POETRY COMPETITION INTERVENTION
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## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ANC</td>
<td>Antenatal Clinic</td>
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<tr>
<td>BPC</td>
<td>Birth Preparedness Class</td>
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<tr>
<td>CBO</td>
<td>Community Based Organization</td>
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<td>CHV</td>
<td>Community Health Volunteer</td>
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<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>FBO</td>
<td>Faith-Based Organization</td>
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<td>FCC</td>
<td>Female Community Champions</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>IPC</td>
<td>Inter-personal Communication</td>
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<td>MCH</td>
<td>Maternal and Child Health (Clinic)</td>
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<td>MCPR</td>
<td>Modern Method Use</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MOHD</td>
<td>The Ministry of Health Development</td>
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<td>PSI</td>
<td>Population Services International</td>
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<td>SAHAN</td>
<td>Somali Advocates for Health and Nutrition</td>
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<td>SBCC</td>
<td>Social Behavior Change Communication</td>
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<td>SGC</td>
<td>Small Group Communication</td>
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<td>SHINE</td>
<td>Somali Health and Nutrition Programme</td>
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<td>TBA</td>
<td>Traditional Birth Attendant</td>
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<td>TOT</td>
<td>Trainer of Trainers</td>
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1. Introduction

The MoH and PSI are implementing the Demand Creation for Health Services component of DFID’s Somali Health and Nutrition Programme (SHINE) programme dubbed SAHAN (Somali Advocates for Health and Nutrition). SAHAN is the first ever, large-scale dedicated demand creation programme being implemented in the Somali context.

Under this programme, the MoH and PSI aim to increase access to and utilisation of reproductive, nutrition, child, and maternal health services and to promote healthy behaviour change. We are using an adaptive, evidence-based, participatory design to better understand the persistent barriers to uptake of health services and health-seeking behaviour and develop and test innovations in demand creation that target the external factors which influence individual behaviour to improve the health of Somali women and children.

SAHAN’s strong learning agenda is to influence the global community of practice (CoP)’s development of reproductive, maternal and child health and social and behaviour change programmes and policies in contexts like Somalia and Somaliland. SAHAN also wants to influence the use of innovative methods like Human-Centred Design (HCD) and Social Network Analysis (SNA) for promoting behaviour change in addition to adaptive learning and management in the Somali context.
SAHAN Program Approach

This program approach involves several rounds of immersive research, which is followed by ideation, design and co-creations activities to produce prototypes. The prototypes designed are then tested and iterated until the user finds them suitable. They are also tested for scalability, desirability and feasibility, the results of which determines if and how they will be piloted. The piloting activities are carried out at a modest population scale, just large enough to provide evidence that will inform country wide scalability, and also influence the international community of practice on key learnings and best practices.

The end products from SAHAN will be used by multiple stakeholders working within the Somali context and beyond, hence proper capture, packaging and documentation of all the processes within SAHAN is of vital importance.
2. Context

Somalia has some of the highest infant, child, and maternal mortality rates in the world.

Maternal mortality was 732/100,000 live births in 2015 & under-five mortality was 137/1,000 live births.

1 in 18 women die in pregnancy or at childbirth in Somalia. Furthermore, CPR remains at 15% while mCPR only increased from 4.3% in 2012 to 5.1% in 2016.

Contributing to this is lack of access to skilled delivery, closely-spaced births and adolescent marriages. Low government investment in health services, poor infrastructure and socioecological factors contribute to low access and utilisation of maternal health services.

Children under five are disproportionately impacted by preventable and treatable diseases.

Leading Causes of under five olds deaths in Somalia:

- 24% pneumonia
- 19% Diarrhea
- 17% neonatal disorders
- 12% measles
- 12% measles
- 12% measles

Only 1/3 of caregivers in Somaliland and Puntland and 23.5% in South Central seek care for suspected pneumonia.

Only 54% in Somaliland, 41% in Puntland, and 47% in South Central treat children for diarrhoea.

and only 25% in Somaliland, 17% in Puntland, and 32% in South Central vaccinate their children for measles.
Nutrition is also a major concern for pregnant and lactating women and children, with environmental factors and a high number of internally displaced people playing a major role in the relatively unchanged malnutrition rates since 2007. About 308,000 children, or one in eight, are acutely malnourished and 56,000 are severely malnourished. South Central contributes 65% of the acute malnutrition country total. Exclusive breastfeeding and infant and young child nutrition continue to be major challenges because of among others, inadequate nutrition knowledge and unavailability of certain nutrition foods. 
(Sahan research Summary 2019)

The Shine Programme

DFID is implementing a health system strengthening programed under the name Somali Health and Nutrition Programme (SHINE) from 2016 to 2021. This programme has both a supply side strengthening and demand creation components. PSI is implementing the demand creation program known as Somali health and Nutrition (SAHAN) which aims to increase access to and utilisation of reproductive, nutrition, child, and maternal health services and to promote healthy behaviour change. PSI is using an adaptive, evidence-based, human centered approach to better understand the persistent contextual barriers to uptake of health services and health-seeking behaviour and then design, test and pilot innovative solutions to increase demand and change in behaviour.
3. Understanding the Problem:

Somali women and children face more health challenges than any other country in the world accounting for one of the worst maternal and under-five mortality rates. One in seven Somali children die before they reach their fifth birthday. Save the Children’s state of the world mother report once described Somalia as the worst place in the world to be a mother.

Through the discovery phase of SAHAN’s program approach which involved immersive research activities, we discovered that the Somali mother (Persona - Amina) though being the bastion of the family’s wellbeing, lacks the needed knowledge and has little decision-making power as concerns health matters. Decisions are made only after consultations with her Influencers (her husband, mother, mother-In-law and sometimes the religious leaders) who largely lack correct health Information as shown by Insights generated from the Immersive research findings conducted in different areas of the country.

<table>
<thead>
<tr>
<th>Research Finding</th>
<th>Programme Insight</th>
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<tr>
<td><strong>1. Finding:</strong> The men and largely the society have relegated responsibilities</td>
<td>1. Amina’s happiness in marriage is manifested by her respect for the husband; leaving him to be the decision maker for the household and her health choices too. Amina trusts that her husband is well informed and acts for the good of the family and his wife.</td>
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<td>of the household including her health and that of the children to be the sole</td>
<td>2. Amina trusts her husband’s wisdom and leadership; this is also the cultural requirement of a woman. She fears being perceived as a rebel wife especially by the community if she is perceived to be making decisions without her husband’s approval.</td>
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<td>responsibility of the mother despite having the final say on her decisions.</td>
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<td><strong>2. Finding:</strong> The husband is the key lever for health outcomes because he is</td>
<td>1. Husbands are the gatekeepers of family planning decisions.</td>
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<td>the decision maker. He makes most decisions for the betterment of his wife and</td>
<td>2. Pregnancy and childbirth are the stages where Amina is emotionally weakest and needs comfort, familiarity, support, and empathy.</td>
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<td>family; unfortunately, some of the decisions he makes lead to poor health outcomes</td>
<td>3. Superwoman tendency: Belief that Amina is inherently strong and not needing to use MCH services. Would only use them as the last resort.</td>
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<td>for his family because of low knowledge and myths. He is largely influenced by</td>
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<td>religion and his friends who are his key sources of information.</td>
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<tr>
<td><strong>1. Finding:</strong> The health system has consistently denied men the opportunity</td>
<td>1. Amina’s happiness in marriage is manifested by her respect for the husband; leaving him to be the decision maker for the household and her health choices too. Amina trusts that her husband is well informed and acts for the good of the family and his wife.</td>
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<td>to learn about health. More information is given to women who are not decision</td>
<td>2. Amina trusts her husband’s wisdom and leadership; this is also the cultural requirement of a woman. She fears being perceived as a rebel wife especially by the community if she is perceived to be making decisions without her husband’s approval.</td>
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<td>makers. Some of the information women are empowered with is sensitive and can</td>
<td>1. Husbands are the gatekeepers of family planning decisions.</td>
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<tr>
<td>jeopardize her relationship with her husband if she divulges it or if she makes</td>
<td>2. Pregnancy and childbirth are the stages where Amina is emotionally weakest and needs comfort, familiarity, support, and empathy.</td>
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<tr>
<td>decisions alone. She wants these initiatives to come from her husband.</td>
<td>3. Superwoman tendency: Belief that Amina is inherently strong and not needing to use MCH services. Would only use them as the last resort.</td>
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<td><strong>2. Findings:</strong> Amina is also under pressure from her husband and the community</td>
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<td>to bear more children and in quick succession.</td>
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4. Addressing the problem

In order to reduce the health burden in Somalia and increase health utilization and achieve desirable health behaviour, it is important to address the lack of health literacy targeting Amina and her influencers starting with the husband, the religious leaders and the older women.

Kos, a former IPC agent who had worked with women on Birth Spacing for 6 years, shared 2 key issues that she felt needed to be addressed:

"the women are busy they are working daily at home to ensure that their families are happy and functioning properly - but they can find help with the children from their mothers, husband and sisters, so:

1st address Knowledge – they need to know about the benefits of Birth Spacing, of ANC visits and Facility delivery, they just lack enough knowledge and if they knew, they will make informed choices.

Women consult their husbands. You can have men sessions to compliment and assist the wife convince their husbands.

2nd improve the services at the facility - poor services push the mothers away – why should they come to be mistreated and served poorly.

Access to information is therefore key to any behavioral actions that Amina and her influencers will take regarding the identified health issues. Whilst acknowledging that there are other systemic challenges facing service utilization and improvement of health indicators in Somalia as seen through the social ecological model, demand creation strategies need to identify an entry point to addressing this mirage issues.
5. The Design Journey

The design challenge that SAHAN seeks to address is:

How might we enable Anima and her key influencers to gain the needed health information and knowledge that will stimulate a change in behaviour and enable them take actions that will lead to better health for her and her family

The Design Challenge
This design challenge resulted from the synthesis of the immersive research findings which generally indicated that Somali women and men are regularly exposed to health information from traditional sources like the radio, the TV and from health workers. They however to not take these messages seriously enough to take action. Although desk review of previous researches associate increase in knowledge to improved health behaviours, the progress made over the last few years has only been marginal. It is also known that traditional health campaigns were limited in their effectiveness as they were mostly targeted at the woman only.

The SAHAN innovations team then sought to design innovative ways of communicating health messages that will be laced with calls to action targeting not just the woman of reproductive age but her influencers as well. During the ideation process, co-creation and several brainstorming activities were applied to develop ideas and concepts on how best to not only communicate health messages but also stimulate measurable change in behaviour.

The team found it necessary to sensitize the Somali community towards the daily challenges of the Somali woman and mobilize the much needed support that will enable her take actions towards healthier behaviors.

Some of the Non-Traditional Innovations conceptualized by the team for Sensitizing the Somali community include:

- Poetry Competition
- IVR – Interactive Voice Response
- First 1000 Days Campaign
6. Poetry

The existence of art is likened to that of humankind in history. Art can be described as creating a form of expression by the artist using his/her imagination, technical skill or conceptual ideologies. This art can be in painting, sculpture, architecture and also in form of performing arts such as music, theatre, film, dance and poetry. Poetry as a form of art uses language in stylistic forms such as rhythmic words, similes, symbolism and many literature devices to evoke meanings on a certain idea. It dates back to pre-historic times in Africa during certain occasions such as hunting.

The Somali community has a longstanding poetic tradition with the Arabic poetry being one of the oldest in history. Poets in the Somali community memorized volumes of poems from ancient history and used them to teach and entertain their kinsmen. Somalia is known as ‘A Nation of Poets’ as a result of their longstanding oratory tradition. Poetry is an important way of communicating complex and sensitive human topics in Somali culture.

Poems are used to pass ideas which are political, spiritual, emotional or philosophical to explore people’s perception, for pleasure and beauty, and to elicit certain emotions about something, teach or challenge certain societal grounds that people may have.

Some of the notable Somali poets include Sayyid Mohammed Abdulla Hassan, Garaad Farah, Ismail Mire and Rage Ugas. It also features later generation poets like Mohammed Ibrahim, Abdullahi Sultan Tima Adde, Abdulkadir Hersi Siyad and Abdullahi Mohamud Isse Sangub. Poetry among the Somali people played an important role of teaching about the history of the Somali. With modern forms of communication and transport, poetry has been spread from one region to another, with poets travelling and leaving behind their work to be evaluated as well as appreciated.

Poets in the Somali community have the responsibility of preserving history and shaping events through their public favor both socially and politically. One such example is Sayyid Muhammed Abdille Hassan (Mad Mullah) who used his verse to unify Somalis in the fight against British colonialism.

“O Kinsman, Stop the War” – a poem created by Salaan Arrabay was an anti-war weapon, to appeal to two rival sections of the Isaaq clan to end a long-standing feud.

In the period between 1970-1991, poetry in the Somali community was used to mobilize national programs such as immunizations and carry out literacy campaigns.

Coupled with the low literacy levels, co-creations sessions and behavioral sciences’ natural spontaneous behaviour, poetry was identified as most spontaneous way in which the Somalis learn and adopt new knowledge and way of life. This was so evident that during the testing of the poetry competition it was very easy to get nationally renowned poets and the national cultural center Hiddo dhawr in Somaliland was ready and willing to not only own the competition but provide the venue and platform for the competition.
To sustain the awareness raising and knowledge gained from the use of poetry, a competition angle was weaved in the design to provide the much-needed edutainment and edge to the health messages that would be passed through poetry. Edutainment has been defined as the art of integrating social issues into popular and high-quality entertainment formats e.g. Poetry and Drama, based on a thorough research process these programme format get people talking - not only about exciting storylines, and interesting characters, but also about the issues that are woven into the programmes. It is also often easier to speak about certain issues, such as birth spacing or sex in the third person. These formats stimulate constructive public debate and are thought to be a powerful change agent in development communication and generally create a supportive environment for social change.

Testing:

As part of the program approach test innovations with the users, several rounds of concept testing activities were carried out in Hargeisa

- The 1st round of testing involved a testing for desirability and feasibility among poets for a competition of this nature. This involved the distribution of competition promotional leaflets at the Hargeisa International Book Fair in 2018. The team handling that activity also had discussions with 7 poets during the event in which they discussed their possible interest and feasibility of the competition. The poets also gave the team some ideas on how best to promote and increase participation of the general public in the competition, the 7 poets involved in the interviews gave positive feedback on the concept and encouraged the team to proceed.

- A second round of testing involved developing a Facebook page and promoting the competition on the page. Essays and press releases on the health of the Somali Woman and child were also uploaded on the page to stimulate potential writers on the kind of messages we intend to promote through their poems. As a result, five poets responded with submissions in the Facebook page within a week of the call. This was irrespective of the fact that no prize winnings, or incentives were attached at that time.

- The third round of testing was carried out on the 21st of March 2019 during the world poetry day where a renowned Somali poet was engaged to promote the potential competition on Facebook. He recited a prerecorded poem on how poetry can be used to promote improved healthy behaviour for the Somali people. This post attracted 2,775 engagements (likes, comments and shares) and reached 13,600 people while the video gained 4,089 views from the public within the first week. There were also several requests for information about the competition and how submissions will be made.
SAHANs Hiil Hooyo Poetry Competition is an innovative poetry competition where both Young and aspiring Somali poets are challenged to bring their creativity into action by using poetry as a tool to address complex issues surrounding maternal health. This competition is expected to draw attention to the challenge’s mother’s experience during pregnancy, childbirth, and the postnatal period. Using poetry as a method for expressing empathy for the mother can be an effective way of increasing awareness and sensitizing the Somali communities on the support required by mothers during this period.

In Somali language, the word ‘hiil’, means giving deliberate support by any means to someone who is entitled (mother, brother sibling, friend, ally). The name Hiil Hooyo was an outcome of a brainstorming session aimed to find catchy but also meaning full names that resonates SAHAN’s objectives to the prototypes. The name was internally identified by innovations teams at one on the design workshops but never tested externally though through subsequent engagements it was discovered that is used by a project run by Finnish Somalia Network, an NGO working for better mother and child healthcare through training of midwives, improved facilities and access to prenatal care in the same context.
Goal
The goal of the poetry competition is to provide key health messages and knowledge to the society at large so it can make better health decisions for Amina and their children.

Objectives:
- Present messages in a format that resonates with the Somali people (art of poetry)
- Promote community ownership of MCH continuum of care
- Produce Champions/advocates for mother's health
- Create content to be used for the health campaigns and channels
- Sensitize the community towards the challenges of the Somali woman and mobilize them towards her support.

Target Audience: Somali Community at large
Target Location: Throughout Somalia and Somaliland

How It Works:
Poetry competition addresses the key thematic areas that SAHAN addresses ANC and Facility delivery, Nutrition and Birth Spacing. It is structured in a competition format to make it engaging and reach majority of the target audience to complement other behavior change interventions. Young poets are invited to participate in the competition to bring their talent and creativity to bare while conveying the key health information that mothers require during pregnancy and the postnatal periods. These poets are then mentored by a select panel of renowned poets and assisted to improve their artistic element and the accuracy of the health area messages. The poets will present to a larger audience through Facebook and television for a period of 2 months During which the public will get to vote for the best poets across the thematic health areas. The best poets are later invited to perform to a live audience in the Grand finale event where the winners of the overall competition will be selected.

The best poems will be aired regularly after the competition to sustain health messaging across the different states.
8. Roll Out

Recruitment for Poetry Competition Judges

Popular and seasoned Somali poets will be recruited as subject matter experts and as judges of the competition to inspire the young aspiring competitors, to provide the needed objectivity and transparency of the vetting process. The judges will also be involved as co-designers of the general operationalization and execution of the poetry competition.

Key functions of the Judges will be to:
- Roll out a poetry competition that communicates, stimulates interest and participation across the length and breadth of the country.
- Guide the execution of a poetry media campaign that uses poetry to communicate the challenges of Somali mothers and the kind of support they require during pregnancy, childbirth and breastfeeding.

Judges Selection Criteria
- Influential across cultural and political circles.
- Reputable and respected among community
- Non-controversial and accepted across the different groups and across the whole of Somalia
- Has evidence of at least 5 popular self-composed poems that resonate across the whole of Somalia.
- Should be a person who is accessible, reachable, flexible, passionate for health (particularly maternal health)
- Has experience in similar competitions or mass media activities in support of poetry or maternal health
- Setting the health area thematic approach

SAHAN addresses three thematic health areas: ANC/Facility Delivery, nutrition and birth Spacing. All of which can be targeted in a single poetry competition as they are equally important for the programme. However, an information sharing meeting with potential judges for the poetry competition urged that it is of the best option to select one key health area at a time. This brings impact that can be easily observed as compared to an integrated theme approach which would have:

- High chance that one health area is focused much while scarcely discussing the other two
- Poems will be lengthy and, as a result, lose audience focus and attention.

This led to the decision that the opening round of submissions will be for ANC and facility delivery. Submissions will be made in writing and a short video not longer than 2 minutes. These will first be screened by the judges and only the preferred will be further screened by our health area experts. Recommendations on improving health messages will be allowed to qualifying candidates. These poems will then be reproduced in video by our own production agency and promoted on social media, radio and TV.

While the promotion is ongoing, all qualified contestants will be working on their second task on Maternal Nutrition, which will be reviewed and produced in the same light. And while the nutrition is being promoted, they will have the 3rd task which will be birth spacing.

This implies that all the finalists will have 3 poems each to present at the grand finale.
The Selection Criteria for competitors Structure

Aesthetics (the branch of philosophy which deals with questions of beauty and artistic taste) and content are the basis of evaluating each piece of poetry script submitted. The first two parts need subject matter/poetry experts as it relates literature rules. The Judges recruited will support the programme team in the technical evaluation of the competing poets. The content part needs medical expertise and the programme team should help the judges identify those pieces relevant to the theme of the poetry competition. Specifically, the following criteria are evaluated:

- Presentation skills
- Literature alignment
- Relevance to the theme
- Originality
- Language universality
- Number of words/pages/lengths of video

Competition launching and call for submission

- The large part of this prototype, including competition launching, promotion and public voting will live entirely on traditional media and on social media.
- A dedicated Facebook page promoting the competition will be launched and call for submissions where Potential participants can seek guidance, information, ask questions to the team using the pages messaging/chatting feature or query under comments sections of the posts posted on the Facebook for the benefit of the general audience.
- Whilst Facebook page can be a rich source of information for this competition, other media will be used to launch and promote it, as they are very instrumental in engaging and reaching population in the entire Somalia and Somaliland. For instance, radios is widely listened throughout Somalia and Somaliland and can reach rural community which is 59% (World Bank 2016). Over 20 TV channels exist in the countries’ different states and localities in the Somali peninsula. However, HCTV is the most prominent and widely watched in each region of Somalia and Somaliland.
- Call for submission will be promoted through Facebook (paid-Ad), Twitter, TV (Horn Cable TV) and radio Hargeisa.
- The call of submission will mostly cover ANC/facility delivery and Nutrition with the aim of getting as many poets to participate as possible since the topics are less controversial as compared to Birth spacing.
- Time for submission will take 2-weeks from the day of the announcement. Whereas Facebook promotion will continue until the closure of the submission a limit will be placed on the other channels to minimize costs.
- Both written and short video submission will be made for the first task in order to be able to screen for presentation skills and rhyming.
The Selection of Poets

- Applications are vetted as they are received for the purpose of minimizing time. All applications are evaluated against previously set criteria.
- First, the Judges would vet the submission on the basis of their poetic application. Based on time and budget availability for the competition, applications pass across the judges and they can do the vetting process at their comfort zones individually or the implementing organizations can give a room and other available resources in their premises.
- Second, the program teams will review the health area messaging and help score this section. Each piece will go through all the judges and every judge will give his own score and the final awaited score.
- A total of 20 poets will be selected from the submissions received from the public who will proceed to be mentored and coached for the online public competition.
- Judges can be paid thorough either two options. The first entails number of poems judges can assess in a day of eight hours equivalent payment of a one-day fee for a consultant. The second is paying the judges a specific amount of money for each poem they reviewed. The latter is better to use if the number of poems available are limited in number. They choice of either options will also be based on the situation and the phase of the competition.

Mentoring of poets on style, health messaging and production of presentation

- The 20 selected poets will then receive orientation coaching and mentorship on all the key thematic health areas of SAHAN to produce relevant, creative piece of poems during different phases of the competition (ANC and facility delivery, Birth Spacing and Nutrition). SAHAN team and Judges will facilitate these coaching and mentoring sessions. Once mentored, the selected 20 will be internally vetted across the thematic areas where the top 3 poets per theme will be selected for production, airing and public voting. Producing creative work needs essential ingredients including time.
- Once the poets and the poems have been vetted, the production of presentation formats to fit Facebook, tv and radio will take place. This will ensure that content shared out for public viewership has been vetted and approved by the ministry and has the right health information. Recorded videos script of top 9 poems 3 per health area, are recorded for public voting as shown:
Competition launching and call for submission focusing on ANC/Facility delivery

Competition is launched by a call of submission. E.g.: 200 application received

Applications are vetted and a pool of poets selected for mentoring on health issues. E.g.: top 20

Coached and mentored poets (pool of poets). No: 20 poets

Thematic area rounds of competition (internal)

ANC Round
All the 20 Poets submit

Nutrition Round
All the 20 Poets submit

Facility Delivery round
All the 20 Poets submit

Production and Public voting

ANC top 3
Production and public voting

Nutrition top 3
Production and public voting

Facility top 3
Production and public voting

Thematic area champions

ANC Champion

Nutrition

Facility Delivery Champion

Grand finale and Live performance

All health area champions:

Live performance at grand finale
The Competition goes live for Public engagement
Once the vetted poems are ready for viewership and engagement with the Public, we will go live on social media - Facebook and open the channels for public voting.

Publicity for vetting:

In each stage of the competition, audiences have a share in deciding who the winners are based on their observations. This is to create an interest/motivation for the audience to participate and listen to the intended health messages during the process.

The captured videos will be promoted for a period two weeks per theme in TV and social media (Facebook) encouraging the audience to vote for their best through SMS. Each audience can give his vote only one time. The results from this will be incorporated into the already decided results by judges.

Grand finale (Live presentation)

Winners of each phase will be announced in front of all large audiences comprising different parts of the communities. The programme team will discuss the SAHAN programme and the journey that this competition has experienced. Finally, champions will present their poems on stage.
Given the identified barrier and design challenge, SAHAN applied the transtheoretical model/stages of changes model (TTM) as the core underpinning model to address the knowledge gaps. TTM operates on the assumption that people do not change behaviors quickly and decisively. Rather, change in behavior, especially habitual behavior, occurs continuously through a cyclical process. The TTM is not a theory but a model; different behavioral theories and constructs can be applied to various stages of the model where they may be most effective. The TTM posits that individuals move through six stages of change: precontemplation, contemplation, preparation, action, maintenance, and termination. For each stage of change, different intervention strategies are most effective at moving the person to the next stage of change and subsequently through the model to maintenance, the ideal stage of behavior. Key among this is information which is needed at it stage (Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992) Identifies the stage that benefits most from health education as the pre-contemplation stage or the stage of “Not knowing” which is also well illustrated under the communication for behavior impact (COMBI) framework-HIC-DARM which calls for appropriate communication at all stages of behavior adoption. If people have already heard about the behaviour but are not fully informed, information to raise awareness will be the starting-point. If they are already informed but are not convinced, then you will start with information needed to convince and this is where health education approaches play a crucial role and hence recognized as the entry point to behavior change communication.

Theory of Reasoned Action:

This theory states that the intention of a person to adopt a recommended behaviour is determined by:

- A person’s subjective beliefs, that is, his or her own attitudes towards this behaviour and his or her beliefs about the consequences of the behaviour. For example, a young woman who thinks that using contraception will have positive results for her will have a positive attitude towards contraceptive use.
- A person’s normative beliefs, that is, how a person’s view is shaped by the norms and standards of his or her society and by whether people important to him or her approve or disapprove of the behaviour.
- This concept is relevant because young people’s attitudes are highly influenced by their perception of what their peers do and think. Also, young people may be motivated by the expectations of respected peer educators.
**IBMR Model:**
Information, motivation, behavioral skills, and resources The IMBR model addresses health-related behaviour in a way that can be applied to and across different cultures. It focuses largely on the information (the ‘what’), the motivation (the ‘why’), the behavioral skills (the ‘how’), and the resources (the ‘where’) that can be used to target at-risk behaviors. For example, if a woman knows that using contraceptives properly may prevent unwanted pregnancy, she may be motivated to use them correctly, but may not be able to purchase or find them. Thus, the concept of resources is important to this model. This implies that a programme of this nature should include comprehensive approach of all four IMBR concepts to ensure availability of the essential components for reducing risky behaviour and promoting healthier lifestyles.

Citation:


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