strong>6.</strong> Abortion using the MVA procedure is very complicated and dangerous.</td>
<td><strong>Fact or fiction?</strong></td>
</tr>
<tr>
<td><strong>7.</strong> A woman can get pregnant as soon as ten days after she has had an abortion performed.</td>
<td><strong>Fact or fiction?</strong></td>
</tr>
<tr>
<td><strong>8.</strong> In Nepal, a woman who has been raped can obtain a legal abortion up to 20 weeks of pregnancy.</td>
<td><strong>Fact or fiction?</strong></td>
</tr>
<tr>
<td><strong>9.</strong> In Nepal, it is illegal for a woman or a couple to abort a fetus because it is female.</td>
<td><strong>Fact or fiction?</strong></td>
</tr>
<tr>
<td><strong>10.</strong> If a pregnancy is due to rape or incest, a woman in Nepal has the right to terminate her pregnancy up to 18 weeks.</td>
<td><strong>Fact or fiction?</strong></td>
</tr>
<tr>
<td><strong>11.</strong> Unsafe abortions usually don’t result in any immediate or long-term complications.</td>
<td><strong>Fact or fiction?</strong></td>
</tr>
<tr>
<td><strong>12.</strong> Possible immediate complications of an unsafe abortion include heavy bleeding, infection, uterine perforation, and death.</td>
<td><strong>Fact or fiction?</strong></td>
</tr>
<tr>
<td><strong>13.</strong> A health care provider or institution willing to provide safe abortion services needs to be registered or listed with the Ministry of Health and Population, Department of Health Services.</td>
<td><strong>Fact or fiction?</strong></td>
</tr>
</tbody>
</table>
# Handout 6: Safe abortion fact or fiction game answers

1. Abortion is legal in Nepal.  
   **Fact**

2. Manual vacuum aspiration (MVA) is the name of a procedure used for abortion up to 12 weeks.  
   **Fact**

3. In Nepal, a man can require his wife to have an abortion even if she doesn’t want one.  
   **Fiction—A man cannot require his wife to have an abortion.**

4. In Nepal, a woman can obtain an abortion without her husband’s consent.  
   **Fact**

5. In Nepal, a woman can obtain a legal abortion up to 12 weeks of pregnancy.  
   **Fact**

6. Abortion using the MVA procedure is very complicated and dangerous.  
   **Fiction—MVA is a very safe and simple procedure.**

7. A woman can get pregnant as soon as ten days after she has had an abortion performed.  
   **Fact**

8. In Nepal, a woman who has been raped can obtain a legal abortion up to 20 weeks of pregnancy.  
   **Fiction—A woman who has been raped can obtain a legal abortion up to 18 weeks of pregnancy.**

9. In Nepal, it is illegal for a woman or a couple to abort a fetus because it is female.  
   **Fact**

10. If a pregnancy is due to rape or incest, a woman in Nepal has the right to terminate her pregnancy up to 18 weeks.  
    **Fact**

11. Unsafe abortions usually don’t result in any immediate or long-term complications.  
    **Fiction—Unsafe abortions often result in complications.**

12. Possible immediate complications of an unsafe abortion include heavy bleeding, infection, uterine perforation, and death.  
    **Fact**

13. A health care provider or institution willing to provide safe abortion services needs to be registered or listed with the Ministry of Health and Population, Department of Health Services.  
    **Fact**
**Handout 7:**

**Safe abortion information sheet**

**Legalization of abortion in Nepal.** The amended legal code grants the right to termination of pregnancy to all women without regard to their past or present marital status, on the following grounds and with one important exception:

**Rights**
- The right to terminate pregnancy of up to 12 weeks voluntarily.
- The right to terminate pregnancy of up to 18 weeks if the pregnancy is due to rape or incest.
- The right to seek abortion upon the advice of a medical practitioner at any time during a pregnancy if the pregnancy poses a danger to the woman’s life or her physical or mental health, or in the case of fetal abnormality or impairment.
- A minor younger than 16 years of age has the right to seek abortion but needs a guardian present.

**Prohibition of sex-selective abortion**
Abortion on the basis of sex selection is prohibited and is punishable by imprisonment.

**Eligible abortion service providers.** A health care provider or institution willing to provide safe abortion services needs to be registered or listed with the Nepal Ministry of Health and Population (MOHP), Department of Health Services (DOHS). The manual vacuum aspiration (MVA) procedure is used for providing abortion services up to 12 weeks. The providers are given seven days of comprehensive abortion care services training by the MOHP/DOHS. Providers are permitted to charge for the cost of pregnancy termination, but are required to maintain transparency about price.

**Manual vacuum aspiration procedure.** The MVA procedure is used for abortion up to 12 weeks. This involves the evacuation of the contents of the uterus. This is a very safe and simple procedure. The complication rate of MVA is less than 0.1%. Though rare, complications with MVA can include pelvic infection, excessive bleeding, cervical injury, incomplete evacuation, uterine perforation, and so on.

**Safe abortion.** In the context of Nepal, an abortion procedure provided by one of the listed doctors/health workers within the legal time frame and with the consent of the pregnant woman is considered a safe abortion.

**Complications of unsafe abortion.** The following complications may result from an unsafe abortion:

<table>
<thead>
<tr>
<th>Immediate complications</th>
<th>Long-term complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy bleeding</td>
<td>Regular lower abdominal and/or uterine pain</td>
</tr>
<tr>
<td>Infection</td>
<td>Infertility</td>
</tr>
<tr>
<td>Uterine perforation</td>
<td>Removal of uterus</td>
</tr>
<tr>
<td>Unconsciousness</td>
<td></td>
</tr>
<tr>
<td>Removal of uterus</td>
<td></td>
</tr>
<tr>
<td>Death</td>
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</table>
In developing countries, the risk of death following complications of unsafe abortion procedures is several hundred times higher than that of an abortion performed professionally under safe conditions.

**Use of family planning methods after abortion.** Abortion is not an alternative to using a family planning method. A woman can get pregnant as soon as ten days after an abortion has been performed. To prevent unwanted pregnancy after an abortion, reliable and correct use of contraceptives is essential. A woman can also use emergency contraceptives within 72 hours of unprotected sex to prevent unwanted pregnancy.
**Handout 8:**
**Emergency contraception matching game**

**Instructions:**

Cut on the dotted lines below and put all the slips of paper into a box or basket. Pass around the box and invite participants to pick out one or two strips of paper. Ask them to study the questions or answers on their strips. Point out that some strips have questions, and some have a list of possible answers to those questions.

Ask participants to stand and circulate around the room, comparing and discussing with each other the questions/answers on their slips of paper until each of them finds the set of possible answers that matches the question and vice versa. Once paired, each pair should decide which of the multiple choices is the correct answer to the question. If a participant has more than one slip of paper, s/he can continue to look for the match to that slip after s/he has identified a match for the first.

When all the matches have been found, ask participants to be seated. Have each question read out loud, followed by the chosen answer. Ask the rest of the participants if they agree that the answer matches the question. Correct the information using the answers on Handout 9.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is the time period after having unprotected sex when you can use oral emergency contraception (EC) pills?</td>
<td>Within 24 hours, Within 36 hours, Within 48 hours, Within 120 hours</td>
</tr>
<tr>
<td>2. What hormones are found in combined EC pills?</td>
<td>Estrogens only, Progestin only, Estrogens and progestin, None</td>
</tr>
<tr>
<td>3. When should EC be used?</td>
<td>After you have had intercourse and did not use any birth control method, but do not want to become pregnant, While using a condom, When not interested in having sex</td>
</tr>
<tr>
<td>4. What is a possible side effect of EC?</td>
<td>Breast or body aches, Laziness, Severe abdominal pain, Nausea</td>
</tr>
<tr>
<td>5. Which other contraceptive besides hormone pills can be used as EC?</td>
<td>Norplant, Intrauterine device (IUD), Depo-Provera, Diaphragm</td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>6. How many doses of EC pills should be taken?</td>
<td>Two doses, Three doses, Four doses, Five doses</td>
</tr>
<tr>
<td>7. When should a woman take the second dose of EC pills?</td>
<td>6 hours after the first dose, 8 hours, 12 hours, 24 hours</td>
</tr>
<tr>
<td>8. What is the time limit for inserting an IUD to work as EC?</td>
<td>Within 24 hours of unprotected sex, Within 3 days, Within 5 days, Within 15 days</td>
</tr>
</tbody>
</table>
### Handout 9: Emergency contraception matching game answers

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is the time period after having unprotected sex when you can use oral emergency contraception (EC) pills?</td>
<td>Within 24 hours&lt;br&gt;Within 36 hours&lt;br&gt;Within 48 hours&lt;br&gt;<strong>Within 120 hours</strong></td>
</tr>
<tr>
<td>2. What hormones are found in combined EC pills?</td>
<td>Estrogens only&lt;br&gt;Progestin only&lt;br&gt;<strong>Estrogens and progestin</strong>&lt;br&gt;None</td>
</tr>
<tr>
<td>3. When should EC be used?</td>
<td>After you have had intercourse and did not use any birth control method, but do not want to become pregnant&lt;br&gt;While using a condom&lt;br&gt;When not interested in having sex</td>
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</tr>
<tr>
<td>5. Which other contraceptive besides hormone pills can be used as EC?</td>
<td>Norplant&lt;br&gt;<strong>Intrauterine device (IUD)</strong>&lt;br&gt;Depo-Provera&lt;br&gt;Diaphragm</td>
</tr>
<tr>
<td>6. How many doses of EC pills should be taken?</td>
<td><strong>Two doses</strong>&lt;br&gt;Three doses&lt;br&gt;Four doses&lt;br&gt;Five doses</td>
</tr>
<tr>
<td>7. When should a woman take the second dose of EC pills?</td>
<td>6 hours after the first dose&lt;br&gt;8 hours after the first dose&lt;br&gt;<strong>12 hours after the first dose</strong>&lt;br&gt;24 hours after the first dose</td>
</tr>
<tr>
<td>8. What is the time limit for inserting an IUD to work as EC?</td>
<td>Within 24 hours of unprotected sex&lt;br&gt;Within 3 days of unprotected sex&lt;br&gt;<strong>Within 5 days of unprotected sex</strong>&lt;br&gt;Within 15 days of unprotected sex</td>
</tr>
</tbody>
</table>
Handout 10:
Emergency contraception information sheet

What is EC? Emergency contraception (EC) is a safe and effective means of preventing unwanted pregnancy after unprotected sex. EC, also known as emergency birth control, has been available for more than 30 years. It contains hormones found in birth control pills. EC is meant as a backup birth control method only. EC does not continue to prevent pregnancy during the rest of the cycle. Other methods of birth control must be used.

When does someone use EC? You can use EC if:
- The condom broke or slipped off, and your partner ejaculated inside your vagina.
- You forgot to take your birth control pills.
- You miscalculated your “safe” days.
- You are not using any birth control methods.
- Rape or incest.

How do you use EC? EC reduces the risk of pregnancy by 75 to 89 percent. There are three options:

Option A: EC regimens using “combination pills” with estrogen and progestin hormones. The first dose usually consists of four combination pills (may vary depending upon the product in your country) taken within the first 120 hours of having unprotected vaginal sexual intercourse. Another four combination pills should be taken 12 hours later. Nilocon pills can be used as EC. EC pills may cause nausea and vomiting. This risk is much higher for combination pills than for progestin-only pills. To reduce the risk of nausea, anti-nausea medication can be taken as prescribed by a physician one hour before taking EC.

Option B: Progestin-only pills that can be taken either in a single dose (both pills at one time) or in two separate doses; the first dose within 120 hours of unprotected sexual intercourse, and the second dose 12 hours after the first dose.

Option C: An intrauterine contraceptive device (e.g., Copper T) can be used as EC. It should be inserted by a trained health worker within five days of unprotected sexual intercourse.

What are the side effects of EC? Side effects associated with the use of EC pills usually taper off within a day or two.
- Half of the women who take the combination pills feel sick to their stomachs, but only for about 24 hours. Fewer than one out of five women vomit with combination pills.
- The risk of nausea and vomiting is much lower with progestin-only EC—fewer than one in four women feel sick to their stomachs.
- Breast tenderness, irregular bleeding, dizziness, and headaches may occur.
- No serious complications have been reported among the millions of women who have used EC.
IMM-4Z is an unpatented drug undergoing Phase III human trials.

In a controlled study, a single pill led to a sustained enhancement of pulmonary efficiency in oxygen use in 65% of volunteers. In 20% of volunteers, it produced no measurable effect. In the remaining 15%, it depressed pulmonary function temporarily.

Daily consumption of the pill is expected to enhance nutritional status, thereby resulting in an increase in life span of six years.

A limited number of individuals who consume the pills on a regular basis may be subject to a decrease in life span of between three and six years.

Side effects are minor. In very few individuals, there have been temporary nausea and skin rash. Both disappeared without treatment.

Those who participate in the flavor pre-test will be entitled to a free lifetime supply of the tablets if the drug is approved for public distribution.
Handout 12: IMM-4Z consent form

I hereby confirm that I have read and understand all the pharmacological details of the product labeled IMM-4Z, which is currently undergoing Phase III human trials for effectiveness. I have asked to sample this product and participate in this trial strictly voluntarily, with a complete understanding of the risks and rewards of participation. In case of any adverse consequences, no party other than myself will be solely responsible.

Name: ___________________________________________________

Organization: ______________________________________________

Date: _____________________________________________________

Contact telephone: _________________________________________
Handout 13:
IMM-4Z feedback form

Please answer the following questions.

1. Did you like the taste? *(please circle)*
   - Yes
   - No

2. What did you like or not like about it?

3. What did the taste remind you of?

4. Which of the following words best describe the pill? *(please circle all that apply)*
   - sweet
   - bitter
   - sour
   - strong
   - fruity
   - unpleasant
   - chalky
   - oily
   - weak
   - smooth
   - pleasant
   - other ______________________

5. Did you like the color? *(please circle)*
   - Yes
   - No

6. If you would prefer another color, which color?

7. Did you like the shape? *(please circle)*
   - Yes
   - No

8. If you would prefer a different shape, which shape?

*Thank you for your feedback.*
Handout 14:
Community behavior change – notes to the trainer

What if some individuals become distressed during this simulation? Trainers should be aware that on occasion, this session may cause distress to some individuals, such as those with chronic or serious illness. If this happens, it is helpful to talk with the individual one-on-one after the session to again explain the learning purpose of the session, and allay any concerns s/he may have.

What if the early adopters begin to aggressively pressure others to take part in the trial? During the simulation, the trainer should emphasize the voluntary nature of participation.

The discussion after the simulation offers an excellent opportunity to debrief about everyone’s behavior during the simulation. For example, you may find that the late adopters and the majority adopters had very good reasons for not taking the pill immediately (they didn’t have enough information; or they didn’t feel the source of the information—trainers in a training—was reliable, and their response would have been different if the information had come from the Ministry of Health). Similarly, the late adopters or never adopters of real behaviors in a given community may also have very good reasons for not changing. It is important to seek to understand those reasons, respect the reasons, and address as possible in a respectful manner, rather than trying to force a new behavior—which is what some early adopters in the simulation may have tried to do!

The discussion can also examine what approaches to behavior change communication seem to be more or less effective. What is the effect on behavior of pressuring others, or communicating in aggressive, judgmental, and disrespectful ways? What is the role of information in behavior change? What are the different information needs of different groups? Why is it that for most people, information alone is not enough to encourage change? What was the effect of seeing and talking with people who had adopted the new behavior (taking the pill)?

The discussion can also be a good time to remind the group that behavior change is ultimately an individual, voluntary choice based upon the individual seeing some benefit to him or herself in adopting the new behavior.
Handout 15:
Instructions for storymaking and role-play with freeze

Objectives

► To explore sensitive sexual and reproductive health issues and situations in a safe environment.
► To help participants begin to reflect critically on how individual actions (behavior) may lead to negative life (and health) consequences.

Selecting a discussion topic

**Tip**

Be sure to select a topic that relates to reproductive or sexual health behavior or practices.

<table>
<thead>
<tr>
<th>Behavior-related (examples)</th>
<th>Not related to behavior (examples)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unprotected sex</td>
<td>Extramarital sex</td>
</tr>
<tr>
<td>Rape</td>
<td>Unwanted pregnancy</td>
</tr>
<tr>
<td>Incest</td>
<td>Unsafe abortion</td>
</tr>
<tr>
<td>Preference for a son</td>
<td>Sex-selective abortion</td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>Girl trafficking</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>Sexual attraction</td>
</tr>
<tr>
<td>Premarital sex</td>
<td>Sexual frustration</td>
</tr>
<tr>
<td>Contraceptive method failure</td>
<td></td>
</tr>
<tr>
<td>Unavailability of contraceptive methods</td>
<td></td>
</tr>
<tr>
<td>Poverty</td>
<td>Lack of education</td>
</tr>
</tbody>
</table>

Selecting a trigger

1. Select a trigger object or picture:
   - Any ordinary object such as a pen, book, bag, shoe, picture, or drawing can be used as a trigger.
   - Pictures do not need to specifically depict the issue or situation on which the story will focus. In fact, people are freer to use their imaginations if the picture does not specifically represent the problem, since they will then rely on their own experiences (rather than the picture) to develop the details of the story.

2. Make up a trigger sentence or question, linking the object or picture to a fictional person who is in some way connected with a reproductive or sexual health-related problem. Keep the sentence as open-ended as possible. Examples of trigger sentences include:
   - *Someone in this picture is connected to a person... who had an illicit affair (or who had only daughters, had an unwanted pregnancy, was raped, or died of an unsafe abortion...).*
   - *This ring belongs to a woman who had an illicit affair (or a man who refused to use condoms, etc.)*
Developing the story with participants

3. Introduce the session by telling participants that they are going to create a story using their imaginations. They are going to make up a story about someone whose actions led to a difficult moment that changed his or her life forever.

4. Show the participants the trigger object or picture, and link it to the fictional person who will be the subject of the story. Follow the trigger statement by immediately asking the group specific questions about the person (e.g., if you want to discuss unprotected sex, you might say, “This scarf belonged to a woman who had unprotected sex with her husband. What is her name? How old is she? What does she look like? What are her likes? Her dislikes? Her secrets?”)

5. Ask questions to develop the story. Participants will suggest several answers. It is up to the facilitator to select one and move on to the next part of the story. It is important to keep the story moving, so don’t get bogged down with too many responses to any one question.

6. Develop the story in these stages:
   - Character.
   - Network (family and friends of the main character).
   - Event (the focus of the story and the actions leading up to it).
   - Reactions (to the main event).

7. As you go along, summarize new parts of the story so everyone is clear about the details.

8. Enough details should be included to bring the story to life:
   - **People.** We should have enough details so we feel like we know the main people involved in the story. We should be able to visualize what they look like, how they walk, talk, dress, what their likes and dislikes are, and so on.
   - **Action.** What was going on? Who did what to whom? What happened next?
   - **Verbal interaction.** What words were said? In what tone of voice? Who said them? To whom?
   - **Color, texture, sound, and smell.** What color sari was she wearing? Were his hands rough or smooth? How loud was her voice—a whisper or a shout?
   - **Feelings.** What were the feelings of the people in the scene or situation? How did they express these feelings?
   - **Environment.** What was the environment like? Open or closed? Well lit or dark and gloomy? Colorful or dull?
   - **Mood.** What was the overall mood you picked up? Cheerful or depressed? Tense or peaceful? Hopeful or anxious?

9. Carry the story through until you reach a key dramatic moment—that is, the moment at which the main character’s actions change his or her life irrevocably. Continue the story for a while after the key dramatic moment, in order to explore other characters’ reactions to the event.
Role-play

10. Once the story has been fully developed, you are ready to undertake role-plays to enact the key dramatic moment.

11. Identify with participants the key dramatic moment in the story.

12. Explain that the role-play should focus on the actions immediately leading up to the key dramatic moment and immediately after. Explain that the role-play will be brief—probably only three or four minutes.

13. Ask for volunteers to play the roles of the main and secondary characters.

14. To ensure spontaneity, allow volunteers only a couple of minutes to plan their role-play. The facilitator should not take part in the planning of the enactment, or attempt to guide it in any way.

15. While the volunteers are planning, prepare the group to watch the role-play. Request silence, attention, concentration, no cheering, jeering, booing, or clapping until the end.

16. Ask for two or three enactments by different sets of volunteers, each one following the other with no discussion in between. In each case, ask for a higher quality of realism and communication than in the previous enactment. Realism and quality of communication are the main requirements.

Freeze!

17. After several pairs of volunteers have enacted their role-plays, select the most effective one (that is, the one that best illustrates the key dramatic moment) to replay to the group.

18. Ask the selected volunteers to replay their role-play. Let them and the group know that you will stop the action at a key point.

19. Call out “Freeze!” (or “Stop!”) just before the key dramatic moment.

20. Once the action has stopped, trigger the playback of the main character’s feelings:

   - Address the main character, and remind him or her that s/he is about to undertake an action that has the potential to change life forever. Ask him or her to think for a moment about what has led him or her to the action s/he is about to undertake. How will the action affect life? Have the main character share immediate reflections with the group. (Allow three or four minutes for this.)

   - Address the secondary character and allow him or her to also share immediate feelings and reflections about what has brought him or her to this point, and how it will affect life in the future.

Experience-sharing

Undertake as in figureheads.
Handout 16:
Module 2 final evaluation form

1. What I liked most about the training was…

2. What I would suggest changing or improving about this training is…

1. What was your greatest area of learning from this training?

2. In what area did your skills improve the most?

3. What specific feedback do you have for the trainers/facilitators?

4. What other comments do you have?
Trainer's Aid A:
Sample personal field experience map
Trainer's Aid B:  
Instructions for figureheads

Figureheads preparation

1. Prepare separate metacards to identify each of five or six figureheads. Figureheads could include: Teacher, Religious Leader, Health Care Provider, Traditional Healer, District Health Official, Pharmacist, Tea Shop Owner, Priest, Mother-in-Law, and so on. 

   The dilemma should be written or typed in large print on a single piece of paper.

2. In advance, identify a participant to role-play the dilemma holder. Give him or her the dilemma, with instructions to acquaint him or herself with it. Instruct him or her not to share the dilemma with any of the other session participants. Be sure to choose a fictitious name for the dilemma holder that is not one of the session participants’ names. Although most of the dilemma holder roles are female, either a man or a woman can act the part of the dilemma holder.

3. Set up a long table or floor seating arrangement so that the five or six figureheads will be able to face the training participants.

Figureheads Round 1   
(20–25 minutes)

1. Ask for five or six volunteers to be the figureheads identified on the figurehead placards. Give each one a placard. Ask all of them to sit at the pre-arranged table for the panel and to hold up their placards so that they can be seen by the audience.

2. Ask the dilemma holder (identified and briefed earlier) to step up and stand in the enactment area near the figureheads. Tell the audience that they are about to hear the dilemma of a person who needs help to make a difficult choice. Let the dilemma holder take his or her position before the group and tell the story.

3. Once the dilemma holder has spoken, the trainer/facilitator can fill in or clarify any parts of the story that the dilemma holder may have forgotten or been confused about. The trainer/facilitator should also recap the dilemma for the group so that everyone is clear about the two choices of action and the negative consequences of each course of action.

4. Instruct the dilemma holder to choose any one of the figureheads who s/he feels might be able to suggest a solution for the dilemma.

5. Ask the first figurehead to advise the dilemma holder on what s/he should do, trying to remain within his or her role as a figurehead.

6. Once the first figurehead has finished, ask each of the remaining figureheads the following questions:
   - Do you agree with the advice the preceding figurehead(s) gave?
   - If not, what would be your advice to the dilemma holder?
   - If yes, can you improve upon the advice?
7. Allow each figurehead to speak up and advise the dilemma holder. In each case, urge the figurehead to improve upon the advice that the other figurehead(s) gave. This will promote diversity in the responses.

8. Don’t rush through this round. Be sure to give enough time for each figurehead to respond.

**Figureheads Round 2**  
**(20 minutes)**

9. Once all the figureheads have presented their views and suggestions to the dilemma holder, summarize what each figurehead said. Then ask the following question to the remaining participants:
   - Now that you have heard what the figureheads said, can you improve upon their ideas using your own real-life knowledge and experiences?

10. This session should solicit and extract the views and opinions and advice of as many of the remaining participants as possible. In this round, the trainer/facilitator should ask probing questions and should be sharp, provocative, challenging, and quick—posing points and counterpoints, asking people to defend their positions, and introducing facts that challenge ideas shared by participants. A good technique is to ask for greater and greater detail.

**Figureheads Round 3**  
**(20–30 minutes)**

This is the most important and informative round. In this, the facilitator will personalize the dilemma, and invite all the players, including those who played figurehead roles, to share their experiences and reactions to the particular dilemma. Possible questions include:

- How common is this kind of problem in your community?
- Has anyone you know had an experience like this?
- How was the experience different from the dilemma we just examined?
- How did s/he solve the problem?
- Who is the best person to approach for help?
- Why does this dilemma occur in a person’s life?

Remind participants who do have stories to share to change the names of the people in them so their privacy is protected.

Unlike the previous round, the facilitator should *not* be asking any probing questions about the stories that participants share. Allow them to share as much or as little as they feel comfortable with.
What is storymaking? In storymaking, participants create a compelling and realistic story about a fictional character whose actions lead him or her to experience a life-changing event. Storymaking is one step in an imaginative process that enables groups to explore and reflect on real-life situations and behaviors related to sensitive reproductive health issues. Storymaking is most effective when used with these other steps:
- Role play with freeze.
- Discussion of causes and consequences.
- Experience-sharing.

In Module 2 of this training, participants will focus on three steps: storymaking, role-play with freeze, and experience-sharing. Experience-sharing was introduced in Module 1. Discussion of causes and consequences will be introduced in Module 3.

What is the objective of the storymaking process? Like figureheads, the objective of storymaking is to create a safe environment in which a real-life situation and real-life behaviors related to a taboo subject can be explored using a fictional setting. The ultimate goal of the process is to bring about a sharing of real-life experiences, problems, and solutions.

How do I decide what kind of life-changing situation to focus on in storymaking? Storymaking, like other dialogue tools, is designed to explore the feelings, attitudes, beliefs, and behaviors that influence reproductive health. Two main factors will influence the situation choice: (1) it must be an issue or problem that is relevant to the lives of the group, and (2) the situation must be brought about by individual decisions and actions (that is, it must be related to individual behavior).

There are many factors that influence reproductive health that are not within an individual’s control—lack of availability of contraceptive methods and poverty, to name two. Although these situations may have a profound effect on reproductive health, they cannot be addressed at the individual level through behavior change, and thus, are not appropriate subjects for storymaking.

What is the purpose of the trigger? The purpose of a trigger object or picture is simply to get a story started. Once the story has started, there is no particular need to return to the trigger. Sometimes, particularly when using pictures as triggers, participants may want to hang some of the details of the story on the picture. That is fine. However, sometimes a group may become so entranced with the trigger that they create wildly unrealistic plots just to find a way to incorporate the trigger into the story. (For example, the automatic pencil belonged to a boy, who gave it as a keepsake to his girlfriend, who ended up using it to kill the boyfriend when he tried to force her to have sex.) If you find that the trigger is distracting the group from the purpose of storymaking—which is to develop a compelling and realistic story of someone’s actions that led him or her into difficulties—it is fine to tell the group that it’s time to leave the trigger behind and focus on the character and his or her actions.
How do I select a trigger? A trigger object can be any ordinary item that might belong to an individual (pen, pencil, ring, bag, bracelet, shoe, and so on.)

Trigger pictures can be scenes of ordinary daily life that have people in them. The picture does not have to have any relation to the situation being explored (for example, a trigger picture could show a market scene with women selling vegetables, porters carrying loads, farmers working in the fields, men playing carem board in a teashop, or women cooking). The picture should be clear, and the people and setting should be easily visible. Trigger pictures can be drawings made by the facilitator or be taken from a magazine. When using a picture, the trainer can make copies of the picture so that each group member has his or her own copy to take home.

What is a key dramatic moment? For the purposes of storymaking, a key dramatic moment must contain an action (by the main character) that irrevocably alters the course of his or her life, and very possibly the lives of others around him or her. The action has causes and reasons (often related to feelings, attitudes, beliefs, or past experiences), as well as consequences for the perpetrator of the action, often for his or her family members, and sometimes for innocent victims. What might s/he have done differently to escape those terrible consequences? For example, for an unmarried girl (or boy), having sex may be a life-changing moment, particularly if the girl becomes pregnant. Having unprotected sex may be a life-changing moment if, for example, the person contracts HIV. Having an unsafe abortion may be a life-changing moment that leads to serious medical complications.

What if the story looks like it will never reach a key dramatic moment? If it looks like the story really isn’t going anywhere during the event part of storymaking, use your questions to keep the group (and the story) focused on the characters’ actions and reactions. If, after some time, you still find that the story has no direction, or will never reach a key dramatic moment, then it is okay to stop the process and choose a new topic on which to focus. You might want to analyze with the group why the story broke down. Sometimes this happens if the story goes off in too many different directions (thus losing its focus), or when the story is focusing on a problem that is influenced more by external circumstances (such as poverty) that are outside the control of individuals, than by individual decisions and actions.

What is the role of the facilitator in storymaking? The main role of the facilitator is to ask questions that facilitate the development of a compelling, realistic story, with enough detail so that the group feels like they know the characters. The story should focus on developing the characters, as well as the decisions and actions of the main character that lead to a key dramatic moment with negative consequences. It is up to the facilitator to keep the story on track and focused on the particular issue being explored. It is also important for the facilitator to keep the story moving without getting bogged down by too many suggestions. The facilitator does not need to seek group consensus on every minor detail. If the group produces a barrage of suggestions in response to a question, the facilitator should feel free to select one and move on to the next question. Of course, if the group strongly objects to the facilitator’s choice, then go with the group’s preference, since it is after all their story. Another important aspect of the facilitator’s role is to identify, with the group, the key dramatic moment in the story.

What do I do if the stories start to sound the same? Sometimes groups and facilitators get into a rut with storymaking, and all of the main characters start to sound alike—same age, same looks, same histories, and same preferences—and all of the stories start to sound the
same. To keep the characters from becoming stereotypes, and to keep the stories fresh and individual, the facilitator can actively reject the same old suggestions and explicitly ask for and build the story around new ideas. For example, if the main female character always seems to end up in her twenties, fair and pretty with thick black tresses, and shy and mild-mannered, invite the group to suggest something different and take those suggestions that will lead the story in a new direction. Try out a woman who is ordinary looking, outspoken, and still unmarried in her thirties, for example.
Trainer's Aid D:
Notes on role-play with freeze

What is role-play with freeze? In role-play with freeze, participants take the story and characters that were created in storymaking and dramatically enact the climax of the story (the key dramatic moment), bringing the characters (and their feelings and actions) to life. The facilitator halts the enactment at the moment just before the main character is about to take an action that will irrevocably change his or her life.

What is the role of the facilitator in role-play with freeze? The facilitator’s role in role-play with freeze is quite limited and considerably less active than in storymaking. The facilitator (1) helps the group to identify and define the key dramatic moment, (2) solicits volunteers to undertake a series of role-plays, (3) stops the role-play action at the climax, and (4) invites the characters to reflect and express their feelings and explore what led them to this point, before the main character takes the actions that will alter the course of his or her life.

While the facilitator does define the parameters of the situation to be role-played (keeping it focused on the key dramatic moment), s/he should allow the role-play volunteers full freedom to work out and enact the details of the role-play. The facilitator does not have the role of a director!

When do I freeze the action? The facilitator should call out “Freeze!” (or “Stop!”) just before the key dramatic moment—the moment at which the action of the main character can change his or her life and the lives of the people around him or her. (For example, if the role-play is about a rape, then the ideal moment to freeze it would be just before the rape is enacted.)

If the actors are in awkward positions at the moment of freezing the action, allow them to assume more comfortable poses before having to respond to the facilitator’s request to reflect on the actions they are about to take.

Why have more than one role-play of the same key dramatic moment? A series of role-plays on the same event can get more lively and more realistic. Challenge the role-players to improve upon the realism of the pair that went before them. The more realistic and charged the portrayal of the event is, the more participants will be engaged in reflecting on the actions and behavior that brought it on, and relating it to real life, including their own experiences.

What happens if the group takes the role-play too lightly? The facilitator can set the mood with the group before the role-play—that is, remind participants that they are about to witness the enactment of a serious problem experienced by real people. It may be that members of the group have experienced just such a problem, and it is important not to trivialize the problem. Request silence, attention, concentration, no cheering, jeering, booing, or clapping until the end. Keep in mind, however, that the role-play needs to be enjoyable, and there will be a range of reactions including over-dramatization, laughter, and so on. This is fine as long as it does not interfere with the process.
Overview of Module 3

Following is a summary of the main content for each day of the training, along with the suggested time frame.

### Day 1

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>10:00–10:15</td>
</tr>
<tr>
<td>Welcome, expectations, objectives, and norms</td>
<td>10:15–10:35</td>
</tr>
<tr>
<td>Recognizing changes</td>
<td>10:35–11:25</td>
</tr>
<tr>
<td>Tea</td>
<td>11:25–11:40</td>
</tr>
<tr>
<td>Demonstration and review: Storymaking, role-play with freeze, and</td>
<td>11:40–12:40</td>
</tr>
<tr>
<td>experience-sharing</td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td>12:40–1:10</td>
</tr>
<tr>
<td>Demonstration and review (continued)</td>
<td>1:10–2:30</td>
</tr>
<tr>
<td>Figureheads demonstration and review</td>
<td>2:30–4:30</td>
</tr>
<tr>
<td>Evaluation of Day 1</td>
<td>4:30–4:45</td>
</tr>
</tbody>
</table>

**Total time:** 6.75 hours

### Day 2

<table>
<thead>
<tr>
<th>Activity</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Review of Day 1 and overview of Day 2</td>
<td>10:00–10:15</td>
</tr>
<tr>
<td>Field experience review: Four corners</td>
<td>10:15–11:15</td>
</tr>
<tr>
<td>Tea</td>
<td>11:15–11:30</td>
</tr>
<tr>
<td>Introduction to provocative questions and practice – Part 1</td>
<td>11:30–12:30</td>
</tr>
<tr>
<td>How experiences, feelings, attitudes, and beliefs shape behavior</td>
<td>12:30–1:30</td>
</tr>
<tr>
<td>Lunch</td>
<td>1:30–2:15</td>
</tr>
<tr>
<td>Trainer demonstration: Storymaking, role-play with freeze, causes and</td>
<td>2:15–4:00</td>
</tr>
<tr>
<td>consequences, and experience-sharing</td>
<td></td>
</tr>
<tr>
<td>Tea</td>
<td>4:00–4:15</td>
</tr>
<tr>
<td>Evaluation of Day 2</td>
<td>4:15–4:30</td>
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</table>

**Total time:** 6.5 hours
### Day 3

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00–10:15</td>
<td>Review of Day 2 and overview of Day 3</td>
</tr>
<tr>
<td>10:15–11:15</td>
<td>Provocative questions – Part 2</td>
</tr>
<tr>
<td>11:15–11:30</td>
<td>Tea</td>
</tr>
<tr>
<td>11:30–1:00</td>
<td>Demonstration and review of techniques</td>
</tr>
<tr>
<td>1:00–1:45</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:45–3:00</td>
<td>Demonstration and review of techniques (continued)</td>
</tr>
<tr>
<td>3:00–4:45</td>
<td>Body modeling</td>
</tr>
<tr>
<td>4:45–5:00</td>
<td>Evaluation of Day 3</td>
</tr>
</tbody>
</table>

**Total time:** 7 hours

### Day 4

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<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>10:00–10:15</td>
<td>Review of Day 3 and overview of Day 4</td>
</tr>
<tr>
<td>10:15–11:00</td>
<td>Provocative questions – Part 3</td>
</tr>
<tr>
<td>11:00–11:15</td>
<td>Tea</td>
</tr>
<tr>
<td>11:15–1:00</td>
<td>Facilitating discussions and identifying emerging themes</td>
</tr>
<tr>
<td>1:00–2:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>2:00–3:00</td>
<td>Identifying examples of behavior change</td>
</tr>
<tr>
<td>3:00–3:45</td>
<td>Preparing for field practicum</td>
</tr>
<tr>
<td>3:45–4:45</td>
<td>Final evaluation and closing</td>
</tr>
</tbody>
</table>

**Total time:** 6.75 hours
Day 1

<table>
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<td>Evaluation of Day 1</td>
<td>4:30–4:45</td>
</tr>
</tbody>
</table>

Total time: 6.75 hours

Registration
(15 minutes)

Materials and preparation needed
- Copies of registration form (provided by organization)
- 25 name cards
- Welcome and information packets for participants (welcome letter, training agenda, notebook, and pen)

1. As the participants enter the room, greet them and ask them to register their names.
2. Hand out name cards and information packets.

Welcome, expectations, objectives, and norms
(20 minutes)

Materials and preparation needed:
- Training objectives (written on newsprint)
- First day agenda (written on newsprint)
- Blank newsprint
- Marker pens
- Masking tape

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Welcome, expectations, objectives, and agenda (15 minutes)

1. Welcome participants to the training. Ask the trainers to introduce themselves briefly.

2. Remind participants of the material covered in the first and second trainings in general.

3. Ask participants to reflect for a minute on what they expect from this training. Allow them a minute or two to jot down their ideas if they would like to.

4. Ask participants to share their expectations in the plenary, recording on flipchart paper and grouping them thematically as you go, then post the expectations on the wall. (Alternatively, ask participants to write one or two major expectations on slips of paper, have them read aloud, and the trainer can collect, group, and post them on the wall.)

5. Summarize the list of participants’ expectations.

6. Summarize the overall training framework by explaining that participants are now attending the final training module, which will be followed by a period of two months of field practicum. During the field practicum, lead four or five dialogue group meetings using techniques such as figureheads, body mapping, and information sessions about health topics.

7. Review and post facilitator training objectives for this module.

Objectives for the third module:

- Share participants’ field experiences, successes, and challenges, and identify solutions.
- Strengthen participants’ dialogue facilitation skills, with particular attention to (1) examining the causes and consequences of individual actions and behaviors, and (2) taking discussions deeper by asking provocative questions.
- Develop participants’ skills in identifying examples of behavior change for “magnification” in the larger community.
- Plan and prepare participants for the third round of field work.

8. Compare the training objectives with the participant’s expectations. Point out which participant expectations will be met by the training and which will not.

9. Review and post the first day’s agenda.
Workshop norms (5 minutes)

10. Post the list of norms from the previous workshops and ask participants to suggest any additional or new norms for the workshop. Norms are guidelines or rules that the group agrees to follow during the workshop to encourage an atmosphere of trust and respect for learning. Record on newsprint. Be sure to add “turn off mobile phones” as a rule if participants do not suggest it themselves.

11. Ask participants to suggest consequences for breaking the agreed-upon norms. Record on newsprint and post in a prominent place.

12. Ask for one or two volunteers to be responsible for the role of timekeeper and for other issues that arise from day to day.

13. Explain that the training will be intense, demanding, and highly participatory. Learning sessions may be different from those they are used to, and will include lots of hands-on practice of different approaches and processes.

14. Explain the logistics and arrangements for payment of participant transport or per diem, lodging, etc.

Recognizing changes (50 minutes)

Session objective:

Participants will be able to identify (1) personal changes in their own attitudes, values, or behavior, and (2) changes in group members that may be related to participation in the dialogue process.

Materials and preparation needed:

- Session objective (written on newsprint)
- Reflection questions (written on newsprint)
- Blank metacards
- Marker pens
- Masking tape
- Bell
Dialogue group member changes (25 minutes)

1. Have participants reflect on their experiences with dialogue groups. Ask them to sit for a moment with their eyes closed and think back to their very first dialogue group meetings. Tell them to picture the dialogue group meeting rooms in their minds, and visualize each group member as s/he was in that first meeting.

2. Next, ask them to fast forward through their memories of experiences in the dialogue groups since then, and reflect on the group members as they are now—several months after the project began. Process with facilitation questions such as those listed below.

   Possible facilitation questions include:
   - Have you observed changes in any of your group members?
   - What changes have occurred in their attitudes, beliefs, ways of communicating, or other behaviors?
   - Have any group members taken any specific actions that may be related to participation in this project?

3. If the participants have not observed changes in the group members, that’s fine. If they have, ask that they take the most significant change observed in any group member and jot down that change on a metacard.

4. Invite several volunteers to share changes they have seen in their group members. Continue until all those who would like to share have had the chance to do so.

5. Collect the metacards and post them on the wall under the heading “Dialogue group member changes.”

Personal change (25 minutes)

6. Ask participants to again sit for a moment with their eyes closed. Ask them to think back to the very first day of the very first training, probably about five months ago. Ask them to picture themselves and who they were at that time. What were their attitudes and beliefs about reproductive health issues? How did they think about problems? How did they communicate about reproductive health issues?

7. Next, ask them to fast forward through their memories of experiences as facilitators in this project since then, and reflect for a minute about who they are now.

   Possible facilitation questions include:
   - What changes have occurred in your attitudes, beliefs, or ways of communicating?
   - Do you see any personal changes?
   - Do you do anything differently now that may be related to participation in this project?
8. If the participants have not observed changes in themselves, that’s fine. If they have, ask them to describe those changes on metacards.

9. Invite volunteers to share ways in which they have changed personally as a result of participating in the project. This may be only one or two people. Continue until all those who would like to share have had the chance to do so.

10. Collect the metacards and post them on the wall under the heading “Facilitator changes.”

11. Take a moment to summarize the observations of participants, and note the courage it takes to effect change in a group or in oneself.

Demonstration and review: Storymaking, role-play with freeze, and experience-sharing (2 hours, 20 minutes)

Session objective:

Participants will identify issues in the facilitation of storymaking, role-play with freeze, and experience-sharing.

Materials and preparation needed:

- Session objective (written on newsprint)
- Blank newsprint
- Marker pens
- Selection of pictures for use as triggers
- Copies of Handout 1: Discussion and storymaking topics
- Copies of Handout 2: Dialogue facilitation assessment

1. Explain to the group that you would like to start with a demonstration of storymaking, role-play with freeze, and experience-sharing—as a way of leading into field experience-sharing (since these were the major new tools used during the last practicum), and identifying specific aspects of their facilitation skills that need further improvement or development. Remind participants that strong facilitation skills are at the heart of using any dialogue tool effectively.

2. Ask for one person to volunteer to lead the session, and for two people to act as peer observers.

3. Give the first volunteer a copy of Handout 1: Discussion and storymaking topics and instruct him or her to choose one topic. Allow the volunteer a few minutes to prepare, including choosing a trigger (object or picture), creating a trigger sentence, and whatever else s/he feels is necessary to prepare or think about ahead of time.
4. Distribute copies of **Handout 2: Dialogue facilitation assessment** to the volunteer observers (distribute to the entire group after the exercise), and while the volunteer is preparing to facilitate the process, trainers should review with peer observers the aspects of facilitation to observe and evaluate.

5. Have the volunteer facilitate the entire storymaking, role-play with freeze, and experience-sharing process.

6. During the demonstration, trainers also should be evaluating facilitation and taking note of strengths and problems. In addition, trainers should note down any emerging themes or information gaps that arise.

7. Debrief by asking for the volunteer facilitator’s feedback on how the storymaking demonstration was conducted.

Possible facilitation questions include:

- What worked well?
- What was difficult? Why?
- How would you assess your own facilitation skills?

8. Record on newsprint the major areas of facilitation difficulty as the discussion proceeds.

9. Ask for peer observer feedback on the facilitation. Then open the floor to additional feedback by other participants.

10. Add any points of your own that the group may have missed.

Points to which the trainer should pay attention include:

- Quality of questioning that led to story development.
- Quality of the story: Does the group feel they know the characters? Is the story realistic and compelling? Does the story deal with behaviors and actions that lead to a terrible consequence?
- Key dramatic moment: Does the story have a climax, a key dramatic moment? Was the facilitator able to identify this moment?
- How did having multiple role-plays bring greater realism and passion into the enactments?
- How did having multiple role-plays change our understanding of the situation?
- What did stopping the action and allowing the character(s) to speak accomplish in terms of understanding the action that the main character was about to take?
11. Review the areas of difficulty with the group, and ask them to share their own field experiences, identifying and listing common areas of difficulty or weakness in facilitation. Explain to the group that you are asking them to focus on identifying areas of difficulty or weakness (rather than strength) because this third module training will focus on improving facilitation skills in the areas that need strengthening. Put stars next to the common areas of difficulty on the newsprint list.

12. Supervisors should be sure to add their views on the most common areas of difficulty or weakness in facilitation, based upon their supervisory and monitoring visits during the field practicum.

13. Trainers should highlight the specific common areas of difficulty that will be addressed in this training. Remind participants that this training has a heavy focus on questioning skills, which is often the aspect of facilitation needing the most development and practice.


Figureheads demonstration and review
(2 hours)

Session objectives:

Participants will:

- Demonstrate the figureheads process.
- Identify strengths and weaknesses in facilitation of the figureheads process.
- Identify and explore gender issues in facilitation.

Materials and preparation needed:

- Session objectives (written on newsprint)
- 6 blank figurehead placards
- Blank newsprint
- Markers
- Dialogue facilitation assessment (written on newsprint)
- Questions for identifying emerging themes and information gaps, written on newsprint (see bulleted list on the next page)
- Copies of Handout 2: Dialogue facilitation assessment for peer observers
- Copies of Handout 3: Dilemma – gender issues in facilitation
- Copies of Handout 4: Dilemma – incest
- Copies of Handout 5: Dilemma – intercaste marriage
- Set up a long table or floor seating arrangement so that five or six figureheads will be able to face the training participants.
Write or type the dilemma in large print on a single piece of paper.

**Preparation for figureheads (15 minutes)**

1. In addition to using this demonstration session to identify strengths and weaknesses in facilitation of figureheads, trainers can use it as an opportunity to explore interpersonal and social issues encountered in group facilitation. The dilemma presented here focuses on a real-life gender issue between a facilitator and her group, but it could be replaced with a dilemma that explores some other knotty attitudinal and behavior-related facilitation issue relevant to facilitator experience. If trainers do not wish to use the session in this way, then use one of the other dilemma handouts.

2. In advance of this session, ask for one participant to volunteer to facilitate this round of figureheads. Give **Handout 3: Dilemma – gender issues in facilitation** to the volunteer facilitator and ask him or her to select and brief the dilemma holder before the session begins. Ask both the volunteer facilitator and the dilemma holder not to share the details of the dilemma to the others in the group.

3. Ask for two participants to volunteer as peer observers.

4. Remind the peer observers to pay attention to any emerging themes and information gaps that come up during discussion, in addition to evaluating their peers’ dialogue facilitation. Remind them that they practiced this during the last training and that facilitators were to have been recording on their dialogue session logs any important issues or information gaps that came up.

To help participants identify themes and gaps, refer them to the following questions, listed on newsprint:

- Did any particular themes, issues, or topics come up over and over during the discussion?
- Did any specific themes, issues, or topics generate particularly “hot,” energetic discussion (or even conflict)?
- Do any themes, issues, or topics that came up during discussion need further exploration?
- Were there any topics on which participants seemed to have incomplete or inadequate information?

5. Give each peer observer a copy of **Handout 2: Dialogue facilitation assessment**. Answer any questions they may have on identifying emerging themes and information gaps. Ask them to note down any emerging themes or information needs on the back of the assessment handout.
Demonstration of figureheads (1 hour, 45 minutes)

6. In plenary, review the objectives of the session.

7. Have the volunteer facilitator conduct the figureheads process.

8. At the end of Round 2, ask if any of the participants think they can take the discussion deeper by asking additional questions. If yes, allow another volunteer to facilitate further discussion (this can be repeated another time if at the end of the second volunteer’s facilitation, participants feel that the discussion can go even deeper).

9. Return to the original facilitator to complete the figureheads session (experience-sharing).

10. During experience-sharing, if the volunteer facilitator goes off track, the trainer should step in and focus the experience-sharing on (1) gender issues the group has experienced in facilitation, and (2) how they have resolved those issues.

11. Before reviewing the facilitation process, the trainer should briefly discuss with the group whether the problem explored in this session was a common one in their experience, and whether the experience-sharing session produced any solutions. Inform them that this particular dilemma is not likely to be appropriate for their groups (unless they are experiencing such a problem and feel that a figureheads session might help resolve it).

12. Debrief by asking for the volunteer facilitator’s feedback on how the figureheads demonstration was conducted.

Possible facilitation questions include:

- What worked well?
- What was difficult? Why?
- How would you assess your own facilitation skills?

13. The trainer should record on newsprint the major areas of facilitation difficulty as the discussion proceeds.

14. Ask for peer observer feedback on the facilitation. Then open the floor to additional feedback by other participants.

15. Trainers may add points of their own that the group may have missed, with particular attention to the quality of questioning in Round 2.

16. Review the areas of difficulty with the group, and ask them to share their own field experiences, identifying common areas of difficulty or weakness in facilitation.

17. Supervisors should be sure to add their views on the most common areas of difficulty or weakness in facilitation, based upon their supervisory and monitoring visits during the field practicum.

18. Ask the group for their ideas on strengthening facilitation to address the areas of difficulty. Trainers should add insights of their own.
19. Finally, ask for peer observers to share any emerging themes or information gaps they identified. Record these on newsprint. If participants and trainers identify additional themes or gaps, they should be added to the list. Inform the group that they will have more practice in doing this on the last day of training.

20. Distribute copies of the additional dilemmas (Handout 4: Dilemma – incest and Handout 5: Dilemma – intercaste marriage), suggesting that participants may use them, as appropriate, for future figureheads sessions with their groups.

Evaluation of Day 1
(15 minutes)

Session objective:

Participants will evaluate what they learned or what impressed them the most (ghat laageko) about the first day of training, and what questions or suggestions for changes they have.

Materials and preparation needed:

Session objective (written on newsprint)
Blank metacards or pieces of paper

1. Ask participants to take a metacard or a blank piece of paper and draw a happy face 😊 on one side and a turning arrow ⤵ on the other side

2. Ask participants to write down on the side of the paper with the happy face the one thing that impressed them the most (ghat laageko) from the day’s sessions. Tell participants this may be something they liked or learned, a piece of information, a technique used, the way that participants interacted, or a story they heard, etc.

3. Ask participants to write on the side of the paper with the turning arrow suggestions for any changes they would like to see in the remaining days of training, or questions they have.

4. Allow participants a couple of minutes to record their thoughts, and ask for several volunteers to share their impressions.

5. Collect the metacards/evaluation papers from participants for review with the other trainers.
Day 2

<table>
<thead>
<tr>
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</tr>
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</tr>
<tr>
<td>Evaluation of Day 2</td>
<td>4:15–4:30</td>
</tr>
</tbody>
</table>

**Total time:** 6.5 hours

**Review of Day 1 and overview of Day 2**  
(15 minutes)

**Session objective:**
Participants will review content and share what activities most impressed them from the previous day.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Day 2 agenda (written on newsprint)
- Evaluations of Day 1
- Marker pens
- Masking tape

1. Welcome participants to Day 2 of the training.

2. Summarize for the group the common themes of the evaluation activity completed at the end of the previous day (the ☐ side of each evaluation card). Address any changes that the trainers plan to make in response to the participants’ requests (the ☐☐ side of each evaluation card).
3. Ask for a volunteer to summarize the main activities and content that were covered the previous day.

4. Ask for two or three volunteers to share what most impressed them from the previous day, or any further reflections they would like to share with the group since the end of Day 1.

5. Ask for and respond to participant questions about material covered the previous day.

6. Review and post the agenda for Day 2.

Field experience review: Four corners
(1 hour)

Session objective:

Participants will reflect on other aspects of their field experiences and share observations, questions, successes, and challenges.

Materials and preparation needed:

- Session objective (written on newsprint)
- 4 blank metacards for each participant
- Blank newsprint
- Marker pens
- Masking tape

1. Explain that participants will now have the opportunity to share, discuss, and reflect on their field experiences in the large group.

2. Post one piece of paper on each of the four walls of the training room, with one of the following headings on each paper: “Observation,” “Question,” “Success,” and “Challenge.”

3. Distribute four metacards to each participant. Ask participants to write a short phrase on each card to represent the following:
   - Card 1: An observation about their field experience over the last two and 1/2 months.
   - Card 2: A successful experience or aspect of their field practicum.
   - Card 3: A challenge from their field experience.
   - Card 4: A question they have about their field experience.

The items noted can be about any aspect of their field experience, including (but not limited to):

- The dialogue group itself.
- Any information sessions conducted.
- Storymaking and role-play with freeze process/sessions (only new observations/questions).
- Figureheads process/sessions (only new observations/questions).
- Experience-sharing (only new observations/questions).
- Identifying emerging themes and information gaps.
- Identifying behavior change examples for magnification.

4. Ask participants to tape each of their metacards on the wall under the appropriate heading and return to their seats.

5. When all the cards are posted, ask participants to turn to one wall at a time and help you regroup the cards into natural clusters. For example, observations on figureheads will form one grouping, and questions about forming a dialogue group will form another.

6. For each wall, lead a discussion about the cards on that wall.

Possible facilitation questions include:
- What commonalities do you see among the observations, questions, successes, and challenges?
- Which observations do you agree or disagree with and why?
- What successes or challenges can you relate to and why?
- How did you deal with the challenges that you faced?
- What questions would you like to try to answer?
- Do any of the successes, challenges, or observations relate to the questions?

7. For the wall of cards with questions, invite participants to elaborate on any of the questions, or attempt to respond to any of the questions based upon their experiences. Provide additional information to answer any remaining questions.

**Introduction to provocative questions and practice – Part 1 (1 hour)**

**Session objective:**

Participants are able to use the first part of the provocative questions tool to deepen dialogue.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Blank newsprint
- Marker pens
- Masking tape
1. In preparation for the session, make a heading on a sheet of newsprint paper for each question category to be covered in today’s session: “Frequency,” “Definition,” and “Constituency.” Under each heading, list examples of questions for that category.

2. Write out trigger statements on slips of paper. Use the trigger statements suggested below, or make up your own. In consultation with supervisors, you may choose to use statements that have come up during dialogue group sessions.

Examples of trigger statements include:

**Family planning**
- Many men promise to use condoms, but once it is dark, they have sex without condoms. The woman never finds out.
- Most contraceptives have side effects that will permanently affect the user’s health.
- It is a health provider’s duty to let the husband know if a woman is pregnant.

**Abortion**
- Abortion is the right of a couple, not the right of a woman on her own.
- If you have an abortion, the baby’s soul will come back to haunt the family.
- It is a health provider’s duty to discourage women from having abortions.

**HIV/AIDS**
- More and more people with HIV are deliberately infecting others.
- Married women who have only one partner can’t get HIV.

**Other issues**
- If a woman eats sour food when pregnant, she’ll give birth to a girl.
- Women who have just given birth are ritually unclean.
- If you don’t have a son to light your funeral pyre, you won’t go to heaven.

3. Go over the session objective.

4. Ask participants “What is the role of asking questions in facilitating a discussion?”

5. Review the types of questions, such as open-ended questions, closed-ended questions, wh- questions, and questions to stimulate story development.
6. Introduce the idea of provocative questioning. Provocative questions help us examine attitudes, beliefs, and behaviors, and better understand how people think and why they do what they do. Promoting this kind of critical reflection is a major objective of dialogue and discussion, and is essential to behavior change.

7. Introduce the three categories of questions that will be practiced today: frequency, definition, and constituency.

8. Introduce the types of questions for each category, and what asking these questions might achieve. Begin by listing the following questions under the newsprint heading “Frequency.”

Frequency of occurrence:

- How often does this happen?
- How many such cases do we know about?
- How many times has this statement been made?

9. Using frequency of occurrence as an example—after going over the questions—explain to the group that establishing frequency of occurrence can help participants think about whether the issue is likely to be an isolated case or a widespread occurrence. This helps to determine how much importance to give to it.

10. Present the statement “having sex with a virgin can cure HIV/AIDS” as an example of the type of statement that could be explored and challenged using frequency questions. Show how the questions will help to “unpack” the statement by leading an extremely brief mini-discussion.

11. Go on to the next category of questions—definition—and follow the process outlined in steps 9 and 10. Be sure to use the trigger statement for the definition category that appears on Handout 6: Provocative questions – Part 1 for your mini-discussion.

12. Do the same for the third category of questions: constituency.

13. As you go over each category in this way, post the categories and their sample questions in visible places around the room.

14. Now pick a trigger statement at random from the list, and lead a demonstration discussion using all three categories of questions.

15. Invite a volunteer to lead a ten-minute demonstration discussion on another trigger statement, using all three categories.

16. Debrief by having the group identify the categories of questions used and suggesting other possible questions that could have been asked to delve more deeply.
17. Have a second and third volunteer lead demonstration discussions on different trigger statements.

18. Address any questions that participants may have about provocative questioning.


How experiences, feelings, attitudes, and beliefs shape behavior (1 hour)

Session objective:
Participants will explore how experiences, feelings, attitudes, and beliefs shape behavior.

Materials and preparation needed:
- Session objective (written on newsprint)
- Blank newsprint
- Marker pens
- Write the following situations on separate metacards:
  - **All-female group:** A woman is just about to do her morning *puja* (prayers), but realizes that her menstrual period has just started. She stops her preparations for *puja* and goes about her other household work instead.
  - **All-male group:** A man has brought some meat home for a nice family dinner. Before the meal, his friend calls and suggests they meet in a restaurant. The man goes off with his friend and doesn’t get home until 9:00 p.m.
  - **Mixed-gender group:** A man and his wife both work. They both arrive home tired and want a cup of tea to relax. The man sits down with the newspaper, and the wife goes into the kitchen to make the tea.
- Write on newsprint and post the following discussion questions:
  - Was this a likely behavior or response to the situation?
  - Why did the people/person behave in this way?
  - What *experiences* in the person’s/people’s lives might have influenced them to act in this way?
  - What *feelings* are associated with the situation and their related past experiences?
  - What *attitudes* influenced the person/people to act in this way?
  - What *beliefs* related to the situation influenced the person/people to act in this way?
1. Go over the objective of the session.

2. Explain to participants that they will break into three small groups, and each group will discuss a specific situation and analyze the actions of the person in that particular situation.

3. Ask participants to work in three groups: two single-gender groups and one mixed-gender group.

4. Distribute the situations written on the metacards to the appropriate groups.

5. Ask each group to reflect on the discussion questions written on the newsprint.

6. While discussing the questions, each group should list the various factors underlying the behavior, according to these categories, for presentation in the large group:
   - Experiences.
   - Feelings.
   - Attitudes.
   - Beliefs.

7. Ask participants to return to the plenary. Have each small group present their situation and analysis of the factors underlying the behavior exemplified in the situation.

8. Sum up by emphasizing the power of experiences, feelings, attitudes, and beliefs to influence behavior. Make the following points:
   - Experiences are important for forming new attitudes, feelings, beliefs, and behaviors.
   - Experience-sharing within the dialogue group enables members to reflect on and learn from others’ experiences, without having to go through an experience themselves.
   - Dialogue groups also provide the opportunity for members to begin to critically reflect on behaviors and the experiences, feelings, attitudes, and beliefs that underlie behaviors.
   - The role-play, storymaking, and provocative questioning tools they are learning in this training will enable them to help their groups begin to unpack the underlying causes of behaviors.
   - Through these discussions and activities, group members will begin to examine for themselves whether behaviors are healthy and positive, or need to change.
Trainer demonstration: Storymaking, role-play with freeze, causes and consequences, and experience-sharing
(1 hour, 45 minutes)

Session objective:
Participants will be able to explain the entire four-step process, including exploring the causes and consequences of a particular behavior choice.

Materials and preparation needed:
- Session objective (written on newsprint)
- Blank newsprint
- Marker pens
- Copies of Handout 7: Facilitator guidelines – discussion of causes and consequences

1. In preparation, the trainer should have the opportunity to practice facilitating the entire process, including causes and consequences, at least once before demonstrating for the group in training.

2. Select a topic and trigger for storymaking.

3. Inform the group that you will be conducting a demonstration of the entire storymaking and role-play with freeze process, with the addition of a new step after role-play with freeze and before experience-sharing. This important new step is a discussion of the causes and consequences of the behavior in the key dramatic moment. In this new step, participants will have the opportunity to examine the experiences, feelings, attitudes, and beliefs that underlie behavior.

4. Facilitate the storymaking and role-play with freeze steps as done in Module 2.

5. After the role-play with freeze has been done, facilitate a discussion of the causes and consequences of the behavior choice in the key dramatic moment, following Handout 7: Facilitator guidelines – discussion of causes and consequences. See trainer’s note below. Distribute copies of the handout to all participants.

6. Debrief by asking questions of the participants about their impressions of this exercise.

Possible facilitation questions include:
- How did you feel about the discussion of causes and consequences?
- What were you most impressed with?
- What was most challenging or difficult?
- What value did the discussion of causes and consequences add to the process (in contrast to carrying out only three steps: storymaking, role-play with freeze, and experience-sharing)?
• Why do you think the discussion of causes and consequences focused on continuing to develop the story of the main character (both before and after the key dramatic moment), rather than just discussing the general factors that contributed to the behavior?

• What was the role of the facilitator in causes and consequences?

• How can provocative questioning be used in causes and consequences?

• What questions do you have about facilitating a discussion of causes and consequences?

**Note to the trainer**

**Why is it important to focus on events and experiences in the discussion of causes and consequences?** It might be helpful to think of the discussion of causes and consequences as making the prequel and the sequel to the story developed in the storymaking and role-play with freeze steps. This helps to keep the discussion personalized and focused on the individual, and on how life experiences, and the associated feelings, attitudes, and beliefs, shape behavior. Keeping the discussion up close and personal through story helps the group relate it to their own experiences. If the discussion moves away from the main character’s story and experiences, it may slip into easy generalities about the causes of behavior (poverty, lack of education, and so on).

7. Follow the debriefing with a discussion about experience-sharing.

Possible facilitation questions include:

• How different was it to have experience-sharing after a discussion of causes and consequences rather than directly after role-play with freeze?

• What is the best time to have experience-sharing?

Add the following points if participants do not mention them in discussion:

• Experience-sharing is best conducted after a session that has been moving and emotional, and participants have been stirred to remember their own similar experiences. Such a moment can occur after a good freeze session or after a good session exploring the causes and consequences of a certain behavior.

• The facilitator should use his or her judgment to decide if the participants seem ready to share their experiences.
Evaluation of Day 2
(15 minutes)

Session objective:
Participants will evaluate what they learned or what impressed them the most (ghat laageko) about the second day of training, and what questions or suggestions for changes they have.

Materials and preparation needed:
- Session objective (written on newsprint)
- Blank metacards or pieces of paper

1. Ask participants to take a metacard or a blank piece of paper and draw a happy face 😊 on one side and a turning arrow ↩️ on the other side.

2. Ask participants to write down on the side of the paper with the happy face the one thing that impressed them the most (ghat laageko) from the day’s sessions. Tell participants this may be something they liked or learned, a piece of information, a technique used, the way that participants interacted, or a story they heard, etc.

3. Ask participants to write on the side of the paper with the turning arrow suggestions for any changes they would like to see in the remaining days of training, or questions they have.

4. Allow participants a couple of minutes to record their thoughts, and ask for several volunteers to share their impressions.

5. Collect the metacards/evaluation papers from participants for review with the other trainers.
Day 3

<table>
<thead>
<tr>
<th>Session</th>
<th>Time</th>
</tr>
</thead>
<tbody>
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<td>Review of Day 2 and overview of Day 3</td>
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</tr>
<tr>
<td>Provocative questions – Part 2</td>
<td>10:15–11:15</td>
</tr>
<tr>
<td>Tea</td>
<td>11:15–11:30</td>
</tr>
<tr>
<td>Demonstration and review of techniques</td>
<td>11:30–1:00</td>
</tr>
<tr>
<td>Lunch</td>
<td>1:00–1:45</td>
</tr>
<tr>
<td>Demonstration and review of techniques (continued)</td>
<td>1:45–3:00</td>
</tr>
<tr>
<td>Body modeling</td>
<td>3:00–4:45</td>
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<tr>
<td>Evaluation of Day 3</td>
<td>4:45–5:00</td>
</tr>
</tbody>
</table>

**Total time:** 7 hours

**Review of Day 2 and overview of Day 3**

*(15 minutes)*

**Session objective:**
Participants will review content and share what activities most impressed them from the previous day.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Day 3 agenda (written on newsprint)
- Evaluations of Day 2
- Marker pens
- Masking tape

1. Welcome participants to Day 3 of the training.
2. Summarize for the group the common themes of the evaluation activity completed at the end of the previous day (the ☺ side of each evaluation card). Address any changes that the trainers plan to make in response to the participants’ requests (the ☹ side of each evaluation card).
3. Ask for a volunteer to summarize the main activities and content that were covered the previous day.
4. Ask for two or three volunteers to share what most impressed them from the previous day, or any further reflections they would like to share with the group since the end of Day 2.

5. Ask for and respond to participant questions about material covered the previous day.

6. Review and post the agenda for Day 3.

**Provocative questions – Part 2**  
(1 hour)

**Session objective:**

Participants are able to use the second part of the provocative questions tool to deepen dialogue.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Blank newsprint
- Marker pens
- Masking tape
- Trigger statements from the previous day’s session (written on slips of paper)
- Copies of **Handout 8: Provocative questions – Part 2**
- Write on three separate pieces of newsprint and post the following provocative questions categories: “Timeline,” “Validity,” and “Reversal,” as well as examples of relevant questions for each category.

1. Go over the session objective, and explain that the group will be practicing three new categories of provocative questions.

2. Have the group recall the three categories of questions learned on Day 2, and introduce the three categories that will be practiced today: timeline, validity, and reversal.

3. Invite a volunteer to lead a demonstration discussion on one statement using all three categories learned today, and if possible, using the questions learned in yesterday’s session. Have the volunteer select a trigger statement at random and lead a ten-minute discussion.

4. Debrief by having the group identify categories of questions used, categories that were not used, and suggesting other possible questions that could have been asked to delve more deeply.

5. Have two more volunteers lead demonstration discussions on different statements.
6. Debrief and summarize the session by explaining that provocative questioning can help discussion go deeper and is particularly useful in both Round 2 of figureheads and the discussion of causes and consequences that follows storymaking and role-play with freeze.

7. Address any questions that participants may have about provocative questioning, and distribute copies of **Handout 8: Provocative questions – Part 2**.

### Demonstration and review of techniques
**(2 hours, 45 minutes)**

**Session objective:**

Participants will facilitate the entire four-step process of storymaking, role-play with freeze, causes and consequences, and experience-sharing.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Blank newsprint
- Marker pens
- Masking tape
- **Handout 1: Discussion and storymaking topics**
- Copies of **Handout 2: Dialogue facilitation assessment** for peer observers

1. Introduce the session by explaining that participants will now have the opportunity to practice and critique the entire four-step process of storymaking, role-play with freeze, causes and consequences, and experience-sharing.

2. Ask for three volunteers to facilitate the process: one person to facilitate storymaking and role-play with freeze, one to facilitate the discussion of causes and consequences, and one to facilitate experience-sharing. Ask the storymaking facilitator to select a situation from **Handout 1: Discussion and storymaking topics**.

3. Ask for three participants to volunteer as peer observers. Assign each volunteer one facilitator to observe. Give the observers copies of **Handout 2: Dialogue facilitation assessment** on which to record their observations. Emphasize that they should be recognizing facilitation strengths, as well as identifying areas needing improvement.

### Storymaking and role-play with freeze (1 hour)

4. Have the first volunteer facilitate storymaking and role-play with freeze. This session will take about an hour.
Causes and consequences (30 minutes)

5. Have the second volunteer facilitate the causes portion of causes and consequences.

6. If anyone thinks s/he can take the causes discussion further with additional provocative questioning, allow him or her to take the floor as facilitator.

7. Have the original (second) volunteer facilitate the consequences portion of the discussion.

8. If anyone thinks s/he can take the consequences discussion further with additional provocative questioning, allow him or her to take the floor as facilitator.

Experience-sharing (30 minutes)

9. Have the third volunteer facilitate experience-sharing.

10. If anyone thinks s/he can take the experience-sharing discussion further, allow him or her to take the floor as facilitator.

Debrief and review (45 minutes)

11. Debrief with the group about the session step by step, taking storymaking first, then role-play with freeze, causes and consequences, and experience-sharing. Because causes and consequences is a new process, plan to spend the most time focusing on that step. Remind the group that they should be recognizing facilitation strengths, as well as identifying areas needing improvement.

12. First, ask for the volunteer facilitator’s feedback on how the storymaking and role-play with freeze were conducted. What worked well? What was difficult? Why?

13. Then, ask for peer observer feedback on the facilitation. Then open the floor to additional feedback by other participants. Ask for constructive comments on how the session could have been improved and/or how specific facilitation problems might be addressed.

14. Trainers may add points of their own that the group may have missed.

Points to which the trainer should pay attention include:

- Quality of questioning that led to story development.
- Quality of the story: Does the group feel they know the characters? Was the story realistic and compelling? Did the story deal with behaviors and actions that led to a terrible consequence?
- Key dramatic moment: Did the story have a climax, a key dramatic moment? Was the facilitator able to identify the key dramatic moment?
- How did having multiple role-plays bring greater realism and passion into the enactments? How did having multiple role-plays change the group’s understanding of the situation?
- Level of participant engagement and participation in the process.
15. First, ask for the volunteer facilitator’s feedback on causes and consequences, and then ask for peer observer feedback on the facilitation.

16. Trainers should add points of their own that the group may have missed.

Points to pay attention to include:
- Quality of questioning in the discussion.
- Did the process focus on “milestone” events in the main character’s life (both before and after the key dramatic moment)? If not, why not?
- If yes, were the feelings, attitudes, and beliefs associated with these milestone events adequately explored in the discussion?
- Level of participant engagement and participation in the process.

17. First, ask for the volunteer facilitator’s feedback on experience-sharing, and then ask for peer observer feedback on the facilitation.

18. Trainers should add points of their own that the group may have missed.

19. Ask participants what questions they have about using these techniques in dialogue groups.

**Body modeling**
**(1 hour, 45 minutes)**

**Session objective:**
Participants demonstrate their knowledge by constructing models of the male and female reproductive systems.

**Materials and preparation needed:**
- Session objective (written on newsprint)
- Blank newsprint
- Marker pens
- 5 polythene bags (different “light” colors such as white or pink)
- 20 feet of 5mm flexible surgical tubing (available in medical stores) or ½-inch PVC pipe
- 10 pieces of thin sponge
- A box of fat plastic straws
- A box of large rubber bands
- A box of sturdy balloons (colorful—especially white, red, and pink ones)
- 3–5 comic masks (birthday masks)
6 packages of scotch tape

2 packages of PVC tape

5 water taps

5 pairs of scissors

20 feet of string

Copies of Handout 9: Instructions for body modeling

1. Arrange all the materials required for the session on a large table in the front of the room.

2. Divide participants into groups of four or five persons each. Explain that the session is not a test but a game through which they can explore their own understanding of body systems.

3. Explain that the groups will be constructing models of the human reproductive systems by creatively using the props provided. Each group should decide whether they are first making a male or a female model. If time permits, they can make both.

4. Ask participants up to the front to take whatever props they need for their models.

5. As the groups work, the trainer should move about and observe, offering guidance and suggestions and corrections to help the groups create reasonably accurate models.

6. The trainer should pay particular attention to the relative positions of the different organs. Each overall model should be properly proportioned.

7. After the models are completed, assign each group to inspect another’s model for five minutes, noting down if major organs are missing or not positioned properly. After inspecting another group’s model, each group should share their observations, focusing on missing or wrongly positioned organs. The facilitator should correct the groups if necessary.

8. After the session has been completed, debrief the participants about the exercise.

Possible facilitation questions include:

- What impressed you the most?
- How is the objective of body modeling different from the objective of body mapping?
- How did you feel about approaching a sensitive issue (in this case, male and female anatomy) through a game?
- What was the role of the facilitator?
9. Distribute copies of **Handout 9: Instructions for body modeling** to all participants. Explain that body modeling is an exploratory tool for them to use with their dialogue groups. It will allow the group to express and share their own understanding of the body and how it works. It will also help the facilitator identify important information gaps. Address any questions that the group may have about facilitating a body modeling session.

### Evaluation of Day 3

*(15 minutes)*

**Session objective:**

Participants will evaluate what they learned or what impressed them the most (*ghat laageko*) about the third day of training, and what questions or suggestions for changes they have.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Blank metacards or pieces of paper

1. Ask participants to take a metacard or a blank piece of paper and draw a happy face 😊 on one side and a turning arrow 🔄 on the other side

2. Ask participants to write down on the side of the paper with the happy face the one thing that impressed them the most (*ghat laageko*) from the day’s sessions. Tell participants this may be something they liked or learned, a piece of information, a technique used, the way that participants interacted, or a story they heard, etc.

3. Ask participants to write on the side of the paper with the turning arrow suggestions for any changes they would like to see in the remaining days of training, or questions they have.

4. Allow participants a couple of minutes to record their thoughts, and ask for several volunteers to share their impressions.

5. Collect the metacards/evaluation papers from participants for review with the other trainers.
### Day 4

<table>
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<tr>
<th>Session</th>
<th>Time</th>
</tr>
</thead>
<tbody>
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<tr>
<td>Provocative questions – Part 3</td>
<td>10:15–11:00</td>
</tr>
<tr>
<td><em>Tea</em></td>
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</tr>
<tr>
<td>Facilitating discussions and identifying emerging themes</td>
<td>11:15–1:00</td>
</tr>
<tr>
<td><em>Lunch</em></td>
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<tr>
<td>Identifying examples of behavior change</td>
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</tr>
<tr>
<td>Preparing for field practicum</td>
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</tr>
<tr>
<td>Final evaluation and closing</td>
<td>3:45–4:45</td>
</tr>
</tbody>
</table>

**Total time:** 6.75 hours

### Review of Day 3 and overview of Day 4 (15 minutes)

**Session objective:**

Participants will review content and share what activities most impressed them from the previous day.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Day 4 agenda (written on newsprint)
- Evaluations of Day 3
- Marker pens
- Masking tape

1. Welcome participants to Day 4 of the training.
2. Summarize for the group the common themes of the evaluation activity completed at the end of the previous day (the ☑ side of each evaluation card). Address any changes that the trainers plan to make in response to the participants’ requests (the ☐ side of each evaluation card).
3. Ask for a volunteer to summarize the main activities and content that were covered the previous day.
4. Ask for two or three volunteers to share what most impressed them from the previous day, or any further reflections they would like to share with the group since the end of Day 3.

5. Ask for and respond to participant questions about material covered the previous day.

6. Review and post the agenda for Day 4.

**Provocative questions – Part 3**

**(45 minutes)**

**Session objective:**

Participants are able to use the third part of the provocative questions tool to deepen dialogue.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Newsprint
- Markers
- Masking tape
- Trigger statements from the session on Day 2 (written on slips of paper)
- Copies of *Handout 10: Provocative questions – Part 3*

1. In preparation for the session, make a heading on a sheet of newsprint paper for each of the two question category to be covered in today’s session: “Generalizing” and “Summarizing.” Under each heading, list examples of questions for that category.

2. Write out trigger statements on slips of paper.

3. Go over the session objective, and explain that the group will be practicing two new categories of provocative questions.

4. Have the group recall the six categories of questions learned on Days 2 and 3, and introduce the two categories of questions to practice today: generalizing and summarizing.

5. Referring to the headings written on newsprint, follow the same process as outlined in the provocative questions session on Day 2.

6. When you have gone over both new question categories separately, pick a trigger statement at random, and lead a demonstration discussion using all eight categories of questions learned so far, including the two new questions introduced today.
Facilitating discussions and identifying emerging themes
(1 hour, 45 minutes)

Session objectives:
Participants will develop skills in:

- Facilitating with an agenda, and guiding a discussion from a discussion trigger to a target statement for discussion.
- Using specific provocative questioning tools to explore and analyze target statements.
- Identifying emerging themes and information gaps.

Materials and preparation needed:
- Session objectives (written on newsprint)
- Blank newsprint
- Marker pens
- Masking tape
- Questions for identifying emerging themes and information gaps (written on newsprint on Day 1)
- Copies of Handout 11: Using trigger points to evoke discussion

Prepare several metacards, each with a discussion trigger and related target statement written on it. Write the discussion trigger first, clearly labeled “Discussion trigger.” The target statement should be written below the discussion trigger and clearly labeled “Target statement.”

1. Introduce participants to the objectives of the session. Point out that in addition to practicing provocative questioning, they will be asked to facilitate a discussion with a specific agenda (i.e., guiding a discussion from an open-ended discussion trigger to a specific statement for discussion).
2. Take one example of a discussion trigger and a target statement, and demonstrate how you would guide the discussion from the discussion trigger to the target statement. **Do not** reveal the target statement to the group at the beginning of the discussion. Once you have elicited the target statement, then point out to the group that this was the statement you had intended to elicit.

**Trigger:** Name some causes of incest.

**Target statement:** Male sexual frustration.

3. Explore briefly with the group what they understand is the purpose of this exercise. Ask if there are any questions regarding how to arrive at the target statement from the trigger.

4. Then, either demonstrate or ask a participant to volunteer to lead a discussion, exploring a target statement using provocative questions.

5. Next, explain to participants that they will now have an opportunity to facilitate a discussion using these two steps: (1) guiding a discussion from an open-ended discussion trigger to elicit a range of responses, including a specific target statement for discussion, and (2) exploring the target statement using provocative questions. Plan for about 15 to 20 minutes per participant.

6. Randomly distribute the discussion triggers and target statements written on the metacards. Ask participants not to share the contents of their cards with the rest of the group. Explain that the target statements do not have to be worded exactly as they are on the metacards.

7. Ask for three or four volunteers to be peer observers. This time, instruct the peer observers to listen for emerging themes and information gaps in the discussion.

 Specific themes to which the observers should pay attention include:

- Did any particular themes, issues, or topics come up over and over during the discussion?

- Did any specific themes, issues, or topics generate particularly “hot,” energetic discussion (or even conflict)?

- Do any themes, issues, or topics that came up during the discussion need further exploration?

- Were there any topics on which participants seemed to have incomplete or inadequate information?

8. Choose a participant to demonstrate his or her facilitation. Their main instruction is to start with the trigger statement or question (e.g., “name some causes of unsafe abortion”), and facilitate the discussion until it arrives at the target statement (e.g., containing the word “illiteracy”).
9. Once a volunteer facilitator has elicited the desired response, instruct him or her to use one of the provocative questioning tools to probe the statement with the group. The volunteer should announce which question category s/he is using. The facilitator should provoke the participants into as deep a discussion as possible of the trigger statement and its context, and bring about a reflection on what exactly it means and does not mean, as well as the validity of the statement and its qualifiers. Participants are free to probe the trigger statements in any manner they wish, as long as they use the provocative questioning tools.

10. After each demonstration, debrief regarding the facilitation process.

Possible facilitation questions include:

- First, ask for feedback from the volunteer facilitator on his or her own facilitation. What worked well? What was difficult? Why?

- Then, have the group identify categories of questions used, categories that were not used, and suggest other possible questions that could have been asked to delve more deeply.

- Open the floor to additional feedback on the facilitation process. Ask for constructive comments on facilitation strengths, how the session could have been improved, or how specific facilitation problems might be addressed.

- Trainers may add points of their own that the group may have missed, with particular attention to (1) facilitating the discussion from the trigger statement to the target statement, and (2) use of provocative questions.

11. After debriefing about the facilitation process of the demonstration, ask the peer observers to share their observations regarding emerging themes and information gaps they noted during their respective discussions. Other participants and trainers can add to this list.

12. Show participants where they are to be recording these notes on their dialogue session documentation logs (Handout 21 from Module 1).

13. Distribute copies of Handout 11: Using trigger points to evoke discussion.
Identifying examples of behavior change  
(1 hour)

Session objective:

Participants will be able to identify and document examples of behavior change that have occurred among their group members or other community members.

Materials and preparation needed:

- Session objective (written on newsprint)
- Blank newsprint
- Marker pens
- Masking tape
- Small group discussion questions (written on newsprint)
- Copies of Handout 12: Identifying people who have changed their attitudes or behavior
- Copies of Handout 13: Magnification – key steps

1. Review with participants the concept (process and purpose) of “magnification,” to which they were introduced in the second training.

Magnification refers to the sharing of behavior change success stories from a few individuals to the larger community. Magnification can take many forms: a person sharing his or her story within the dialogue group, or more publicly, at a community forum. It can also employ traditional media, such as theater, and mass media, such as radio and newspapers, to inspire and stimulate an even larger number of community members to change their behavior. If enough individuals change their behavior and share their experiences with others, they can create an enabling climate for others to follow in their footsteps.

2. Refer back to the first session on Day 1 of this training, and remind participants of the specific attitudinal, communication, and behavior changes identified by facilitators among their dialogue group members. Summarize the kind of behavior change examples that participants identified that day.

3. Ask how they became aware that these group or community members had changed their behavior.

4. Ask if any of the people who changed their behavior had shared their stories with others. If so, how was the sharing done? In what setting?

5. Divide participants into three or four groups. Ask each group to discuss the following questions related to magnification and be prepared to report back to the large group.
Discussion questions include:

- How can the group identify people (inside or outside the dialogue group) who have changed their attitudes or behavior?
- What are the signs that someone is thinking about a problem or an issue differently than s/he used to?
- What are the indicators that someone has taken up a new behavior?
- What are some different ways that a person’s story could be magnified?
- What might be the appropriate venues or channels? (Consider different audiences, from the very local to beyond the immediate community.)

6. Ask one member from each group to share their group’s findings in the plenary. Ask that subsequent groups not repeat points that were made by previous groups. Trainers should add any missed points.

7. Conclude by saying that if facilitators see any signs of change, the likely next step is to talk with the person individually to find out more. It may be that the person has an individual problem for which referral help is necessary. In the case of individuals who have actually changed their own behavior, or who know of someone who has, the likely next step will be to find out if s/he is willing to share his or her story in detail in a one-on-one interview conducted by a supervisor, with the facilitator present.

8. Inform the group that they should look for two or three examples of change in each of their dialogue groups over the next two to three months.

9. Explain that the changes could encompass a range of reproductive health behaviors, including better communication between spouses or within families about reproductive health issues and problems, using family planning, seeking services for sexually transmitted infections, seeking safe abortion in the case of terminating unwanted pregnancies, referring/escorting friends and neighbors to services, and so on.

10. Distribute copies of Handout 12: Identifying people who have changed their attitudes or behavior and Handout 13: Magnification – key steps.

**Preparing for field practicum**

*(45 minutes)*

**Session objective:**

Participants will be able to describe key activities of their next practicum period and provide feedback on the training.

**Materials and preparation needed:**

- Session objective (written on newsprint)
- Overview of dialogue group meetings (written on newsprint)
Overview of dialogue group documentation form sections (written on newsprint, from Module 1 Handout 21: Dialogue group session log)

- 100 blank metacards (25 each of 4 different colors)
- Blank newsprint
- Marker pens
- Masking tape

Write on newsprint the following overview of the dialogue group meetings that participants are expected to conduct during their field work.

- **Two** storymaking, role-play with freeze, causes and consequences, and experience-sharing sessions.
- **One** figureheads session.
- **One or two** information sessions, selecting from those learned in both the first and second trainings, depending upon the facilitator’s sense of group needs and interests. These might include family planning, reproductive biology, emergency contraception, and safe abortion.

1. Explain the objective of this session.
2. Refer participants to the overview of dialogue group meetings written on newsprint. Go over the basic framework of activities for the dialogue group meetings that will take place over the next two to three months. Note that participants are expected to conduct a total of four or five meetings.
3. Brainstorm the basic preparatory activities facilitators will need to undertake prior to dialogue group meetings, and record on newsprint.
4. As facilitators of the dialogue groups, participants are expected to identify emerging themes for discussion and information gaps and to note them in the appropriate place on their dialogue session documentation forms. These observations should be used to decide on topics of interest or need to each group and to plan sessions accordingly.
5. In addition, facilitators should identify behavior change stories that are appropriate for magnification. These should be recorded in the appropriate place on the dialogue session documentation forms.
Final evaluation and closing
(1 hour)

Session objective:
Participants will provide feedback on the training.

Materials and preparation needed:
- Session objective (written on newsprint)
- 100 blank metacards or half-sheets of paper
- Marker pens
- Masking tape
- Refreshments, if appropriate
- Copies of Handout 14: Module 3 final evaluation form

1. Explain in plenary that participants will now have an opportunity to reflect and give feedback on the training.
2. Distribute four blank metacards or half-sheets of paper to each participant.
3. Ask participants to answer the following questions, putting one response on each card/piece of paper.

Evaluation questions:
- What did you like most about the training? (positives)
- What was not useful or didn’t work well in the training? (negatives)
- What would you recommend changing to improve the process? (suggestions)
- What questions do you have related to the training or the field work you’re expected to do? (questions)

4. Post signs on each of the four walls of the training room, labeled “Positives,” “Negatives,” “Suggestions,” and “Questions.”
5. Ask participants to circulate around the room and post each of their four cards or half-sheets of paper under the appropriate sign.
6. When participants have posted all of their comments, review some of the comments on each wall. Summarize the main observations from each of the four categories.
7. For the questions category, read the questions aloud, and if appropriate, ask for participants to volunteer answers. If the group does not have an appropriate answer to a question, trainers should clarify.

8. Distribute copies of **Handout 14: Module 3 final evaluation form** and allow ten minutes for participants to fill it out before leaving.

9. Thank participants for their attendance and contributions, and wish them well for their field practicum experience. Provide drinks or snacks if appropriate.
Handout 1: Discussion and storymaking topics

- Boyfriend violence
- Adultery
- Pregnancy before marriage
- Father/daughter incest
- Brother/sister incest
- Father-in-law/daughter-in-law incest
- Pedophilia (adult perpetrator/child victim)
- Unprotected sex/risk of HIV/STI with regular partner or with casual partner
- Marital rape
- Sex work
- Having sex with sex workers
- Physical child abuse
- Child sexual abuse
- Drug abuse
- Discrimination between son and daughter
- Girl trafficking
- Wife-beating
Handout 2: Dialogue facilitation assessment

1. What was the facilitator’s greatest strength?

2. What aspect(s) of facilitation need improvement?

3. On a scale of 1 to 4, how would you rank the facilitator’s mastery of the process? (Circle one)

<table>
<thead>
<tr>
<th>poor</th>
<th>needs improvement</th>
<th>good</th>
<th>excellent</th>
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Additional comments:

4. On a scale of 1 to 4, how would you rank the facilitator’s knowledge of technical information? (Circle one)

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Additional comments:

5. On a scale of 1 to 4, how would you rank the facilitator’s quality of questioning? (Circle one)

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Additional comments:
6. On a scale of 1 to 4, what was the quality of group discussion? *(Circle one)*

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*Additional comments:*

7. On a scale of 1 to 4, how would you rank the facilitator’s general facilitation skills (e.g., clarity, listening skills, eye contact, body language, conflict management)? *(Circle one)*

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*Additional comments:*
I am a 21-year-old, unmarried student. I was recently selected as a facilitator in a large, well-reputed NGO. I was 1 of only 5 people hired as facilitators, out of 100 applicants. This job is a great opportunity for me to gain some work experience with a good organization, earn some money, develop many new skills in group facilitation and training, and really help people in my community. I have a contract for one year with the organization. As part of my job, I am facilitating training on reproductive health issues. In this training, there are only ten participants. Among these ten participants is a boy who used to be my boyfriend. I kept the relationship hidden from my parents and other family members.

When we were seeing each other, we had sexual relations a few times. I broke off the relationship with the boy quite suddenly only two months ago, after developing worries that I might become pregnant if I continued with him. I still have many feelings for him. His presence in the training troubles me a lot, and I am really having difficulty doing my job as a facilitator. I can’t even bring myself to look at him during trainings. Whenever he catches my eye, he winks at me and smiles. Some others have begun to notice and comment. This is really destroying my concentration and performance, and I find myself dreading going in to work. I even skipped the last training session, because I couldn’t face him.

I am afraid I’ll lose my job if I keep doing such a terrible job as a facilitator. But if I continue my job as a facilitator, I am worried that my ex-boyfriend will tell everyone in the training about our relationship. What should I do?
Handout 4:  
Dilemma – incest

I am a 13-year-old school-going girl living with my mother, father, 16-year-old brother, and two younger sisters at our home outside of Bhaktapur. Both my mother and father work in government offices. My brother has just finished his SLC and is doing his 10 plus 2. For about a year, my brother has been forcing me to have sexual intercourse with him when our parents are at work and out of the house. He has threatened to beat me up if I refuse, and has said he’ll kill me if I tell anyone. I had my first period two months ago. Now I am terrified of becoming pregnant.

*If I refuse to have sex, my brother will surely beat me up. If I tell someone about having sex, I'll be blamed and my brother might kill me. If I keep having sex, I might get pregnant, bringing shame on myself and my entire family—then my family would surely disown me.* What should I do?
I am a 24-year-old graduate, teaching in the high school in the village where I was born. I live with my parents, who are conservative, but wealthy Brahmins. Two years ago, I fell in love with a girl from another caste in the same village. She is now 20 years old and recently completed her SLC. Neither my family nor my girlfriend’s family is aware of the relationship. In fact, my parents have been trying to marry me off to a Brahmin girl, and have already introduced me to several prospects. My mother, father, and uncles have been putting heavy pressure on me to marry one of the prospects within the next two months, since the astrological charts have shown that as the only auspicious period in the next three years. I am feeling desperate. I truly love my girlfriend and cannot abandon her.

If I marry someone outside my caste, it will create a huge “tamaasaa” (scene) in the village, bringing shame on my entire family. My parents will refuse to allow my bride to set foot in their home, and will cut us off emotionally and financially. Leaving my girlfriend to marry someone my family approves of will result in the breaking of my life’s deepest commitment and two broken hearts. I don’t think I can live with that. What should I do?
Handout 6:
Provocative questions – Part 1

**Frequency of occurrence**

*Related questions* include:

- How often does this happen?
- How many such cases do we know about?
- How many times has this kind of statement been made?

By establishing the frequency of occurrence of something, the facilitator can help group members decide if the situation is likely to be an isolated case or a widespread occurrence. This will help establish how much importance to give to it.

**Example of the type of statement** that Frequency questions will help explore:

“How having sex with a virgin will cure HIV/AIDS.”

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**Definition**

These are questions that make participants analyze what they understand by a particular word or term, and help identify differences in the group’s definitions.

*Related questions* include:

- What do we understand by this word or term?
- Define what you mean by that word.
- Who else understands this word or term in the same way?
- What are some other definitions of this word or term?
- What is the source of this definition?
- Give an example of this.

By challenging group members to define terms, the facilitator can build common understanding, and also create opportunities for sharing information.

**Example of the type of statement** that Definition questions will help explore:

“If a woman wants to use a condom (or contraception), it means she has loose morals.”
Constituency

A “constituency” is a group of people, or a class of things, who share something in common. For example, all older men who have younger partners form a particular group or constituency.

**Related questions** include:

- Who else does this apply to?
- Who else does this **not** apply to?
- Does this apply to all people in this group?
- How many other people do the same thing?
- How many others do **not** do the same thing?

By defining the constituency, the facilitator can help group members think about and challenge their basic assumptions about something. It can also help reveal inconsistencies in their reasoning.

**Example of the type of statement** that Constituency questions will help explore:

“Truck drivers have sex with prostitutes.”
Handout 7: Facilitator guidelines – discussion of causes and consequences

Discussion of causes and consequences is undertaken *after* storymaking and role-play with freeze, and *before* experience-sharing. If there is not enough time in one dialogue group meeting to do all four steps, then storymaking and role-play with freeze should be completed in one meeting, and causes and consequences and experience-sharing undertaken in the next meeting.

If you are exploring causes and consequences in a new session, start by asking the two role-play participants to re-enact the role-play with freeze from the previous session. Don’t forget to have the main character reflect on his or her action and briefly share feelings on what has led him or her to this point, and the impact of the action on the future. After the freeze, the role-play actors should be asked to rejoin the rest of the group.

The facilitator now leads the group in a two-part discussion: (1) exploring the past to uncover the causes of the main character’s behavior, and (2) exploring the future to uncover the consequences of the behavior.

**Probing causes**

The facilitator first probes the past, the causes of the behavior. Probe the entire life period from the key dramatic moment back to early childhood. Questions should focus on uncovering major reproductive health/life events, traumas, and developments that might have shaped the main character’s feelings, beliefs, and attitudes, and led to this action. (For example, if the story is about rape, starting school would not be a relevant milestone, though forced sex with a teacher, a childhood episode of molestation, and first exploration of sex would be.) Traumas could also be linked to other family members. (For example, having a father who regularly abused his wife would be a significant experience for a child who was aware of it, and could shape his or her attitudes significantly.)

Questions include:

1. What specific *major life events or experiences* in the person’s life could have led to this behavior choice?

2. For each experience or event, probe:
   - What were the person’s *feelings* about what happened?
   - What *attitudes and beliefs* formed as a result of the experience?
   - How did those feelings, attitudes, and beliefs influence the behavior choice right now?

**Probing consequences**

After identifying major milestones in the main character’s past that may have contributed to the behavior, the facilitator then turns to the future, to probe the consequences of the main character’s behavior choice. Probe the impact of the action on the main character and others...
from right after the key dramatic moment up until the main character’s death and even beyond:

1. What will the consequences of the action/behavior choice be?
2. How will the consequences influence the character’s future behavior choices?
3. What will the impact be on that person?
4. What will the impact be on his or her family (spouse, children)? On others?
Handout 8:
Provocative questions – Part 2

Timeline
These are questions that provoke participants to look on a timeframe at conditions and assertions they consider absolute and examine their changeability.

Related questions include:
- How long will this condition last?
- When will it change?
- What must happen for this situation to change?
- Will this situation still be around in ten years? Twenty years?
- When will this condition not be true any more?

Using timeline questions, the facilitator can help group members question conditions that they previously considered unchangeable, and begin to define what is required to change those conditions.

Example of the type of statement that Timeline questions will help explore:
“Untouchability is an ancient tradition. It cannot be changed.”

Validity
By questioning the validity of a statement or assertion, it is possible to decide how credible it is, and how seriously it should be taken.

Related questions include:
- Who said this?
- According to whom?
- What is the source?
- Is the source credible, or is the source authorized to make this statement?
- Is the statement logical?
- Is the statement based upon first-hand experience or established facts?

Establishing the validity of a statement helps group members identify missing information, and also decide how seriously a statement should be taken.

Example of the type of statement that Validity questions will help explore:
“Yesterday at the teashop, I heard that condoms have holes that allow STIs and HIV to pass through.”
Reversal

By reversing a controversial statement or an accepted “truth” into its opposite, it is possible to think through its implications and long-term consequences.

Related questions include:
- What would be the consequences if this statement were true?
- What would happen if this action were undertaken?

By reversing a controversial statement, the facilitator can help group members think “outside the box,” and contemplate the results of unusual or debatable actions.

Example of the type of statement that Reversal questions will help explore:

“If a woman wears a miniskirt, a man will be unable to stop himself from raping her.”

(A reversal of this statement might be: “If a man walks around without his shirt on, a woman will be unable to stop herself from raping him.”)
Handout 9:
Instructions for body modeling

Session objective:
Participants demonstrate their knowledge by constructing models of the male and female reproductive systems.

Materials and preparation needed:
- Session objective (written on newsprint)
- Blank newsprint
- Marker pens
- 5 polythene bags (different “light” colors such as white or pink)
- 20 feet of 5mm flexible surgical tubing (available in medical stores) or ½-inch PVC pipe
- 10 pieces of thin sponge
- A box of fat plastic straws
- A box of large rubber bands
- A box of sturdy balloons (colorful—especially white, red, and pink ones)
- 3–5 comic masks (birthday masks)
- 6 packages of scotch tape
- 2 packages of PVC tape
- 5 water taps
- 5 pairs of scissors
- 20 feet of string

1. Arrange all the materials required for the session on a large table in the front of the room.

2. Divide participants into groups of four or five persons each. Explain that the session is not a test but a game through which they can explore their own understanding of body systems.

3. Explain that the groups will be constructing models of the human reproductive systems by creatively using the props provided. Each group should decide whether they are first making a male or a female model. If time permits, they can construct both.

4. Ask participants up to the front to take whatever props they need for their models.

5. As the groups work, the trainer should move about and observe, offering guidance and suggestions and corrections to help the groups create reasonably accurate models.

6. The trainer should pay particular attention to the relative positions of the different organs. Each overall model should be properly proportioned.

7. After the models are completed, assign each group to inspect another’s model for five minutes, noting down if major organs are missing or not positioned properly. After inspecting another group’s model, each group should share their observations, focusing on missing or wrongly positioned organs. The facilitator should correct the groups if necessary.
**Handout 10:**
**Provocative questions – Part 3**

**Generalizing**
By generalizing, it is possible to take an event or incident and identify the underlying issue or concern.

**Related questions** include:
- What (problem, issue, concern) is this an example of?
- What is the underlying issue behind this experience?
- What is the lesson of this story?

By helping group members generalize, a facilitator can help them identify larger issues within specific experiences or statements.

**Example of the type of statement** that Generalizing questions will help explore:
“My sister went for a pregnancy test and found she was pregnant but did not want to tell her husband. The counselor could not persuade her. Eventually the counselor told the husband herself.”

**Summarizing**
Summarizing challenges participants to express themselves clearly and simply, and identify the issue or issues they wish to bring up.

**Related questions** include:
- What is the main point you are trying to make?
- Can you summarize the issue for us in a single sentence?

With these questions, the facilitator can help group members think more clearly and express themselves better.
## Handout 11:
### Using trigger points to evoke discussion

<table>
<thead>
<tr>
<th>Discussion trigger</th>
<th>Target statement</th>
<th>Provocative questioning tools to use</th>
<th>Tip</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INSTRUCTIONS:</strong> The facilitator will start by posing one of the questions in this column.</td>
<td>Within 10 to 15 minutes, the facilitator must trigger the response listed below that corresponds to the question asked. The statement NEED NOT BE verbatim.</td>
<td>Definition, Constituency, Reversal</td>
<td>How is illiteracy defined? (Definition)</td>
</tr>
<tr>
<td>Name some causes of unsafe abortions.</td>
<td>Illiteracy is one of the reasons why people seek unsafe abortions.</td>
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<td>What information about safe abortion can a person not know by not knowing how to read or write? (Definition)</td>
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<td></td>
<td>Are all people who seek unsafe abortions illiterate? (Constituency)</td>
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<td></td>
<td></td>
<td>Do all literate people choose safe abortion to deal with unwanted pregnancy? (Reversal)</td>
</tr>
<tr>
<td>Why do men rape women?</td>
<td><strong>Women invite rape</strong> through their own behavior, such as smiling or being too friendly, or dressing in revealing clothes.</td>
<td>Validity, Frequency, Reversal</td>
<td>Are only women who are friendly, smiling, or dressed in revealing clothes raped? (Validity)</td>
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<td>How often are older women, or aging women, or scared little girls raped? (Frequency)</td>
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<td>If men rape women who dress in revealing clothes or are friendly, then why are such women not raped by all the men around them? (Reversal)</td>
</tr>
<tr>
<td>Discussion trigger</td>
<td>Target statement</td>
<td>Provocative questioning tools to use</td>
<td>Tip</td>
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<tr>
<td>Name some causes of unsafe abortions.</td>
<td>Poverty is one of the causes of unsafe abortions.</td>
<td>Definition, Frequency, Constituency</td>
<td>How is poverty defined? (Definition) How much money is required to choose safe abortion? (Definition) How many of the people who choose unsafe abortions are economically poor? (Frequency) Do all economically well-off people choose safe abortion to deal with unwanted pregnancy? (Constituency)</td>
</tr>
<tr>
<td>In Nepali society, what is the most important thing for a family’s well being?</td>
<td>Respect in society is important for a Nepali family. An unmarried woman becoming pregnant could spell shame and scandal for the family and must be suppressed at all costs.</td>
<td>Constituency, Reversal</td>
<td>What else is important for a Nepali family other than respect? (Constituency) Which is more important, family respect or the survival of the family’s offspring? (Reversal)</td>
</tr>
<tr>
<td>Why is abortion wrong? Or is abortion wrong?</td>
<td>No one has the right to take a baby’s life. Abortion is the same as killing a person.</td>
<td>Definition, Reversal, Constituency</td>
<td>When can a fetus be called alive? (Definition) If the mother dies because abortion is illegal, then who can be said to have taken her life? (Reversal) Is aborting a female fetus more permissible than aborting a male fetus? (Constituency)</td>
</tr>
<tr>
<td>Discussion trigger</td>
<td>Target statement</td>
<td>Provocative questioning tools to use</td>
<td>Tip</td>
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<tr>
<td>How do women react when they learn that they are pregnant?</td>
<td>If an unmarried woman is told she is pregnant, she may even die of shock (commit suicide?).</td>
<td>Frequency, Reversal</td>
<td>How many instances have you experienced first hand when a woman died after receiving news of her pregnancy? Or went into trauma? (Frequency) If a pregnant woman is never told that she is pregnant, then what are the chances that she will not have any trauma? (Reversal)</td>
</tr>
<tr>
<td>What does a Nepali woman do when she is pregnant but does not want the child?</td>
<td>More and more pregnant women are deliberately killing their babies.</td>
<td></td>
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<tr>
<td>Are condoms an effective way to prevent pregnancy?</td>
<td>It is well known that <strong>condoms have holes</strong> that make them ineffective.</td>
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<tr>
<td>When a service provider learns that an unmarried woman has become pregnant, what is his or her duty?</td>
<td>It is a service provider’s <strong>duty to let the community know</strong> if a client has had an abortion.</td>
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<tr>
<td>What will be the results of legalizing abortion in Nepal?</td>
<td>Legalizing abortion will result in <strong>women becoming sexually loose</strong>.</td>
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<tr>
<td>What are the reasons for legalizing abortion in Nepal?</td>
<td>Many <strong>women were dying</strong> of unsafe abortions.</td>
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<tr>
<td>What are the causes of son preference in Nepal?</td>
<td><strong>Religious beliefs</strong> are the cause of son preference.</td>
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<tr>
<td>Add new triggers and targets noted during field practicum or training.</td>
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</table>
### Handout 12: Identifying people who have changed their attitudes or behavior

<table>
<thead>
<tr>
<th>Action</th>
<th>What facilitators should do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask the group if there are any individuals who wish to share examples of personal behavior change.</td>
<td>Allow willing individuals to share their experiences with behavior change.</td>
</tr>
<tr>
<td>The facilitator should be clear that a community may have many individuals who voluntarily changed their behavior even before our program. Such people will be excellent examples for magnification. For example: If anyone in the community had gone for a safe abortion after the legalization of abortion, that individual’s story can be magnified.</td>
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</tr>
<tr>
<td>Listen for stories and experiences about individuals who have made some serious behavior change.</td>
<td>Probe for details, and try to meet with the person to establish if s/he has personally changed behavior, and has been able to sustain it.</td>
</tr>
<tr>
<td>People who are happy with a change they have made may speak about it to others, especially their near and dear ones and friends.</td>
<td></td>
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<tr>
<td>Listen for individuals who are actively endorsing some behavior change.</td>
<td></td>
</tr>
<tr>
<td>People who have changed their behavior and are happy with the results are likely to recommend it to others. If you hear someone in a discussion or conversation promoting behavior change, seek more details.</td>
<td></td>
</tr>
</tbody>
</table>
| Look and listen for individuals who are asking lots of questions or expressing a different opinion (from before) on a given issue being discussed in the group. | Meet with the person to see if s/he has some personal situation s/he wishes to share or needs help on.  
Probe if s/he is considering any behavior change, and if s/he needs a service referral or other help with it. |
| People whose attitudes are beginning to change might be asking many questions or expressing new opinions and attitudes in the group. |                                                                                           |
Handout 13:
Magnification – key steps

**Facilitator is responsible for:**

1. Identifying potential magnification candidates.
2. Meeting with the individual and informally inquiring about his or her story and assessing his or her appropriateness for and potential interest in magnification.
3. Informally briefing the individual about the purpose of magnification.
4. Informing the supervisor about the potential candidate.
5. Setting up a time and a place with the interested individual for a one-on-one interview with the supervisor. The time and place must be private, comfortable, and convenient for the person being interviewed. *(In consultation with supervisor.)*

**Supervisor is responsible for:**

6. Conducting a one-on-one interview (with the facilitator present as needed).
7. Reviewing the story for appropriateness (with program staff).
8. Developing a magnification plan based upon the types of magnification the individual has indicated the willingness to participate in (in consultation with the facilitator and program staff).
9. Obtaining consent for magnifying the story in specific ways.
10. Developing materials related to magnification (with program staff).
11. Arranging the magnification event (with the facilitator and program staff).
Handout 14: 
Module 3 final evaluation form

1. What I liked most about the training was...

2. What I would suggest changing or improving about this training is...

1. What was your greatest area of learning from this training?

2. In what area did your skills improve the most?

3. What specific feedback do you have for the trainers/facilitators?

4. What other comments do you have?