

The Erkab Radio Program

Design Document

Communication for Health Project

This document is intended to be a guide for the producers of the Erkab radio program. The program addresses different health issues through a drama and reality components. This design document for the radio program is the result of two workshops – a content development workshop that included the Federal Ministry of Health, Communication for Health staff and partners; as well as a drama design workshop that mainly included the radio production team and other key Communication for Health staff.

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1. Introduction

Communication for Health is a five year (2015-2020), USAID-funded project designed to optimize the power of health communication to save lives and transform the public health system in Ethiopia. The project envisions a healthier Ethiopia through improvements to health behavior in four regions —Amhara, Oromia, SNNPR and Tigray— by strengthening social and behavior change communication (SBCC) capacity at the national, regional and sub-regional levels. The project is led by Johns Hopkins Center for Communication Programs (CCP) in partnership with the Ministry of Health and John Snow, Inc. (JSI). Other partners include; Regional Health Bureaus, Ethiopian Public Health Institute, Civil Society Organizations, and Public Health Universities.

Communication for Health works across multiple health areas including Reproductive, Maternal, Newborn and Child Health (RMNCH); Malaria; Tuberculosis (TB); Water, Sanitation and Hygiene (WASH); Prevention of Mother-to-Child Transmission of HIV (PMTCT); and Nutrition. The overall goal of the project is to increase knowledge and health practices of individuals and communities, while supporting systems to improve the quality, capacity and coordination of SBCC programs. Specifically, the project focuses on:

- Capacity strengthening to elevate the quality and use of SBCC throughout the health system
- Strengthening the design, production and implementation of high quality, impactful SBCC programs
- Strengthening coordination of SBCC implementers at all levels - national, regional and community
- Improving the quality of SBCC programs through increased capacity for generation and use of data

1.1. The Integrated Communication Platform

One of the key features of the project is the Integrated Communication Platform (ICP), which is an overarching brand that organizes health messaging in a coherent and coordinated way through multiple channels to support community based health workers. The ICP aspires to be the most trusted source of health information for the different communities, and play an instrumental role in creating synergy among the different interventions across the six health areas.

The ICP implementation framework has three major components in line with the project’s major activity areas – social mobilization, media & events, and advocacy. The three components are interdependent and will be rolled out under the same brand name *ሁሉ በጤና* (roughly translated in English to “All is possible with good health”). The radio program described in this document is one part of the ICP implementation plan.

1.2. Rationale for Radio

The mass media in Ethiopia consist of radio and television as well as newspapers and magazines most of which are under the control of the Ethiopian government, as well as few owned

privately. The broadcasting sector in Ethiopia has broadly three different kinds of broadcasters: 1) publicly funded television and radio services owned by national and regional mass media agencies 2) private sector radio & TV stations (which are mostly parastatals); and 3) community broadcasters which are mostly in rural areas and licensed recently. In total there are approximately 30 plus radio and television stations registered in the country.

Out of the existing mass media, radio is more widely available in households. According to the baseline survey conducted by the project, radio is the second most preferred source of information, next to interpersonal communication (IPC). Radio ownership among the intervention woredas of the project is 24.4%. Access to radio, however, amplified with the expansion of mobile phone ownership as many phones support radio. The same survey found mobile ownership to be about 50%.

There are opportunities to enhance listenership for radio programs in communities such as organizing listener groups. Listener groups can be organized and facilitated by trained Health Extension Workers (HEWs), other healthcare providers, or peers. Maternity waiting rooms, pregnant women conferences, mother support groups and other existing gatherings present opportunities for the organization of listener groups.

1.3. Audience for the Radio Program

The primary audiences of the radio program are rural men and women who are either newly married, pregnant or have children under 5. The secondary audiences are traditional/religious leaders, in-school youth, Health Extension Workers and the Women's Development Army. See annex for detailed description of audience archetypes.

1.4. Objectives of the Radio Program

1. To improve knowledge, attitudes and practice of high impact health practices/behaviors among the identified priority audiences
2. To increase social support within households and communities for beneficial health practices
3. To support Women Development Armies (WDAs) and Health Extension Workers (HEWs) to effectively educate, motivate and counsel households and clients to practice healthy behaviors
4. To increase uptake and demand of selected services by the primary audiences

1.5. Development of the Radio Program

This overall design document was developed during two separate workshops. The first was a 5 day content design workshop that included the Communication for Health team, scriptwriters, producers and technical experts from the Ministry of Health (MoH) and partners. This workshop focused on developing content suitable for radio for the health areas that the project is engaged in. The content was organized into content sheets that can be referred to while developing episodes that discuss specific health issues. The content sheets included the purpose of the episode, the expected outcome of the episode broken down to what audiences should know, feel, and do after listening to the episode, facilitators and barriers around the health behavior in question, and the actual technical content about that particular topic or sub-topic.

The second workshop was a 10-day workshop focusing on the development of the radio drama. In this workshop, detailed character profiles were developed, the drama universe was created, and the story outline for 26 episodes was developed. The role of the drama is to capture the listeners' interest in a story about characters that they want to follow every week. In order to make sure the radio drama is interesting for the audience, it focusses on the stories of the characters in the community, and how they navigate through all the challenges and conflicts that are part of everyday life in a small community. Health issues are interwoven into these stories naturally. The drama does not carry overt health "messages" but rather, it illustrates the benefits of better health practices through the actions taken by characters and the consequences—positive and negative—that result from those actions. The reality section of the program addresses the health issues that are raised in the drama.

2. Format, Tone and Duration of the Program

This 30 minute weekly radio program will have a short (12 – 15 minute) serial drama as a centerpiece, followed by a reality segment presented by radio hosts. The program is intended to run for a few years, based on continuing research on how the program is being received by the listeners in each of the regions. All episodes will be broadcast twice a week in the selected stations.

2.1. Hosts

There are many ways in which a host can help the program to be exciting for the listeners. But one of the most effective ways is to have two hosts, a man and a woman. These two Hosts should become real characters to the listeners, and their conversation should help the listeners decide what the best choices in life are, and how they make those choices. The Hosts can react to the drama and the stories they hear, and sometimes have different opinions about what's happening. But their role is to help clarify any issues and to bring the most important points or “messages” to the listener in a comfortable and friendly manner. So they become important elements in the show.

2.2. Feelings to Evoke

The following are the intended feelings to be evoked in the audience as a result of listening to the drama and the reality components.

- Empowerment
- Confidence
- Relief
- Responsibility
- Concern (about taking the right actions)
- Fear (about negative consequences)
- Worry (about not doing the right thing for their baby or child)

3. Content Sheets per Topic

3.1. Adolescent and Youth Health

Adolescent and youth health comes under the Maternal and Child Health Directorate of the FMoH, and is becoming among the priority areas of the government. Communication for Health will address some aspects of adolescent and youth health although it is not the primary focus of the project.

The radio program will thus address some issues related to adolescent and youth health over the long stretch. Four subtopics were identified under adolescent and youth health, for which content sheets were developed. The content sheets are for risky sexual behavior, testing for HIV and STDs, early marriage and teenage pregnancy. It does not mean, however, that all of these content sheets will be utilized in the production of the radio program. Usage of a content sheet will depend on whether or not the content is related to the project deliverables.

Sexual Behavior

PURPOSE

To motivate adolescent and youth to avoid risky sexual behavior

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- What risky sexual behavior is
- Why they should avoid risky sexual behavior
- What measures can adolescents and youth take to avoid risky sexual behavior

Feel:

- Concerned that they are at risk
- Empowered they can use condom if they choose to have sex

Do:

- Discuss with parents and friends regarding abstinence and safe sex
- Abstain from sex or practice safe sex

BARRIERS TO AVOIDING RISKY SEXUAL BEHAVIORS

- Lack of knowledge
- Negative Peer pressure
- Poor economical status of girls
- Societal norm against the use of condom
- Low risk perception
- Adolescent and youth are pressurized to believe that “Smart” girls should not be virgin

FACILITATORS FOR AVOIDING RISKY SEXUAL BEHAVIORS

- Condoms are available in youth centers free of charge
- Religion encourages abstinence till marriage
- Information
- Life skills training for adolescent and youth
- Good communication with parents

CONTENT

Risky sexual behaviors put you at risk for Sexually Transmitted Infections (STIs), HIV and unplanned pregnancy.

Examples of risky sexual behavior include:

- Unprotected intercourse without condom except in married couples
- Unprotected mouth-to-genital contact or anal sex

- Early sexual activity, especially before age 18
- Having multiple sexual partners.
- Exchange of sex for drugs or money (sex work)

You should avoid risky sexual behaviors because they can lead to unintended pregnancies, HIV and other STIs, cervical cancer, and hepatitis. All of these can cause psychological trauma and poor school performance among young people. Risky sexual behaviors may also affect your relationship with your parents, relatives and even your partner

The following factors can help you in avoiding risky sexual behaviors

- Open discussion between parents and adolescents
- Participating in life skills training which can help a person have purpose in your life
- Associating with good friends who can help in abstinence until marriage or practice safe sex
- Engaging in other interesting activities like football, reading, listening to nice music, and physical exercise
- Using condoms correctly every time while having sex. Using condoms is not something to be ashamed of.

You can obtain more information about safe sex practices from any health facility that provides youth friendly health services

Testing for HIV and STDs

PURPOSE

To motivate adolescent and youth to be tested for HIV and STDs

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- The benefits of testing for HIV/STDs
- Where to get tested
- What to expect in the clinic

Feel:

- Concerned that they are at risk
- Daring to get tested

Do:

- Discuss with parents and friends regarding testing for HIV and STD
- Get tested for HIV and STD

BARRIERS TO TESTING FOR HIV AND STDs

- Lack of knowledge
- Low risk perception
- Fear of positive test result
- Poor couple communication
- STI considered shameful

FACILITATORS TO TESTING FOR HIV AND STDs

- Access to youth friendly services in health facilities
- Awareness on the importance of testing
- Good communication with parents
- The fact that STDs can be cured and HIV can be treated
- Testing and treatment is free of charge for HIV and STDs in government health facilities

CONTENT:

The only way to know for sure if you have HIV or an STD is by testing. Testing for HIV and STDs can give you piece of mind if the results are negative. If positive, you can take the necessary actions.

While STDs can be cured with proper treatment, medications are available for HIV. Whether you have an STD or HIV, it is better to start treatment as soon as possible. This makes testing

very important. If STDs are left untreated for a long time, they can cause infertility (inability to have a baby) in men and women, genital warts and even cervical cancer.

Knowing you have HIV or an STD also makes it possible for you to protect your partner from becoming infected by not having sex or by using a condom. If you have HIV or an STD, you should help your partner get tested so he/she can receive treatment soon before complications arise.

Testing for HIV or STDs can be done government health centers and hospitals as well as in private health facilities. The service is given free of charge in government facilities. Healthcare providers are well trained and welcoming, and they provide counseling services where you can raise any concerns you may have. The health facilities will provide treatment immediately if you test positive.

Early Marriage

PURPOSE

To motivate adolescent and youth to decide against early marriage

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- The consequence of early marriage
- What to do if you are pressurized/forced to marry before 18 years

Feel:

- Sad
- Empowered to stand against early marriage

Do:

- Discuss with parents and friends regarding the consequence of early marriage
- Seek more information on how to prevent early marriage
- Decide not to have girls married before they are ready

BARRIERS TO DECIDING AGAINST EARLY MARRIAGE

- Culture
- Poor economic status
- Gender norm

FACILITATORS FOR DECIDING AGAINST EARLY MARRIAGE

- Legal framework that prohibits early marriage
- Awareness creation on the consequences of early marriage
- Gender transformative interventions
- Involve religious leaders/ teachers
- Good communication with parents

CONTENT:

Early marriage is defined as “a formal marriage or union before 18 years of age”. Early marriage often leads to teenage pregnancy, fistula, obstructed labor and even death. In addition to the biological results, early marriage overburdens young girls with responsibilities and can result in:

- Low self esteem
- Dropping out of school
- Economic dependence
- Marital instability
- Depression and other psychological disturbances

- Physical and sexual abuses

Girls have the right to say no to early marriage. Any girl who is pressurized/forced into marriage should inform her school teachers and a religious leader. She also can and should get legal protection from a nearby legal facility. Open discussions with family members, friends or relatives often helps in these situations.

Teenage pregnancy

PURPOSE

To empower adolescent and youth to avoid teenage pregnancy

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- The consequences of teenage pregnancy
- What measures to take not to get pregnant as a teenager

Feel:

- Fearful of being pregnant while a teenager
- Empowered to avoid teenage pregnancy

Do:

- Discuss with parents and friends regarding the consequence of early marriage
- Seeking more information on how to prevent early marriage
- Decide not to get pregnant before being ready

BARRIERS TO AVOIDING TEENAGE PREGNANCY

- Lack of knowledge on contraceptives
- Misconceptions
- Gender Based Violence
- Cultural influence (In some parts of Ethiopia, teenage girls get pregnant to prove that they are fertile)
- Early marriage
- Peer pressure

FACILITATORS FOR AVOIDING TEENAGE PREGNANCY

- Awareness creation
- Good communication with parents
- Address gender issues

CONTENT

Teenage pregnancy is defined as a pregnancy in human females under the age of 20. Teenage pregnancy has several negative consequences such as:

- Unsafe abortion which may lead to infertility and even death
- Medical complications, which may lead to serious complications and death
- Emotional crisis
- Feeling of worthlessness and uncertain future
- Dropping out of school

- Depression and other psychological problems
- Economic problems
- Not taking proper care for the baby
- Stigma on the teenage mother and her child

Teenagers can avoid pregnancy. As a teenager, it is advisable for you to openly discuss with parents about sexual health and other aspects of your lives. It helps a great deal if you participate in life skills trainings, which can help you have purpose in life.

Friends are major factors in a teenager's life, especially when it comes to decisions about sex. Associate with good friends who encourage you to abstain from sex till marriage. If, for any reason, you decide to have sex, use contraceptives to prevent pregnancy. Condoms are more advisable because it prevents STDs and HIV in addition to pregnancy.

Visit youth friendly health service facilities to get adequate information regarding the use of contraceptives

Substance abuse

PURPOSE

To encourage adolescent and youth to avoid substance abuse

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- The harmful effects of substance abuse
- What measures to take not to start substance abuse
- Measures to stop substance abuse

Feel:

- Guilty
- Empowered to avoid substance abuse

Do:

- Discuss with friends regarding the consequence of substance abuse
- Seeking more information on how to avoid substance abuse
- Avoid substance abuse

BARRIERS TO AVOIDING SUBSTANCE ABUSE

- Peer pressure
- Lack of awareness
- Perception that people who use substances are 'cool'

FACILITATORS FOR AVOIDING SUBSTANCE ABUSE

- Youth recreational centers
- Good communication with parents
- Knowledge of the harmful effects of substance use
- Life skills training
- Involving religious leaders

CONTENT

Substance abuse includes the use of drugs like khat, cigarettes, hashish, shisha and drinking alcohol in large amounts. Abusing substances can lead to:

- Health problems such as damaged body organs, cancer, gastrointestinal diseases, HIV/AIDS and STDs, and birth defects in baby's born of substance abusers
- Mental and psychological problems such as depression, anxiety, memory loss, aggression, mood swings, and psychosis

- Injuries and road traffic accidents
- Poor school performance
- Family conflict
- Stigma

The best way to avoid substance abuse is not start using drugs from the outset. If you haven't already started using substances, it is better if you don't. In fact, most substances, including alcohol, are illegal for minors. Don't be afraid to say no to any requests for you to use a harmful substance. You can:

- Connect with good friends and avoid negative peer pressure
- Find healthy ways to stop stress like physical exercise
- Consult your parents and/or health professionals when you feel depressed
- Maintain strong relationship with your parents
- Have purpose in life
- Participate in life skills training

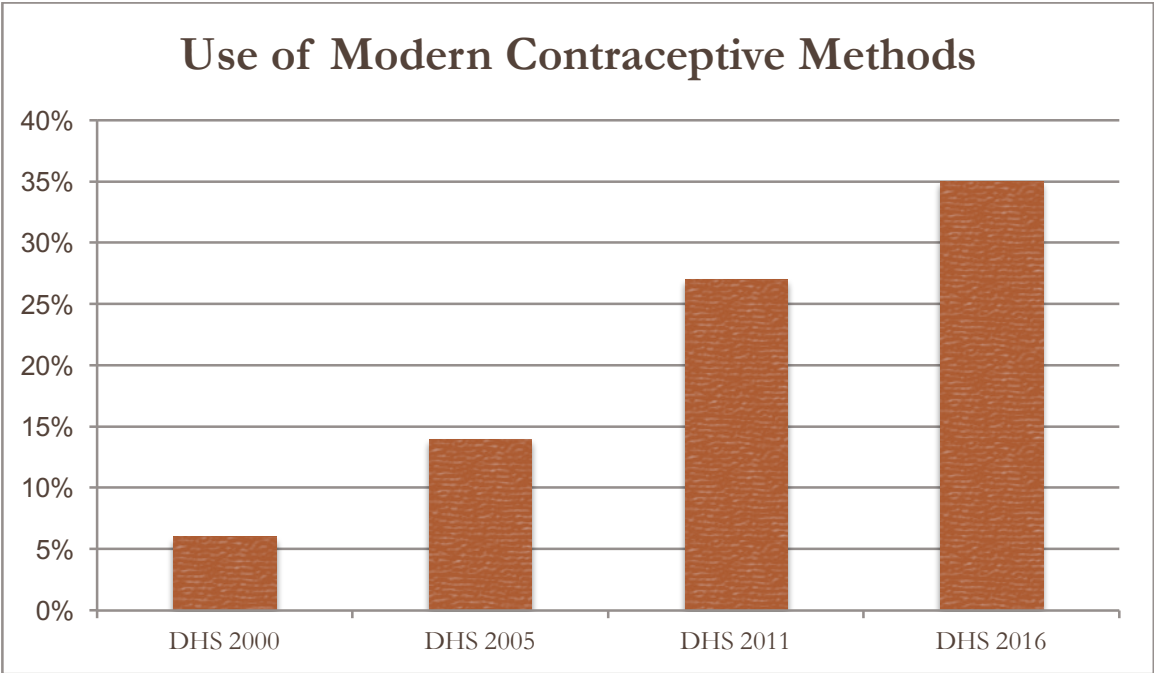
Parents play a vital role in the behaviors of their children by being a good example to their children

If you have started using substance, you have to take action immediately to stop. Quitting any addiction may be difficult and takes time. However, the following points may help you in the process.

- Get counseling to help you develop ways to cope with your drug cravings, to get advice on strategies to avoid drugs and prevent relapse, and include family members to help them develop better communication skills and be supportive
- Avoid triggers and high-risk situations. Don't go back to the neighborhood where you used to get your drugs. And stay away from your old drug crowd.
- Get help immediately if you use the drug again. If you start using the drug again, talk to your doctor, your mental health provider or someone else who can help you right away.
- Participate in self help groups
- Seek treatment from a mental health professional

3.2. Family Planning

Family planning is one of the key focus areas of the *Communication for Health* project. Family planning refers to the practice of controlling the number of children in a family and the intervals between their births, particularly by means of artificial contraception or voluntary sterilization. According to the 2016 Demographic and Health Survey (DHS), use of a modern contraceptive method among currently married women is 35.3%. Use of modern family planning has generally been increasing over the past decade, as shown in the following graph.



While there is still a long way to go before achieving the desired contraceptive prevalence, the momentum of increasing use of modern family planning methods is encouraging.

The participants of the content development workshop identified three areas that the radio program can address – postpartum family planning, spacing of pregnancies, and male involvement in family planning.

Postpartum Family Planning (PPFP)

PURPOSE

To inform mothers to use family planning methods in the postpartum period.

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- Understand Healthy Timing and spacing of pregnancies.
- Different types of postpartum family planning methods used in PP period
- Understand Lactational Amenorrhea Method as FP methods consider this in another program. (Note: to be translated with health professionals)

Feel:

- Feel concerned about the risk of closely spaced pregnancy
- Feel responsible to wait for the recommended Healthy Timing Space of Pregnancy (HTSP)
- Feel modern or smart for adequately spacing pregnancies

Do:

- To seek more information on the different FP methods during PP period
- To decide to exclusively breastfeed for the first six months
- Seek FP services in the nearest health facility.

BARRIERS TO USING FAMILY PLANNING SERVICES IN THE POSTPARTUM PERIOD

- Lack of awareness on the different FP methods.
- Community misperception about FP in PP period
- Low risk perception of pregnancy by mothers

FACILITATORS FOR USING FAMILY PLANNING SERVICES IN THE POSTPARTUM PERIOD

- Integrated services
- Service accessibility
- ANC and skilled birth attendance

CONTENT

Healthy timing and spacing of pregnancy is 2-3 years from the birth of one child to the birth of the next. There are several family planning methods you can use in the postpartum period. You can get adequate information about these methods from a nearby health facility.

One of these methods is the lactational Amenorrhea method. Although this can be effective for the first six months after giving birth, three criteria must be met

1. No Menstruation
2. Only works for six months, and
3. Exclusive breastfeeding with no addition

A mother using postpartum family planning services can reduce health risks to herself and the newborn related to closely spaced pregnancies such as miscarriage, preterm birth, bleeding, low birth weight, which will further minimize the maternal and child mortality and morbidity.

Spacing of Pregnancies

PURPOSE

To motivate mothers to use family planning services so that they will be able to adequately space pregnancies and births

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- Understand Healthy Timing and spacing of pregnancies.
- Different types of postpartum family planning methods

Feel:

- Feel at risk of closely spaced pregnancy
- Feel responsible to wait for the recommended Healthy Timing Space of Pregnancy (HTSP)

Do:

- Seek more information on healthy timing and spacing of pregnancies
- Know about different FP methods to help spacing and or limiting of pregnancies
- Seek FP services in the nearest health facility.

BARRIERS TO SPACING PREGNANCIES:

- Lack of knowledge on danger of closely spaced pregnancies
- Cultural and religious view “children are assets”
- Poor FP counseling by providers.

FACILITATORS FOR SPACING PREGNANCIES:

- Integrated services
- Pregnant women preference
- ANC and skilled birth attendance

CONTENT

Healthy timing and spacing of pregnancy is 2-3 years from the birth of one child to the birth of the next. There are several family planning methods you can use in the postpartum period. You can get adequate information about these methods from a nearby health facility.

A mother who follows the recommended spacing of pregnancies can reduce health risks to herself and the newborn related to closely spaced pregnancies such as miscarriage, preterm birth, bleeding, low birth weight, which will further minimize the maternal and child mortality and morbidity.

3.3. Maternal Health

Maternal health has been among the high priority areas of the Ethiopian government. According to the 2016 DHS, maternal mortality in Ethiopia stands at 412 per 100,000 live births. Although this figure is still considered high, there has been a steady decline of maternal mortality over the last decade.

In order to prevent maternal mortality and reduce maternal health complications, it is recommended that all pregnant women start antenatal care (ANC) services at the earliest possible date after knowing of pregnancy and complete at least four recommended ANC visits. It is also the recommendation of the Ministry of Health that all pregnant women deliver at a health facility. Reflecting the decrease in maternal mortality over the years, ANC service uptake and institutional deliveries have also been increasing according to DHS data.

The content development workshop for the radio program has identified five areas of focus and developed content sheets for each. These focus areas include early initiation of ANC, completion of ANC, birth preparedness, institutional delivery, and PNC. The content sheets for these are presented below.

Early Initiation of ANC

PURPOSE

To encourage pregnant women to go for ANC within the first three months of pregnancy

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- How to know whether they are pregnant or not
- The benefits of starting ANC within the first three months of pregnancy
- Where and how to access ANC services
- What to expect and ask for during the first ANC visit
- How many times she should go for ANC

Feel:

- Confident that she can protect the health of her child and herself through ANC
- Relieved and hopeful that her child will be healthy when she starts ANC

Do:

- Discuss with family members (especially their husbands) about the benefits of ANC
- Ask more information about ANC from the HEWs or other mothers who have received the service
- Go to a health facility to make sure that they are pregnant (if they suspect that they are)
- Receive ANC from a nearby health facility

BARRIERS TO GOING FOR ANC WITHIN THREE MONTHS OF PREGNANCY:

- Workload in the household
- Lack of decision making power of women
- Poor involvement and support of husbands and other family members
- Misconceptions around ANC and revealing pregnancy in early stages
- Poor interpersonal skills of service providers
- Health professional who do not feel the importance of ANC for pregnancies less than three months
- Lack of financial resources for transport

FACILITATORS FOR GOING FOR ANC WITHIN THREE MONTHS OF PREGNANCY:

- Free and easily accessible services
- Women Development Army (1 to 5 network), and HEWs
- Availability of peer role models who have received the services

CONTENT

Any woman should go to a nearby health facility whenever she suspects that she is pregnant. The health professional in the facility will run tests to make sure if the pregnancy exists. If you go to a health facility early on (withint three months), you will be able to get remedies for pregnancy related issues such as morning sicknesses. You will also receive other services that prevent anemia and vaccinations that could save your and your baby's life. In addition, you will also receive information about the danger signs of your pregnancy so that you can take measure before it's too late.

The first ANC service can be easily accessed in any health center free of charge. You should at least receive 4 ANC services throughout your pregnancy. The health worker will give you appointments for your next ANC. If not, you should ask for it. Make sure you do not miss your ANC appointment because it is essential for your own health and the health of your baby.

Completion of ANC

PURPOSE

To encourage pregnant women to complete the four recommended ANCs

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- How many times a mother should go for ANC visits
- The benefits of completing ANC within the first three months of pregnancy
- Where and how to access ANC services
- Dos and don'ts during pregnancy

Feel:

- Confident that she can protect the health of her child and herself through ANC
- Concerned that not getting ANC will put her and her baby's health in danger

Do:

- Discuss with family members (especially their husbands) about completing ANC
- Ask more information about ANC from the HEWs or other mothers who have received the service
- Receive 4 ANCs from a nearby health facility

BARRIERS TO COMPLETING ANC SERVICES:

- Workload in the household
- Lack of decision making power of women
- Poor involvement and support of husbands and other family members
- Misconceptions around ANC and revealing pregnancy o=in early stages
- Poor interpersonal skills of service providers
- Believing that everything will be ok especially after learning things were ok in the first ANC visit
- Expecting that there will be nothing new in the next ANC visit
- Lack of financial resources for transport

FACILITATORS FOR COMPLETING ANC SERVICES:

- Free and easily accessible services
- Women Development Army (1 to 5 network), and HEWs
- Availability of peer role models who have received the services

CONTENT

You should receive at least four ANC visits from skilled health service providers starting from the day that you suspect you are pregnant. Several examinations, both physical and laboratory, will be undertaken to determine your health status as well as that of your baby. Through these examinations, you will be able to monitor the growth of your baby while inside your womb. You will also receive information critical to maintain your and your baby's health such as what to do in case of danger signs (like bleeding, fever, swelling of face and feet, unconsciousness, etc), and the dos and don'ts during pregnancy (like not lifting heavy stuff, avoiding alcohol, eating a healthy diet, getting enough rest, etc.). You will also receive anemia prevention medication and other vaccinations that will protect you and your baby. In addition, you will also receive advice on how to prepare for birth including saving money, preparing materials and resources required for the mother and baby after birth, telephone number of the ambulance service, having someone to support ready in the house, and others. You will also be informed that you will have to call the HEW immediately if labor starts spontaneously and you are not able to reach the health center.

Birth Preparedness

PURPOSE

To make pregnant women aware of the benefits of birth preparedness and encourage them to act

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- The benefits of preparing for birth
- Where and when to go for birth preparation, and what to get

Feel:

- Confident that she can make adequate preparation for birth
- Less anxious about giving birth

Do:

- Decide to give birth in a health facility
- Identify the nearest health facility where a pregnant woman can deliver
- Start saving money for transport and other related expenses
- Prepare transportation
- Talk to someone to arrange support during delivery
- Preparing a bed and clothes for the newborn
- Start preparing food for the mother after delivery
- Prepare someone to donate blood in case needed

BARRIERS TO COMPLETING ANC SERVICES:

- Lack of awareness on the importance of birth preparedness
- Poor institutional delivery
- Belief that it is not important to buy materials for a baby not yet born

FACILITATORS FOR COMPLETING ANC SERVICES:

- Traditions such as preparing *genfo* for the mother
- Pregnant women conferences
- HEWs

CONTENT

Preparing for birth ahead of time allows you to receive the necessary support you need during childbirth, and to be able to take measures to protect your and your child's health after delivery. The basic things you need to do to prepare for birth are:

- Identifying the health facility near you where you can deliver

- Save money for transport to the health facility and for other related expenses
- Identify and arrange means of transport to the health facility for delivery and back home
- Arrange a person who would support you during childbirth and after delivery
- Arranging a bed for the newborn and the necessary clothing after birth
- Preparing food that is necessary for the mother after delivery
- Preparing someone to donate blood in case needed

You can ensure that your baby is delivered in a health facility if you preparing ahead of time for birth. Delivering in a health facility will protect your and your baby's health since a skilled health service provider will be available for any complications that may arise during labor. In case the health center is far from where you live, it is important that you make plans to go ahead of time to the health center and stay in the maternity waiting room. You can talk to the woman development army or the HEW to ask more information about the maternity waiting rooms.

Institutional Delivery

PURPOSE

To motivate pregnant women to deliver in a health facility

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- The benefits of institutional delivery
- The cost of delivering in a health facility
- What to expect during delivery

Feel:

- Scared of delivering at home

Do:

- Decide and prepare to deliver at a health facility
- Deliver at a health facility
- Be informed about PNC and newborn care because they delivered in a health facility

BARRIERS TO INSTITUTIONAL DELIVERY:

- Poor interpersonal skills of service providers
- Misconceptions about institutional delivery
- Lack of transport back home after delivery
- Past experiences and experiences of other women in the community

FACILITATORS FOR INSTITUTIONAL DELIVERY:

- Access to services free of charge
- Services like maternity waiting rooms and ambulances
- Pregnant women conferences
- HEWs
- Some level of support from the community
- Policy support and commitment of leadership
- Social support when going to the facility from the women development army members
- Competition among woredas to be model woredas for achieving zero maternal mortality

CONTENT

Delivering in a health facility can save your and your baby's life. The fact that you delivered your previous children at home is not a guarantee that complications will not arise while delivering this baby. Health facilities offer you safe and clean delivery, which is extremely important for

your health and the health of your baby, and immediate remedies for any complications that may arise during child labor and immediately after delivery. In addition, you will also be able to get information on what to do after delivery for your health.

It is important that preparation for birth starts ahead of time so that you can be sure to deliver in a health facility. HEWs can give you more information about what you need to do to prepare for delivery.

Postnatal Care

PURPOSE

To empower mothers to demand postnatal care

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- What postnatal care is and what it includes
- The benefits of postnatal care
- How and where postnatal care services can be accessed

Feel:

- Committed to receiving postnatal care

Do:

- Consult HEWs about postnatal care
- Discuss with husbands and other family members about postnatal care
- Receive postnatal care services

BARRIERS TO RECEIVING POSTNATAL CARE:

- Traditional practices such as seclusion of mother and baby for some time after birth
- Misconceptions such as *mich, likift, megagna, etc.*
- Belief that everything is good once the mother delivered the baby
- Transport
- Health workers not providing full information
- Not knowing about postnatal care service at all

FACILITATORS FOR RECEIVING POSTNATAL CARE:

- Free postnatal care service
- Pregnant women conferences
- HEWs ability to provide the service

CONTENT

Postnatal care is provided to identify danger signs in mothers and newborns and protect them from illnesses and death. Most infant deaths occur within the first 48 hours after birth, which makes early postnatal care very important. You or your family should notify HEWs immediately after giving birth so that you can get postnatal care services. The services are provided free of charge. You will be able to receive advice on infant feeding, including on how to breastfeed, and also on danger signs to look out for on yourself and the baby. You should receive postnatal

care services within 24 hours after birth in the health facility you gave birth in, as well as on the second and third day, after a week of delivery and after six weeks from the HEW.

3.4. Prevention of Mother-To-Child Transmission of HIV

The country has made significant progress in terms of reducing HIV prevalence. The country has now moved towards elimination of Mother-to-Child Transmission of HIV (MTCT). Among the key factors that contribute to the prevention of MTCT are knowledge that MTCT can occur during breastfeeding and that the risk of transmission can be reduced by the mother taking special drugs during pregnancy. According to the 2016 DHS, only 47.5% of women and 52.9% of men between the age of 15 and 49 know both these things.

PMTCT services are integrated with the broader maternal and child health services in Ethiopia. This means that, the recommended behaviors for all pregnant women and their partners also apply for HIV positive pregnant women and their partners. As a matter of policy, since Ethiopia is following the Option B+ recommendation of the World Health Organization, a pregnant woman going for ANC will get tested for HIV and will immediately be put on ARV immediately if she tests positive. However, some women do not get tested during ANC, and those who test positive are not provided with ARVs because of gaps in service provision. According to the 2011 DHS, only one woman in every five (20 percent) was tested for HIV during ANC and received their test results, and 2% were tested but did not receive the test results despite the fact that ANC attendance was at 40% at the same time. The literature review conducted by the *Communication for Health* project found that only 20% of husbands of pregnant women accompanied their wives for ANC, which significantly reduces the number of husbands who get tested for HIV. The same review found that approximately three quarters of HIV positive pregnant women and even fewer of their HIV-exposed babies received ARVs in 2014.

Considering the fact that the content sheets developed under maternal health, and newborn and child health also apply to PMTCT, only three content sheets are developed specific in the PMTCT context – HIV testing and counseling within ANC, Taking ARVs for HIV+ pregnant women, and follow-up after birth.

HIV Testing and Counseling within the Broader ANC

PURPOSE

To encourage pregnant women to get tested for HIV during their ANC visit

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- When to start ANC
- When to test for HIV
- The services available for HIV+ women

Feel:

- Concerned for the health of her baby
- Confident that they can give birth to an HIV free baby

Do:

- Ask information from HEWs or other health workers at the health facility

BARRIERS TO HIV TESTING DURING ANC:

- Workload in the household
- Availability of TBAs
- Lack of awareness
- Lack of support from family and the community

FACILITATORS FOR HIV TESTING DURING ANC:

- Knowing HIV status helps both the mother and baby
- Receiving information and advice from health professionals
- Receiving ARV immediately if HIV positive

CONTENT

All women must go for ANC as soon as they suspect they are pregnant. During ANC, it is your right to ask for HIV testing. Testing for HIV is extremely important for the health of the mother and the child. It is possible to protect your baby from HIV even if you are HIV positive. You will immediately start ARVs if you are positive so that you and your child are protected from the impact of the virus. You will also be able to receive additional information that is necessary for your and your baby's health from the health worker and the HEW. Your status will be kept fully confidential, and you alone can decide who should know about your status.

ARVs for HIV Positive Pregnant Women

PURPOSE

To encourage HIV+ pregnant women to take ARVs

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- The benefits of ARVs for HIV+ pregnant women
- How long ARVs should be taken

Feel:

- Responsible for the health of the unborn child

Do:

- Seek more information from the HEW or the health worker

BARRIERS TO TAKING ARVs BY HIV POSITIVE PREGNANT WOMEN:

- Lack of awareness
- Not disclosing HIV status for partners
- Fear of stigma
- Fear of testing and knowing the results

FACILITATORS FOR TAKING ARVs BY HIV POSITIVE PREGNANT WOMEN:

- Increased likelihood of giving birth to an HIV free baby
- Free access to medication
- Support from religious leaders to take the medication in parallel to religious remedies
- Free testing services

CONTENT

HIV can be transmitted to the child during pregnancy, at birth or through breastfeeding. If you are HIV positive and want to get pregnant, consult with a health worker first. You should then immediately start ARVs. The ARVs will significantly reduce the chances of HIV transmission to your child. ARVs are lifelong medications; therefore, once you start ARVs you cannot stop.

Follow Up After Birth for HIV Positive New Mothers

PURPOSE

To encourage HIV+ pregnant women to deliver at a health facility and start PNC

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- Why it is especially important for an HIV+ pregnant woman to deliver at a health facility
- What services to get during PNC for HIV+ new mothers
- What to feed her new baby
- When to know for sure about the HIV status of a child born to an HIV+ mother

Feel:

- Concerned for the health of her baby
- Confident that their child will be HIV free

Do:

- Adhere to the ARV
- Exclusively breastfeed
- Have the child tested for HIV

BARRIERS TO INSTITUTIONAL DELIVERY AND PNC FOR HIV+ WOMEN:

- Fear of stigma
- Lack of awareness
- Not disclosing HIV status to partners and family members
- Traditional practices that restrict the woman from leaving the house

FACILITATORS FOR INSTITUTIONAL DELIVERY AND PNC FOR HIV+ WOMEN:

- Counseling after delivery in a health facility
- Free access to services
- No expenses to exclusively breastfeed for six months

CONTENT

If you are an HIV+ pregnant woman, you have to deliver at a health facility. Since the risk of HIV transmission to the child is high during labor, you need a skilled health worker to deliver your baby. You should then give ARV to your child for 6 weeks without interruption.

After six months, you should take the child to the health center to have him/her tested for HIV. This test will determine whether the child has been exposed to HIV during pregnancy and

labor. For the first six months, you must exclusively breastfeed. Mixed feeding will significantly increase the chances of transmission of the virus to your child. Make sure that your teats are clean and not cracked.

Your child must then get tested after 9 months to make sure that he/she is completely free from HIV. This is because there is a small chance that HIV can still be transmitted through breastfeeding.

3.5. Immunization

Child immunization is a proven tool for controlling and even eradicating infectious diseases such as tuberculosis, diphtheria, whooping cough (pertussis), tetanus, polio, measles, pneumonia, hepatitis B, and Haemophilus influenzae type b. The immunization program in Ethiopia is summarized in the table below.

Period	Type of Vaccine
At birth	BCG and OPV
On the 6 th week	Penta I, OPV I, PCV I, ROTA I
On the 10 th week	Penta II, OPV II, PCV II, ROTA II
On the 14 th week	Penta III, OPV III, PCV III, IPV
On the 9 th month	Measles and Vitamin A supplement

The 2016 DHS puts the proportion of children who have taken all the basic vaccinations in the country at 38.5%, while 15.9% of children have not received any kind of vaccination. The literature review conducted by the Communication for Health project identifies two major barriers for the low coverage of immunization – lack of awareness of mothers, and poor access to immunization services. The same review states that women who receive postnatal care within two months after delivery are most likely to fully immunize their newborn. Access to immunization services is believed to be improving using existing community structures such as the Health Development Army to mobilize children for immunization outreach services.

The content development team for immunization identified two focus areas for the radio program. These are increasing immunization service uptake in general, and another focusing on the completion of immunization.

Immunization Services Uptake

PURPOSE

To encourage care takers to bring their eligible children (under one year) for immunization services uptake

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- All children should be fully immunized by one year old
- Benefits of immunization
- The minor side effects that can follow from the vaccinations
- All under one year children are eligible for vaccination
- Vaccination services are free of charge

Feel:

- Concern about health of her child
- Confident that the vaccination will prevent childhood diseases
- Worried for not vaccinated the child

Do:

- Seek further information on vaccination from health extension workers, HDAs and model families
- Discuss immunization with family members
- Go for vaccination
- Take the child to a health facility if side effects persist

BARRIERS FOR TAKING NEWBORNS/CHILDREN FOR VACCINATION:

- Lack of awareness on benefits of vaccination
- Lack of awareness on the time of vaccination
- Fear of adverse effects following vaccination

FACILITATORS FOR TAKING NEWBORNS/CHILDREN FOR VACCINATION:

- Model families (Families who completed all vaccinations advocates for vaccination)
- Easy access to services through Health Extension Workers
- Health Development Army
- Husbands mostly support vaccinations

CONTENT

Immunization is important to prevent children from serious diseases like polio, measles, diarrhea, pneumonia, tetanus diphtheria, pertussis, hepatitis, human influenza and tuberculosis. All infants should begin vaccination immediately after birth and complete before their first birthday. There may be some adverse effects that occur following vaccination like fever & nausea. These symptoms are often mild and should go away soon. If those symptoms persist you should go back to the health facilities.

More than one injection at a time can be given to your baby on both arms or thighs. It is also natural for your child to cry during vaccinations. However, the vaccines prevent you baby from life threatening diseases. Vaccination services are free of charge in all public health facilities and are also offered through outreach programs.

Complete Vaccination

PURPOSE

To encourage caretakers to take their children on the timely schedule to complete all required vaccinations.

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- When caregiver needs to go to complete all the vaccinations
- The minor side effects that can follow from the vaccinations
- The benefits of completing vaccinations

Feel:

- Concerned for the health of her child
- Worried about the child not getting fully vaccinated
- Confident that the child will be safe once vaccination is completed

Do:

- Decide to have the child vaccinated immediately if he/she hasn't been
- Take the child to a health facility in case of adverse effects persist after vaccinations
- Share the information received from the vaccinators with family members

BARRIERS TO COMPLETION OF VACCINATION:

- Lack of awareness on adverse effects that can occur following vaccination
- Lack of awareness on timing of vaccinations
- Fear of side effects (Believing that vaccination will harm the child)

FACILITATORS FOR COMPLETION OF VACCINATION:

- Model family (families that completed all vaccination serve as advocates for vaccinations)
- Easy access of services through Health Extension Workers
- Most husbands support child vaccination
- Health Development Army
- Vaccination card serves as a reminder for the next appointment date

CONTENT

Your child needs to be fully vaccinated according to the schedule provided by the Health Extension Worker or other healthcare providers. If your child misses any of the vaccinations as per the schedule, he/she will be at risk of contracting severe diseases like Polio, Measles, Diarrhea, Pneumonia, Tetanus, diphtheria, pertussis, hepatitis, human influenza and Tuberculosis. It is therefore extremely important that you go a nearby health facility to have

your child vaccinated, and complete all the vaccinations before the first birthday according to schedule provided by the health worker.

After vaccinations, your child may experience some adverse effects like fever & nausea. These symptoms are often mild and should go away soon. If those symptoms persist you should go back to the health facilities.

More than one injection at a time can be given to your baby on both arms or thighs. It is also natural for your child to cry during vaccinations. However, if your child is fully vaccinated, he will be safe from many life-threatening diseases. Vaccination services are free of charge in all public health facilities and are also offered through outreach programs.

3.6. Newborn and Child Health

Significant progress has been made in child health in Ethiopia, where the country achieved the MDG ahead of time. However, the contribution of neonatal deaths to the overall child mortality has significantly increased as shown in the DHS surveys since 2005. Child mortality rate is indirectly proportional with age, where the highest rate is recorded within the first week of life.

Reproductive and maternal health practices—family planning, antenatal care, assisted deliveries, postnatal care, and immunization—also protect newborns' and children's health. However, newborn and child health also extends to essential newborn care including healthy household practices as well as seeking early treatment for illnesses.

According to EDHS 2016, 30% of children with ARI symptoms, 35% of children with fever, and 43% of children with diarrhea received treatment from a health facility or provider. The literature review of the Communication for Health project identified three major barriers for the poor treatment seeking behavior—lack of awareness, superstitions regarding the causes of illness, and poor access to relevant health services.

Essential newborn practices include thermal care, umbilical care, sun bathing and others. Thermal care refers to the regulation of body temperature of newborns. Loss of heat is one of the medical contributors for neonatal morbidity and mortality. In order to maintain body heat in newborns, it is important that newborns are immediately wrapped in a piece cloth, and bathing newborns must be delayed by at least --- hours. The umbilical cord of the newborn must be cut with a new or boiled blade and proper care must be provided. No foreign substance should be applied to the umbilical cord stump. It is also recommended that newborns should be exposed to sunlight for – minutes every day to get vitamin D, which helps in bone development.

Taking the above considerations, the newborn and child health content development team identified the focus areas as:

1. Seeking treatment for sick newborns,
2. Seeking treatment for sick young children,
3. Optimal essential newborn care, and
4. Special care for premature babies

Seeking Treatment for Sick Newborns

PURPOSE

To inform mothers and caretakers about danger signs in newborns and encourage them to seek treatment

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- That sick newborns can get better with proper treatment
- Danger signs in newborns
- That newborn health services are available for free

Feel:

- Worried that if their newborn may die or suffer lifelong injury if not treated
- Relieved to know that there is treatment for sick newborns

Do:

- Make necessary preparations because newborns may suddenly become ill
- Take newborns to a health facility immediately when they are sick

BARRIERS FOR SEEKING TREATMENT FOR SICK NEWBORNS:

- Influences of family, friends and neighbors as well as cultural beliefs such as putting the newborn in dark rooms and believing that it will not get better
- Fear of expenses/lack of resources
- Not knowing the danger signs (labeling them as *mich*, *megagna*, *berd*, *likift*, etc.)
- Lack of information on the service

FACILITATORS FOR SEEKING TREATMENT FOR SICK NEWBORNS:

- Availability of the service free of charge
- Women Development Army
- Availability of the Family Health Guide in each household

CONTENT

Sick newborns can get better with proper treatment. The following are danger signs in a newborn. Any newborn that shows these symptoms must be taken to the health facility immediately.

- Refusing to breastfeed
- Shivering
- Body turning yellowish
- Not responding to touches

- Unconsciousness
- Breathing difficulty or irregularity
- Reddening, bleeding or puss around the umbilical cord stump
- Fever
- Coldness

Health Extension Workers can provide the required treatment to save a newborn's life. Getting the proper treatment can save your baby's life. Even if your baby does not die, without the proper treatment, it will be exposed to lifelong suffering and disability. You can breath a sigh of relief today knowing that the treatment for sick newborns is free and easily accessible with the Health Extension Worker or any public health center.

Seeking Treatment for Sick Children (28 days – 5 years)

PURPOSE

To inform mothers and caretakers about danger signs in children and encourage them to seek treatment

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- That sick children can get better with proper treatment
- Danger signs in children
- That child health services are available for free

Feel:

- Concerned that what they consider minor illnesses can threaten a child's life
- Relieved to know that there is free treatment easily available for sick children

Do:

- Make necessary preparations because children may suddenly become ill
- Take children to a health facility immediately when they are sick

BARRIERS FOR SEEKING TREATMENT FOR SICK CHILDREN:

- Influences of family, friends and neighbors as well as cultural practices such as herbal medicine, uvuloctomy and others
- Fear of expenses/lack of resources
- Not knowing the danger signs (labeling them as *mich*, *megagna*, *berd*, *likift*, etc.)
- Lack of information on the service
- Poor quality and interruption of services

FACILITATORS FOR SEEKING TREATMENT FOR SICK CHILDREN:

- Availability of the service free of charge
- Women Development Army
- Availability of the Family Health Guide in each household
- Priority is given for children by communities
- Community Based Health Insurance

CONTENT

Diarrhea, fever and coughing are not minor illnesses for children. You should take a child with these symptoms to the health facility immediately. Other danger signs in children include loss of appetite, refusal to take fluids, throwing up, unconsciousness, shivering, loss of energy, difficulty and irregularity of breathing, and seizure. You should take a child with any of these symptoms

to a health facility immediately. Child treatment services are available for free in all public health centers. Health Extension Workers are also equipped to provide child treatment services. A child that does not receive the proper treatment immediately may die or suffer life long injury. It will save you from unnecessary regrets later on if you make sure your child receives the proper treatment when he/she gets sick.

Essential Newborn Care

PURPOSE

To inform mothers and caretakers about essential newborn care practices

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- Proper newborn nutrition practices
- Proper thermal care
- Proper umbilical care
- Other newborn cares that should happen

Feel:

- Concerned that newborns can die or suffer lifelong illnesses if not well taken care of
- Confident that they can take care of their newborns so they can live a healthy and productive life

Do:

- Talk to pregnant women or new mothers about newborn care
- Talk to their wives to understand the support they need during pregnancy and in taking care of the baby
- Breastfeed within an hour after birth
- Wrap the newborn in clean cloth and hold it close to their body to maintain body heat
- Not applying foreign substance to the umbilical stump
- For a mother to wash her hands before breastfeeding
- For the baby and mother to stay in a well lit room

BARRIERS TO ESSENTIAL NEWBORN CARE:

- Influences of family, friends and neighbors as well as cultural practices such as staying in dark rooms and applying different substances to the umbilical stump
- Delivering at home
- Poor PNC services
- Lack of information on essential newborn care

FACILITATORS FOR ESSENTIAL NEWBORN CARE:

- Easy access of the service free of charge and availability of ambulance service
- Women Development Army
- Availability of the Family Health Guide in each household
- Pregnant women conferences

CONTENT

Institutional delivery, other than ensuring that the mother is healthy, also protects the newborn from illnesses. You will know the essential newborn care practices and be able to practice them.

However, if labor starts spontaneously and a pregnant woman has to deliver at home, it is very important that the following care should be taken.

- The umbilical cord of the newborn should be cut with a new and boiled blade. It is also equally important that the cord is tied with boiled tread.
- Loss of body heat is often the cause for newborn death. To maintain the body heat, the newborn should be wrapped with clean clothes and should be held close to the mother's body.
- The newborn should start breastfeeding within an hour after birth. The colostrum should not be discarded, as it is very important for the health of the baby. You should always wash your hands with soap before breastfeeding or even before coming in contact with your newborn.
- Immediately starting breastfeeding will reduce blood loss for the mother, facilitate the discharge of the placenta, help the breast to make more milk, and protects the newborn from illnesses.
- You should not give the newborn anything else other than breastmilk starting from birth until 6 months. Breastmilk contains everything that is necessary for the baby including water.
- You should not bath the baby within 24 hours after birth. Bathing the baby in the first 24 hours will cause loss of body heat for the baby.
- You should not apply any foreign substance on the umbilical stump including soil, butter, ash, or oils. Watch of the umbilical stump not to bleed. If the cord gets loose, wash your hands and retie it, and take the baby to the health facility immediately.
- You should go to the health facility immediately after birth and receive postnatal care services in all the days that the health worker recommends.

Fathers should support their wives during pregnancy and in taking care of their baby.

Special Care for Babies Born Prematurely or With Low Birth Weight

PURPOSE

To inform parents and families that babies born prematurely or with low birth weight can thrive with special care

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- That babies born prematurely and with low birth weight can thrive
- The special care that babies born prematurely and with low birth weight need

Feel:

- Worried for a baby that is born either prematurely or with low birth weight and not receiving special treatment
- Relieved to know that babies born prematurely or with low birth weight can thrive with special care provided to them

Do:

- For parents with a baby born prematurely or with low birth weight to listen to the advice of health workers in such things as a Kangaroo Care, referrals and breastfeeding
- To fully carry out the advice of health workers at home
- For mothers to share what they learnt from the health worker with other family members so that they can get support

BARRIERS TO PRACTICING SPECIAL CARE FOR BABIES BORN PREMATURELY OR WITH LOW BIRTH WEIGHT:

- Belief that these babies will survive or that there is treatment for them
- Perceived lack of resources for treatment
- Cultural beliefs that are attributed to such cases like a curse or supernatural
- Length of treatment and workload of the mother

FACILITATORS FOR SEEKING PRACTICING SPECIAL CARE FOR BABIES BORN PREMATURELY OR WITH LOW BIRTH WEIGHT:

- Accessibility of services
- Ability of HEWs to provide information and other support needed for such cases
- Care within the household is simple and not costly

CONTENT

Premature birth and low birth weight are among the main reasons for infant deaths in Ethiopia. These babies require immediate medical attention and special care from their caretakers. Many people in the community believe that these babies will not survive and that there is no treatment that works for them. However, the reality is, with the proper care, these babies can thrive. In addition to the immediate medical attention, special care that should be given for these babies in the house include thermal care (Kangaroo Care) and breastfeeding more often.

3.7. Nutrition

The 2016 DHS provides that 39.9% of rural children are stunted, 18.4% are severely stunted, 10,1% are wasted, 28.8% are underweight. Nutrition is important to address these physical manifestations in children but also for mental growth. The Ministry of Health recommends that all newborns should start breastfeeding within an hour after delivery and should be exclusively breastfed for the first six months. After six months, babies should start complementary feeding. Diversity of food for children after six months is also important so that carbohydrates, proteins and vitamins are included in their diet.

DHS 2016 reveals that exclusive breastfeeding for children under six months is 57.5%, and 33.5% of parents delay complementary feeding. Minimum acceptable diet for children 6 – 23 months is only 7%.

DHS also reveals that 23% of women and 56% of children are anemic. Anaemia is a condition that is marked by low levels of haemoglobin in the blood. Iron deficiency is estimated to be responsible for half of all anaemia globally.

The content sheets developed for nutrition include optimal maternal nutrition, exclusive breastfeeding, two episodes on complementary feeding for babies older than six months, and adolescent nutrition.

Optimal Maternal Nutrition

PURPOSE

To help and encourage pregnant and lactating mothers to improve their dietary intake to meet their nutritional needs

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- The nutritional needs of women during pregnancy and lactation?
- How to diversify meal during pregnancy and lactation using locally available food items.
- The importance and benefits of taking micro nutrient supplements during pregnancy
- Requirements of religion on fasting for pregnant women

Feel

- Energized and hopeful about the prospect of the fetus/her child
- Empowered/Confident about her ability to do what is best for the fetus/child and herself
- Progressive/modern for doing the right thing
- For fathers to:
 - Feel responsible and concerned as the breadwinner
 - Feel modern/civilized for being concerned and involved

Do/Action

- During pregnancy
 - Consume additional diversified meal- One additional meal during pregnancy and two during lactation
 - Take micro nutrient supplements and use iodized salt whenever preparing food
 - Not fasting during pregnancy (Avoid long hours of fasting and consume animal source foods)
- Fathers
 - Avail resource
 - Become involved and supportive in spouse's nutrition and health

BARRIERS TO OPTIMAL MATERNAL NUTRITION:

- Religion (Fasting)
- Misconceptions and food taboos
- Women's limited decision making power and control over resources
- Accessibility of some food items (Certain vegetables may not be locally produced and some may be costly eg. ASFs)
- Poor skill on how to diversify meal

FACILITATORS FOR OPTIMAL MATERNAL NUTRITION:

- The desire of all mothers and community to have a healthy baby
- Culture of caring for pregnant and lactating mothers
- Availability of free health services
- Locally available foods
- Women's control over backyard gardening and poultry production and produces
- Better access to information with skilled staff at kebele level - HEW, AEW, FTC,

CONTENTS

If you are pregnant, you need to eat one additional meal and diversify your diet from different food groups. This is essential for the optimal development of the fetus as well as for your own health and wellbeing. It would also help you reduce the risk of complication during birth and prevents under-weight birth,

If you are lactating, it is recommended that you eat two additional meals and also diversify diet from different food groups. This would help you stay healthy and breastfeed your baby well.

Whether you are pregnant or lactating, always use iodized salt whenever you prepare food. Iodine is important because _____. You are also not required to fast for the healthy development of the fetus/baby and for your own health.

Age appropriate complementary feeding practice

PURPOSE

To equip mothers with the necessary knowledge and skills needed for age appropriate complementary feeding practice.

WHAT DO WE WANT THE AUDIENCE TO:

Know:

Episode 1

- When to start complementary feeding and why
- Frequency and volume of complementary feeding is enough
- Ability of infants older than six months to digest complementary food

Episode 2

- How to prepare age appropriate complementary food
- How to preserve perishable food items like meat?
- Sick child feeding – smaller volume but more frequently, active feeding, food the child likes, if diarrhea give more food and fluid (Not less)

Feel:

Episode 1

- Sense of excitement and eagerness to start on time and right
- Feel confident and able to give their children a good start in life
- Empowered to prepare and give their infants the right food at the right time

Episode 2

- Confident that they can care for their children during illness
- Confident to be able to prepare food for the children
- A sense of relief that nothing bad will happen to the infant because of complementary feeding

Do:

- Start CF at exactly at end 6th month
- Start by giving soft porridge (not watery) enriched with animal source protein
- Feed three coffee cups of diversified porridge three times/day and two snacks while continuing to breastfeed for 10-12 times a day until the end of the 12th month.
- Increase volume from three to XXX coffee cups of diversified meal while continuing to breastfeed.
- Practice – hand washing (5 critical times), WASH - food preparation, storage and serving/feeding utensils with soap and clean water, keep household clean/hygienic.

BARRIERS TO AGE APPROPRIATE COMPLEMENTARY FEEDING:

- Lack of skill-how to diversify and how to preserve
- Lack of knowledge on what to feed and at what age

- Misconception regarding feeding such as believing that the child will choke or will not be able to digest the food
- Access and availability for certain types of food like ASFs

FACILITATORS FOR AGE APPROPRIATE COMPLEMENTARY FEEDING:

- The desire of all mothers and community to have a healthy baby
- Women's control over backyard gardening and poultry production and produces
- Better access to information with skilled staff at kebele level - HEW, AEW, FTC,

CONTENTS

A mother's breast milk will not suffice the nutritional needs of the newborn after the end of the 6th month. For this reason, the child should start to take CF starting from the end of the 6th month, Start by giving soft porridge (not watery) enriched with animal source protein. Make sure you enrich the porridge from the four food groups – carbohydrates, proteins, vitamins and fat. Animal source foods like meat powder, milk and eggs are important for the growth and development of the baby The complementary food should not be watery and prepared from limited food groups/categories. Otherwise, it will be limited in nutritional value. Feed the child three coffee cups of diversified porridge three times a day and two snacks while continuing to breastfeed for 10-12 times a day until the end of the 12th month..

Adolescent nutrition

PURPOSE

To motivate parents and adolescent girls to consume diversified diet for optimal physical development.

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- Adolescence – the last window of opportunity for girls to grow thus preparing them for safer pregnancy and delivery later in life
- Nutritional needs during adolescence
- How to source/produce affordable nutritious food
- Awareness about norms that discriminate adolescent girls from accessing nutritious food
- Impact of harmful norms

Feel:

- Sense of regret/guilt for what they have missed but also hopeful considering what they could do to provide their adolescent girl
- Hopeful that their daughter will have a relatively safe motherhood experience
- No shame to eat as much as they (adolescents) want. (ሴት ምራቁን ውጣ ታድራለች...)

Do:

- (Adolescent) Eat diversified food
- (Parents) Avail/produce and prepare nutritious food
- Stop gender based discrimination on food consumption

3.8. Water, Sanitation and Hygiene (WaSH)

The Universal Access Plan (UAP) for water supply, sanitation and hygiene (WASH) adopted by the Ethiopian government aims increase access to safe water to 98.5% and enable all of the country's population get access to improved latrine by 2015. A lot has been achieved in this regard in the past decades as the country achieved 52% of water supply and 63% of sanitation coverage in 2010 from a low 19% and 3% respectively in 1990. Despite major progresses, a lot remains to be done to achieve this goal.

Ethiopia is among the countries that lagged behind in meeting the Millennium Development Goals (MDG) related to WASH. Issues related to equity in WASH services remain to be a major challenge. In general, the following factors are believed to affect people's abilities to access WASH services.

- *Poverty*: The WaSH Implementation Framework of 2013 indicates that people in the poorest wealth quintile especially in Sub-Saharan Africa are 20 times more likely to practice open defecation than others.
- *Gender disparities*: Women are responsible for collecting and fetching water, therefore they are disproportionately affected by lack of access to water.
- *Spatial disparities*: In broad terms, people living in rural areas, in urban slums and informal settlements, in the emerging regions and pastoralist areas are underserved by WASH services.
- *Age disparities*: The elderly and young children are more vulnerable and affected by lack of WASH facilities. Reduced mobility, physical challenges and costs are factors that significantly affect access to WaSH services among these population groups.

According to the 2016 DHS, only 6.3% of households in the country use improved toilet facilities not shared, 52.9% use unimproved or shared latrine, and 32.3% practice open defecation. According to the WaSH Implementation Framework, minimum levels of hand washing are as low as 7% and the number of people following the safe drinking water chain from source to mouth is thought to be as low as 8%. Furthermore, only 32.3 % of schools and 31.4% of health centers and posts have a water supply.

Hand Washing

PURPOSE

To motivate people to wash their hands at the recommended critical times

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- The benefits of hand washing
- The critical times of hand washing

Feel

- Regret for not washing their hands before during the critical times
- Motivated to wash their hands

Do/Action

- Prepare water and soap for washing hands
- Start washing hands during critical times

BARRIERS TO WASHING HANDS:

- Lack of awareness
- Misconceptions
- Poor supply of water

FACILITATORS FOR WASHING HANDS:

- Model households
- HEWs
- Schools

CONTENTS

You can protect yourself and your family from several communicable diseases including diarrhea by washing your hands at the recommended times. These critical times are after using the toilet, after wiping babies, after taking care of ill people as well as before preparing or eating food, Make sure you wash your hands well with soap. If you cannot find soap, you can use ash or 'endod'.

Using Latrines

PURPOSE

To encourage people to properly and consistently use latrines

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- The benefits of using latrines
- About keeping latrines clean and comfortable

Feel

- Shameful for openly defecating
- Confident that they can use latrines

Do/Action

- Construct latrine in the house
- Teach all family members to use latrines
- Clean their latrines

BARRIERS TO WASHING HANDS:

- Lack of awareness
- Misconceptions
- Lack of resources
- Land not being suitable for digging

FACILITATORS FOR WASHING HANDS:

- Model households
- HEWs
- Schools
- Availability of space for latrine

CONTENTS

Using latrines will get rid of smell and the flies. You can also avoid stepping on faeces if people started using latrines. In addition to these nuances, open defecation is one of the sources of many communicable diseases that affect communities. You can easily construct latrines in your backyard. Ask HEWs for help in constructing latrines as they can tell you how to do it using local resources. Make sure the latrine you construct is comfortable for all family members to use. It is also important that the latrine has a lid to close it when its not being used.

Household Management

PURPOSE

To encourage people to maintain a house that is safe and healthy

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- The factors that make a house safe for healthy living

Feel

- Worried that their house is not safe
- Confident that they can do something about it

Do/Action

- Separate animal houses from the human living space
- Separate cooking area from the living space
- To open a window in the living space so that it can be naturally lit and ventilated
- Keep their houses and environment clean

BARRIERS TO PROPER HOUSEHOLD MANAGEMENT:

- Lack of awareness
- Misconceptions such as the belief that animals breath strengthens the foundation of the house
- Theft of cattle and other animals
- Lack of resources to construct windows

FACILITATORS FOR PROPER HOUSEHOLD MANAGEMENT:

- Model households
- HEWs
- Availability of microfinance institutions

CONTENTS

In order to protect yourself and your family from illnesses and save yourself from unnecessary expenses for medical treatment, you should keep your house safe and healthy. The floor, ceiling and walls of your house must be regularly cleaned. The house should also have a window that allows for enough ventilation. It is important that you separate the living space of the house from the animal barn as well as the cooking area. When cooking, use smokeless stoves. Doing these things will not only protect you from illnesses but also allow you to lead a more respectable and comfortable life.

Storing and Using Drinking Water

PURPOSE

To encourage people to safely store drinking water and treat it before using

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- The risk of drinking unclean water
- Reasons for water contamination
- How to store drinking water
- How to treat drinking water

Feel

- Scared for drinking unclean water
- Confident that they can make drinking water safe

Do/Action

- Start using clean materials for fetching and storing water
- Start boiling or treating drinking water
- Start storing drinking water separately from water for other purposes

BARRIERS TO APPROPRIATE USAGE AND STORAGE OF DRINKING WATER:

- Lack of awareness
- Misconceptions that there is no bad water
- Lack of water supply
- Lack of access to chemicals to treat water

FACILITATORS FOR APPROPRIATE USAGE AND STORAGE OF DRINKING WATER:

- Model households
- HEWs
- Schools

CONTENTS

Drinking water that is not clean can expose you to diarrhea and other serious diseases. Clean water is completely transparent, does not have any smell or taste. It is important that we use clean materials to fetch and store drinking water. Even then, water can easily be contaminated whether from the source or while in our house. It is therefore important to either boil or treat drinking water with chemicals made for this purpose.

3.9. Malaria

Areas lower than 2000 meters above sea level are generally considered malaria prone. By this definition, 75% of Ethiopia is malaria prone, making two-thirds of the population at risk of malaria. According to the literature review conducted by the *Communication for Health* project, in 2009/2010 malaria accounted for up to 14% of outpatient consultations and 9% of health facility admissions. The Federal Ministry of Health estimates that there are 5–10 million clinical malaria cases each year, 77% of which are caused by *P. falciparum* and 23% by *P. vivax*. Approximately 70,000 people are estimated to die of malaria each year.

The same literature review found that the vast majority of women have heard of malaria (71%), know that fever is a symptom of malaria (76%), and know that it is caused by the bite of a mosquito (71%). Wealth was found to be indirectly proportional to the risk of malaria while household size was directly proportional.

The Federal Ministry of Health recommends that all people residing in malaria endemic areas should sleep under LLINs, with priority given to pregnant mothers and children under five years of age. It is also advised that people experiencing fever should seek treatment within 24 hours of fever onset. All Malaria should be diagnosed by parasitological diagnostic test at a health facility. Furthermore, the Ministry recommends that households allow the application of Indoor Residual Spray (IRS), which is normally provided free of charge by the government. Environmental management that destroys the mosquito breeding conditions is also effective.

The content sheets developed for malaria are on the use of LLINs, malaria treatment, IRS, and environmental management.

LLIN Use

PURPOSE

Motivate people to use LLINs correctly and consistently

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- The benefits of LLINs
- How to use LLINs
- How and where to get LLINs

Feel

- Concerned for their health
- Fearful for not using LLINs

Do/Action

- Hang the LLINs that they have immediately
- Make pregnant women and children under 5 sleep under LLIN

BARRIERS TO LLIN USE:

- Not knowing the benefits of LLINs
- Discomfort of using the nets
- Believing that malaria has been eliminated
- Wear and tear

FACILITATORS FOR LLIN USE:

- Free distribution of LLINs
- Availability of free education on LLINs nearby

CONTENTS

Malaria is a serious health risk in our country. While it is treatable, it can cause disruption to your daily life as children will be forced to miss school and adults to miss work. It also leads to other health complications. Especially children can perform better in school if they do not get infected with malaria. Using LLINs correctly and consistently prevents malaria. You can protect your health, your family's health and the health of the broader community by using LLINs. LLINs are provided for free regularly by the government. If you don't have enough LLINs, make sure pregnant women and children under 5 sleep under the nets first because they are more vulnerable to malaria than anybody else. When you use the LLINs, make sure that they are well tucked in under the mattress.

Malaria Treatment

PURPOSE

Motivate people about malaria treatment

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- Symptoms of malaria
- How and where to get treatment
- Adherence to treatment

Feel

- Worried to know that malaria can lead to serious health complications without proper treatment
- Worried that they may be responsible for infecting others with malaria if not treated early
- Worried that malaria could lead them to economic and social instability if not treated early

Do/Action

- Go to the health facility immediately if they have fever
- Adhere to treatment, without sharing their medication with others

BARRIERS TO MALARIA TREATMENT:

- Lack of awareness
- Taking inadequate treatment from private facilities without the consultation of a proper physician

FACILITATORS FOR MALARIA TREATMENT:

- Availability of treatment nearby free of charge

CONTENTS

Malaria can be treated. Treatment is free of charge in any public health facility. The main symptom of malaria is fever. You should go to the health facility within 24 hours of fever onset. The dosage of the medicine prescribed for malaria depends on your body weight. The health worker prescribes the right amount that you need to be cured of malaria. You should therefore, under any circumstances, share your medication with others. You should also not seek to buy the medicine elsewhere since expired drugs can lead to other severe consequences. Once you start malaria medicine that if prescribed by a health worker, it is important that you adhere to and finish the prescribed medication. You may start to feel better immediately after

taking the medicine; however, not not stop until you finish the prescribed amount. If you stop short, malaria will relapse.

IRS

PURPOSE

To inform people about the benefits of IRS

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- The benefits of IRS
- Care that needs to be taken after IRS
- What to use IRS for

Feel

- Fearful of not spraying or replastering a sprayed wall
- Fearful of using IRS for other purposes

Do/Action

- Have their houses sprayed with IRS
- Not to replaster a wall that has been sprayed
- Not to use IRS for other purposes

BARRIERS TO IRS:

- Belief that the spray would create breeding ground for insects and mites
- Believing that the spray would spoil the walls

FACILITATORS FOR IRS:

- The fact that the spray is done for free
- The fact that the spray is community based
- The desire not to be sick

CONTENTS

IRS sprayed walls kill mosquitoes for up to six months, thus controlling the spread of malaria. So allow community workers to spray your walls with IRS. Once your house sprayed, do not replaster or paint the walls that have been sprayed. Do not use IRS for other purposes because it can be harmful.

Environmental Management

PURPOSE

To educate people on proper environmental management that would eliminate breeding grounds of mosquitoes

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- What conditions are suitable for mosquito breeding
- How to eliminate these conditions

Feel

- Concerned for their health and the health of family and the community

Do/Action

- For the community to control the breeding grounds of mosquitoes
- Get rid of materials that retain water
- Dry and close wells that retain water every week
- Use chemicals on places that cannot be dried up or closed

BARRIERS TO ENVIRONMENTAL MANAGEMENT:

- The fact that identifying mosquito breeding grounds is not easy
- Competing priorities in communities
- Need for consistent community mobilization work

FACILITATORS FOR ENVIRONMENTAL MANAGEMENT:

- Availability of chemicals at the kebele level
- Availability of HEWs for technical support

CONTENTS

You can prevent malaria by proper environmental management that would eliminate breeding grounds for mosquitoes. Mosquitoes can breed in small waters such as those contained in broken *Insera*, small pieces of plastic, leaves and others. You should always dry up these unwanted water sources, and keep others well closed.. Use chemicals available for this purpose on water sources that cannot be dried up.

3.10. Tuberculosis

As stated in the 2015 Global TB Report, TB prevalence in Ethiopia is estimated to be around 200 per 100,000 population. The same report also puts TB mortality rate at 33 per 100,000. This puts the country among the 22 high TB burden countries in the world. Multi Drug Resistant TB is also a major problem in the country with 1.6% of new diagnosed cases and 12% of retreatment cases found to be Multi Drug Resistant. Another TB burden in Ethiopia is also TB-HIV co-infection. Out of the total TB cases, 10% were HIV positive. However, only 75% of all TB patients knew their HIV status. Furthermore, out of the newly diagnosed HIV positive individuals screened for TB 9.1% had active TB.

It is generally accepted that TB prevalence is higher among people living in congregated settings. TB can be prevented by opening windows and allowing air circulation. Any person with a cough lasting more than two weeks should go to a health center as he/she may have TB. The only way to know if one has TB is through tests done at health facilities. Once diagnosed with TB, an individual should adhere to treatment for a minimum of six months as prescribed by the health worker.

For the radio program, four content sheets were developed on treatment of TB, adherence to TB treatment, Treatment for Multi Drug Resistant TB, and TB Prevention.

TB Treatment

PURPOSE

To encourage people to seek TB treatment early on

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- What TB is
- Symptoms of TB
- How and when to access treatment services

Feel

- Scared for coughing for a long time
- Confident that they can get better with treatment

Do/Action

- Seek more information about TB from health professionals
- Discuss with family members about TB
- Talk to a persona who had TB and got better

BARRIERS TO TB Treatment:

- Not taking coughing seriously
- Fear of stigma
- Not knowing treatment is free
- Length of treatment

FACILITATORS FOR TB Treatment:

- Knowing that TB is treatable
- Knowing that there are people who are cured of TB
- Free access to treatment services

CONTENTS

TB is a life threatening disease. TB is mostly transmitted through breathing. The symptoms are coughing that lasts for more than two weeks, weight loss, loss of appetite, and sweating at night. You should immediately seek medical attention whenever these symptoms occur. The only way to know that you have TB is through tests at health facilities.

TB can be cured with the proper treatment. TB treatment and medicine is available free of charge from all public health facilities. If left untreated, TB can cause serious illness and death.

Adherence to TB Treatment

PURPOSE

To encourage people to to adhere to treatment and medication if diagnosed with TB

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- The consequences of treatment interruption

Feel

- Concerned and worried enough to stick to treatment

Do/Action

- Adhere to treatment for those already on treatment
- Seek more information about TB treatment

BARRIERS TO TB TREATMENT ADHERENCE:

- Side effects of treatment
- Length of treatment
- Lack of availability of balanced diet
- Mobility because of work

FACILITATORS FOR TB TREATMENT ADHERENCE:

- Knowing that TB can be cured
- Existence of people who have been cured of TB
- Free access to treatment and medication

CONTENTS

You can be cured of TB if you adhere to TB for a minimum of six months as prescribed by the health worker. If you are on TB medication, you have to eat a balanced diet. Interrupting TB medication will make you vulnerable to a more serious type of TB called Multi Drug Resistant TB. You should protect yourself and your family from any form of TB by sticking to your medication as prescribed.

MDR TB Treatment

PURPOSE

To inform people about Multi Drug Resistant TB

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- What Multi Drug Resistant TB is
- What causes Multi Drug Resistant TB
- Treatment of Multi Drug Resistant TB
- Side effects of TB treatment

Feel

- Scared

Do/Action

- Adhere to treatment for those already on TB medication
- Seek more information about TB
- Eat balanced diet
- Help others not to be infected with HIV

BARRIERS TO TB TREATMENT ADHERENCE:

- Side effects of treatment
- Length of treatment
- Lack of availability of balanced diet

FACILITATORS FOR TB TREATMENT ADHERENCE:

- The fact that Multi Drug Resistant TB is treatable
- The fact that treatment is available for free

CONTENTS

Multi Drug Resistant TB is a strain of TB that cannot be cured with the regular TB medications called INH and Ri Phampisin). A person who has been first diagnosed with regular TB but failed to adhere to treatment is highly vulnerable to developing Multi Drug Resistant TB.

Multi Drug Resistant TB itself is also treatable; however, the treatment takes two years. And it requires that you adhere to the treatment for that period of time. If you do not adhere to Multi Drug Resistant TB, you may be exposed to an even more dangerous strain of TB called Extensively Drug Resistant TB, which will lead to death.

TB Prevention

PURPOSE

To inform people about TB prevention mechanisms

WHAT DO WE WANT THE AUDIENCE TO:

Know:

- Transmission modalities of TB
- Cough ethics

Feel

- Concerned for the health of their loved ones

Do/Action

- Consult health workers about TB
- Openly discuss with family members about TB
- Take action to prevent TB transmission

BARRIERS TO TB PREVENTION:

- Congregated settings
- Not opening windows in public transports

FACILITATORS FOR TB PREVENTION:

- Availability of counseling
- HEWs
- Support from family members (including treatment support)

CONTENTS

TB attacks the lungs and is mainly transmitted through breathing. It can also be transmitted sometimes through drinking milk without boiling. When a person infected with TB coughs, small particles carrying the germs are dispersed onto the air, which leads to another person inhaling the germs. It is therefore important for a TB patient, in addition to adhering to the treatment, to cover the nose and mouth with the inner part of his/her arm. You should avoid covering your mouth and nose with the palm of your hands because you are most likely to infect another person.

People living in congregated settings are more vulnerable to TB. Always open window in rooms where several people are staying in, so that the room is well ventilated.

4. Drama

The drama contains two storylines – one following the lifecycle approach and the other one on community action. The lifecycle story involves a young couple as they navigate through marriage, pregnancy, childbirth, and dealing with the good health of themselves, and of the child as it grows up. The second storyline illustrates how a community tries to move towards a strong community in response to a serious health and other related issues with many challenges and barriers along the way. The two storylines are not independent of each other and different elements from each storyline are woven together to create one serial drama.

4.1. Drama Universe

The drama takes place in a rural part of Amhara, in a kebele called ----- that is divided into two villages named Tach Qidam and Lay Qidam. A river divides the two villages. There is a bridge that brings the two villages together. The bridge is made of wood and often collapses during the rainy season. People from both communities always work together to reconstruct the bridge. In the mean time, people in the villages have to travel unbearable distances to access markets or go to different nearby towns. The kebele is about 2 hours walking from the main asphalt road.

There are three types of markets that the community accesses: a small market nearby, a bigger market in a town called Hamusit 2 hours away, and a large market farther away where different woredas come together to trade cattle, clothes, etc. The first cycle school is 30 – 40 minutes away. Another school (5th to 8th grade) is located in the same distance. However, grade 9 – 10 students have to walk for 2 hours.

There are two small shops in the village that sell small items like batteries, soda, candles, and matches. The nearest of the two shops is about 30 minutes walk. There are *Areque* houses, and households (often headed by widowed women) selling *Tela*. Mills are about 30 minutes walk.

There is an open field where children play football but the place is mostly hilly with mountainous surrounding. The river that separates the two villages is used for irrigation and washing clothes. Cattles also drink from the river. It gets full in the rainy season, which makes the bridge extremely important.

There is one church, which has a Christian cemetery that serves both villages. There is also an open space cemetery for Muslims. There is also one mosque for both villages.

Each village has approximately 120 households. About 2% of the population is considered well to do, 70% are considered to be middle class, and 2% poor. There are boreholes for water sources with manual pump. Very few model households have latrine in the house so most people defecate in the woods.

The most influential people in the community are religious leaders, wealthy people (5 to 6 people), local musicians, community elders, the cityspora, Kebele and village leaders, teachers, HEWs, AEWs and agricultural cooperatives, the community police and witchcraft practitioners. Tesfa's father, Ato Amman, and W/ro Beletu are among the influential people.

The following diagram illustrates the Malefia kebele.



4.2. Character Profiles for the Lifecycle Storyline

This storyline has three major characters – Nitsuh Kassa, Tesfa Wassihun and Berhanu Woubshet. The drama starts with the marriage of Nitsuh and Tesfa and engages the audience through the human story of the couple and the challenges they face along their journey. The different health issues are built into the drama naturally. The Behavior Change Objectives within this storyline are:

- Early initiation and completion of recommended ANC
- Institutional Delivery
- Postnatal care
- Newborn and child care
- Immunization
- Proper infant and young child feeding
- Family planning

Nitsuh Kassa

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የትምህርት ሁኔታ፡- 10ኛ ክፍል ያቋረጠች

ባህሪያቶቿ፡- ከሰው ጋር ተግባቢ፣ትሁት እና ደግ ፣ ላመነችበት የምትታገል ፣ ጭፈራ እና ጨዋታ የምትወድ ሳቂታ ፣ ስትናደድ ሀሳቧን ለማስረዳት የምትሞክር ካልቻለች ገለል ማለት የምትወድ፣

መኖሪያ፡- አሁን የምትኖርበት ታች ቅዳም በተባለ የገጠር መንደር፣ የባለቤቷ ቤተሰቦች በሚኖሩበት መንደር ውስጥ ከጋብቻ በኋላ ጭቃ ቤት ተቀልሶላቸው ይኖራሉ። መኖሪያቸው ከወላጆቿ መኖሪያ ብዙም ሳይርቅ።

የመኖሪያ አካባቢ፡- 120 አባወራ በሚኖርበት ታች ቅዳም በተባለ ቀበሌ

ጎረቤቶች፡- አቶ ዋሲሁን እና የልጆቻቸው ቤተሰቦች በሚኖሩባቸው መኖሪያዎች አካባቢ አቶ ዋሲሁን ሊቁ እና ባለቤታቸው ወ/ሮ ጌጤ አሳምነው ከአንድ ወንድ ልጃቸው/ ንጉሴ ዋሲሁን/ እና 1 ሴት ልጃቸው /ባንቺአየሁ ዋሲሁን/፣ ሴቶች ልጆቻቸው ጋር የሚኖሩበት ቤት፣ የአቶ ዋሲሁን የመጀመሪያ ልጅ/ወንድማዥን ዋሲሁን/ ከባለቤቱ/ዘርፌ ሻዎል/ እና 3 ልጆቿ/ ባንተአየሁ፣ደረጄ እና ወይንሸት/ ጋር የሚኖሩበት ቤት በአቅራቢያቸው አለ)

ስራ፡- የቤት እመቤት ፣ ባሏን እርሻ ታግዛለች የራሷ ገቢ ግን የላትም

ማድረግ የምትወደው፡- ስፌት መስፋት እና ጥልፍ መጥለፍ ፣ ማንጎራጎር ፣የበግ ግልገል እና ጥጆችን መንከባከብ እና ከጓደኞቿ ጋር ተገናኝቶ መጫወት

የቤተሰብ ሁኔታ፡- እናቷ- አሰለፈች በላይ አባቷ- ካሳ ይሁኔ ይባላሉ። አባቷ በህይወት የሉም። ወላጆቿ 2 ወንዶች ልጆች ሞቶባቸዋል። 3 ሴቶች ልጆች(መስተዋትና /ዕድሜ15/ 4.ኖሴ / ዕድሜ13/) አሏቸው። ንፁህ የቤተሰቡ የመጀመሪያ ልጅ ናት። አባቷ በግብርና ሙያ ይተዳደሩ ነበር። ባላቸው 1 ሄክታር መሬት ላይ ጤፍ እና ስንዴ ያመርታሉ። የጓሮ አትክልት ያላቸው። 1 በሬ አላቸው ከሌላ ሰው በሬ ጋር እያጣመሩ ያርሳሉ። 6 በጎች እና ጥቂት ዶሮዎች አሏቸው። አባት አቶ ካሳ ይሁኔ በነቀርሳ/እባጭ/ በሽታ ህይወታቸው ካለፈ በኋላ መሬታቸውን ተስፋ እያረሰ የሚያስተዳድራቸው።

ጠንካራ ጎን፡- ላመነችበት ቆራጥ፣ ችኩል ያልሆነች ፣ጠንካራ/ቻይ ችግር የምትቋቋም አይነት

ደካማ ጎን፡- ሰው ለማስደሰት ስትል የራሷን ስሜት የምታፍን፣ ደስተኛ ሳትሆን ደስተኛ ለመምሰል የምትሞክር፣ በራሷ መኩራት እና ያልተማረ ሰው ምንም አይወቅም የሚል ትንሽ ንቀት አለባት፣ሀዘን ሲያጋጥማት ለጓደኞቿ በማካፈል እና በማልቅስ ታወራለች።

የህይወት ግቧ፡- ያቋረጠችውን ትምህርት መቀጠል፣ የመንግስት ስራተኛ መሆን እና ልጆች ወልዳ ከተማ መኖር

ህይወቷ ባጭሩ

ንፁህ ከእናቷ ከወ/ሮ አሰለፈች በላይ ከአባቷ አቶ ካሳ ይሁኔ ተወለደች። ወላጆቿ አምስት ልጆች ወልደዋል። 3 ሴቶች እና 2 ወንዶች። ወንዶቹ በተለያዩ ጊዜ ሞተውባቸዋል። አቶ ካሳ የተማሩ ባይሆኑም ፣ያለቻቸው መሬት ከአንድ ሄክታር ያነሰች በመሆኗ ሴቶች ልጆቻቸውን በእርሻ ብቻ ሳይሆን በትምህርትም እንዲተዳደሩ በማሰብ ትምህርት ቤት ልከዋል።ለዚህም ነው ንፁህን በ8 አመቷ ወደ ትምህርት ቤት የላኳት። የመጀመሪያ ልጃቸው ንፁህ ጠንካራ፣ ቤተሰቡን የምትረዳ በትምህርቷ 10ኛ ደረጃ ጎበዝ በመሆኗ ሁል ጊዜ ይኮሩባታል።

ከአንድ አመት በፊት አቶ ካሳ ባልታወቀ ነቀርሳ በሽታ/በአባጭ/ ታመው ሞት አፋፍ በነበሩ ጊዜ የመጀመሪያ ልጃቸውን ንፁን ባል አግብታ ባሏ መሬታቸውን እንዲያስተዳድር ይወስናሉ። ቤት ውስጥ 4 ሴቶች ጥለው ሊሞቱ መሆናቸው አሳስቧቸው ንፁህ ባል አግብታ ቤቱን እንዲያስከብር፣ እርሻቸውን እንዲያስተዳድር በማሰብ ለልጃቸው ባል እንዲያፈላልጉ ለወዳጅ ዘመዶቻቸው ሀላፊነት ይሰጣሉ። ይህንን መረጃ የሰማው ባሏ ተስፋ ዋሲሁን ቀድሞም በጣም ይወዳት ስለነበር የጋብቻ ጥያቄ ያቀርባል። ስለማንነቱ ስለቤተሰቡ ካጣሩ በኋላ ንፁህን ሊድሩለት ይወስናሉ። ንፁህ ትምህርት ቤት ስትሄድ እና ስትመጣ አብሯት የሚሄድ ፣ ግንኙነታቸው ጠንክሮ ወደጓደኝነት ባይመራም የምትወደው፣ ለመጀመሪያ ጉዜ የሳመቸው ብርሀኑ መንገሻ የተባለ ጓደኛ አላት። ሆኖም አባቷ በጠና ታመው የጠየቁትን እምቢ ላለማለት የአባቷን ቃል አከብራ ተስፋን ለማግባት ትስማማለች። ትምህርቷን መቀጠል ብትፈልግም ተስፋ እንደሚያስተምራት ቃል ገብቶላት ጋብቻው ይፈፀማል።

ተስፋ እና ንፁህ ከጋብቻ በኋላ ቀስ በቀስ ቢላመዱም አስደሳች የወሲብ ህይወት ቢኖራቸውም በአንዳንድ ጉዳዮች ላይ በግልፅ ለመነጋገር ገና አልተፍታቱም። ተስፋ ባገኛት አጋጣሚ ሁሉ ወደአልጋ ስለሚወስዱት እሱም ስለሚያስደስታት እየቀረበችው መጥታለች። ከዚህም በላይ ተስፋ በስራው ታታሪ እና ከተማ ሄዶ ለመኖር ያለው ህልም ከሷ ህልም ጋር የሚመሳሰል በመሆኑ ከሱ ጋር በትዳር ረዥም ርቀት ለመሄድ ወስናለች። ሆኖም የንፁህ ልብ ብርሀኑ ጋር ቀርቷል። ሁሉ ታስቦታለች። አብሯት ተምሮ እሷ መድረስ የምትፈልግበት የትምህርት ደረጃ ላይ በመድረሱ ትቀናበታለች። በፍቅር አብራው ብትሆንም ይናፍቃታል። ንፁህ ለብርሀኑ ያላትን ይህንን የፍቅር ስሜት ከተስፋ ልትደብቀው አልቻለችም። ተስፋ መቅናት መነጫነጭ ጀምሯል። ቅናቱ ትዳራቸው ጣልቃ እየገባ እየበጠበጣቸው ነው።

ንፁህ ቤተሰቦቹ የሚፈልጉትን አግብቼ የሚያስፈልገውን መስዋዕትነት ከፍያለሁ ብላ ብታስብም ህይወቴን በምፈልገው መንገድ መኖረ አለብኝ በሚል ባመነችበት መንገድ ለመኖር ትታገላለች። ባሏ በትምህርት ባለመግፋቱ እና የቤት አመቤት ሆኖ ቀሪ ህይወቷን ለመግፋት አለመፈለጓ ግን ከባሏም፣ ከባሏ ቤተሰቦች ጋር ያጋጫታል። ልጅ መውለዷን አቆይታ ትምህርቷን ለመቀጠል ቆርጣለች። ይህ ፍላጎቷ ግን በቶሎ ልጅ መውለድ ከሚፈልገው ከባሏ ጋር አላስማማትም።

Tesfa Wassihun

ዕድሜ:- 25

የጋብቻ ሁኔታ:- በድራማው ሂደት የሚያገባ

ሐይማኖት:- ኦርቶዶክስ ክርስቲያን

ብሄር:- አማራ

አካላዊ ገለጻ:- ቁመቱ መካከለኛ (1.74 ሜ)፣ ቀጭን ጠንካራ እና ክርር ያለ ጡንቻ ያለው፣ ሻከር ያለ ሲስሙት ቆጣ ያለ ድምፅ አለው፣ በአብዛኛው ቁምጣ ከሸሚዝ እና ከቲሸርት ጋር ይለብሳል። አንዳንዴ ትከሻው አንዳንዴ ደግሞ አናቱ ላይ የሚጠመጥማት መንገድ ስለሌለው። ጫፉ ደቦልቦል ያለ ዱላ ከእጁ አይጠፋም።

የትምህርት ሁኔታ:- 8ኛክፍል ያቋረጠ። ሚኒስትሪ ደጋግሞ ስለወደቀ 8 ቁጥርን እንደአባቱ ገዳይ የሚጠላ። መውለድ የማቆመው 7 ላይ ነው የሚል አቋም ያለው

ባህሪያቶቹ፦ ሳቅ እና ጨዋታ የሚወድ ተግባቢ እና ለሰው ችግር ደራሽ፣ ቶሎ የሚቆጣ ፣ሲቆጣ ቁጣው ወደግብግብ የሚያመራበት፣ግን ገራገር ሰው

መኖሪያ፦ ተስፋ ሲያገባ በአቶ ዋሲሁን መኖሪያ አካባቢ ሁለት ክፍል የጭቃ ቤት ስርቶ ከባለቤቱ ንፁህ ጋር ይኖራል።

የመኖሪያ አካባቢ፦ 120 አባወራ በሚኖርበት ታች ቅዳም በተባለ ቀበሌ

ጎረቤቶች፦ አቶ ዋሲሁን እና የልጆቻቸው ቤተሰቦች በሚኖሩባቸው መኖሪያዎች አካባቢ አቶ ዋሲሁን ሊቁ እና ባለቤታቸው ወ/ሮ ጌጤ አሳምነው ከአንድ ወንድ ልጃቸው/ ንጉሴ ዋሲሁን/ እና 1 ሴት ልጃቸው /ባንቼአየሁ ዋሲሁን/፣ ሴቶች ልጆቻቸው ጋር የሚኖሩበት ቤት፣ የአቶ ዋሲሁን የመጀመሪያ ልጅ /ወንድማገኝ ዋሲሁን/ ከባለቤቱ/ዘርፌ ሻዎል/ እና 3 ልጆቹ/ባንተአየሁ፣ደረጄ እና ወይንሸት/ ጋር የሚኖሩበት ቤት በአቅራቢያቸው አለ)

ስራ፦ አባቱ ቆርሰው በሰጡትን መሬት እያረሰ ጤፍ እና ገብስ ያመርታል፣ ንብ ያናባል፣ 4 በጎች እና በርካታ የሀበሻ ዶሮዎች አሉት፣ተስፋ ከንፁህ ቤተሰቦች እንዲያስተዳድር የተሰጠውን መሬት ያርሳል።

የቤተሰብ ሁኔታ፦ እናቱ - ወ/ሮ ጌጤ አሳምነው አባቷ- ዋሲሁን ሊቁ ። አባቱ አቶ ዋሲሁን ያለቻቸውን 2 ሄክታር መሬት ላይ ለወንዶች ልጆቻቸው ሲያካፍሉ ለተስፋ ግማሽ ሄክታር መሬት ደርሶታል። ተስፋን ጨምሮ 6 ልጆች አሏቸው፣ 3 ወንዶችና 3 ሴቶች።አባት አቶ ዋሲሁን ከቀድሞ ሚስታቸው 2 ሴቶች ልጆች ወልደዋል ልጆቹ ተድረው ሌላ አካባቢ ሄደዋል።(የቀድሞ ሚስታቸው በህይወት የለችም) ተስፋ የአቶ ዋሲሁን 7ኛ ልጅ ነው።

ማድረግ የሚወደው፦ ፈረስ መጋለብ ፣ በሞባይሉ ሬዲዮ ማዳመጥ ፣ትግል ፣አነጣጥሮ መተኮስ እና ከጓደኞቹ ጋር ከተማ ወጣ ብሎ ጠላ እና አረቄ እየተጎነጨ መጫወት፣ ባገኘው አጋጣሚ ሁሉ ከሚስቱ ጋር ፍቅር መስራት

ጠንካራ ጎን፦ ችግር ሲከሰት በአቅሙ መፍትሄ ለመፈለግ ይሞክራል።ለቤተሰቡ ፣ለትዳሩ ሀላፊነት ይሰማዋል። ስራ ላይ ታታሪ ነው። የሚያዋጣውን የሚያውቅ ብልጥ ነው።

ደካማ ጎን፦ ግልፍተኛ ነው። ሀሳቡን ሌሎች ሳይቀበሉት ይናደዳል፣ አንድ ነገር ከያዘ እኔ ያልኩት ካልሆነ ብሎ ድርቅ ይላል፣ቅናት(ሚስቱ ላይ)

የህይወት ግቡ፦ የ7 ልጆች አባት መሆን ፣ በሰፈሩ ሱቅ መክፈት፣ ከብት ማርባት፣ብድር ወስዶ በግርብርና ምርቱን እና ገቢውን አሳድጎ ቆርቆሮ ቤት መስራትና ከተማ ቤት መገንባት፣ የንፁህን ልብ ማሸነፍ እና የምትወደው ሚስቱ ማድረግ

ህይወቱ ባጭሩ

ተስፋ ዋሲሁን የአቶ ዋሲሁን ሊቁ እና የወ/ሮ ጌጤ አሳምነው 7ኛ ልጅ ነው። ከቤተሰቡ በተጨማሪነቱ በጠንካራ ሰራተኝነቱ ከመታወቁ ሌላ በአካባቢው በአነጣጥሮ ተኳሽነቱ ይወደዳል፣ ይደነቃል። በተለይ አንድ ጊዜ ወደመንደራቸው መጥቶ ከብት የጨረሰ ጅብ ገድሎ ዝናው በቀበሌው ዳር እስከዳር ተዳርሷል። ተስፋ ከተማ ሲመላለስ የሚያገኘውን የቴክኖሎጂ ውጤት ይቀበላል። ለቴክኖሎጂ ቅርብ መሆኑና ከእጁ ከማይለየው ሬዲዮ መረጃ በማግኘቱ ብዙ ሰዎች ለወሬ ይከብታል። በአካባቢው እንደአዋቂ ከመቆጠሩ በተጨማሪ ባለው የሶላር ኤሌትሪክ ማመንጫ ሞባይል ቻርጅ ስለሚያደርግላቸው ተፈላጊ ሰው አድርጎታል። ይህ ደግሞ ተስፋ ላይ ኩራት ጨምሮለታል። ጎበዝ ነኝ ፣ወንድ ነኝ ፣ሴቶች ይወዱኛል የሚል ክፍ ያለ ግምት ለራሱ ይሰጣል።

ተስፋ ጨዋታ እና ጭፈራ ይወዳል።ሚስቱ ንፁህ ወደልቡ የገባችውም በጥምቀት በአል ላይ ስትጨፍር እና ስትዘፍን አይቷት ነው። ልጅ እያለች ያውቃታል። ለካ አድጋለች ለባል ደርሳለች ብሎ ሰፍ ያለባት ጥምቀት በአል ላይ ካያት ዕለት ጀምሮ ነው። ከዚያ በኋላ ሊቀርባት ሞክሮ በእሷ ፍላጎት ማጣት ምክንያት ሳይላካለት ቆይቷል ። ተስፋ ከንፁህ በኩል እሺታን አለማግኘቱ ተስፋ አላስቆረጠውም እንደውም ለመቅዳት ወደቦኖ ስትሄድ፣ትምህርት ቤት ስትሄድ

ይከታተላታል።ይይዛታል፣ ይነካታል። ይህ ልማዱ ንፁህን ያበሳጫታል። በግድ ሊያናግራት ይሞክራል ሞገደኛ ይሆንባታል። አልወደደችውም። ተስፋ ግን እምቢታዋን በሌላ ተርጉሞታል። በመግደርደር እና የትምህርት ቤት ጓደኛዋ ብርሀኑ መጠርጠር። ተስፋ የብርሀኑን አዘውትሮ በንፁህ ዙሪያ ማየት ምቹት አልፈጠረበትም። እንደውም እልህ አስይዞታል። አባቷ ባል እየፈለጉላት እንደሆነ መረጃ ሲደርሰው ንፁህን ከብርሀኑ አስጥሎ የራሱ ለማድረግ በቶሎ ሸማግሌ ይልካል። ትምህርቷን እንደምትቀጥል ቃል ገብቶ የቤተሰቦቿን ቀልብ ገዝቶ ንፁህን ሚስቱ ማድረግ ይሳካለታል። ከተጋቡ በኋል ንፁህን በወንድነቴ አሸንፌያታለሁ፣ ደስተኛ አድርጌአታለሁ። ወዳኛላች ብሎ ያምናል። ሆኖም አልፎ አልፎ ብርሀኑ ለመሰናዶ ትምህርት ወደ ከተማ ከሄደበት ቤተሰቦቹን ለመጠየቅ ሲመጣ ከንፁህ ጋር መገናኘቱ ያስቆጣዋል። ብለትዳር ነሽ ምን ፍለጋ አንቺ ጋር ይመጣል? በሚል ይጨቃጨቃል። ንፁህ በወንድነቴ ፣ የቤተሰቦቿን የእርሻ መሬት በማልማቴ ትወደኛላች ብሎ ቢያስብም ብርሀኑ ሲመጣ ንፁህ ላይ የሚያየው ደስታ እና የመነቃቃት መንፈስ እንዲሁም የሷ ከሱ በትምህርት ደረጃ መብለጥ የዝቅተኝነት ስሜት ፈጥሮታል። ሬዲዮ ስለሚያዳምጥ እና ብዙ መረጃ ስላለው ብዙ የሚያውቅ ቢመስለውም ንፁህ ልጅ መውለድ ጀምሮ ብርሀኑ ተስፋ ካልቆረጠ የተረጋጋ ትዳር እንደማይኖረው ያምናል። ከተጋቡ ወራት ቢያስቆጥሩም የንፁህ ለመጸነስ አለመፈለግ ያበሳጩዋል። ትምህርቱን ቀጥሎ ቆይቼ ልውለድ የሚል አቋም ይዛለች። ንፁህ ከአረገዘች በኋላ ደስታው ጣራ ይነካል። በቤተሰቦቿም ሆነ በንፁህ አይን ከፍ ያለ ሰው ሆኖ ለመገኘት በርትቶ ይሰራል። ሱቅ በመክፈት ፣አስከፍሎ ሞባይል ቻርጅ በማድረግ ገቢውን ለማሳደግ ይጣጣራል።

4.3. Character Profiles for the Community Action Storyline

This storyline will mainly be driven by three characters – Ato Amman Adem, Ato Ayalew Tamiru and W/ro Beletu Tadesse. The community action storyline begins with a collapse of a bridge while the community prepares for a wedding. The main characters will be the driving force behind the reconstruction of the bridge, winning credibility to later deal with community health issues. The Behavior Change Objectives under this storyline are:

- Malaria prevention and treatment
- Proper and consistent latrine use
- Hand washing at critical times
- Adolescent nutrition
- TB prevention

Amman Adem

ዕድሜ:- 58
የጋብቻ ሁኔታ:- ያገባ
ሐይማኖት:- ሙስሊም
ብሄር:- አማራ
አካላዊ ገለጻ:- ቁመታቸው 1.74ሜ፣ ከብደታቸው 75 ኪሎግራም የሆኑ ሰው ናቸው። ጆሮቸው አልፎ አልፎ ስለማያስማቸው እ.አ.አ ! እያሉ ያስደግማሉ። ገብስማ ጸጉር ያላቸው አቶ አማን ሸሚዝ እና ሱሪ መልበስ ያዘውትራሉ። ሪዛቸውን በሂና አሸብርቀው ነው የሚንቀሳቀሱት። መስገኛ ምንጣፋቸውን አንገታቸው ላይ አድርገው ይሄዳሉ። ጡሊም/መቁጠሪያ/ይዘው ይንቀሳቀሳሉ። በኪሳቸው ውስጥ በወረቀት ጠቅልለው ሳሙና የመያዝ ልምድ አላቸው። ንጹህናቸው የሚገርም ነው። ሳይታጠቡ የማይበሉ፣ ቶሎቶሎ ገላቸውን የሚታጠቡ ናቸው። አልፎ አልፎ ሱዳን ሽቶ

ይቀባሉ።

የትምህርት ሁኔታ፡- መደበኛ ትምህርት አልገቡም፤ መድረሳ ሄደዋል።

ባህሪያቸው፡- ሀገራት ያልሆነ ለዛ ያለው ጨዋታ የሚማርካቸው፤ አንደበተ ርቱዕ፤ ነገሮቻን በምሳሌ በተረት አስደግፈው ሲያወሩ አፍ የሚያስከፍቱ ለዛ ያላቸው ለሁሉም አይነት የእድሜ ክልል ደስ የሚል ጨዋታ ይጫወታሉ። የአካባቢውም ሆነ ሀገራዊ ታሪክ እውቀት አላቸው። በሽምግልና እና በማስታረቅ ሂደት ውስጥ ሚዛናዊ ሆነው መናገራቸው አለማዳላታቸው ትልቅ እውቅና እና ከበሬታ አስገኝተዋል። የሰውን ምስጢር የማያባክኑ መሆናቸው ለመታመናቸው ተጨማሪ ምክንያት ሆኖላቸዋል።

መኖሪያ፡- ታች ቅዳም በተባለ ቦታ ከመስጊድ አቅራቢያ የሚኖሩ

የመኖሪያ አካባቢ፡- 120 አባወራ በሚኖርበት ታች ቅዳም በተባለ ቀበሌ

ጎረቤቶች፡- የአቶ ዋሲሁን ፣ የተስፋ እና ንፁህ መኖሪያ ፤ እና የተስፋ ወንድም መኖሪያ ቤቶች በአቅራቢያቸው አሉ።

ስራ፡- አቶ አማን በግ እና ፍየል ያረባሉ፤ ወደ 25 የሚጠጉ በግ እና ፍየል አሏቸው በተጨማሪም ዘይት የሚሸጡባት መደብር አለቻቸው። ከሁለቱ የሚያገኙት ገቢ በአካባቢው ህብረተሰብ ውስጥ ትልቅ ቦታ ካላቸው ሰዎች መሃል አንዱ አድርጋቸዋል።

ማድረግ የሚወዱት፡- ከሰዎች ጋራ መጫወት፤ ማስታረቅ፤ ችግረኛ ልጆችን ማሳደግ፤

የቤተሰብ ሁኔታ፡- አቶ አማን ከተለያዩ እናቶች የሚወለዱ ስድስት ወንድም እና ሰባት እህቶች አሏቸው። በልጅነታቸው በችግር ስላደጉ ችግርን ማሸነፍ እና አንድ ነገር ቢሆኑ ለልጆቻቸው የሚያወርሷቸው ሃብት ለማካበት ያለ የሌለ ሃይላቸውን አሰባስበው ይሰራሉ። አቶ አደም ከአርባ አመት በፊት ከትውልድ ቦታቸው መጥተው የሚኖሩ ሰው ናቸው፤ ከግዜ ብዛትም ራሳቸውን እንደ ተቀረው ማህበረሰብ አካል የሚያዩ ሌሎችም የዚህ ማህበረሰብ አካል አድርገው የሚቆጥራቸው ሰው ናቸው። በሃገራቸው በተፈጠረ የቂም በቀል ፍራቻ ነው ከቤተሰባቸው ርቀው የመጡት። እርቆች ላይ በብዛት የሚሳተፉትም እንደኛው ምክንያት ሰዎች ባለመግባባት ምን አይነት አስከፊ ዋጋ እንደሚከፍሉ፤ እሳቸውንም ለስጋት እና ለስቀቀን እንደዳረጋቸው በመረዳታቸው ነው። በርግጥ ይህን ነገር በይፋ ለሰዎች አይናገሩም። ሲጠየቁም በጨዋታ አረሳስተው ያልፋሉ።

ዘይነብ አህመድ የሚወዱት ሚስታቸው ነች። የ32 አመት ቀይ አመለካከት ዘይነብ አቶ አማንን በስራ እና በሱቅ ንግድ ታግዘዋል። ሁለተኛ ሚስታቸው ነች። የቀድሞ ሚስታቸው ዘምዘም ሞታባቸዋለች። አቶ አማን ከበሬት ሚስታቸው ሶስት ልጆች (የ32፣29 እና 27 አመት ልጅ) ያፈሩ ሲሆን ከዘይነብ ደግሞ ሶስት ልጆችን ጨምረዋል። (የ16(ቶፊቅ)፣13(ሙሄ) እና የ 8(ሰአዳ) አመት ልጆች አላቸው።) ሶስቱ ልጆቻቸው ቀድመው አግብተው ሌላ ቦታ የሚኖሩ ሲሆን አቶ አማን ብር እየላኩ ሁለቱ ልጆች ወንድሞቻቸው ጋር ይማራሉ። የመጨረሻ ልጆቻቸው ግን ከሳቸው ጋር ትማራለች። አቶ አማን ቤታቸው ውስጥ እናት እና አባታቸው የሞቱባቸውን ሁለት ልጆች (ኑረዲን እና መሪም) ያሳድጋሉ።

ጠንካራ ጎን፡- ቀና ናቸው። መሆን፤ ይቅርታን፤ ፍቅርን እና የመሳሰሉትን እሴቶች ከቅዱስ ቁርካን በመውሰድ ወደህይወታቸው ለማስገባት ይሞክራሉ። የሙስሊም እምነታቸው ከክርስቲያኖች ጋር ተባብሮ ለመስራት አብሮ ለመኖር አላገዳቸውም።

ደካማ ጎን፡- ለሞተ ለተቸገረ ቢደርሱም ገንዘብ ማውጣት ግን አይፈልጉም፤ ሀዘንም ያልተመቻቸው ነገር ሲኖም ውስጣቸውን ለሰው አይገልፁም።

የህይወት ግባቸው፡- ተጨማሪ ልጅ መውለድ፤ የበግ እና የፍየል ቁጥራቸውን ማብዛት፤ ንግዳቸውን ማሻሻል እና የጎርርፍ ማስቀየሻ ቱቦ አስተባብሮ ማስቆፈር እንዲሁም ልጆቻቸው ተምረው፤ ተመርቀው፤ ስራ ይዘው ትዳር መስረተው የልጅ ልጅ ወልደው ማየት፤ የንግድ ዘርፋቸውን ማስፋፋት፤ ጤናቸውን ጠብቀው ለረጅም ግዜ መኖር (ውሃ መብራት ገብቶ ማየት፤ ሃጂ እና ኡምራ ደርሰው መምታት፤ ወፍጮ ተከላ እውን ማደረግ) የረጅም ግዜ እቅዳቸው ነው።

ተጨማሪ፡- አቶ አማን አሁንም ልጆች መውለድ እና የዘር ሃረጋቸውን ማስፋት ይፈልጋሉ። ነገር ግን ሚስታቸው ከሶስት

ልጅ በላይ መጨመር አልፏል። ስለሆነም በምስጢር የረጅም ጊዜ የቤተሰብ ምጣኔ ተጠቃሚ ሆኖ ከፍተኛ ግጭት ይፈጠራል። በሃላም የሚለወጡበት አንዱ ባህሪያቸው ይሆናል። ለቤተሰብ ምጣኔ ግድ የማይሰጣቸው የነበሩ በሃላ ግን ተጸጽተው የሚስተካከሉበት ጉዳያቸው ነው። ሌላ የሚያስተካክሉት ጉዳይ የሚያሳድጉትን ልጆች አለማስተማራቸው ነው። እነሱ ጋር ቢኖሩም አቶ አማን ግን ለልጃቸው እንደሚያደርጉት ሁሉ እነዚህን ልጆች ት/ት ቤት አልላኩም። ይህም በኋላ ላይ የሚያርሙት ጉዳይ ነው።

Ayalew Tamiru

ዕድሜ:- 44

የጋብቻ ሁኔታ:- ያገባ

ሐይማኖት:- ኦርቶዶክስ ክርስትያን

ብሄር:- አማራ

አካላዊ ገለጻ:- አጭር፣ ሰውነቱ ሞላ ፈርጠም ያለ፣ 70 ኪሎግራም፣ 1.55ሜ፣ ድምፁ ሰላላ ፣ ከእጁ አጠር ያለች ዱላ የማትለዩው፣ በኩት ስር ኩታ የሚለብስ፣ እግራቸው የሚያምር ቁምጣ የሚያዘወትሩ እና በረባሶ ጫማ የሚጫሙ ወዘም ገበሬ ናቸው።

የትምህርት ሁኔታ:- 6ኛ ክፍል ድረስ የተማረ

ባህሪያቸው:- ትሁት ለመሆን የሚሞክሩ ግን ግልፍተኛ እና ንድድ ሲላቸው ያመኑበትን በግለፅ የሚናገሩ። ችኩል፣ ይቅርባይ፣ የቁጣ ሰአት ካለፈ በኋላ ምልስ፣ ለያዙት ነገር ቆራጥ ናቸው።

መኖሪያ:- ላይ ቅዳም በተባለ ቦታ በግብርና የሚተዳደሩ

የመኖሪያ አካባቢ:- 120 አባወራ በሚኖርበት ላይ ቅዳም በተባለ ቀበሌ

ጎረቤቶች:- የንፁህ ቤተሰቦች አቶ ካሳ ይሁኔ /በህይወት በነበሩ ጊዜ በጣም የልብ ወዳጃቸው የነበሩ/

ስራ:- በግብርና የሚተዳደር በተጨማሪም የሽመና ስራ የሚሰሩ

ማድረግ የሚወደው:- ሰው ማስተባበር፣ ማስታረቅ፣ መርዶ መንገር እና ማስተባበር፤ እና በሰዎች የቀብር ስነስርዓት የህይወት ታሪክ ማንበብ የሚወዱ

የቤተሰብ ሁኔታ:- 5 እህቶች እና 3 ወንድሞች ያሉ ባለትዳር ሰው። ባለቤቱ አልጋነሽ ሀይሉ ትባላለች። የአራት ልጆች አባት ነው ። የመጀመሪያ ልጅ የ20 አመት ኮሌጅ ሪ ታዬ አያሌው፣ ሁለተኛ ልጅ 19 አመት መሰረት አያሌው ፣ ሶስተኛ ልጅ 17 አመት ወንድ ስንታየሁ አያሌው፣ እና የመጨረሻ ሴት ልጅ እድሜ 14 አለምነሽ አያሌው) ፣ ልጆቹን የሚያስተምር፣ የመጀመሪያ ልጁ መሰረት በትምህርት ሳትገፋ በትዳር አንድ ልጅ ወልዳ ሌላ አካባቢ ትኖራለች። አለምነሽ ግን እየተማረች ነው ጨክነሽ ተማሪ እያሉ ይመክራሉ። በመሃል አንድ ልጅ ሞቶባቸዋል። አንድ የልጅ ልጅ አለው/የመሰረት ልጅ/ አይኔ እያለ ይጠራዋል።

ጠንካራ ጎን:- ጠንካራ ምስጉን ሰራተኛ ነው። ከሰው ጋር ተግባቢ እና ሰውን የማስተባበር እና የማሳመን ችሎታ አላቸው (በተለይ ጓደኛቸው ታመነ ዘጥ ዘጥ ስትል ሰው ይጠላህል ትደክማለህ እንጂ ሰው ይጠላህል የሚሏቸው።)

ደካማ ጎን:- ግልፍተኝነታቸው እና ችኩል መሆናቸው፣ በትዳራቸው ላይ መወሸማቸው/አለመታመናቸው/

የህይወት ግባቸው:- ልጃቸውን ማስመረቅ፣ የኩብት ቤት ማስፋፋት ከብት፣ ቁጥር መጨመር

ተጨማሪ:- በሆነ ወቅት ለአጭር ጊዜ ውሸማ አለቻቸው ቢድርጊቱ ቢጸጸቱም ቀጥለውበታል፤ ሆኖም ይህንን የሚያውቁ

Beletu Tadesse

ዕድሜ፡- 42

የጋብቻ ሁኔታ፡- ባል የሞተባት

ሐይማኖት፡- ኦርቶዶክስ ክርስትያን

ብሄር፡- አማራ

አካላዊ ገለጻ፡- በእድሜ ብዛት ደብዘዝ ቢልም ቁንጅዋ አሁንም ያለ። ማዲያት አላት (ፀሀይ ለፀሀይ እየዘርሽ የሰው ጉዳይ ስትገይ ነው ማዲያት ያወጣሽው የሚሏት)፤ ጡቷ ትልቅ ፤ ረዥም አንገቷ ላይ ንቅሳት ያለት ባለ ቀጭን እግር፤ 1.60ሜ ቁመት ያላትና 65 ኪሎ የምትመዝን

የትምህርት ሁኔታ፡- የጎልማሶች ትምህርት የወሰደች

ባህሪያቶቿ፡- ንቁ እና ተጫዋች ፣ፀብ ሲነሳ በጨዋታ ለማብረድ የምትሞክር፤ለሰው ችግር ሚች ለራሷ ሲሆን ግን ግራ የሚገባት

መኖሪያ፡- ታች ቅዳም በተባለ ቦታ ቤተክርስቲያኑ አካባቢ

የመኖሪያ አካባቢ፡- 120 አባወራ በሚኖርበት ታች ቅዳም በተባለ ቀበሌ

ጎረቤቶች፡- የቄስ መላኩ መኖሪያ፣ጠላ ቤት፣እና በቅርብርቀት ላይ ቤተሰክርስቲያን

ስራ፡- በወንጃነት፣ጥጥ ፈትላ በመሸጥ፣ የጓሮ አትክልት አልምታ ትኖራለች። በዋናነት ግን ያላትን አንድ ጥማድ መሬት እያሳረሰች ገቢ ታገኛለች። ብዙ ጊዜ ግን የሚያርስላት ስለሚያጭበረብራት ከእርሻ የምታገኘው ገቢ እዚህ ግባ አይባልም። በሴት የልማት ስራዊት ውስጥ በንቃት የምትሳተፍ፣አልፎ አልፎ በስልጠና በአበል ገቢዎች የምታገኝ

ማድረግ የምትወደው፡- ሰው ማስተባበር እና ማነሳሳት፣ ሰዎችን ማሳታረቅ

የቤተሰብ ሁኔታ፡- በለጤ አንዲት ሴት ልጅ ብቻ አለቻት። ትዝብት መንገሻ ትባላለች 22 አመቷ ነው። ባለቤቷ መንገሻ ትዝብት አንድ አመት ሳይሆነው በአምባጓሮ ሞቷል። በለጤ ትዝብትን ተቸግራ አሳድጋታለች። የበለጤ ልጅ ትዝብት ሞገስን አግብታ፣ አንድ ልጅ (ትህትና ሞገስ ዕድሜዋ 2) ወልዳ ላይ ቅዳም ትኖራለች።

ጠንካራ ጎን፡- ጠንካራ ስራተኛ ናት፤ስራ የምትወዳ ሰው ስታወራ እንኳን እጇ ስራ የማይፈታ፣ትዕግስተኛ እና ፀብ በቀልድ ማብረድ የምትችል (ፀብ ባሌን አሳጥቶኛል ብላ ስለምታስብ ፀብን ጎንበስ ብሎ ማሳለፍ ይበጃል የሚል ጠንካራ አቋም አላት።)

ደካማ ጎን፡- በብዙ ሰው ችግር ውስጥ ስለምትገባ እና ሀላፊነት ስለምትወስድ አንዱን ነገር ጀምሮ መጨረስ ላይ ትዘናጋለች። ሰው በቀላሉ ስለምታምን የስህተቷ መንስኤም እሱ ነው።

የሀይወት ግቧ፡- ከመሬቷ የምታገኘውን ምርት ማሳደግ፣ብዙ የልጅ ልጅ አግኝታ ዘሯ ሲበዛ ማየት

ተጨማሪ፡- ባሏ ከሞተ በኋላ ሌላ ባል አግብታ ልጅ መውለድ ትፈልግ የነበረ ቢሆንም በብዙ ጉዳዮች ውስጥ በመግባት ጊዜዋን ትፈጃለች። በለጤ ተግባቢ እና ጥሩ ሴት ስለሆነች አሁንም ድረስ የተለያዩ የጋብቻ ጥያቄዎች የሚቀርቡላት ቢሆንም እስካሁን ግን የማንንም ጥያቄ አልተቀበለችም።

4.4. Supporting Characters

Berhanu Woubshet

ዕድሜ:- 22

የጋብቻ ሁኔታ:- ያላገባ (የንፁህ አፍቃሪ)

ሐይማኖት:- ኦርቶዶክስ ክርስቲያን

ብሄር:- አማራ

አካላዊ ገለጻ:- ብርሃኑ መካከለኛ ቁመት ያለው (1.73ሜ) ጠይም መልክቀና ወጣት ነው። ከብድቱ 59 ኪሎ ሲሆን ብዙ ጊዜ የትምህርት ቤት ዩኒፎርም አረንጓዴ ካኪ የሚለብስ፣ ለእግሩ ኮንጎ እና አልፎ አልፎ ሽራ የሚጫመት፣ ጸጉረ ዞማ ነው።

የትምህርት ሁኔታ:- የመሰናዶ የመጀመሪያ አመት ተማሪ ነው። በትምህርቱ ጎበዝ እና ምሰጉን ነው።

ባህሪያቶቹ:- ንቁ እና ተጫዋች፣ የሚወደድ ባህሪ ያለው፣ ተግባቢ ወጣት ነው።

መኖሪያ:- ላይ ቅዳም በተባለ ቦታ የንፁህ ቤተሰቦች መኖሪያ አካባቢ። ትምህርቱን አቅራቢያቸው ካለ ወረዳ ይኖራል። ቅዳሜና እሁድ ወደቤተሰቦቹ እየተመላለሰ ይጠይቃል። ንፁህንም ጎብኘት ያደርጋል።

የመኖሪያ አካባቢ:- 120 አባወራ በሚኖርበት ታች ቅዳም በተባለ ቀበሌ

ጎረቤቶች:- አቶ ዋሲሁን እና የልጆቻቸው ቤተሰቦች በሚኖሩባቸው መኖሪያዎች አካባቢ አቶ ዋሲሁን ሊቁ እና ባለቤታቸው ወ/ሮ ጌጤ አሳምነው ከአንድ ወንድ ልጃቸው/ ንጉሴ ዋሲሁን/ እና 1 ሴት ልጃቸው /ባንቺአየሁ ዋሲሁን/፣ ሴቶች ልጆቻቸው ጋር የሚኖሩበት ቤት፣ የአቶ ዋሲሁን የመጀመሪያ ልጅ /ወንድማገኝ ዋሲሁን/ ከባለቤቱ/ዘርፌ ሻዎል/ እና 3 ልጆቹ/ባንተአየሁ፣ደረጄ እና ወይንሸት/ ጋር የሚኖሩበት ቤት በአቅራቢያቸው አለ)

ስራ:- ተማሪ ነው። ባለው ትርፍ ጊዜ ቤተሰቦቹን በእርሻ ስራ ያግዛል። ቤተሰቦቹም ይወዱታል።

የቤተሰብ ሁኔታ:- ብርሀኑ ለቤተሰቦቹቹ 3ኛ ልጅ ሲሆን 2 እህት እና 1 አንድ ወንድም አለው። ታላቆች 2 እህቶቹ አግብተው ሌላ ቦታ ይኖራሉ። ታናሽ ወንድሙ ከቤተሰቦቹ ጋር እየተማረ፣ ቤተሰቡን በስራ እያገዘ የሚኖር የ15 ዓመት ልጅ ነው። አባቱ አቶ ውብሸት ተክለርሀዋርያት የ55 ዓመት ታታሪ ገበሬ ሲሆኑ እናቱ ወ/ሮ ቦጋለች የቤት እመቤት ናቸው። በአከባቢያቸው የተከበሩ ቤተሰቦች ናቸው። አባትየው አስታራቂ ሽማግሌናቸው። የኑሮ ደረጃቸው በአከባቢያቸው ደህና የሚባል ገቢ ያላቸው፣ ቆርቆሮ ቤት የሰሩ እና ሁለት ጥማድ በሬዎች እና ሌሎች የቤት እንስሳት ያላቸው ቤተሰቦች ናቸው።

ማድረግ የሚወደው:- ማጥናት፣ ማንበብ፣ ልቦለድ ማንበብ፣ በትርፍ ጊዜው መረብኳስ መጫወት ይወዳል።

ጠንካራ ጎን:- ከምንም በላይ ትምህርቱ ላይ ትኩረት ይሰጣል። ለቤተሰቡ ያስባል፣ ስራ ደከመኝ አይልም

ደካማ ጎን:- ቁመኛ ነው፣ ፀጉሩን ማበጠር አይወድም

የህይወት ግቡ:- ተምሮ ዩኒቨርሲቲ መጨረስ፣ ጥሩ የከተማ ኑሮ መኖር እና ቤተሰቦቹን መጦር።

ተጨማሪ:- የትምህርት ቤት ጓደኛው፣ ፍቅረኛው፣ ሚስጥረኛው እና ሁሉ ነገሩ የሆነችውን ንፁህን በድንገት ሌላ ሰው አግብታ ማጣቱ እና እሱም ገና ተማሪ በመሆኑ እሷን ማስቀረት እና የራሱ ማድረግ ባለመቻሉ ድብርት እንዲሰማው አድርጎታል።

Kassa Belay (Nitsuh's Father)

ዕድሜ:- 57

የጋብቻ ሁኔታ:- አባ ወራ የ6ልጆች አባት

ሐይማኖት:- ኦርቶዶክስ ክርስትያን

ብሄር:- አማራ

አካላዊ ገለጻ:- አጠር ያሉ፣ ጠይም ጎልማሳ ናቸው።

የትምህርት ሁኔታ:- የቄስ ትምህርት የቀመሱ ናቸው

መኖሪያ:- ላይ ቅዳም በተባለ ቦታ፣ የአቶ አያሌው እና ብርሃኑ ቤተሰቦች የቅርብ ጎረቤቶች ናቸው

ስራ:- ግብርና

Aselefech Belay (Nitsuh's Mother)

ዕድሜ:- 48

የጋብቻ ሁኔታ:- ያገባች፣ የ6ልጆች እናት

ሐይማኖት:- ኦርቶዶክስ ክርስትያን

ብሄር:- አማራ

አካላዊ ገለጻ:- ቀጠን ያለች ጠይም፣ ጤናማ እናት ነች።

የትምህርት ሁኔታ:- ያልተማረች (መሀይም)

ባህሪያቶቿ:- ለባሏ፣ ለልጆቿ እና ለአከባቢው ሰው ጥሩ እናት ነች። የአከባቢው ሰው እምዶ በሚል የፍቅር ስም ይጠርዋታል።

መኖሪያ:- ላይ ቅዳም በተባለ ቦታ፣ የአቶ አያሌው እና ብርሃኑ ቤተሰቦች የቅርብ ጎረቤቶች ናቸው።

ስራ:- የቤት እመቤት፣ ባሏን በእርሻ ስራ የምታገዝ፣ የጓሮ እርሻ ስራ የምትሰራ

ማድረግ የምትወደው:- ቤተሰቧን መንከባከብ፣ ቤተክርስቲያን መሳለም።

Mestawet Kassa (Nitsuh's Sister)

ዕድሜ:- 15

የጋብቻ ሁኔታ:- ያገገባች

ሐይማኖት:- ኦርቶዶክስ ክርስትያን

ብሄር:- አማራ

አካላዊ ገለጻ:-

የትምህርት ሁኔታ:-

ባህሪያቶቿ:-

መኖሪያ:- ላይ ቅዳም በተባለ ቦታ ከእናቷ ጋር

ስራ:-

ማድረግ የምትወደው:-

Fanose Kassa (Nitsuh’s Sister)

ዕድሜ:- 13

የጋብቻ ሁኔታ:- ያላገባች

ሐይማኖት:- ኦርቶዶክስ ክርስትያን

ብሄር:- አማራ

አካላዊ ገለጻ:-

የትምህርት ሁኔታ:-

ባህሪያቶቿ:-

መኖሪያ:- ላይ ቅዳም በተባለ ቦታ ከእናቷ ጋር

ስራ:-

ማድረግ የምትወደው:-

Wassihun Liqu (Tesfa’s Father)

ዕድሜ:- 70

የጋብቻ ሁኔታ:- ያገቡ እና የስምንት ልጆች አባት። ሁለት ልጅ ያፈራችላቸው የቀድሞ ሚስታቸው በህይወት የለችም።

ሐይማኖት:- ኦርቶዶክስ ክርስትያን

ብሄር:- አማራ

አካላዊ ገለጻ:- ቀጠን ረዘም ያሉ ናቸው።

የትምህርት ሁኔታ:- ያልተማሩ (መሀይም)

ባህሪያቸው:- ለስላሳ ልጆች የሚወዱ ሲነሳባቸው በቁጣ መሬት እሚያረዱ፤ ጥሩ የቤተሰብ ሃላፊ አባት ናቸው።

መኖሪያ:- ታች ቅዳም በተባለ ቦታ፤ የአቶ አማንና የወ/ሮ በለጤ የቅርብ ጎረቤት ናቸው።

ስራ:- ግብርና

ማድረግ የሚወዱት:- ከቢጤዎቻቸው ጋር እጠላ ቤትዋ በመዝለቅ መጫወት ይወዳሉ።

Gete Asaminew (Tesfa's Mother)

ዕድሜ:- 57

የጋብቻ ሁኔታ:- ያገቡ እና የ6 ልጆች እናት

ሐይማኖት:- ኦርቶዶክስ ክርስትያን

ብሄር:- አማራ

አካላዊ ገለጻ:- መካከለኛ ውፍረት እና ቁመት ያለቸው ብስል ቀይ ባለ ንቅሳታምና ሁሉ ግዜ ፀጉራቸውን ሸሩባ የሚሰሩ

የትምህርት ሁኔታ:- ያልተማሩ (መሀይም)

ባህሪያቸው:- ቶሎ ተቆጭና ምልስ፣ የሳቸው እጅ ያረፈበት እንጂ ሌላ ሰው የሰራው ነገር ማይጥማቸው፣ ካንደበታቸው ቁጠብ ከተናገሩ ግን ሃይለኛ

መኖሪያ:- ታች ቅዳም በተባለ ቦታ፣ የወ/ሮ በለጤ እና የአቶ አማን ባለቤት የቅርብ ጓደኛ

ስራ:- የቤት አመበትና የግብርና ስራ

ማድረግ የሚወዱት:- ጠላ ጠመቃ፣ በአል ሲሆን ጠጅ መጣል፣ ዳቦ መድፋትና አረቄ መጣል

Wulita Zemedkun (Nitsuh's Friend)

ዕድሜ:- 19

የጋብቻ ሁኔታ:- ያላገባች

ሐይማኖት:- ኦርቶዶክስ ክርስትያን

ብሄር:- አማራ

አካላዊ ገለጻ:- ቁመት 1.58ሜ ክብደት፣ 51 ኪ.ግ ቀጭን፣ ቀጫጫ የምትባል፣ መልካ ቀይ፣ ብዙ ግዜ 3 ጉንጉን የምትሰራ፣ ጉንጉኗ ላይ እርሳስ የማይጠፋት፣ ቶሎ ቶሎ የምትራመድ ደስ ምትል ሴት ናት።

የትምህርት ሁኔታ:- የመሰናዶ የመጀመርያ አመት ተማሪ ናት።

ባህሪያቸው:- ተጫዋች፣ የምትወደድ፣ ቶሎ ቶሎ የምታወራ፣ ቀልቃሊት የሚሏት አይነት ነች

መኖሪያ:- ላይ ቅዳም በተባለ ቦታ የንፁህ ቤተሰቦች መኖርያ አከባቢ የምትኖር።

ስራ:- ተማሪ

ማድረግ የምትወደው:- እቤት ውስጥ በና ማፍላት፣ ስፊት መስፋት የምትወድ። ወንዝ ወርዶ ልብስ ማጠብ ያስደስታታል።

የቤተሰብ ሁኔታ:- ቤተሰቦቿ በግብርና የሚተዳደሩ ሲሆን አንድ እህት እና አንድ ወንድም አላት።

ጠንካራ ጎን፡- ትምህርቷ ላይ ጎበዝ ናት።

ደካማ ጎን፡- የመዓድ ቤት ስራ አትወድም

የህይወት ግቧ፡- ተምሮ ዩኒቨርሲቲ መጨረስ፣ትዳር ይዞ ልጅ መውለድ እና ባማረ ከተማ መኖር

ተጨማሪ፡- ለፍቅር የጠየቃት ወንድ ባለመኖሩ ለምን አልተጠየኩም በሚል እራሷን አልፎ አልፎ ታስጨንቃለች። በዚህ ምክንያት በሴት ጓደኞቿ ላይ ቅናት ቢጤም አላት

Seid Amman (Amman’s 3rd Child and Tesfa’s Friend)

ዕድሜ፡- 27

የጋብቻ ሁኔታ፡- ያገባ (ከመሪም ሃሰን ጋር) እና የ2 ልጆች አባት (የ4 ዓመቷ ሉባባ እና የ2 ዓመቱ አደም)

ሐይማኖት፡- ሙስሊም

ብሄር፡- አማራ

ስራ፡- የሚተዳደረው በእርሻ ስራ እና ከአባቱ ጋር በሚሰራው የንግድ ስራ ነው። የእርሻ ስራውን ደርቤ ፋንታሁንን ቀጥሮ ያሰራር።

ተጨማሪ፡- የተስፋ ጓደኛ ነው። ተስፋ ለንግድ የሚነቃቃው በአቶ አማን ቤተሰብ እና በተለይ በሰይድ ምክንያት ነው።

Deribe Fantahun

ዕድሜ፡- 32

የጋብቻ ሁኔታ፡- ያገባ እና የ3 ልጆች አባት ነው።

ሐይማኖት፡- ኦርቶዶክስ ክርስትያን

ብሄር፡- አማራ

ስራ፡- ለ አከባቢው ሰዎች ተቀጥሮ የሚያርስ፣ በገቢው ዝቅተኛ የሆነ፣ የሰይድና አቶ አማንን መሬት በዋናነት ያርሳል።

ተጨማሪ፡- በስብሰባ እና በተለያዩ ማህበረሰባዊ ውይይቶች ላይ ተከራካሪ እና ፍፁም የማይስማማ (ሞገደኛ ነው) የሚባል መንቻካ ባህሪ ያለው ሰው ነው።

Tizibt Mengesha (Beletu’s Daughter)

ዕድሜ፡- 22

የጋብቻ ሁኔታ፡- ያገባች

ሐይማኖት፡- ኦርቶዶክስ ክርስትያን

ብሄር፡- አማራ

አካላዊ ገለጻ፡- አጭር ሰውነትዋ ደቀቅ ያለ አንገትዋ ላይ ትንሽ እንቅርት ያለባት ለሱም ይባሉ ብላ ተነቅሰዋለች

የትምህርት ሁኔታ፡- አራተኛ ክፍል ደርሶ ያቋረጠች

ስራ፡- በእርሻ ስራ ባልዋን የምታግዝ

ባህሪዎቿ፡- ሚስቷን ታዛዥና ሰው አክባሪ እንዲሁም እናትዋን አገልጋይ

መኖሪያ፡- ላይ ቅዳም በተባለ ቦታ ከባልዋ ጋር የምትኖር

ተጨማሪ፡- በስብሰባ እና በተለያዩ ማህበረሰባዊ ውይይቶች ላይ ተከራካሪ እና ፍፁም የማይስማማ (ሞገደኛ ነው) የሚባል መንቻካ ባህሪ ያለው ሰው ነው።

Lamrot Bezabih (Health Extension Worker)

ዕድሜ፡- 24

የጋብቻ ሁኔታ፡- ያላገባች

ሐይማኖት፡- ኦርቶዶክስ ክርስትያን

ብሄር፡- አማራ

አካላዊ ገለጻ፡- ጣይም ረዘም የጨርቅ ስራ የምታዘውትርና ሽራ ጫማ የምትጫማ

የትምህርት ሁኔታ፡- 10ኛ ክፍል አጠናቃ የጤና ስልጠና የወሰደች

ስራ፡- የጤና ኤክስቴንሽን ባለሞያ

ባህሪዎቿ፡- ተግባቢና ባል በጉጉት የምትጠብቅ

መኖሪያ፡- ታች ቅዳም በተባለ ቦታ ጤና ኬላው አጠገብ የምትኖር

Zerihun Chalachew

ዕድሜ፡- 28

የጋብቻ ሁኔታ፡- ያላገባ

ሐይማኖት፡- ኦርቶዶክስ ክርስትያን

ብሄር፡- አማራ

አካላዊ ገለጻ፡- ቀይ አጭርና ደንደን ያለ ሰውነት ያለውና ማስትካ ማላመጥ የሚወድ

የትምህርት ሁኔታ፡- በሄልዝ ኦሪትሪት ዲፕሎማ ያለው

ስራ፡- በጤና ጣብያው ጤና ረዳት

ባህሪዎቿ፡- ከሰው የማይግባባ ነገሩ ሁሉ አፍንጫው ስር የሆነ ሰው

መኖሪያ፡- ታች ቅዳም በተባለ ቦታ የላምሮት በዛብህ ጎረቤት ሆኖ የሚኖር

ተጨማሪ:- ለህክምና የሚመጡ ሰዎችን የሚያመናጭቅ

Dejen Mekuria

ዕድሜ:- 28

የጋብቻ ሁኔታ:- ያገባ

ሒይማኖት:- ኦርቶዶክስ ክርስትያን

ብሄር:- አማራ

ጎጥ ውስጥ ቆርቆሮ ቤት ካላቸው ሰው አንዱ - ከተማም ቤት አላቸው ከተማ ቤታቸው አድርገው ያከራያሉ) ጠጅ ቤት ሆኖ አረቄ እና ቢራ ያለው ያላቸው፤ ሁለት ሴቶች ቀጥረው ያሰራሉ(አይቼሽ እና አትጠገብ አስተናጋጅ እና ደላላ) ቀጥረው ያሰራሉ። ተስፋ እዚህ ቤት እየመጣ ነው የሚጠጣው።

Atitegeb Hunegnaw

ዕድሜ:- 27

የጋብቻ ሁኔታ:- ያላገባች

ሒይማኖት:- ኦርቶዶክስ ክርስትያን

ብሄር:- አማራ

አካላዊ ገለጻ:- የቀይ ደማ ሆና ነጭ ጥርስ ያለት (ስትሰቅ እሚያምርባት)

የትምህርት ሁኔታ:- ያልተማረች (ፊደል ያልቆጠረች)

ስራ:- የአቶ ደጀን መኩርያ ቡናቤት አሰላፊ/ኮማሪት

ባህሪዎቿ:- ተጨዋችና ሳቂታ፤ ወንድ የምትወድ

መኖሪያ:- ላይ ቅዳም አቶ ሞክርያ ጠጅርቤት ውስጥ

Aychesh Wegayehu

ዕድሜ:- 30

የጋብቻ ሁኔታ:- ያላገባች

ሒይማኖት:- ኦርቶዶክስ ክርስትያን

ብሄር:- አማራ

አካላዊ ገለጻ:- አጭርና ከርዳዳ ጸጉር ያላት፤ ብዙ ግዜ ቅቤ መቀባት የምትወድ

የትምህርት ሁኔታ:- ያልተማረች (ፊደል ያልቆጠረች)

ስራ:- የአቶ ደጀን መኩርያ ቡናቤት አሰላፊ/ኮማሪት

ባህሪዎቿ:- ሁል ጊዜ መሳቅ እሚያምራትና እማታኮርፍ፣ ከወንዶች ጋር መቀላለድ እምትወድ

መኖሪያ:- ላይ ቅዳም አቶ ሞክርያ ጠጀርቤት ውስጥ

Zeyneb Ahmed (Amman's Wife)

ዕድሜ:- 32

የጋብቻ ሁኔታ:- ያገባች (የአቶ አማን ሁለተኛ ሚስት) እና ሶስት ልጆች የወለደች

ሐይማኖት:- ሙስሊም

ብሄር:- አማራ

አካላዊ ገለጻ:- ቀይ

የትምህርት ሁኔታ:- ያልተማረች (ፊደል ያልቆጠረች)

ስራ:- የቤት እመቤትና በላቤትዋን በሱቅ ንግድ የምታግዝ

ባህሪዎቿ:- ትሁትና አመለሸጋ፣ ብዙ ከመናገር ዝምታ እምትመርጥ ስትናገር ድማፍ ማትሰማ

መኖሪያ:- 120 አባወራ በሚኖርበት ታች ቅዳም

Alganesh Hailu (Ayalew's Wife)

ዕድሜ:- 36

የጋብቻ ሁኔታ:- ያገባች (የአቶ አያሌው ሚስት) እና ሶስት ልጆች የወለደች

ሐይማኖት:- ኦርቶዶክስ ክርስትያን

ብሄር:- አማራ

አካላዊ ገለጻ:- ጠይም፣ ቁመታም የምትባል ረዥም ሴት

የትምህርት ሁኔታ:- ያልተማረች (ፊደል ያልቆጠረች)

ስራ:- የቤት እመቤት

ባህሪዎቿ:- ተንከባካቢ፣ ባሏን የምትወድ፣ ሰው የምታምን፣ ባሏንም የምታምን ታማኝሴት ናት

መኖሪያ:- 120 አባወራ በሚኖርበት ላይ ቅዳም

Birtukan Sebsibie (Ayalew's Mistress)

ዕድሜ:- 29

የጋብቻ ሁኔታ:- ያገባች

ሐይማኖት፡- ኦርቶዶክስ ክርስትያን

ብሄር፡- አማራ

አካላዊ ገለጻ፡- መካከለኛ ቁመት ያላት፣ በጣም ቆንጆ የሆነች መልካም ጠይም ሴት፣ ፀጉረ ለጫ፣ ስርጉት ያላት ውብ ሴት

የትምህርት ሁኔታ፡- እስከ 8 ተምራ በችግር ምክንያት ያቋረጠች።

ስራ፡- የላትም

ባህሪዎቿ፡- አፍቃሪ የሆነች፣ ተንከባካቢ

መኖሪያ፡- ከቀበሌያቸው ራቅ ያለ የወረዳ ከተማ ነው የምትኖረው።

ተጨማሪ፡- አያሌውን በአንድ አጋጣሚ አውቃው የወደደችው፣ ወደፊት ለታገባው የምትፈልግ፣ እሱንም እንዲያገባት የምትጨቀጭቀው ወጣት ሴት ናት።

Wondimagegn Wassihun (Tesfa's Older Brother)

ዕድሜ፡- 42

የጋብቻ ሁኔታ፡- ያገባና ሶስት ልጆች ያሉት

ሐይማኖት፡- ኦርቶዶክስ ክርስትያን

ብሄር፡- አማራ

አካላዊ ገለጻ፡- መካከለኛ ቁመት ያለው

የትምህርት ሁኔታ፡- 4 ክፍል የደረሰ

ስራ፡- ግብርና

ባህሪዎቹ፡- የተረጋጋና ሰው ልምክር ባይ ብጤ ነው

መኖሪያ፡- ታች ቅዳም የተስፋ ጎረቤት

ተጨማሪ፡- ተስፋን የሰው ምክር አይሰማም፣ ይቻኩላል ብሎ ያስባል፣ ተስፋ በበኩሉ ባለኝ ስኬት ይቀናብኛል ብሎ ያስባል።

Zerfie Shawel (Wondimagegn's Wife)

ዕድሜ፡- 31

የጋብቻ ሁኔታ፡- ያገባችና ሶስት ልጆች ያላት

ሐይማኖት፡- ኦርቶዶክስ ክርስትያን

ብሄር፡- አማራ

አካላዊ ገለጻ፡- መካከለኛ ቁመት ያላት፣ የደስደስ ያላት ጠይም ሴት

የትምህርት ሁኔታ፡- አልተማረችም (መሃይም)

ስራ፡- ባልዋን በእርሻ ስራ የምታግዝ

ባህሪዎቿ፡- ለጥፊ ቢጤ

መኖሪያ፡- ታች ቅዳም የተስፋ ጎረቤት

Other Minor Characters

የወንድማገኝ ልጆች፤ ባንተአየሁ(14 አመት)፣ደረጅና(12 አመት) ወይንሸት(9 አመት)

የተስፋ እህቶች -ዳርምየለሽ (35 አመት)፣ ገንዘቤና(29 አመት) ባንቺ/17 አመት)

ንጉሴ ዋሲሁን (ተስፋ ታናሽ ወንድም ዕድሜ 19)

ደስታ ማዘንጊያ (የመጀመርያ ሳይክል አስተማሪ)

ዘሩ ዋለልኝ (የሁለተኛ ሳይክል አስተማሪ)

አድማሱ ጌታቸው (የሁለተኛ ሳይክል ፊዚክስና ሂሳብ አስተማሪ)

ይሁኔ ከልካይ (የትምህት ቤቱ ዘበኛ- ከሰው ብድር)

ታመነ (የአያሌው ጌደኛ በህብረት ስራ የማያምን)

ቄስ መላኩ (ቄስ)

አለበል አምባቸው (የቀበሌ ሊቀመንበር)

ማሚት አላዩ (የሴቶችና ህጻናት ጉዳይ)

4.5. The Story

The drama is expected to run for at least 48 episodes. Details of both storylines are done for 24 episodes. The following sections narrate the two storylines upto 24 episodes. The remaining episodes will be developed in due course, taking feedback received from these episodes into consideration. The drama is set in a kebele called Malefia, constituting two villages separated by a river called Lay Malefia and Tach malefia. The drama contains two storylines: one following a lifecycle of a couple and the other following the journey of the community around them to solve their problems.

The Lifecycle Storyline

The story begins with a sick man being asked for his daughter’s hand in marriage. The girl being asked for marriage is Nitsuh, a 19-year-old girl. Tesfa, the guy asking for her hand in marriage, has pursued Nitsuh for a long time although she refused his advances, Having reached 10th

grade in school, she wanted nothing more than to finish her education. She also had someone else she liked at school, Birhanu.

Tesfa has been jealous of Birhanu although he does not know the extent of their relationship. In any case, he got intentionally close to her father, who was bedridden, by helping out on the family farm. He soon asked for Nitsuh's hand in marriage knowing that he has won her father's trust. For Nitsuh's father, having had no son of his own, this was a good opportunity to see his daughter married before he passed away. Not wanting to disobey her dying father, Nitsuh agrees to marry Tesfa and break her relationship with Birhanu. She does set one condition however; that she continues her education. Tesfa agrees knowing that it would be impossible for her to finish her education once she gets pregnant. Having failed the 8th grade three times, Tesfa has discontinued his education.

Nitsuh's father dies on the night of the wedding. Nitsuh is devastated. People try to comfort her but she is inconsolable for a few days. Some people tell her that she should get pregnant soon so that it would help her get over her father's death. She refuses and secretly starts using contraceptives.

Some time after the funeral, Nitsuh's school friends come over the couple's house once to visit her some time after the funeral. Among the friends is Birhanu. The ever suspicious Tesfa and Birhanu get into a small altercation without making it seem obvious. After the friends leave, the couple get into a fight over Birhanu. Tesfa orders her not to see Birhanu ever again and storms out of the house.

Time passes but Nitsuh does not get pregnant. Tesfa is puzzled and suspects she may be fooling him. One day, Tesfa unusually stays out late and comes back drunk. He picks a fight with his wife. The next morning they have a heated debate and Tesfa confronts her. He asks whether she is using contraceptive without his knowledge, which further sends the couple deeper into their fight. She denies using contraceptives but he doesn't believe her.

Nitsuh runs into Birhanu in the market. It's been a while since she saw him or her other school friends because they have all gone to live in another town to attend preparatory school. Birhanu pleads with her to have a talk. She refuses at first but eventually gives in. Birhanu tells Nitsuh that he misses her and that he loves her. They kiss. They spend some intimate time in the woods. When it's time to leave, Birhanu insists that he sees her off despite her telling him she doesn't want to get caught by her husband. Tesfa coming with his friends sees them together and whisks her away.

Tesfa beats Nitsuh for hanging out with a man when he has forbade her. He accuses her that she uses contraceptive so that she can cheat on him. Nitsuh tries to defend herself but he whips her with the horsewhip. Tesfa's mother who lives in a house next door rushes into the house to break up the fight. Early the next morning Nitsuh runs away to her mother's place.

Nitsuh's mother sees the bruises she sustained. She gets furious at Tesfa for beating her daughter senseless. It wasn't long however before Tesfa realized he made a mistake. His own parents turned against him for beating his wife. So he sends elders to Nitsuh's family asking for forgiveness. He reiterates his promise to Nitsuh that she can continue her education eventually.

They also advise Nitsuh to listen to her husband. Tesfa and Nitsuh get back together and this time they are determined to make it work. Over time, they grow closer to each other. Nitsuh finally agrees to give Tesfa a child.

Some time later, Nitsuh gets pregnant and goes to the Health Center for her first ANC. Knowing that the health center is near the school where Birhanu goes, Tesfa gets extremely jealous again. As soon as she comes back, they get into a fight and he forbids her from leaving the house ever again. While staying in the house, Nitsuh is forced to miss her next ANC.

Later on, Nitsuh becomes very ill. Tesfa is not treating her well. He did not think her illness was that serious. Thanks to a nosy neighbor (Belete), people find out how sick she is. They force Tesfa to take her to the health center. At the health center, they found out that Nitsuh has malaria.

Nitsuh becomes very disappointed with Tesfa. He hasn't been treating her well and she nearly died because of his behavior. She runs back to her mother for the second time since they were married. While at her mother, Nitsuh makes sure she got the necessary medical attention from the HEW and the health center. When the time came, she delivered at the health center.

The baby brought the couple and their families closer together again. Nitsuh, although disappointed with her husband, is now happy and agrees to let go of the past. Everything seems to work out, except once their child gets sick. They rush to the health center and manage to save the baby's life.

After Nitsuh returned back to Tesfa's, on the day of the Christening, her school friends, including Birhanu come to visit her. Tesfa was out when the friends stayed in the house. When he returned, he sees Birhanu playing with the baby. He fumes with anger and chases Birhanu out of the house. Several gunshots are heard immediately.

Community Action Storyline

This storyline is mainly driven by three characters – Ato Amman, Ato Ayalew and W/ro Beletu. It illustrates how the community in Malefia kebele come together to solve health related and other problems. The story begins with a collapse of a bridge during Nitsuh and Tesfa's wedding injuring the groom. The bridge was built from wood and has been a problem in the community because it usually gets overflowed during the rainy season or collapses when large crowds gather on it. The community usually works together to fix the bridge for it to collapse soon again.

This time, people have had enough. People wanted a more permanent solution. Therefore, representatives were selected to go and discuss with the Kebele administration for a solution. However, the administration informs the representatives that the budget for the year does not cover bridge construction and that they would have to wait for the next year. Even then, it wasn't a sure thing. But the bridge was so important for the community. It was their route to the market and to access the main road. It needed to be built fast. Having a temporary fix was proving to be time consuming and expensive over time.

Ato Ayalew, Ato Amman and W/ro Beletu were chosen to be members of a committee that looks for permanent solutions. The solution they came up with was for the community to contribute money so that they can hire a contractor to build a permanent bridge. But collecting money from the community would become a headache for the committee. They manage to collect some but it was not enough. At the end, a rich cityspora agrees to sponsor the bridge and they hire a contractor.

Having the bridge constructed was also difficult as the contractor was not trustworthy. Rumors start going around the community that the committee has been bribed. At the end, Ato Ayalew agrees to get his son involved in the matter.

While all this is going on, a malaria outbreak threatens many lives in the community. W/ro Beletu's daughter actually dies because they resorted to home treatment and delayed in taking her to the health center. Her granddaughter also catches malaria but she manages to save her life after she takes her to the health center. While W/ro Beletu is at the health center for her granddaughter's treatment, she learns that a lot of people in her community have fallen ill. In fact, after the bridge was constructed, Ato Ayalew could not come to the inauguration because he also fell severely ill. He gets better overtime.

Both Ato Ayalew and W/ro Beletu, after having gone through the terrible ordeal, become the biggest anti-malaria advocates in the community. They go around teaching people and advocating for tough community laws against those who refuse to take action against malaria.

Annex I: Audience Archetypes

ምንትዋቤ ወርቁ

ዕድሜ - 28

የትምህርት ደረጃ - 10ኛ ክፍል የደረሰች የዩኒቨርሲቲ ውጤት

ስላሳ መጣላት ትምህርቷን ያቋረጠች

የጋብቻ ሁኔታ - ያገባች (ላለፉት ሁለት አመታት በትዳር የቆየች)

ልጆች - የመጀመሪያ ልጇን ለመውለድ በመንገድ ላይ ያለች የ8 ወር ነፍሰጡር

ሀይማኖት - የኦርቶዶክስ ክርስትና እምነት ተከታይ የሆነች በሀይማኖቷ

ያሉ ስርአቶችን የምትከተል። በጾም በፀሎት

የምታምን፣ ነፍሰጡር ሆኖ ሳለ እንኳን የምትጾም ፤ በጾሟ

ትክክል እንደሆነ እና ለነፍሷ ስትል እንደምታታደርገው

የምታምን



አካላዊ ገለጻ - አጠር ቀጠን ያለች ጣይም ፣ ፊቷን ሲያዩት የደከማት ፈዛዛ የምትመስል ፤ ፈገግታዋ የተቆጠበ ነገር ግን ስትሰቅ ፊቷ ላይ መነቃቃት የሚነበብባት

የመኖሪያ ቦታ - በአማራ ክልል ምእራብ ጎጃም፣ ደቡብ አቸፈር ወረዳ፣ ዱር ቤቴ የወረዳ ከተማ ከባሏ ጋር ትኖራለች።

ጊዜያዊ መኖሪያዋ በዚሁ ወረዳ ቁርባኔ በተባለ ጎጥ ገጠር ውስጥ ይኖራሉ።

ባህሪያቶቿ - ቁጥብ ፣ አይናፋር ብጤ፣ ሰው ሲነጋገር ከመሳተፍ ይልቅ ዝም ብላ ማዳመጥ የምትመርጥ፣ ለምትጠየቀው ጥያቄ አጭር መልስ የምትሰጥ

የቤተሰብ ሁኔታ - አባቷ አቶ ወርቁ አለሙ (54 ዓመት) እና የተመኝ ቸኮል (53 ዓመት) ናቸው። ምንትዋቤ 4 እህቶች እና 2

ወንድሞች አሏት ። ምንትዋቤ ለቤተሰቧ አራተኛ ልጅ ናት ። እህቶቿ ወርቅነሽ ወርቁ ፣ ዘመናይ ወርቁ፣

ወይኒቱ ወርቁ እና ወብአለም ወርቁ ይባላሉ። ወንድሞቿ ምስጋናው ወርቁ እና አገኘሁት ወርቁ

ይባላሉ። ወላጆቿ ባላቸው 5 ቃዳ መሬት ላይ ጤፍ ፣ ዳጉሳ ፣ ማሸላ እና በቆሎ እያመረቱ በግብርና

ይተዳደራሉ። ባህርዛፍ እያለሙ ለከሰል አክሳዮች ይሸጣሉ። ቡና ፣ ማንጎ፣ ጎመን ፣ ቃሪያ የሚያለሙበት

የጓሮ አትክልት አላቸው። 3 በሬዎች፣ 2 ላሞች፣ 6 ጊደሮች እና በርካታ በጎች እና ዶሮዎች አሏቸው።

የገቢ ምንጭ - ባለቤቷ ከቤተሰቦቿ የወረሰው አንድ ቃዳ መሬት አለው። በተጨማሪም ከተማ ሻይ ቤት አክፍቷል።

ምንትዋቤ ግን የቤት እመቤት ናት። ገንዘብ ባስፈለጋት ጊዜ ባለቤቷ ይሰጣታል። አዲስ ተጋቢ

እንደመሆናቸው እና የመጀመሪያ ልጅ ልትወልድ በመሆኑም ባሏ ይንከባከባታል።

ማህበራዊ ህይወት - ምንትዋቤ በትምህርት ቤት አብረዋት ያሳለፉ እና በመኖሪያዋ አካባቢ ያሉ እኩያ ጓደኞች አሏት ገና

ለትዳር እና ለከተማ ህይወት እንግዳ በመሆኗ ግን ሰፊ ማህበራዊ ህይወት የላትም። ከአዳዲስ ሰዎች ጋር

ከመግባባት ይልቅ ቤተሰቦቿ ጋር የበለጠ ትቀራረባለች። ለመመካከርም ፣ ለመጫወትም ፣ ከሰው ጋር

ለመገናኘትም ወደትውልድ ጎጧ ቤተሰቦቿ ቤት መምጣት ይቀናታል።

ተፅዕኖ የሚፈጥሩባት ሰዎች - ምንትዋቤ ከማንም ሰው በላይ ከእናቷ ጋር ትቀራረባለች እሳቸው የሚሏትንም ትሰማለች።

በተለይ ወላጆቿ ሞዴል አርሲደሮች ስለሆኑ በአካባቢው በእድሜም በህይወት ልምድም የዳበሩ እና

ተሰማኒት ያላቸው ስለሆኑ እነሱ ያላቸውን አመለካከት ፣ወግ እና ስርአት ታከብራለች። ስትወልድ መታረስ የምትፈልገውም ወላጆቿ ቤት ነው።

የጤና ክትትል - ምንትዋቤ በየወሩ ጤና ጣቢያ እየሄደች የቅድመ ወሊድ ክትትል ታደርጋለች። እርግዝና 8ኛ ወሩ እስከደረሰበት ጊዜ ድረስ ግን በጤና ጣቢያ ይሁን በወላጆቿ ቤት ስለመውለድ ገና አልወሰነችም። የት እንደምትወልድ ስትጠየቅ የእናቷን አስተያየት እና ምክር መጠየቅ ይቀናታል። ወላጅ እናቷ የተመኝም፣ በጤና ተቋም ስለመውለድ ተያያዥ የጤና አገልግሎቶች ቀደም አድርገው የሰሙ ቢሆንም እሳቸው ሁሉንም ልቻቸውን ቤት ውስጥ በመውለዳቸው ልጃቸው ቤት ብትወልድ ይመርጣሉ። ሆኖም ሰው ሲጠይቃቸው ጤና ተቋም ስለመውለድ እና ስለአምቡላንስ አገልግሎት ይናገራሉ። ሆኖም ምንትዋቤ እና እናቷ በጤና ተቋም መውለድ ጥሩ እንደሆነ ቢያምኑም ያሉት ሁለት አንቡላንሶች በቂ ስላልሆኑ ፣ ከመጡም ወደጤና ተቋም መውሰድ እንጂ ስለማይመልሱ እና በቶሎ ስለማይመጡ የተለየ ችግር ከሌለ ቤት መውለድ የሚቀል መሆኑን ያምናሉ። በተለይ በቅርቡ አንዲት ሴት ልትወልድ ብላ አምቡላንስ ከአሁን አሁን ይመጣል ብላ ስትጠብቅ ልጇ መሞቱ ስለተሰማ ፣አንዲሁም ምንትዋቤ ለክትትል ጤና ጣቢያ በምትሄድት ጊዜ ሁሉ እርግዝናዋ ጤነኛ እንደነበረ በማረጋገጧ ጤና ጣቢያ የመውለድን ሀሳብ ጣል ጣል እያደረጉት ይገኛሉ።

አሁን የምትገኝበት ሁኔታ - የምንትዋቤ ባለቤት ቤተሰቦቿን ለመጠየቅ ስማዳ የተባለ የገጠር ቀበሌ ሄዷል። ምንትዋቤም የሱን አለመኖር ምክንያት አድርጋ እንዲሁም ወቅቱ የባዕታ በአል የሚከበርበት ስለሆነ ቤተሰቦቿን ልትጠይቅ በዛውም ወሯ ደርሶ ቤተሰቦቿ ጋር ወልዳ ለመታረስ ቤተሰቦቿ ቤት ትገኛለች። አብዛኛውን ቀኗን ቤት ውስጥ በተለይም ቤተሰቡ ለእርሻ ስራ ሲሄድ ምግብ በማዘጋጀት እና እናቷን በቤት ውስጥ ስራ በማገዝ ታሳልፋለች።

ቁጭቷ - ምንትዋቤ ዘመናዊ ወርቁ የተባለች ዩኒቨርሲቲ የተመረቀች ታላቅ እህት አለቻት። እንደሷ ትምህርቷን ቀጥላ ለቤተሰቦቿ የኩራት ምንጭ ባለመሆኗ ትቆጫለች።

የሀይወት ግቧ - አሁን ያረገዘችውን ልጅ በሰላም መገላገል ፣ብዙም ሳትቆይ ሌላ ልጅ መውለድ ፣ባሏን በንግድ ስራው በማገዝ ቤተሰቧን የተሻለ ገቢ እንዲኖረው ማገዝ እና ትምህርቷን ከቆመችበት 10ኛ ክፍል መቀጠል

ተጨማሪ - ምንትዋቤ ለቴክኖሎጂ ውጤቶች የቀረበች አይደለችም። ሞባይል አላት ነገር ግን ከሰዎች ጋር ለመገናኘት ካልሆነ ለሌላ አትጠቀምበትም። ሬዲዮ የማዳመጥ ልማድም የላትም።

Annex II: Participants of the Content Development Workshop

Name of Participant	Organization
Abinet Getachew	Johns Hopkins Center for Communication Programs (Communication for Health project)
Abiy Alazar	John Snow, Inc. – SUHEP
Awet G/Egziabher	Johns Hopkins Center for Communication Programs (Communication for Health project)
Bayissa Urgesa	Johns Hopkins Center for Communication Programs (Communication for Health project)
Betemariam Alemu	Johns Hopkins Center for Communication Programs (Communication for Health project)
Binyam Woubshet	Johns Hopkins Center for Communication Programs (Communication for Health project)
Biruk Melaku	Johns Hopkins Center for Communication Programs (Communication for Health project)
Bizuayehu Ejere	Johns Hopkins Center for Communication Programs (Communication for Health project)
Desta Kebede	FHI360 – Alive & Thrive
Eleni Adinew	Johns Hopkins Center for Communication Programs (Communication for Health project)
Endeshaw Woldesenbet	Johns Hopkins Center for Communication Programs (Communication for Health project)
Etsub Neway	Johns Hopkins Center for Communication Programs (Communication for Health project)
Fetene _____	Family Guidance Association of Ethiopia
Fitsum Girma	John Snow, Inc. (Communication for Health project)
Getnet Bayih	Federal Ministry of Health
Haileamlak Kassaye	Johns Hopkins Center for Communication Programs (Communication for Health project)
Maereg Wagnew	Federal Ministry of Health
Mamitu Kefyalew	Johns Hopkins Center for Communication Programs (Communication for Health project)
Meaza Worku	Johns Hopkins Center for Communication Programs (Communication for Health project)
Meron _____	Federal Ministry of Health
Peter Roberts	Facilitator, Consultant

Shewaye Arega	Johns Hopkins Center for Communication Programs (Communication for Health project)
Tegbar Achamyelah	Johns Hopkins Center for Communication Programs (Communication for Health project)
Tigist _____	Jhpiego
Tsega Berhanu	Johns Hopkins Center for Communication Programs (Communication for Health project)
Wintana Belai	Johns Hopkins Center for Communication Programs (Communication for Health project)
Yared Tadesse	Federal Ministry of Health

Annex III: Participants of the Drama Design Workshop

Abinet Getachew
Drama Team Leader

Awet G/Egziabher
Producer

Binyam Woubshet
Reality Team Leader

Biruk Melaku
Associate Director – SBCC Media and Material Development

Bizuayehu Ejere
Scriptwriter

Eleni Adinew
Producer

Etsub Neway
SBCC Media and Material Development Officer

Haileamlak Kayyasa
Producer

Kiflom Hadush
Scriptwriter

Mamitu Kefyalew
Producer

Meaza Worku
Lead Scriptwriter

Shewaye Arega
Producer

Tsega Berhanu
Senior SBCC Specialist

Wintana Belai
Intern

Peter Roberts
Facilitator, Consultant

Sofnias Nega
Facilitator, Consultant