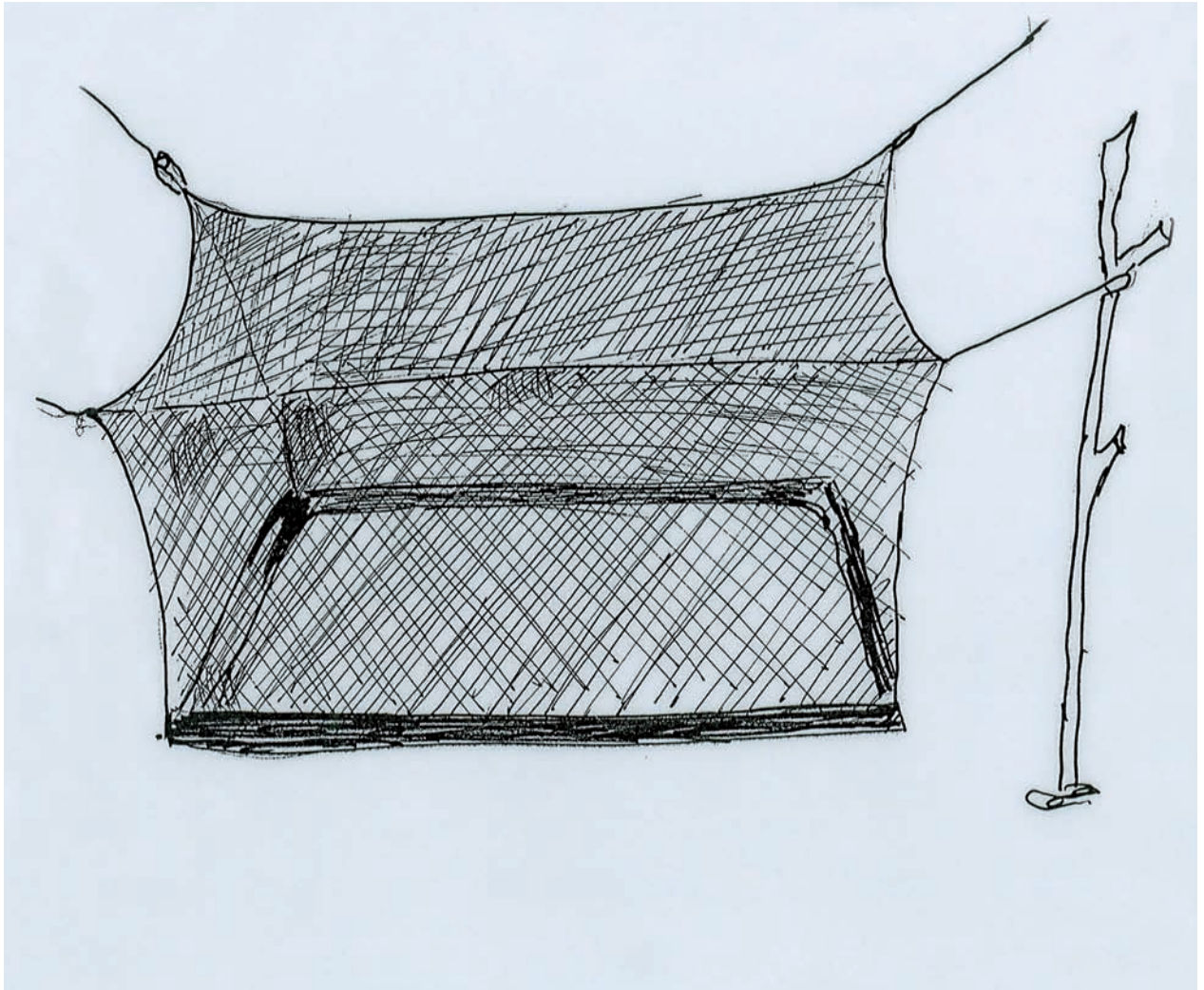




# ***We Control Malaria***



**Participatory Learning and Action Planning  
A FACILITATOR'S GUIDE**

# *We Control Malaria*

## **Participatory Learning and Action Planning**

### **FACILITATOR'S GUIDE**

**Mayling Simpson-Hebert**

Catholic Relief Services

East Africa Regional Office and Ethiopia Country Office

2008

#### **All Rights Reserved**

Any reproduction, translation, derivation, distribution or other use of this work is prohibited without the express permission of Catholic Relief Services ("CRS").

Any changes to the document should be cleared through Catholic Relief Services/Ethiopia by writing to the Country Representative in Addis Ababa. When translating this work, acknowledgment should be given that this work was developed by CRS. When citing this work, the citation should read: *Simpson-Hebert, M. 2008. We Control Malaria: Participatory Learning and Action Planning for Ethiopia. Addis Ababa: Catholic Relief Services Ethiopia Country Office.*

**ISBN 0-945356-34-X**

2008 Catholic Relief Services, All Rights Reserved

*Number 3: CRS Series on Participatory Health Learning and Action  
Ethiopia Country Program*



# Contents

<b>Welcome</b>	<b>ii</b>
<b>Acknowledgements</b>	<b>iii</b>
<b>PART 1 Introduction to <i>We Control Malaria</i></b>	<b>1</b>
Purpose of <i>We Control Malaria</i>	2
Overview of the guide	6
How to work with community groups	9
Important points on good facilitation	14
Some background information on malaria for facilitators	17
For further information	19
<b>PART 2 The Activities</b>	<b>20</b>
Activity 1: Our Malaria Problem	21
Activity 2: How do we catch malaria?	23
Activity 3: How do we prevent malaria?	25
Activity 4: Which preventions should we take?	27
Activity 5: Where do mosquitoes breed in our community	29
Activity 6: Who needs bed nets?	31
Activity 7: What is good treatment for malaria?	33
Activity 8: Planning for solutions	35
<b>PART 3 Guidelines for Program Managers and Trainers</b>	<b>37</b>
Selecting, training and supervising facilitators	38
Some guidance on training others	43
Suggestions for monitoring and evaluation	45
Guidelines on drawings and toolkits	50
Guidelines for Artists	51
Lists of sample drawings for Activities 1 to 8	53

# Welcome

*We Control Malaria* makes use of a participatory methodology that helps community groups to learn more about malaria, its prevention, and treatment and to make a community plan to control the disease.

This guide helps you to become a facilitator. You won't need to do a lot of additional background reading, but you will need training in the SARAR\* methodology on which this guide is based.

This guide was originally developed for communities in Ethiopia, where it has been field tested on 30 community groups (about 600 community members) between the end of 2006 and 2008. All community groups developed action plans and most have begun implementing them. Some community groups that had been reluctant to accept and use bed nets in the past, immediately requested them from their respective local governments after going through the *We Control Malaria* activities. As a result all participating communities are now using bed nets more appropriately and consistently. In addition their action plans include continuously clearing mosquito breeding sites. Moreover, Woreda officials and health extension agents in Ethiopia who have received training in this module have enthusiastically endorsed it as part of Ethiopia's health extension package of educational materials.

The content is however universal and the activities can easily be adapted to other communities in different parts of the world. We would very much like to hear your experience in using this guide. Your comments will help us to improve the next edition of this guide. Send your comments to Mayling Simpson ([msimpson@earo.crs.org](mailto:msimpson@earo.crs.org) and [maylingsh@yahoo.com](mailto:maylingsh@yahoo.com)) or CRS Ethiopia ([health@et.earo.crs.org](mailto:health@et.earo.crs.org)).

Good luck!

\*SARAR – Self-esteem, Associative Strengths, Resourcefulness, Action-planning, Responsibility

Lane Bunkers  
Country Representative  
Ethiopia Country Office  
Catholic Relief Services

# Acknowledgements

This guide originated in Ethiopia in 2006. It was developed in a participatory way with valuable input and field testing by many CRS and partner staff and by community members.

The names of people who were intensively involved in developing this draft guide are listed below. Without them, this guide would not exist, therefore we are grateful for their many contributions.

Lead author:	Mayling Simpson-Hebert	CRS East Africa Regional Office Regional Technical Health Advisor
Design team:	Hazel Simpson Mitiku Telilla Misgina Suba Agazi Amha Hibret Alemu	CRS/Ethiopia CRS/Ethiopia CRS/Ethiopia CRS/Ethiopia CRS/Ethiopia
	Alemwork Getahun Gadissa Hailu Sr Yetnayet Tomas Alene W/Giorgis Amanuel Kidane, Chala Tolossa,	Alem Tena Catholic Church Alem Tena Catholic Church ECC-SCDO Meki ECC-SCDO Adigrat ECC-SCDO Adigrat ECC-SCDO Harar
Field testing:	Alem Tena Catholic Church ECC-SDCO Adigrat and Mekelle Sub-Office ECC-SDCO Meki ECC-SDCO Harar	
Artist	Abebe Tegegn	
Layout	Mayling Simpson-Hebert	
Copy editor	Anne-Marie Vlieghe-Naessens	

The creation of this manual was a group effort. It began by generating ideas on what we hoped community groups could do on their own. We adapted SARAR tools and concepts to create learning activities, we field tested the activities on willing community groups, and finalized the drawings and activities.

We would like to thank all other CRS staff, partner organization staff and all others who over time gave us valuable feedback for improving this manual, including many community facilitators and community participants.

SARAR was created by Dr. Lyra Srinivasan of Columbia University and through the years various other people have contributed new ideas for additional activities. We gratefully acknowledge her important contribution to this publication and to human development in general.

Much of Lyra's work can be found in the publication: *Tools for Community Participation: a manual for training trainers in participatory techniques* (New York: UNDP, 1990) and in *Designing SARAR materials. A manual for artists.* (New York, UNDP, 1991).

We also acknowledge the influence of the *PHAST Step-by-step Guide: Participatory Hygiene and Sanitation* by Sawyer, Simpson-Hebert and Wood (Geneva: World Health Organization 1998).

Funding for developing this methodology and this draft guide came from Catholic Relief Services private funds.

# **PART 1**

## **INTRODUCTION TO *We Control Malaria***

Purpose of *We Control Malaria*

Overview of the guide

How to work with community groups

Important points on good facilitation

Some background on malaria for facilitators

For further information



# Purpose of *We Control Malaria*

## What is *We Control Malaria*?

*We Control Malaria* is a participatory methodology to be used with community groups. It is a *transformational methodology* in the sense that it seeks to bring about fundamental change in people's attitudes and behaviors.

*We Control Malaria* is designed to be used with community groups of about 24 people over a series of meetings taking a total of five to six hours. It is best to include people in the community who are trained in malaria control and perhaps are government malaria agents, as they can share their knowledge and training with the larger group. It is also good to include community leaders, as they might be the most likely candidates to take forward any community plan for the control of malaria that comes out of the group discussions. It is essential to include other community members, ordinary men and women and perhaps even adolescents and children, because they may know less about malaria and therefore will raise questions and misconceptions that are valuable to discuss.

The quality of *We Control Malaria* rests with the skills of the facilitators. Facilitators need to be trained and need to know how to facilitate discussions to meet learning objectives.

## What does *We Control Malaria* try to achieve?

*The main objective of "We Control Malaria" is to help communities talk about malaria and then to take action against the disease.*

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

- learn more correct information about how malaria is spread.
- learn what they can do to help stop the spread in their own communities.
- make an action plan to control malaria in their community.

- are encouraged to assist individuals suffering from malaria to get professional medical treatment.

Experience with *We Control Malaria* has shown that community groups become motivated to make an *action plan* to control malaria.

<b>Changes expected from <i>We Control Malaria</i></b>	
<u>From:</u>	<u>To:</u>
Passive attitude toward malaria prevention	→ A realization that they can make a change
Low or wrong knowledge	→ Higher or more correct knowledge
Low use of bed nets	→ Higher bed net coverage
Prioritizing men for bed nets	→ Prioritizing vulnerable groups
Use of traditional medicine	→ Use of proven medications and of early treatment
Neglect of mosquito breeding sites	→ Sustained elimination of breeding sites
No community action	→ Community action plan

*We Control Malaria* is based upon a basic behavior change methodology developed by Lyra Srinivasan of Columbia University called SARAR. This acronym stands for:

- Self-esteem
- Associative strength
- Resourcefulness
- Action planning
- Responsibility

The SARAR methodology strives to bring about all of the above attributes in individuals and community groups. Through group work using this methodology, the *self-esteem* of individuals and the group is raised. People realize that individually each knows something and together they know a lot. By sharing and pooling their knowledge, they have *associative strength*. With this strength, they realize they can change their circumstances. The methodology also encourages the group to be *resourceful* to find solutions to their problems. Then it encourages *action planning* to bring about change. At the end, because they have created the action plan themselves, they feel a sense of *responsibility* for carrying it out.

The reason why the SARAR methodology was selected for creating *We Control Malaria* is because the learning activities take place in groups and is highly participatory. People are more likely to make decisions about behavior change in groups rather than individually. Over time they are more likely to change together and reinforce new behaviors among each other.

*We Control Malaria* gives no direct messages. Learning happens through discussions and sharing of information among participants.

***The success of We Control Malaria as a behavior change tool rests with the skill of the facilitators.*** Facilitators need to be trained and need to know how to facilitate discussions to meet learning objectives.

*We Control Malaria is a cross-cultural methodology. This means that the activities and drawings that accompany them can be adapted for use in any other society.*

## **What are participatory methods?**

Participatory methods are techniques and activities that encourage the participation of all individuals in a group process, no matter what their age, sex, social class or educational background. They are especially useful for encouraging the participation of women and girls, who in some cultures are reluctant to speak in front of a group. Participatory methods are designed to build self-esteem and a sense of responsibility for one's decisions. They try to make the process of learning and decision-making easy and fun. Participants learn from each other and develop respect for each other's knowledge and skills. The facilitator simply facilitates participation but does not act as a teacher. In the process of doing an activity, participants learn together and from each other.

## **Why use participatory methods?**

Participatory methods have succeeded where other strategies have failed. They are based on principles of adult education and have been field tested extensively.

Field experience has shown that participatory methods can lead to a far more rewarding experience for community workers. Having tried participatory techniques and found the experience worthwhile, community workers usually do not want to return to their earlier methods.

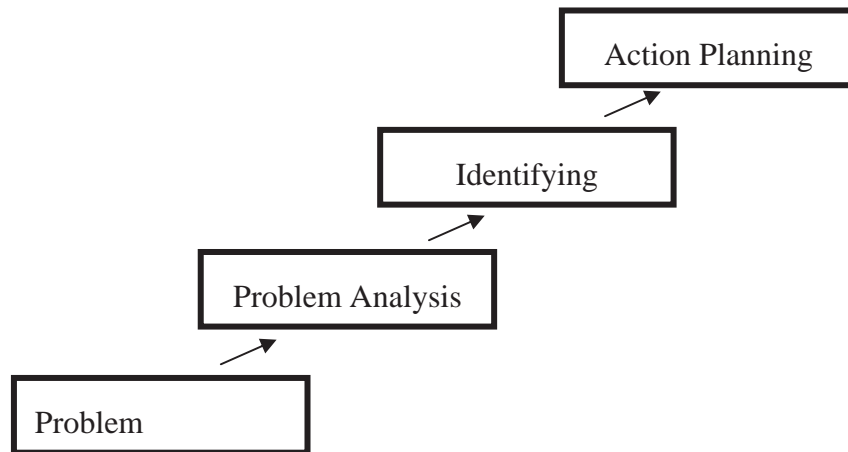
Participatory methods require group work and behavior change more easily takes place in groups. When groups decide to change, individuals feel reinforced by the group in their decisions to make a change. Participatory methods facilitate group change as well as individual change.

## SARAR Participatory Planning Steps

In the planning process, community groups go through the following steps.

The first two steps are the *learning stage*.

The last two are where they take over *responsibility and ownership* of the plan.



# Overview of the guide

## Who this guide is for

This guide is designed to be a reference for the training of facilitators and for further use and study by facilitators. It provides information on how to be a good facilitator and how to facilitate each activity.

## How the guide is organized

Part I of this guide is the introduction to the methodology. It explains what you need to know about the methodology and how to work with groups and be a good facilitator.

Part 2 are the activities you carry out with a group. Each activity has a:

- a “tool”, which is a participatory method
- a purpose
- time
- materials needed
- instructions on how to facilitate the activity and hold a discussion.

Most of the activities require the use of drawings to help facilitate discussion.

Part 3 contains guidelines for program managers and trainers of facilitators. It also contains useful information for working with an artist and there are instructions for the artist as well. At the very end is a list of examples of drawings needed for each activity.

## The Activities

*We Control Malaria* has eight activities. These activities are numbered in a sequence that we think is ideal for community planning. All eight activities take time, from five to six hours in total. Field experience with this module showed that communities can complete all eight activities in two sessions. For example, if the community is far away and requires a great deal of travel time to reach, then you might want to complete all eight activities within two meetings (four activities in each session). However, if distance is not a problem, it might be more desirable to cover only two activities at a time over a period of four weeks. That way, participants have time to think about what they have learned between sessions and to share their impressions with their friends and relatives who were

not present. This can result in a higher level of understanding and higher commitment. *In the end, it is up to the community group you are working with to decide how often you will meet.*

At the end of the eight activities, the group should have an action plan.

Here are the activities:

<b><i>We Control Malaria Activities and Time</i></b>		
<u>Activity Name</u>	<u>Tool</u>	<u>Time</u>
1 Our Malaria Problem	Drama	45 minutes
2 How do we catch malaria?	3-pile sorting, transmission route	1 hour
3 How do we prevent malaria?	Barriers to transmission	30 minutes
4 Which preventions should we do?	Barriers Chart	30 minutes
5 Where do mosquitoes breed?	Community Map	45 minutes
6 Who needs bed nets?	3-pile sorting	45 minutes
7 What is good treatment for malaria?	Treatment Chart	45 minutes
8 Planning for solutions	Story with a Gap	30 minutes
<b>Total time for 8 activities:</b>		<b>5 hours 30 min</b>

## **Training**

*We Control Malaria* requires a trained and skilled facilitator. However, it is not difficult to become trained in the methodology. Training would usually last about five days for participants who already know the SARAR methodology, and six days for participants who have no SARAR experience. This guide provides descriptions of how to facilitate the exercises and gives examples of typical drawings that go with each activity.

## **Who is the facilitator?**

A facilitator is anyone from inside or outside a particular community who works closely with it on controlling malaria. This person could be an NGO or government community development officer, a community leader or the government malaria agent.

## The drawings and toolkit

*We Control Malaria* uses drawings to stimulate discussion. It is designed for use in any group, *but especially for people who are totally illiterate as well as in cultures where women are shy to speak in meetings*. By using drawings to represent typical situations or conditions in a community, all people, whether literate or not, can discuss the drawings and the concepts they represent. People can *see themselves* in these drawings and thereby relate to what changes they need to make in their lives and in their culture.

Each activity description is followed by a list of drawings that are usually needed to carry out this activity. (See full list of all suggested drawings on page 53.)

The drawings illustrated in this guide were developed for cultures in Ethiopia. ***When using this guide in a new culture, it is likely that all drawings will need to be changed to reflect local conditions.*** For that reason, in a training workshop, we usually recommend bringing in a local sketch artist to make new drawings that will be needed. Some drawings that we have proposed in this guide may need to be removed completely, because they do not relate to the local cultural practices, and other completely new ones may need to be added.

We strive to keep drawings as simple and “culture-free” as possible so that they may be used across cultures. Some drawings, however, cannot ever be culture-free and must be re-drawn to reflect local conditions, such as housing styles, clothing and hair styles.

Decide early, before starting your training workshop, what your local drawings need to look like. Start an artist on making the drawings for all activities well before the commencing of your training workshop. Normally it can take up to two weeks for an artist to finish all drawings. Drawings can then be further modified, finalized, reproduced and laminated during the workshop. (See pages 48-54 in Part 3 of this guide with more information on working with artists, making of drawings and toolkits.)

## How to use this guide

This guide is designed to be a reference for facilitators and program managers. It provides information on how to train and supervise facilitators, how to be a good facilitator and gives guidelines for artists and facilitators on making drawings.

# How to work with community groups

## Selecting groups to work with

*We Control Malaria* has been designed to be used in the Ethiopian political context, described below. When using this guide in another country, you may need to reflect on which groups you will use it with.

Ethiopia has woredas (districts), kebeles (subdistrict units also called Peasants' Associations – PAs) and clusters (locally called *gendas* or *gutes*). In the malaria endemic area, each kebele has a *malaria control committee* of about ten members: a trained government malaria agent, one or two government development agents, one or two government health extension workers, school teachers, the kebele chairman, community health workers, and representatives of the kebele youth association and kebele women's association. This malaria control committee has the following tasks mandated by the Ministry of Health: to distribute bed nets, to distribute malaria treatment drugs, to give health education on malaria, to organize campaigns to clear mosquito breeding sites, to seek financial aid for the sick and to organize transportation of sick people to a clinic, to organize campaigns to spray the insides of houses, and to report the incidence of malaria.

A kebele, or PA, can be a very large geographical area with many thousands of people. Therefore, this committee is assisted by people at the *cluster* level. The size of a cluster can vary from 20 to 100 households, but it is the lowest political unit in the Ethiopian system that carries out government health directives. Each cluster has its own *malaria control committee* composed of about five to seven people: one or two voluntary community health workers, two malaria agents, the cluster leader, a woman representative and religious leaders. They have the same tasks as the malaria control committee at the PA level.

*We Control Malaria* was designed as a tool to be used at the cluster level, or even with smaller groups of households, for community mobilization in the control of malaria. PA malaria agents, development agents and health extension workers can use this methodology to further empower communities to take ownership and responsibility for their malaria problem. The problem is simply too big to be left to a few government and volunteer workers. By empowering communities through *We Control Malaria*, they realize that in the end, they must control their own local malaria problem.



Thus, in the Ethiopian context, *We Control Malaria* is intended to be used with the *cluster malaria control committee plus representatives from the cluster households*. It can also be used with groups of households. A group of 24 people would be an ideal size for community planning. However, the use of this tool is flexible and should be used according to your capacity as an organization and according to local objectives.

## How to include women

In Ethiopia and in many other countries and cultures as well, women are often marginalized when they are asked to participate with men. Often women will sit at the edges of groups and say nothing. As a facilitator, it is your role to encourage women's participation. When asking for participants in this module, emphasize that you would like to see 50% of the group to be women. If women participants fail to participate fully in the presence of men, then you should consider dividing the groups in such a way that at least one group consists of women only. This is for you to judge depending upon how low their participation is. Women's groups often come up with ideas and information that is different from the all men's or mixed groups, so it is frequently valuable to let them have their own groups.

## Preparing before you start

Before you begin working with a community group you must:

- Read through the entire guide carefully and make sure that you understand the *purpose* and *expected result* of each activity.
- Make sure you have three complete sets of drawings for each activity.
- Have prepared a "Barriers Chart" (for Activity 4) and a "Treatment Chart" (for Activity 7) on flip chart paper or on cloth.
- Find an artist to draw the pictures you still need.
- Practise the activities with your friends and colleagues until you feel comfortable.

When you go to a community to carry out these activities, you should take with you the following supplies, just in case you need them:

<b>TAKE THESE WITH YOU WHEN YOU FACILITATE</b>
<ul style="list-style-type: none"><li>• Scissors</li><li>• Masking tape</li><li>• Extra flip chart paper</li><li>• Marker pens in different colors</li><li>• Your toolkit of drawings and charts</li><li>• This manual</li></ul>

## **Introduce yourself and *We Control Malaria***

If the participants do not know you already, introduce yourself and explain that you will be doing eight participatory activities around malaria. Explain that the whole package of activities is called “We Control Malaria” because what they will learn from doing these activities will help them make a community action plan to control malaria.

## **Create the right atmosphere**

Participatory sessions work best when people are happy and relaxed. This is why we try to begin each session with a fun activity, something to make people laugh. You need to maintain an atmosphere of relaxation throughout the sessions. Most cultures have traditional games and songs that can be used to build group spirit. Feel free to add games and songs to your group meetings.

It can also be important to arrange the room or outdoor space where you will be working with groups. The space should not be too small or crowded, nor should chairs be lined up like a classroom. The space should be clean, comfortable and relaxed to encourage discussion of all participants.

## **Controlling group size**

*We Control Malaria* works best in groups of about 24 people. For most activities, your group will be subdivided into smaller groups of five to eight people. With 24 participants, you will sub-divide them into three groups of eight people each. When a small group exceeds eight participants, then some people are left out of the discussion. Also, if more than three subgroups need to report on their discussion, the length of the session becomes too long and too complicated.

Having said that, we know from experience that group size sometimes grows during the activities. Sometimes people walk into the group in the middle of an on-going activity. What should you do?

If only very few people join the group late, invite them to participate. However, if a large group of people arrive late, and adding them makes your group size unmanageable, then you could suggest offering these activities to them separately at a future date. It is not wise to turn away people in such a way that they feel unwelcome or rejected. *It is best to find some way to include them, now or later.*

## Mixing the subgroups

In nearly every activity, you will need to divide the larger group of up to 24 people into two or three smaller subgroups. The most important part of learning takes place in these small subgroup discussions. *It is very important to keep changing the people in the subgroups with each new activity.* This allows the maximum mixing of ideas among participants and builds group spirit and loyalty.

## How subgroups should report

In most of the activities, you will ask subgroups to report, one at a time. They can stick their drawings on a wall with masking tape, or they can display them on the floor or ground where all participants can see them. You can assist them by having small pieces of masking tape ready, or by ensuring that drawings are laid out in a logical order so that other participants can understand what they are looking at.

Have the first subgroup report out thoroughly, *explaining in detail*, why they placed a drawing in a particular pile or place. With the next two subgroups, you can ask them, one at a time, if they have any differences from the group that just reported.

If there are no differences, then they do not need to report the same information a second time, as this can be boring for all participants. *If they do have differences, then ask the group to point out where the differences are.* If there are few differences, ask them to report on those. If there are many differences, ask them to report out completely. Then go to the third group and do the same.

After all groups have reported out, then facilitate a discussion on the differences between groups. Allow the large group to discuss thoroughly and they may reach an agreement. However, if they do not reach an agreement, do not force them to do so. It is the discussion and deep thinking that is important.

Participants may hotly debate an issue. *Be sure to keep the discussion focused on one issue or one drawing at a time.*

## **Consensus is best**

For the control of malaria at the community level, it is best to try and reach a consensus within the planning group. There is a scientific body of information about malaria that we agree is correct, and there are many myths and misconceptions. The facilitator needs to try and help participants reach agreement on key points, such as how malaria is spread and prevented and how it is not spread. Usually participants will come to the correct conclusions, especially if there are people in the group who have been trained on malaria. If they do not, you may step in with some questions, such as asking them to explain their logic for a statement you know is incorrect. If all else fails, you can give them some correct information. After a long and exhausting discussion or hot debate, they will be more eager to hear what you have to say.

## **Moving from one activity to the next**

When moving from one activity to the next, if there has been a long time break of a day or more between activities, begin by reviewing what activities the group has already completed. You can ask a participant to review the conclusions of the group from previous activities. Then you can introduce the next activity.

# Important points on good facilitation

## The facilitator's role

*The most important point to remember about being a facilitator is that you are not a teacher!*

Your role is to help or “facilitate” a discussion. Using the activities in the guide, you can help groups to:

- Identify issues of importance to them
- Express their problems
- Analyze their problems
- Identify their own possible solutions
- Select appropriate options
- Develop a plan to implement the solutions they identify and agree on
- Evaluate the outcome of the plan

So you must *not*:

- Direct the group in its answers or analysis
- Lecture information (let the group find it for itself)
- Advise or suggest what the group should do
- Make assumptions about what is the right response to an activity
- Correct the group.

The only exception is when the group clearly asks for specific information.

Using participatory methods does not reduce the role of the facilitator, but rather redefines it. What you do is encourage community involvement and leadership.

*You try to create an environment in which the group can discover information for itself.* In so doing, participants will build the confidence and self-esteem necessary to analyze problems and work out solutions.

The only appropriate solution is the one that participants come up with! As an outsider, you cannot understand their situation in the way that they do, no matter how dedicated, interested or concerned you are. For this reason, the group's input is more important than what *you* think or feel.

As a final note: never underestimate the untapped potential of the participants in the group, and always provide them with the opportunity to surprise themselves, and probably you too.

## All participants are equal

The activities in this guide have been developed so that the participation of each group member is considered equally important. Similarly, you must be seen to be on the same level as the participants. *So you should not present yourself as an authority figure.* By both sharing and receiving information, you and the group will remain equal. Obviously, good listening skills are essential.

## Create the right atmosphere

Participatory sessions work best when people are happy and relaxed. This is why we try to begin each session with a fun activity, something to make people laugh. You need to maintain an atmosphere of relaxation throughout the sessions. Most cultures have traditional games and songs that can be used to build group spirit. Feel free to add games and songs to your group meetings. The first activity, *Community Stories*, is fun and a good way to create the right atmosphere.

## Keep mixing the subgroups

In nearly every activity, you will need to divide the larger group of up to 24 people into two or three smaller subgroups. The most important part of learning takes place in these small subgroup discussions.

*It is very important to keep changing the subgroups with each new activity.* This allows the maximum mixing of ideas among participants and builds group spirit and loyalty.

## Know when to stop an activity

In this guide we suggest a period of time for each activity. An activity should not go on too long as to become boring, nor should it be too short and thereby lose its purpose. Groups should do their activities quickly, report out quickly, and then the facilitator should lead a concise discussion.

*A good facilitator knows when to end an activity: when its objective has been reached.* Sometimes a participant will draw a final conclusion and speak it out – like a revelation! *That is the perfect time to end the activity, with a participant being the last person to speak.*

## General instructions for all activities

1. Have all materials for each activity ready before starting. For most groups and most activities you will need 3 sets of drawings.
2. Make sure the drawings are large enough and clear enough to be seen by all participants.
3. Try to limit your group size to 24 participants.
4. Make sure people can talk to each other easily; use a circle where possible.
5. At the beginning of each session, ask a group member to review what the group has done so far and any decisions that have been taken for action.
6. Time given for each activity is an estimate.
7. Try to encourage the active participation of each person.
8. Be clear in giving the task. Do not talk or explain too much. Just use the words printed in the manual.
9. Direct subgroups where they should sit to do a task so that they do not interfere with each other.
10. Subgroup work should not be too long, usually 10-20 minutes is enough time.
11. Be careful not to find fault or make critical comments when you respond to people.
12. Stay with the other participants when a group is reporting. Do not stand in the front of the room like a teacher.
13. At the end of each session, congratulate the group and explain briefly what will be covered in the next session.

## How to cope with dominant personalities

The SARAR methodology is specifically designed to stimulate full group participation and to make it difficult for strong personalities to dominate. However, the group process may not be able to proceed because one individual wants to control the group's thinking or wants to lecture the "right" information.

If this happens, you can:

- Take this person aside and explain that participatory activities are a different way of learning and that lecturing and being dominant are not appropriate.
- Give this person a separate task to keep him/her busy and allow the group to carry on.

*If the dominating persons are community leaders, approach them formally and privately before the activities begin, explain the process and try to get their support for the special way participatory activities are done.*

# Some background information on malaria for facilitators

*Malaria is a completely preventable and completely treatable disease.* Yet every year thousands of people in Ethiopia die from malaria and most of these are children under the age of five. The prevention measures are easy to carry out and yet many people in Ethiopia do not know how malaria is transmitted or prevented.

**Cause of Malaria:** Malaria is caused by a tiny parasite. This parasite is found in the blood of people infected with malaria and in the saliva of some female mosquitoes. The parasite is carried from a sick person to a well person by mosquitoes. Thus, in malarial areas, we must protect ourselves from all mosquito bites.

**Prevention 1: Mosquito nets.** The first line of defense against malaria is using an insecticide-treated mosquito net. The treated net kills mosquitoes when they land on it, thereby reducing the mosquito population, and it prevents the mosquitoes from going inside the net. All people in a malarial area should sleep at all times under a treated mosquito net. When half or more of the population in a particular community is sleeping under nets, there is protection not only to other household members but also to the community as a whole, since these nets kill mosquitoes. However, when there is a shortage of nets for the family, small children under the age of five and pregnant women should be prioritized. Second, people sick with malaria or HIV&AIDS should be prioritized. The very young, pregnant women and people with HIV&AIDS have the lowest resistance to malaria and if infected might die. This is why they are prioritized. People already sick with malaria are also prioritized so that the mosquito cannot bite them and carry the disease to another person, and also the person sick with malaria should be protected from getting further infected.

**Prevention 2: Treatment.** A second line of defense is treating people sick with malaria with an anti-malarial drug. Since malaria can only be transmitted by a mosquito from a person infected with malaria to a well person, then treating people with malaria to make them well eliminates the parasite, breaks the malaria life cycle and creates a safer environment for everyone. Treatment obviously is important also for saving the life of the infected person and ending his or her suffering. Treatment can be obtained from most health clinics, hospitals and private doctors. It is important for individuals to know the signs of malaria and when to take someone for treatment, especially for small children



who can die quickly from the disease. These signs are generalized and resemble those of other diseases: fever, chills, unwillingness to eat, nausea and vomiting. Any child or adult living in a malarial area and having these symptoms should be taken immediately for treatment.

Intermittent Preventive Treatment (IPT) is another way to prevent malaria infection to pregnant women. The impact of malaria infection during pregnancy is associated with malaria-related anemia in the mother and with the presence of parasites in the placenta. The resultant impairment of foetal nutrition contributing to low birth weight (LBW) is a leading cause of poor infant survival and development in Africa. Using an efficacious, preferably single-dose, antimalarial drug (e.g., sulfadoxine pyrimethamine<sup>1</sup>—SP or Fansidar®) at predefined intervals during pregnancy, beginning in the second trimester is an effective way to reduce the adverse consequences of malaria during pregnancy in high-transmission settings.

**Prevention 3: Indoor spraying of insecticide.** A third line of defense against malaria is spraying inside and outside of homes with a long-lasting insecticide. When the mosquitoes land on the sprayed walls, they die. This insecticide will last for several months and will keep down the population of all mosquitoes. These spraying campaigns are carried out by government agencies responsible for malaria control.

**Prevention 4: Eliminating mosquito-breeding sites.** A fourth line of defense is eliminating mosquito-breeding sites. This is something that every household can do and every community can implement as a group. Mosquitoes breed in still, standing water. They can breed in tiny places, such as a bottle-cap filled with water, or where water gathers at the base of the leaves of some plants, such as banana and enset. Mosquitoes can breed in trash around the house, such as any container or piece of curved bark that will hold water. Sweeping around the house and eliminating any standing water, as well as punching holes in leaves that collect water, will keep down the mosquito population. Some communities, however, have larger bodies of water nearby that breed mosquitoes. Mosquitoes can fly only about 1-2 kilometers from their breeding sites, unless there is wind which can carry them further. Communities should try to eliminate large breeding sites within a few kilometers of their homes by draining the standing body of water.

**Your role and this manual:** Your role as a malaria-prevention facilitator using this manual is to help people understand the above causes and prevention of

---

<sup>1</sup> Sulfadoxine-pyrimethamine (SP) has a good safety profile in pregnancy, good efficacy in reproductive-age women in most areas, and good program feasibility, with the opportunity to deliver it as a single dose treatment **under observation** by the health worker. Even in view of the failure of SP in children under five, SP in IPT is still recommended and is still effective in pregnant women.

malaria, not by lecturing or giving information, but by facilitating the activities contained in the manual. By going through these activities, participants will discover the knowledge for themselves. They will discuss it fully and have a deep understanding of malaria, its transmission and its prevention. After they understand it completely, they should be ready and willing to make an action plan for its prevention. Your role as a facilitator of this process is very important. If you lecture, participants will not understand very well and they will feel that malaria prevention is your responsibility. If you let the participants discover information for themselves, then they will realize that malaria prevention is their responsibility and they will act. You may participate in discussions to help people understand malaria after you have observed that participants do not have enough information to do the activities or make plans for change.

## **For further information**

For further information on training, contact Mayling Simpson-Hebert, CRS Regional Technical Advisor on Health and HIV/AIDS: ([msimpson@earo.crs.org](mailto:msimpson@earo.crs.org) and [maylingsh@yahoo.com](mailto:maylingsh@yahoo.com)) or CRS/Ethiopia ([health@et.earo.crs.org](mailto:health@et.earo.crs.org)).

This guide was developed by the Ethiopia Country Office of Catholic Relief Services and its partners with guidance from the CRS East Africa Regional Office.

For more copies or inquiries, please contact the CRS Ethiopia Country Office, P. O. Box 6592, Addis Ababa, Ethiopia.  
Telephone: + 251 (0) 11 278 8800

## **PART 2**

# **THE ACTIVITIES**

Our malaria problem

How do we catch malaria?

How do we prevent malaria?

Which preventions should we take?

Where do mosquitoes breed in our community?

Who needs bed nets?

What is good treatment for malaria?

Planning for solutions

# Activity 1: Our Malaria Problem

## Tool: Community stories in drama

### **Purpose:**

To help participants

- Bring out how malaria impacts their community.
- Bring out the signs and symptoms of malaria
- Understand that “we are all in this together – our whole community is affected negatively”

### **Materials:**

- For a drama, no materials are necessary.

**Time:** 45 minutes

### **What to do:**

- Introduce yourself to the community, if they don't already know you.
- In about 5 minutes, tell them that you are here to lead them through a series of learning and planning activities to help them prevent malaria in their community.
- Ask the group if they think malaria is a problem in their community. Ask how many people in the group have ever had malaria. Ask if anyone in the group has ever had a child with malaria. *Do not get into a long discussion about malaria at this point, as that will come at the end of this activity.*
- Tell them that we will do a warm-up activity to begin talking about the impact of malaria on their community.
- Divide the larger group into smaller groups of 5-8 people, usually a total of three groups. Tell them that each group has 15-20 minutes to make up a 5-minute drama about malaria in the community. This story should be as real and true as possible, but it should not mention real people's names. *Have the three groups separate so that they cannot overhear each other planning their dramas.*
- After 20 minutes, have each group act out its story to the large group.

## **Discussion:**

- Lead a discussion on **how malaria impacts the community and the signs and symptoms of malaria.**
- Ask the participants to name the negative impacts of malaria on the community that we learned from these stories.
- Ask the participants to describe the signs and symptoms of malaria that were seen in these stories. Other diseases can look like malaria, so raise the importance of getting tested for malaria to know whether one is infected or not.
- Discuss any issue of importance to the community that comes out of these stories, even though this issue may be covered again elsewhere in this module.

## Activity 2: How do we catch malaria?

### Tool: 3-pile sorting and making a transmission route

#### **Purpose:**

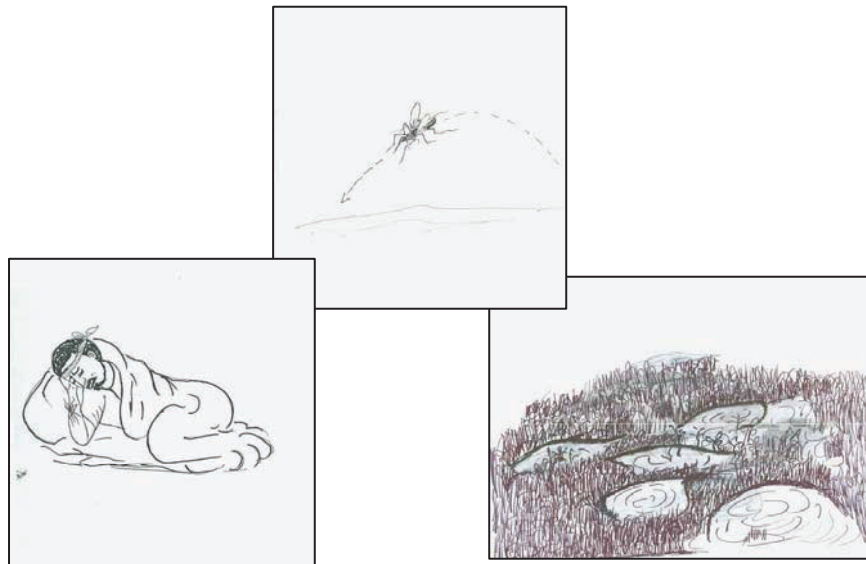
To help participants:

- Learn how malaria is transmitted by mosquitoes
- Confront misconceptions about how malaria is spread
- Produce three transmission routes that can be used in the next activity.

#### **Materials:**

- Drawings of different ways people in this local area say malaria is spread – see page 53 for examples
- Drawings representing the scientific transmission route.
- Large pieces of flip chart paper
- Tape
- Markers
- Scissors

**Time:** about 1 hour (depending upon existing malaria knowledge)



#### **What to do:**

- Introduce the activity by saying “Now we are going to get clear on how we catch malaria.”
- Three-pile sorting: Tell the group that you have drawings that represent different ideas about how malaria is transmitted. Tell them they will have

- ten minutes to sort these drawings into three piles: “this causes malaria,” “this doesn’t cause malaria,” and “not sure whether it causes malaria.”
- Divide the large group into smaller groups of 5-8 people. (Be sure groups are changed each time so that the same people are not always working together.)
  - Give each group a set of drawings. After ten minutes, ask each group to have a representative present their group’s results in five minutes and post them on the wall or the ground. Ask each group to explain fully why they think something may lead to spreading or catching malaria or why it does not.
  - Compare the outputs of the groups and see where there are similarities and differences. Try to reach a consensus within the large group on which pictures are related to the transmission of malaria.
  - Using the pictures related to the transmission of malaria, send the three groups back into group work. Give them a sheet of flip chart paper or a large piece of newspaper, and ask them to put the pictures in the right order to show how we catch malaria. Give them a marker pen to draw arrows between drawings indicating the transmission route.
  - Ask again the three groups to present their work. If there are differences in the transmission routes, facilitate a discussion on the similarities and differences and try to help the large group reach a consensus on how malaria is spread.
  - End up with three flip charts of transmission routes that can be used in Activity 3.

### **Discussion:**

- After the transmission routes are agreed upon, facilitate a discussion on the misconceptions of how people catch malaria. Ask why people believe these ideas. It may be brought out that people believe that things like eating sweets, cold cloudy weather and other factors can aggravate existing malaria and cause malaria to recur.
- Some groups may believe that malaria can be caught directly from a sick person who is experiencing fever. They may also believe that malaria can be transmitted through breastfeeding.

**Note:** There can be a lot of confusing explanations within a community about malaria. Our objective here is to make it clear how malaria is spread *from a sick person to a well person by a mosquito*. This transmission is not a cycle but simply the fact that the mosquitoes breed in the swampy areas, come out to bite a sick person and then bite a well person. Do not force participants to present this as a cycle, because it is not a cycle

# Activity 3: How do we prevent malaria?

## Tool: Placing barriers to transmission

### **Purpose:**

To help participants:

- Become aware of the few key barriers to the transmission of malaria.
- Create a clear visual representation of how various barriers disrupt the malaria transmission route.

### **Materials:**

- Drawings of different ways to block the spread of malaria. These drawings should be smaller and cut in ovals. (Have three sets ready). See page 53 for examples.
- Tape
- Scissors

**Time:** 30 minutes





## What to do:

- Introduce the activity by saying “Now we are going to talk about how to stop the transmission of malaria through different barriers. Malaria is a completely preventable disease – we only need to know how to do it and to do it consistently.”
- Tell the group that you have drawings representing different ways of stopping malaria. Show a few pictures. Tell participants to take a transmission chart from the previous activity and place the different barriers where they think they should go.
- Divide the larger group into smaller groups of 5-8 people. Give each group a set of drawings and a transmission route and tell them they have 10 minutes to place the barriers.
- After 10 minutes, ask the different groups to share their results and to explain how each barrier works. (Each group after the first one can simply add their pictures to those of the first group and point out any differences from the first group). If there are any differences between groups, try to reach a consensus.

### **Discussion**

- Discuss the results. Make sure all participants understand why these are barriers. Some barriers provided in this activity may not be attainable by the community. Therefore, we follow this activity with a Barriers Chart where they can analyze which preventions they can do and which will be too difficult or less effective than others.

# Activity 4: Which preventions should we take?

## Tool: Barriers Chart

### **Purpose:**

To help participants:

- Attain a clear understanding of a few measures to stop malaria
- Decide which barriers are more effective and practical and how they can apply them for themselves
- Decide which barriers would require outside assistance

### **Materials:**

- A Barriers Chart created by the facilitator on a piece of flip chart paper or cloth prior to this session. Be sure to have three separate Barriers Charts ready.
- A set of barriers from Activity 3
- Tape

**Time:** 30 minutes

### **Barriers Chart:**

	Easy to do	In between	Hard to do
Very effective			
In between			
Not very effective			

### **Barriers Chart:**

With illiterate groups, you should use symbols instead of words. For example some people have put the Barriers Chart on the ground and used a small light stone, a medium stone and a very heavy large stone respectively in the headings “Easy to do”, “In between” and “Hard to do”. Similarly, for the effectiveness column on the left, they have used foods that to them seem helpful in quelling hunger, with maize at the top, papaya in the middle, and spinach at the bottom. It is best to let the group discuss and decide upon its own symbols.

### **What to do:**

- Introduce the activity by saying “Now we are going to decide which of these barriers we should use and can use. To do this we are going to use a “Barriers Chart.”
- Hold up the Barriers Chart and explain the headings across the top and down the sides. Refer the participants to the barriers they placed on their transmission routes diagrams. Next, show the participants how to remove a barrier from the transmission route diagram and place it on the chart, as an example. Then remove your example.
- Divide the large group into smaller groups of five to eight people and give each group a Barriers Chart and a transmission route diagram. Tell them they have 15 minutes to discuss the barriers and to place them on the chart.
- After 15 minutes, ask the small groups to present their findings to the large group. Ask them to explain their logic of why they put the barriers where they did.

### **Discussion**

- Facilitate a discussion of all the barriers and try to get the group to agree on which barriers they should and can impose. If a barrier is very effective but hard to use, then ask them whether they could still apply it by getting better organized, collecting money, or anything else. Ask them if it is worth it to apply difficult changes if it means stopping malaria.
- Ask the group what is more cost-effective: buying a bed net or paying for treatment after getting malaria? What does a new bed net cost? What does treatment cost?
- Tell the group to keep their Barriers Charts because they will use them later to make their action plan.

## Activity 5: Where do mosquitoes breed in our community?

### Tool: Community mapping

#### **Purpose:**

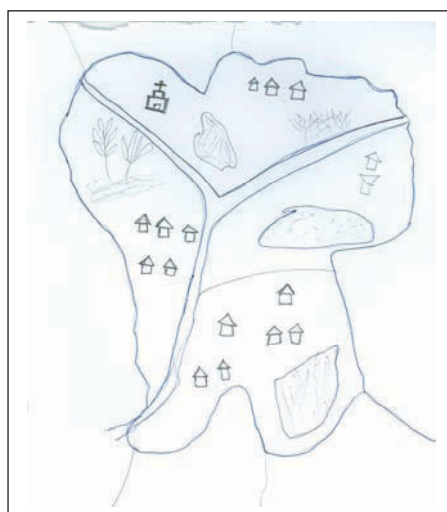
To help participants:

- Clarify where mosquitoes are breeding in the community
- To create a map for further action planning

**Materials:** Two pieces of flip chart paper taped together, colored markers.

**Time:** 45 minutes to 1 hour

**Community Map:** see example below



#### **What to do:**

- Tell the group that this activity helps them to identify the major mosquito breeding sites in their community. There may be smaller sites that they are not able to put on the map.
- Divide the group into three smaller groups and give each group the flip chart paper and marker pens in different colors.
- Tell them that they have about 30 minutes to draw a basic map of their community. They should include the following:

- Swampy areas
  - Irrigation canals
  - Ponds
  - Water points
  - Farm areas of maize, bananas or enset
  - Garbage dumps
  - Health facilities
  - Houses, those with bed nets being marked
  - Roads, schools, and churches as reference points
- The groups may wish to draw a map in the dirt on the ground before putting it on paper.
  - You will end up with three maps. Have each group show and explain its map. The group does not need to choose one “correct” map. Full participation and deep discussion is more important than having one map being indicated as best map at the end.

## Options:

There are two other ways for executing this activity.

1. Community Walk: Community members could go on a walk to a limited area to identify the mosquito breeding areas; or
2. General Discussion: You could lead a general discussion on mosquito breeding areas.

Whichever way you decide to choose for this activity depends upon how complicated the situation is. If there is only one mosquito breeding site in the community, and everyone knows where it is, then a simple discussion should be enough. If participants really don't know where mosquitoes breed, then a community walk might be the best way to show them. Please use your common sense in deciding whether to do a map, a walk or simply a discussion.

**Note:** The area that the map should encompass will be a point of discussion. Should it be an entire subdistrict (kebele) or the local village? This decision will always depend upon the context. If participants raise this question, hold a discussion to decide.

## Discussion

Lead a discussion of the results. Try to reach a consensus within the larger group on how they need to attack the mosquito breeding sites. You will return to this later when it is time to make the action plan. For now, try to get the group thinking about what they need to do.

## Activity 6: Who needs bed nets?

**Tool:** 3-pile sorting

**Purpose:**

To help participants:

- Understand why certain vulnerable people in the community need to be prioritized for bed nets
- Develop a sense that it would be a good idea for everyone to sleep under a bed net
- Discuss how bed nets can be obtained for everyone

**Materials:**

- Drawings of a family group, two bed net pictures and a blank piece of paper. (These drawings can be cut-outs. Have three sets ready). See page 53 for examples
- Tape

**Time:** 45 minutes



## What to do:

- Introduce the activity by saying “We have already said that bed nets are very important for protecting ourselves from mosquito bites, and we know that mosquitoes carrying malaria bite mainly at night. But we also realize that it is sometimes difficult to get enough bed nets to cover every person in the family. So with this next activity, we are going to discuss who should be prioritized for sleeping under a treated bed net.”
- Hold up the drawings of the family members and the two bed nets and say: “Let's pretend that these people live in one family. Here are the grandmother and grandfather, their son who is a farmer, his wife who is pregnant, their two small children, a girl, an infant, and the farmer's sister, who is a high school student but she has recently learned that she is HIV-positive, and an uncle who is sick with malaria. Because there are eight people in the family, the government has allotted them two free bed nets, according to national guidelines.”
- Next hold up the bed net pictures. Say: “Here are the two bed nets. Decide which family members will get to sleep under the bed nets and place their pictures under the bed net pictures. Members who do not get to sleep under the bed nets should be placed below the blank piece of paper.”
- Divide the large group into three smaller groups and give them 15 minutes to carry out the activity.
- After 15 minutes, ask the participants to have someone report out from each group. Have them stick their pictures under the bed nets on the walls.

## Discussion

- After all groups have reported, try to reach a consensus among the groups on who should be prioritized for sleeping under the bed nets. According to government guidelines, pregnant women, small children, the elderly and those who are HIV-positive should be prioritized. If the participants do not agree with this, try to explain why the government has prioritized these groups.
- Facilitate a discussion of the sick man and why he should or should not sleep under the bed net, according to how participants placed him.
- Facilitate a discussion of the cost and accessibility of bed nets.

# Activity 7: What is good treatment for malaria?

## Tool: Treatment Chart

### **Purpose:**

To help participants:

- Evaluate different traditional and modern treatments for malaria
- Learn the value of modern medical treatment
- Confront the fact that traditional treatments are often expensive and a waste of their money
- Seek early treatment of malaria for all infected people
- Have an improved awareness of the importance of treatment to break the cycle of malaria
- Discuss how the community might achieve treatment for all infected people

### **Materials:**

- Drawings of different traditional treatments for malaria and one of modern medical treatment. (Have three sets ready.) See page 54 for examples.
- Three treatment charts drawn in advance by the facilitator on a piece of flip chart paper or cloth.

**Time:** 45 minutes





## Treatment Chart

	Easy to do	In between	Hard to do
Very effective			
In between			
Not very effective			

### What to do:

- Introduce the activity by saying: “We have identified in our transmission route diagram that curing people of malaria is part of breaking the cycle of the disease. But we often use treatments that only work sometimes or make us feel better for a while, but do not completely cure us. Let’s evaluate the different ways we treat malaria and decide which ones would be the best ones to use in the future.”
- Show the participants the Treatment Chart that you have made in advance. Show them the drawings of different treatments used for malaria, tell them to select those treatments that are used in this community and put them on the Treatment Chart. If necessary for clarity, place one treatment as an example, then remove it.
- Divide the larger group into three smaller groups and give each group a set of drawings and a Treatment Chart. Tell them they have 10 minutes to place the drawings on the chart.
- Ask each group to present their chart.

### Discussion

- Lead a discussion on differences in the charts, if there are any. Focus on the modern medical treatment. If it is difficult to use, discuss why and how they might overcome the difficulties. Usually money and distance are the obstacles.
- Lead a discussion on whether the community should try to convince everyone with malaria to get modern medical treatment in order to break the cycle of disease. Go back to the transmission chart and discuss why treatment is so important to stopping the disease. Try to get a consensus on how the community could achieve treatment for all infected people.

## Activity 8: Planning for solutions

### Tool: Story with a gap

#### **Purpose:**

To help participants make a community action plan to break the cycle of malaria.

#### **Materials:**

- Two drawings: one of a sick family living in swampy conditions and one of a healthy family, living in clean surroundings.
- Access to drawings from the Barriers Charts and the Treatment Charts
- Planning posters drawn for this activity
- The Community Map.
- Paper for writing names
- Markers
- Tape

**Time:** 30 minutes



## What to do:

- Introduce the activity by asking the group if they are ready to make an action plan to stop malaria in their community. If they say “yes,” then show them the two Story with a Gap drawings.
- Put the drawing of the sick family on the left, and way to the right, leaving a very large gap, put the drawing of the well family. Pointing to the sick family, say, “Do you agree that this is where we are today, with malaria in our homes and swampy surroundings during rainy season?” Pointing to the drawing on the right, say, “And do you agree that this is where we want to be in the near future, well and with our mosquito breeding sites gone?”
- If the group agrees, divide the participants into three groups. Tell them to discuss how to get from the picture on the left to the picture on the right. Invite them to select any pictures that represent their ideas.
- Ask the three groups to present their Stories with a Gap.

## Discussion

- The Stories with a Gap are likely to be similar. Try to facilitate a discussion whereby the three stories can be brought together as one. You will now have one action plan.
- After all the actions are decided upon, ask the group to organize themselves to get the job done. Ask for volunteers to do the different tasks that need to be done. Have the volunteers write their names on pieces of paper and stick them under the activity they will help lead.
- Your skill as a good facilitator will be tested in this last activity. Help the group to come up with an action plan and to select people that will be responsible for leading the actions.

## **PART 3**

# **GUIDELINES FOR PROGRAM MANAGERS AND TRAINERS**

Selecting, training and supervising facilitators

Some guidance on training others

Suggestions for monitoring and evaluation

Guidelines on drawings and toolkits

Guidelines for artists

Lists of sample drawings for Activities 2-8

# Selecting, training and supervising facilitators

## Selecting facilitators

Selecting the right people to be facilitators is one of the keys to success in any participatory methodology. Experience has shown that people with the following characteristics have the best chance of being good facilitators:

### Suggested Facilitator Selection Criteria

- Is a high school graduate or above
- Understands the topic and can pass a simple exam on it
- Has good speaking and leadership skills
- Likes being in front of a group, but knows when to sit down so that others can speak
- Has an interest in and an understanding of participatory learning.

Facilitators should be selected after training, not before. It is nearly impossible to know if someone will be a good facilitator before being trained. Therefore, the candidates should first be able to pass a simple exam on the topic, then be trained. Then after observing how well the trainees facilitate, they can be selected.

## Unpaid community volunteers as facilitators

Some projects have been faced with the question: *Should we use community volunteers (unpaid) as facilitators?* Some projects want to use volunteers because they feel it is the best way to get the methodology into wide use. However, experience has also shown that facilitation is a high skill, not everyone can do it, and facilitation requires a lot of training and supervision.

You must be willing to train and supervise volunteers at the same level you would do for paid facilitators, otherwise, the quality of the facilitation will decline and perhaps even give the project a bad reputation.

Experience has shown that volunteer facilitators soon discover that facilitation is hard work. Eventually, some or most volunteer facilitators want to be paid or they drop out. Without paying them, the drop out rate will be high. Perhaps volunteer facilitators could be given some kind of gift or incentive and it is always a good idea to openly and frequently express your appreciation for their hard work!

## **Training**

A second key to success is good training. Training should take a minimum of five days. However, if you can train longer and allow the participants to gain more confidence, it will result in less supervision later on.

Here are some important points to remember when planning a training course.

### **Important Training Points**

- Train in one language. Do not group trainees with different languages into one training course.
- Don't rush the training. Take four to five days or even longer if necessary. An investment in sufficient training time pays off in needing less supervision later.
- Be a well-organized trainer and set a good example to your trainees.
- Take your trainees through the methodology first. Let them experience it before you train them how to facilitate it.
- Train exactly as you want it done – model good facilitation.
- Leave plenty of time for trainees to practice facilitation.
- Let trainees practice with real community, observe them and give them feedback.
- Remember that training someone to be a facilitator is different from training someone to be a trainer of others and to run a course.
- Be sure to take at least 2 days for pre-workshop planning. In these two days you will plan how you will train, make a training schedule and check to be sure that you have all drawings and other materials needed for training.

## **Supervising**

A third key to success is good supervision, especially in the period directly following training. The primary role of the supervisor is to be a mentor of new

trainees, helping them to gain confidence and correcting errors they may be making in facilitation.

*The supervisor must be well trained and have a good understanding of the SARAR methodology. That way the supervisor can easily pick up mistakes made by the facilitator and can give feedback to the facilitator in a helpful way.*

Here are some important points on supervision:

### **Important Supervision Points**

- Directly after training, supervise the new trainee very often until you are satisfied with his or her performance.
- After that, supervise the new facilitator once every three months for the first year.
- Keep a record of every supervision visit and the feedback you gave the facilitator.
- Don't keep new facilitators who don't improve. Not everyone can be a facilitator!

Next is a sample supervisory form with a list of things to look for.

## Facilitators' Quality Improvement Checklist (Peer, Supervisor)

**Instruction: Complete one of these forms for each activity you observe.**

Date:	Partner:	Facilitator:
Location:		
Number of Females:	Number of Males:	Total Number of Participants:
Age Range:	Activity Observed:	Duration of the activity: _____ Hours _____ Minutes

#	Facilitator's skills to be observed	Yes	No
1	Did the facilitator introduce him/herself?		
2	Did the facilitator arrange the participants in the room for easy discussion?		
3	Did the facilitator introduce the topic in a friendly way?		
4	Did the facilitator give clear instructions for the task or activity?		
7	Did the facilitator handle the materials appropriately?		
5	Did the facilitator ensure participation of all?		
6	Did the facilitator guide the discussion towards its purpose?		
9	Did the facilitator use the activity's questions to stimulate the discussions?		
8	Did the facilitator encourage the group to reach its own conclusion?		
10	Did the facilitator conclude the session appropriately?		
	<b>Total responses</b>		
	<b>Score: (total responses "Yes" / 10) X 100</b>		<b>%</b>

Write your other observations on the back of this form. Remember to give positive feedback to the facilitator the same day.

Signed Supervisor: \_\_\_\_\_ Signed Facilitator: \_\_\_\_\_



It is very important to give clear feedback to new facilitators. Here are some important points on reporting feedback:

## **Important Points for Supervisors on Reporting Feedback**

- Write a narrative report to the facilitator immediately after observing him or her.
- List the positive points of facilitation.
- List the areas that need improvement (mistakes you observed).
- Write suggestions for improvement.
- Discuss all with the new facilitator immediately.
- Both the supervisor and the facilitator should sign the report and both should have a copy.

## **Self or peer evaluation**

If you are evaluating yourself, this checklist will help you focus on what is important. However, it is often difficult to be objective about oneself, and also, sometimes we don't even know that we are not doing something in the right way. Perhaps an instruction you gave seemed clear to you, but it may not have been clear to others.

That is why it is often good to have your cofacilitator or other peer do an evaluation for you and give you feedback. This can be done in a friendly way, and then you can evaluate your cofacilitator. Sometimes evaluations can seem threatening and critical, but in the case of SARAR methods, you should see your evaluation as helping you to become a better and better facilitator. The better you are, the more the participants will appreciate your skills and what you have helped them to accomplish. And you will have higher and higher job satisfaction knowing that you are helping to empower others!

# Some guidance on training others

## Suggested Training Schedule

If you are already familiar with this module and are ready to train others, here is a suggested training schedule. (If you are new to this module and are wondering what a training course would look like, this is how the five or six days would appear.)

**Days 1 and 2:** The participants are taken through the entire module as if they were community members.

**Day 3:** The participants practise facilitating the different activities in front of all participants and participants give feedback on facilitation skills. The roles of the main facilitator and the cofacilitator are explained.

**Day 4:** The trainees go to a village and practise the different activities with community members. The facilitators will be divided into small teams of about 3-4 persons each and each team will have an activity to facilitate. The community members will be divided into seven groups and each group will do one activity. Activity 8 will not be facilitated, as the community will not be able to do this. The trainer will observe the new trainees and take notes on their facilitation skills, indicating both strong and weak points.

**Day 5:** Each small group will report back on what they experienced with their community group. The trainer will give them feedback on their facilitation skills. This is a time for questions and answers about how to do the best facilitation. The trainer will talk to trainees about the importance of being prepared before going to the field, having all sets of drawings ready, and all charts ready on paper or cloth, and taking other supplies, such as scissors, extra flip chart paper and regular paper, and markers.

**Day 6:** If the group has never been trained in a SARAR module before, this sixth day will be devoted to practising facilitation skills.

## The Pre-Planning Workshop for Training Facilitators

It is necessary to have a pre-planning workshop before you train new facilitators. This workshop can take place within two weeks of the training date. A pre-planning workshop for this module should take about two days.

The pre-planning workshop is attended by all people who will be involved in ensuring the success of the training. You should try to find at least one other person who knows this module to train with you.

On Day 1 you should:

- plan who will facilitate each part of the five or six-day training
- look at all of your drawings and be sure that you have all the drawings needed for each activity
- practice with each other to be sure you know how to train others to facilitate this activity
- be sure that you have all the supplies that you will need for the workshop, such as scissors (three pairs), flip charts, plain paper, and colored markers
- visit the room where training will take place and be sure that it is big enough, that it has enough chairs, and that it has enough wall space or floor space to display the outputs of activities

On Day 2 you should:

- visit the community where the new trainees will practice
- talk with the appropriate community leaders, explaining to them that you will be training new facilitators and they need practice
- ask the leaders if they can gather about 30 to 40 people who would be willing to participate in some learning activities on malaria
- set the date and time that you will come to the community.
- plan to give something in return to the community, such as a small gift of pencils or paper to the local school.
- at the end of Day 2, discuss whether the drawings that you have for training are culturally appropriate for the training site. If not, select the drawings that must be re-drawn before the training begins.

## **Training materials**

- For your training workshop you will need the following materials:
- Six or more pairs of scissors
- Artist materials: watercolor paints, paint brushes, plenty of white paper of size A4, ruler, drawing pencils, black drawing pens, any other materials preferred by your artist
- Lamination machine (or perhaps two or three of them, as they work slowly)
- Several boxes of laminating sheaths
- Several rolls of masking tape
- Plenty of plain white paper
- Colored paper in two or three different colors
- Photocopy machine
- Computer and printer
- Flip charts
- Scanning machine, to begin scanning and organizing your final drawings

---

## Suggestions for monitoring and evaluation

The success of this module should be monitored and evaluated at the community level during the peak malaria season. As this module is designed for use in rural communities, then the definition of “community,” for monitoring purposes, should be the discreet political unit over which a malaria planning committee could exert some influence. The same political unit should be the base population for a baseline survey and follow-up surveys. For example, in Ethiopia this would be the “clusters” mentioned in the introductory section of this manual.

It is best to involve community members in monitoring and evaluation, often called “participatory evaluation.”

Below are some suggested indicators that can be used for a baseline survey and subsequent surveys. But first a word about when to do surveys.

- **Baseline survey:** It is advisable to begin with a baseline survey using these indicators.
- **One year later survey:** Then, one year after completion of the community action plan, a second survey should be conducted to see if the plan was implemented and to what extent.
- **Five-year survey:** A third survey is recommended after five years, to see to what extent the malaria control measures were sustained.

### Suggested indicators:

- Percent of households owning a bed net
- Percent of households owning enough bed nets for every member of the family
- Percent of mothers and/or infants or children consistently sleeping under a bed net
- Number of major mosquito breeding sites in the community
- General condition of the community for mosquito breeding (qualitative statement)
- Presence of a community fund or plan to take sick people to a facility that treats malaria (describe fund or plan)

### Monitoring Report

A sample monitoring report form is found on the next page.

## ***We Control Malaria*** **Monitoring Report**

### **Form objective:**

The objective of this form is to record the impact of the participatory tool *We Control Malaria*. This form should be used to record which actions communities planned to control malaria, after experiencing *We Control Malaria*, and which activities they actually carried out.

### **Who completes this form?**

This report should be completed by the facilitator who worked with the community group.

### **Who signs this form?**

After completion of the action plan, this form should be signed by a diocesan supervisor, the facilitator, a kebele leader and a local community leader or active participant.

### **Please complete this information:**

Name of diocese or partner: \_\_\_\_\_

Names of facilitators: \_\_\_\_\_

Name of community: \_\_\_\_\_

Was there a baseline study done? Yes/No If yes, please attach it to this form.

If no baseline study was done, explain why and attach your explanation to this form.

Date when community meetings started: \_\_\_\_\_

Date when community meetings ended: \_\_\_\_\_

Approximate number of people who attended all eight sessions:

# men

#women

Describe the composition of the group (indicate type of participants, such as priest or mulla, teachers, farmers, housewives, high school students, health worker, malaria agent, etc.):

How many meetings did you have with the group? \_\_\_\_\_

Describe any problems you had in facilitating *We Control Malaria* (if running out of space, write down your observations on a separate paper and add it to this form):

Did you ask the community group to give you feedback on *We Control Malaria*? Yes/No

What was the community's overall reaction to *We Control Malaria*? (if running out of space, write down your observations on a separate paper and add it to this form)

**The action plan:**

Describe the action plan. The community plans to do the following:

- 1.
- 2.
- 3.

**Complete this section three months after completion of *We Control Malaria*:**

Describe what the community group accomplished:

- 1.
- 2.
- 3.

Did the facilitator need to help the community group accomplish its plan? (Yes/No)

If yes, what intervention did the facilitator make?

Other comments from the facilitator or diocese:

**Signed:**

**Date of signing:**

Facilitators:

Diocese supervisor:

Kebele leader:

Community leader or active participant:

# Guidelines on drawings and toolkits

## Why drawings are important

The drawings suggested for each activity in this guide are essential parts of the learning process. They stimulate discussion and empower illiterate people to speak out in group sessions. For that reason, *you should take the time to carefully plan the development of your drawings with an artist.* The collection of all drawings, divided and stored according to each activity is called a “*toolkit.*”

The ideal toolkit consists of drawings made by *local artists* to reflect the *local culture* and conditions. Most of the instructions that follow refer to this type of toolkit.

## Prototype toolkits

These are drawings that give you a general idea of the types of pictures that are required. This guide is illustrated with drawings from the Ethiopia prototype toolkit. It is much easier to make a prototype toolkit with drawings in black and white. At little extra expense these can be re-drawn to reflect the local culture.

*A prototype toolkit is a good investment at the national level.* It gives local organizations a starting point for their specific toolkits without having to start from scratch.

## Finding an artist

Try to find an artist who lives in or close to the community or ethnic group you will be working with. This will produce the best results and also save time and money since the artist will need to visit the community more than once to make the drawings.

## Explaining the task to an artist

Some artists new to SARAR may believe they are going to make a flip chart, a wall poster or other traditional educational material having a specific message. As a result, he or she may want to spend a great deal of time drawing in detail and coloring the pictures. Don't let this happen. *Tell the artist that the first drawings should be as simple as possible.*

First, you will need to explain the methodology to the artist. *Explain that a participatory approach is one that does not focus on transferring a particular message.* Rather the objective is for the picture to stimulate discussion. We want

participants to share their experiences, ideas, feelings and beliefs. Explain that the drawings will be used to help group members think for themselves. Give a brief outline of the activities and show sample drawings from this guide.

Explain to the artist that the first drawings he or she makes should be simple line drawings. Take the artist to the community where you plan to work and let the artist see how life there differs from the drawings in the prototype toolkit. During the visit, encourage the artist to make sketches of buildings, vegetation, and the way people dress. After your visit, sit with the artist and discuss all the drawings that will need to be made new or modified. Make a list of these drawings for the artist. After they are drawn, these drawings will need to be pre-tested on community members before being used.

*Be sure you include the artist in a facilitator training workshop.* In that way the artist can understand more about the methodology and can make additional drawings suggested by facilitators who are being trained. The artist can go with the trainees to a community and see how the methodology is applied. At that time, trainees will also suggest more modifications. This is an on-going process until the adapted toolkit is complete.

## **Cost of a toolkit**

The cost of a toolkit will include artist fees, travel costs for the artist, art materials, photocopying of many sets of drawings, and special folders with pockets for storing the drawings. If drawings are to be colored and laminated by facilitators, this will involve more cost. It is best to estimate these costs and make a budget.

Some artists charge per drawing, while others are willing to be paid by the day. *It is best to find an artist who will agree to work for daily wages.* That way, sketches can be modified or even thrown away and redrawn (which often happens) more easily without discussions about how much to pay for each one, even the discarded ones. Overall, it makes for a better relationship between the project and the artist.

## **Supervise the artist's work**

It is best to regularly review pencil sketches before drawings are completed. Making changes to a completed drawing can be difficult or even impossible, wasting time and money.



## Pretest the drawings

Drawings should be pre-tested with community members. Take the drawings to the community and ask community members what they see. Do they think the drawings look like their area? Drawings should be modified based on the feedback received.

## Organizing and storing toolkits

A fully complete toolkit may have 50 or more drawings. Some drawings can be used for two or more activities; others will be specific to one activity only. It is absolutely necessary to have good organization of these materials. *These drawings represent a great deal of time and money and should be carefully stored.*

*Master copies of all drawings should be in black and white and should be stored in a locked cabinet.* Photocopies of master drawings will be used to form the toolkits for the facilitators working in communities. (Avoid making photocopies of photocopies, as the quality degrades quickly.)

Each facilitator should have his or her own toolkit. A folder with divided pockets is ideal for storing and organizing drawings. The drawings should be divided into their specific activities. If the same drawing is used for two activities, then make two photocopies and insert the drawing into the pocket for each activity.

*When you are ready to implement an activity, you don't want to be searching for drawings.* Have three complete sets ready in the file pocket labeled for that activity.

It is also very useful to have drawings scanned and stored on compact disks. The drawings should be organized into “folders” according to each activity so that they can be easily located and printed out as needed.

## Lamination

It is best to laminate all drawings for use with community groups. This will result in the drawings lasting months or even years. Regular paper photocopies may only last one or two sessions before they become dirty or torn. To do this:

- Make a master set of drawings (keep safe)
- Photocopy the number of sets needed
- Laminate the photocopies
- Use these with communities

# Guidelines for Artists

## General instructions

Drawings must match the community and ethnic group where they will be used. People, houses, and behavioral situations must look like the community's own. Therefore, visit the community or group you will be making drawings for.

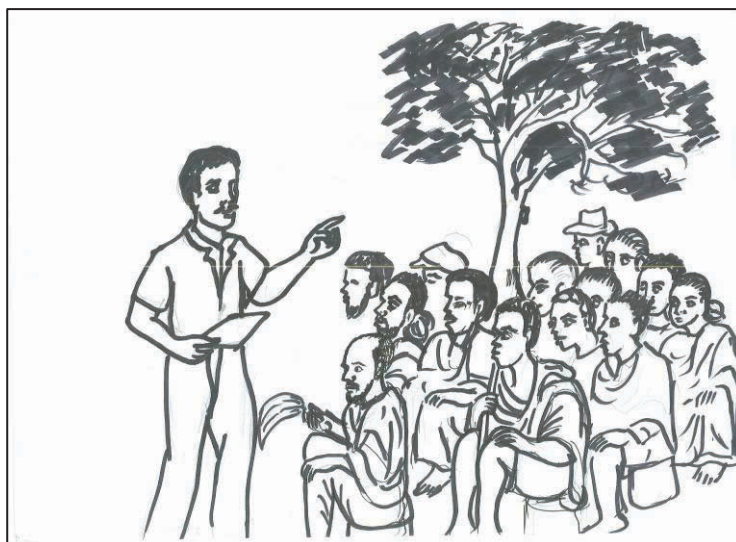
The trainer will give you the list of suggested drawings for each activity, found at the back of this manual. In advance of the training workshop, draw those pictures that you feel comfortable drawing.

Attend a training workshop and do some of your drawings during that workshop. Participants and trainers will give you feedback on the drawings – what is working well and what needs to be changed.

Keep drawings simple. Do not put too much detail or background. Simple outlines work best. Too much detail can lead to confusion of what the picture is about. You do not need to have perfect drawings. Quick, clear sketches in solid lines of recognizable scenes are preferable.

Drawings are not intended to give any message. Rather they are intended to reflect a situation or condition that people can discuss. The drawings could have different meanings for different people.

Take for example the picture to the right. Some people might think this man is an expert giving a lecture to a community group. Others might think he is a community member speaking at a meeting. This is intentional. It means people can use the drawing to create different stories or discuss different topics, or that the drawing can be used for more than one activity. Discuss how “open-ended” your drawing should be with the trainer.



Get involved in pre-testing your drawings on community members.

## **Specific instructions**

Do your first drawings in black and white and keep them as a master set.

Make drawings large enough that they can be seen from a distance.

Make drawings on A4 paper.

Make photocopies of your black and white drawings.

## **Adapting drawings to local cultures and contexts**

This manual is illustrated primarily with drawings from Ethiopia. However, *We Control Malaria* is being adapted to other countries and cultures. It is very important that the drawings for activities look like the local culture. The sample drawings listed in the next section will guide you to making the drawings necessary for your local context.

# Lists of sample drawings for Activities 2 to 8

## Activity 2: Examples of drawings (for the Ethiopian context):

- A house surrounded by swampy areas, broken pots with water, and enset or banana or maize plants
- A person eating fresh maize
- A person eating fresh sugar cane
- A small mosquito flying showing direction (3 copies in each set)
- A sick person sleeping with a mosquito biting
- A well person sleeping with a mosquito biting
- A person milking a cow and a child drinking milk from a cup
- A surface water collection point, such as a pond, lake or stream

## Activity 3: Examples of drawings

*(These drawings need to look different in shape, color, or both, from the transmission route drawings. You can photocopy them on colored paper, if they are not already colored drawings. At minimum, you should reduce their size and cut them in ovals.)*

- Draining and filling a swampy area
- Sweeping a compound of debris
- Bed net (2 copies)
- Treatment at a clinic
- Can of insect spray
- A government agent spraying the outside of a house with a large container
- Disturbing micro-ponds with a stick

## Activity 6: Examples of drawings

- An elderly man
- An elderly woman
- A farmer
- A girl child
- A sick adult man
- An infant
- High school girl (HIV-positive)
- A pregnant woman

## **Activity 7: Examples of drawings**

- A medical doctor examining a patient
- A traditional healer
- A man drinking alcohol
- A traditional healer burning the arms of a patient
- A traditional healer bleeding a patient
- A man chewing chat and spitting on a sick person

## **Activity 8: Examples drawings**

- The barriers (from Activity 4)
- A sick person being carried on a stretcher
- A group meeting showing how to use a bed net
- A group meeting with someone collecting money
- A small group meeting with officials in an office
- Story with a Gap drawings: (preferably on A3 paper and in color)
  - a sick family and
  - a well family

***We Control Malaria** is a participatory methodology that helps community groups learn about how malaria is spread and prevented. It is designed for use among illiterate as well as literate people. It can be used with adults or school children. There is extensive use of drawings for discussion and visualizing the spread and prevention of malaria. The main outcome of the discussions is a community plan to prevent, control and treat malaria in their community.*

**We Control Malaria** helps community groups to take ownership and responsibility for malaria control and to collaborate more closely government malaria control programs. This manual has been designed for use in Ethiopia but it is easily transferable to other countries and cultures.



Picture by Mayling Simpson-Hebert.

An Ethiopian community group planning what actions to take to control malaria, using **We Control Malaria**.



This guide was developed by the Ethiopia Country Office of CRS and its partners with guidance from the CRS East Africa Regional Office.

All funding for the development of this manual came from CRS private sources.

For more copies or inquiries, please contact the CRS Ethiopia Country Office,

P. O. Box 6592, Addis Ababa, Ethiopia

Telephone: +251 (0) 11 278 8800

Email: [health@et.earo.crs.org](mailto:health@et.earo.crs.org)