



The Jhpiego Changemakers Curriculum



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Jhpiego: Changemakers Curriculum

This curriculum has been designed to acquaint students with issues pertaining to the health of women and girls in low- and middle-income regions of the world. The following document will shed light on the powerful and lasting ways in which Jhpiego, an international health organization affiliated with Johns Hopkins University, works with its partners to improve the lives of women, girls, and vulnerable populations around the world. As students make their way through this curriculum, they will develop a greater understanding of the health issues pertaining to women and girls in lower- and middle-income countries. They will see how Jhpiego and its partners craft and implement a broad range of interventions that enable sustainable progress in women's empowerment and health. Students will explore the ways in which addressing global women's health issues produces positive impacts that extend to other sectors of development, such as education, environment, gender, human rights, and economics. Through the study of Jhpiego's work in global health, students will learn best practices for the development of successful and sustainable service-minded interventions that will enable them to be our next generation of Changemakers and advocates.

Suggestions for Optimal Use of the Jhpiego Changemakers Curriculum

Sketch note-taking

Consider using sketch note-taking to enhance or even replace traditional journaling and discussion activities. Sketch note-taking is a dynamic way to process and apply new information. Watch this video for tips on how to sketch note: [Sketch Note-taking for Students](#). This video is 3 minutes and 26 seconds long.

Familiarize yourself with creative activism

Creative activism has no rules or boundaries. From photography exhibitions to theater productions, creative activism appeals to your innovation and imagination to fuel conversations and call communities to action. Throughout this curriculum, there will be opportunities for you to apply your knowledge through creative activism.

Form a Community Agreement

To set the tone for optimal, safe learning experiences, it is recommended that you form a Changemakers community agreement before moving onto the next activity. A community agreement is an agreement made by all members of a classroom or group about how they choose to work together moving forward. Here is an excellent teaching strategy for introducing and agreeing to inclusive norms in your learning environment from Facing History & Ourselves: [Contracting](#).



Suggested Uses and Applications of Curriculum for Educators

This curriculum has been designed to help you acquaint your students with issues pertaining to the health of women and girls, specifically in low- and middle-income regions of the world. Students will be guided through various inquiries having to do with power structures and health system reforms as they relate to women and girls. As students move through the discovery process they will begin to exercise skills rooted in research, critical thinking, and creative activism—that is, taking creative action to draw attention and make a positive impact on issues that students find most compelling.

Best practices in the use of this curriculum include following the segments in sequential order but modifying discovery activities according to your scheduling needs and, most importantly, in ways that support your students. The curriculum was written and designed so it can be used across content areas such as language arts, social science, and art. We encourage you to collaborate with your team members to broaden the scope of learning and to strengthen student understanding of the interconnectedness of the disciplines relating to world issues and current events. Each segment will take approximately 30–45 minutes, not including the discovery activities. You may introduce the engagements, journal/discussions in class/club and assign the discovery activities as homework or provide class or club time for discovery. You can also assign discovery activities individually or in small groups or undertake many of them as an entire class. This depends solely on your needs. All materials are downloadable and printable.

Suggested Uses and Applications of the Curriculum for Students

You do not need to be an educator to engage with this curriculum. It has been created with student leaders and clubs in mind. We're excited for you to gain a greater sense of issues related to women and girls within health systems—especially in low- and middle-income regions around the world. There are so many stories for you to hear and your innovation and energy are needed!

As you engage with the segments and discovery activities, we hope that you will become inspired to act and, to that end, we have provided you with tools and skills to do just that. While you do need to follow the segments in sequential order, you have flexibility in engaging in activities and duration of each segment. This gives you flexibility in how you undertake the discovery activities. They can be completed individually, in small groups or, depending on the size of your group, as a whole group. We hope you will be eager to enact change as your discovery process gets underway.

By the time you have finished interacting with the curriculum, you will be familiar with some of the root causes of poor health outcomes for women, understand how gender norms and gendered power structures affect health systems, and have discovered the impact of addressing such issues using Jhpiego as a model. And you will be empowered with the skills to take creative action toward making the world more equitable in ways that are most important to you.



Introduction: We Are Changemakers

WATCH: [Jhpiego, Creating Change that Will Save Lives](#)

- This introductory video highlights aspects of Jhpiego’s work and personal narratives of those impacted when resources are placed into the hands of the people and communities being served.
- The video also provides initial context of the health issues pertaining to women and girls in lower- and middle-income countries.
- Video length: 6 minutes, 43 seconds

READ: Women’s Health: A Fundamental Building Block for Global Development

Women are the foundation of a strong community. When women have the opportunity to participate in decisions about their health and household finances, they make decisions that benefit the health of their children and contribute to the welfare of their families. But, when women are denied the agency and resources that are critical to achieving good health, entire communities suffer.

Ensuring the health and wellbeing of women provides enormous opportunities to make advances in other sectors of global development—in fact, global prosperity depends on the health of women and girls. This is why, for more than 45 years, Jhpiego has worked to put women at the center of health and development.

Guaranteeing access to comprehensive health services and upholding sexual and reproductive health rights are fundamental to achieving poverty eradication, gender equality, and women’s empowerment.¹ When women are empowered to take control of their bodies and plan their pregnancies a number of benefits accrue, including reductions in maternal and infant mortality rates, reductions in global carbon emissions, and increases in economic productivity.

The fight for women’s health requires a response from many areas to address structural barriers and inequitable social norms that restrict women’s decision-making power, access to education, and political participation. The coordinated effort to ensure that women have access to comprehensive health services enables governments to move forward on a variety of other development targets, including gender equality, education, and human rights.

¹ http://www.ipsnews.net/2017/10/women-major-drivers-beneficiaries-poverty-eradication/?utm_source=rss&utm_medium=rss&utm_campaign=women-major-drivers-beneficiaries-poverty-eradication



Part 1: Equity and Health

Part 1, Discovery 1: A Look at Equity and Health—A Pressing Issue in Our Time

WATCH: [The Moth Presents: Jane Otai](#)

- Jane’s story weaves together many of the issues you will be exploring throughout this curriculum.
- Video length: 10 minutes and 47 seconds.

Part 1, Activity 1: Jane Otai

Take note of the issues Jane discusses, then either journal or sketch note about your impressions of her presentation, and/or discuss.

Did you notice the relationship between education, adolescent pregnancy, and health for Jane, Alice, and Camilla? The connections are easy to see. The social circumstances of an individual are inextricably linked to their health. Keep this in mind as we explore the connection between health and society further.



Part 2. Gender, Sex, and Health

WATCH: [The World We See](#)

- This video explains why Jhpiego places gender equality at the center of transforming health care.
- This video introduces important concepts and terminology to be defined in Discovery 1: Understanding Key Gender Concepts.
- Video length: 3 minutes, 34 seconds.

Part 2, Discovery 1: Understanding Key Gender Concepts

Facilitator: Divide participants into small discussion groups and assign one or two of the concepts below to each group to define. Have each group present their concepts and definitions to the rest of the class. Discuss whether the definitions are accurate and complete and how they might be improved.

1. Sex and gender
2. Gender equality and gender equity
3. Women's empowerment and agency
4. Male engagement
5. Gender roles and gender stereotypes
6. Gender-based violence and violence against women

Part 2, Activity 1: Gender Terms

- Compare the group-created definitions with the definitions provided on [this handout: gender terms and definitions](#).
- As a group, discuss what elements were left off during the smaller group discussions and why you think those details were missed. What surprised you about these definitions, and what was helpful in illuminating the differences between the paired concepts?

Moving forward, refer back to these terms often and consider how they can be applied to the work that Jhpiego does, including in women's health, disease prevention and treatment, and strengthening health system.

While it's vital to understand concepts and definitions, especially when thinking about creating impactful and lasting change in communities and for individuals, our experiences and identities cannot (and should not) be limited to mere concepts. We all have the right to define who we are, independent of social rules and expectations.



Part 2, Discovery 2: Gender as a Determinant of Health

Understanding the conditions in which people live is critical to successfully addressing poor health outcomes. While health is often assumed to primarily be a function of medical services, a growing body of evidence now points to social factors as the root causes—or underlying drivers—of a range of health outcomes.

Social factors that are the root causes of health outcomes are called **social determinants of health**. The World Health Organization defines social determinants of health as “the conditions in which people are born, grow, live work and age, and the wider set of forces and systems shaping the conditions of daily life.”²

Here are examples of social determinants of health:

- Socio-economic status
- Race and gender
- Social, cultural, and gender norms
- Educational opportunities
- Exposure to violence
- Employment status

As gender shapes nearly every aspect of life, it is a critical social determinant of health that must be considered to successfully address poor health outcomes for women.

Most women’s health vulnerabilities are not rooted in a weak health system or a lack of medical resources. Rather, they are rooted in the gender and structural inequalities that stem from patriarchal gender norms, roles, and power structures. These inequalities include limited autonomy, resources, and opportunities that inhibit access to health services or that drive many women into dangerous or disempowering social circumstances.

NOTE: Think back to Jane Otai’s story of her sister Alice and friend Camilla. Can you point out how gender inequalities and gender norms played a role in the eventual deaths of Alice and Camilla?

It is important to note that people often confuse gender to apply specifically to women and women’s issues such as health. Certainly, men’s norms, attitudes, and behaviors impact women’s health. A focus on gender means addressing the structural, sociocultural, and relational dynamics that also impact health and health-seeking behavior.

² https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1



Part 2, Activity 2: Mrs. X

WATCH: [Why Did Mrs. X Die?](#)

- Video length: 11 minutes, 22 seconds.
- Moving beyond the identification of immediate contributors to poor health outcomes and toward the identification of root causes enables us to develop more effective programs.
- Watch the video and identify the impact of gender norms on health outcomes.
- After the video, facilitate a discussion using the following questions:
- How did gender norms lead to the death of Mrs. X?
- How did her social position impact her health?
- What were the other factors (not related to the health facility) that led to the death of Mrs. X?



Part 3: Overview of Women’s Rights

Women’s rights are human rights.

Each program developed by Jhpiego is rooted in the understanding that all women and girls—regardless of what country they live in, their ethnicity, socio-economic status, or role in society—deserve to live healthy, safe, and empowered lives.

Understanding the role of human rights in matters of gender inequality and health inequity can help us develop sustainable health care interventions that uphold human rights and ensure more equitable health outcomes for women and girls.

Part 3, Discovery 1: Learning About a Preventable Disease

WATCH: [A Disease We Can Beat](#)

- Video length: 57 seconds.
- Consider the following facts:
 - 750 women die per day of cervical cancer
 - 85% of women diagnosed with cervical cancer reside in the developing world

Now that you know cervical cancer is preventable and treatable if diagnosed early, **why does it remain one of the most common cancers in women worldwide?**

Most cervical cancers are caused by the human papillomavirus (HPV), a commonly sexually transmitted infection that can be prevented with the HPV vaccine. If a vaccine for HPV exists, **why is it that close to 9 of every 10 cases of cervical cancer occur in low- and middle-income countries?**

Just as Jane Otai said in the video, **this is an issue of rights—an issue of human rights.** So what are human rights and how do they apply here?

Part 3, Discovery 2: Universal Human Rights

WATCH: [What are the universal human rights?](#)

- A TED-Ed video. Length: 4 minutes, 46 seconds.
- Now that you have been introduced to the Universal Declaration of Human Rights (UDHR), it is time to explore it more closely in relationship to what you have been learning about Jhpiego.

DISCUSS: Spend 10–15 minutes discussing any connections you can find between the articles of the UDHR and what you have learned thus far in the explorations regarding Jhpiego.



Part 3, Activity 1: UDHR Concept Maps and Illustrations

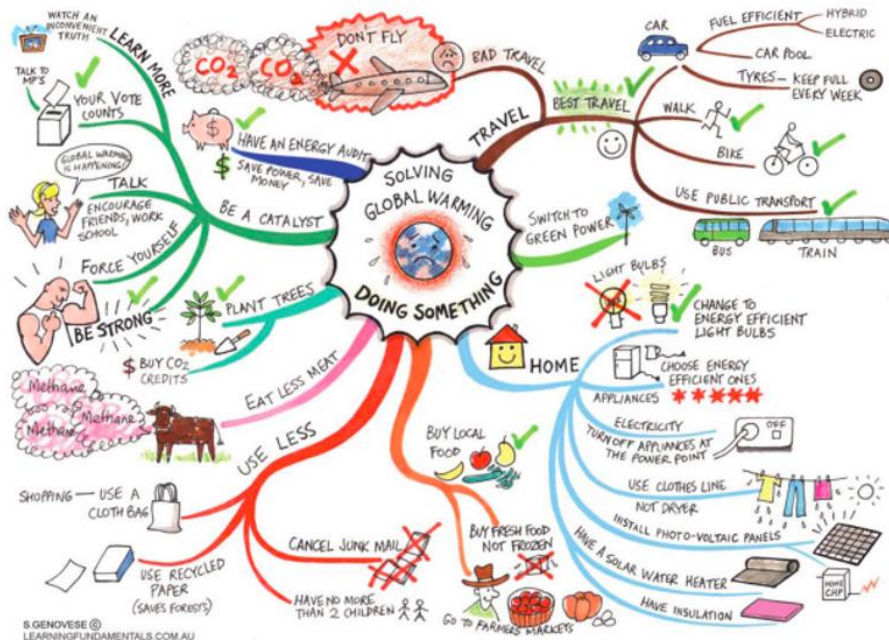
By the end of this engagement, you will have a strong sense of the issues that are included in the 30 articles of the UDHR. You will also have identified and illustrated the articles that specifically pertain to the health issues of women and girls, and you will have identified issues of equity that need to be added to an addendum to the UDHR.

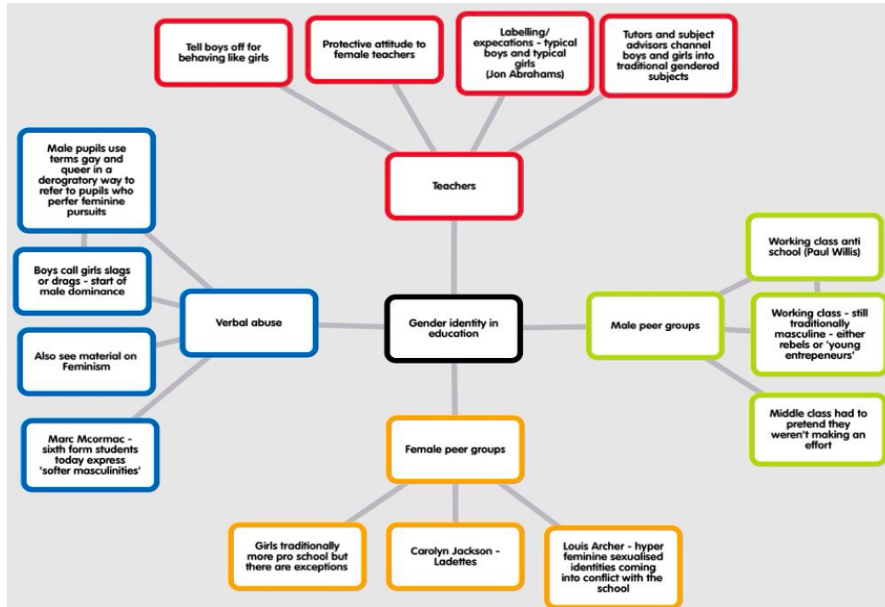
To begin, students should visit the [Creative Changemakers website](#) where they can review, download, or print the UDHR document. We suggest that you print the UDHR document to mark it up with notes and thoughts during this activity. Here are links to printable copies of the UDHR in [plain language](#) and [full text](#).

After students have read through the UDHR at least once, highlight or document which articles specifically relate to the health of women and girls. Certainly, any articles having to do with health specifically will count but be sure to consider the articles related to education and equity as well.

Next, choose one of the two activities that appeals to you the most:

Option 1: Create a concept map (or mind map as they are sometimes called, see examples below on climate change and gender identity in education) about one UDHR article that you have identified as specifically related to women’s and girls’ health. Place the article number and text at the center of your mind map, then allow yourself about 5 minutes to contextualize this article with what you have learned thus far about Jhpiego. After you are done, compare your map with others who selected to work on the same article as you or who opted for a different article. Discuss your findings.

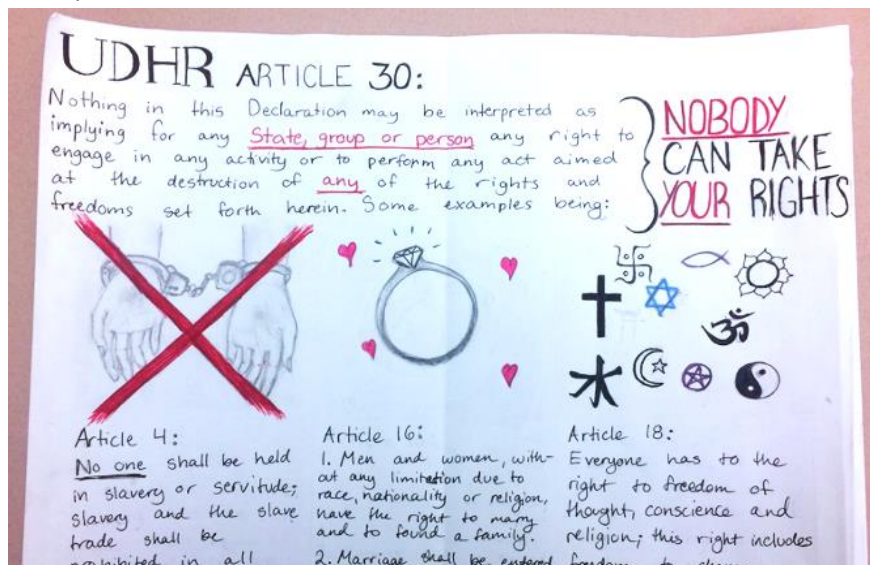




Option 2: Check out some of the illustrations from the book "[We Are All Born Free](#)"—keep in mind that each illustration was completed by a different artist, then do the following:

- Create an original illustration of a UDHR article that you identified as women's/girls' health specific. Your illustration should:
 - Include the article number and text from the article itself
 - Visually represent the article assigned
 - Be an original illustration and/or collage

Below is an example of a student-created UDHR illustration:



Part 3, Discovery 3: Gender and Health

Assign the following reading as a jigsaw reading assignment.

To learn more about how to implement a jigsaw reading strategy, [click here](#).

READ: [Gender Parity=Better Health](#)

Learn how gender disparity affected the health of three women in Mozambique, Guinea, and Nepal. (Assign each case study as part of the class jigsaw.) The connection between women’s health and gender inequality is impossible to ignore.


Did You Know?

- Worldwide, 1 out of every 3 women has experienced gender-based violence.
- Women make up 75% of the global paid health workforce, yet they confront challenges not faced by their male counterparts that impact their job performance, compensation, and career advancement.
- Globally, only 24% of seats in national parliaments are held by women.

Part 3, Activity 2: Hexagonal Thinking

In hexagonal thinking, your goal is to connect a given list of terms through the sides of hexagons. A hexagon has six sides; therefore, each term or concept CAN connect to up to six others. Use critical thinking to decide where the terms you have been given best fit in the web of hexagons provided.

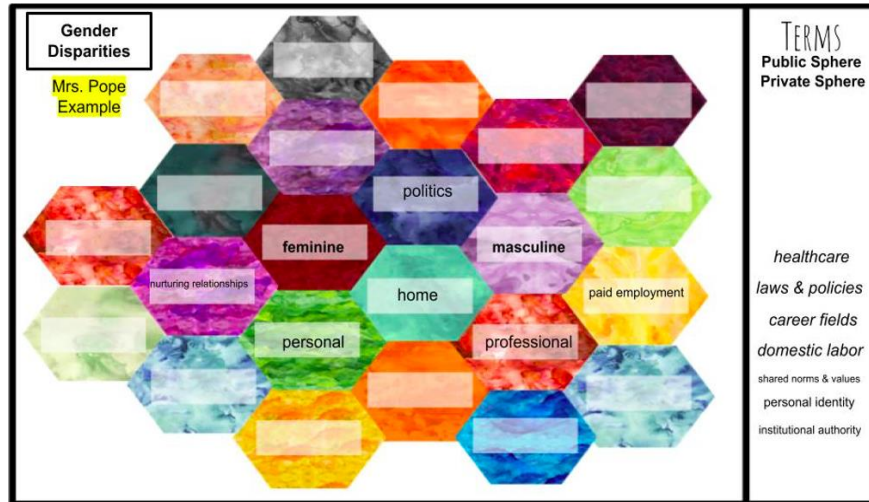
Your task is to place each term to the position where it fits BEST within the overall web of hexagons. You can connect any given term to several others but be intentional with your placement. Make the most important connections your priority. You will NOT use every hexagon—leave gaps where it makes sense.

Gender Disparities	YOUR NAME		TERMS Public Sphere Private Sphere politics home professional personal paid employment nurturing relationships <i>healthcare</i> <i>laws & policies</i> <i>career fields</i> <i>domestic labor</i> shared norms & values personal identity institutional authority feminine masculine
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Step 1: Create your web of ideas

The topic of this web is gender disparities—here’s an example provided by teacher, Sarah Pope of Roland Park Country School in Baltimore, MD. You can utilize Ms. Pope’s process and continue with the terms left to be placed.



Step 2: Explain your connections

Once you have decided where each term should go, be ready to explain their placement. Write five of your most significant connections on an explanation sheet that can be formatted like the slide below.

YOUR NAME	Explain your Thinking Here
<p>Connection #1 (term + term):</p> <p>Connection #2 (term + term):</p> <p>Connection #3 (term + term):</p> <p>Connection #4 (term + term):</p> <p>Connection #5 (term + term):</p>	

Part 3, Activity 3: What Did We Learn?

Discuss, journal, or sketch note what you have learned about the balance of power. How does the balance of power directly affect women’s health care and access to services?

Where do you most notice gender disparities?



Part 4: The Balance of Power and Women’s Health

“It’s long past time we started focusing on the solutions that actually keep women healthy, instead of using basic aspects of women’s health as a tool of cultural, moral, and political control.” —Martha Plimpton

Discuss or sketch note responses to the above quote by Martha Plimpton.

Part 4, Discovery 1: Power and the Health of Women and Girls

How does the balance of power pigeonhole women and girls and their health? Social and gender norms enforce power inequalities. It is important to be aware of the power we exercise as individuals, and how we can use it to empower or disempower others. In many societies, men hold power over women. Consider the fact that globally, women hold only 24% of seats in national parliaments, or the fact that despite making up 75% of the global health workforce, only 27% of health ministers around the world are women.

Historically, women have been relegated to the private sphere and men have dominated public spheres. This has made it difficult for women to raise issues and change policies that impact them. The notion that only women are responsible for child rearing and domestic tasks—and that such responsibilities do not deserve payment or public acknowledgment—indirectly lends weight to the idea that only men can direct responses to issues found in the public sphere. This includes policymaking and legislation having to do with women’s health, especially regarding reproductive health care. Such patriarchal systems often limit women’s and girls’ access to education, control over their own bodies, careers outside of the home, and sound health care.

In addition to access limitations, patriarchal systems often filter into one’s thinking—leading to unconscious and conscious biases that end up helping to perpetuate limiting systems.

WATCH: [Are you biased? I am | Kristen Pressner |](#)

- This illuminating TEDx Talk discusses the phenomenon of unconscious biases. Video length: 8 minutes, 48 seconds.
- After you are done viewing the video, jot down in your journal what you find most compelling about Kristen Pressner’s talk, then engage in a group discussion about your findings.

Part 4, Activity 1: Check for Understanding

Now that you have viewed Kristen Pressner’s TedX Talk, check for understanding by taking this Kahoot! Quiz: [Are you biased? I am: Flip It To Test It.](#)



Part 4, Activity 2: Flip It To Test It

When you employ Flip It To Test It, you are taking the opportunity to see the world differently so that you can choose to behave differently.

Remember:

- Unconscious can be attributed to being comatose, paralyzed, senseless
- Bias is attributed to bigotry, intolerance, unfairness

Step 1: Review the **first part** of: [Are you biased? I am | Kristen Pressner |](#)

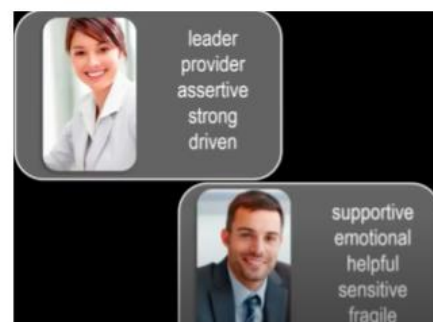
Pressner notes the following about unconscious bias:

- Lack of awareness
- Senseless unfairness
- Behavior ≠ belief


Ask yourself—Is my behavior consistently aligned with my values and beliefs?

Step 2: Review the second part of: [Are you biased? I am | Kristen Pressner |](#)

Take a closer look at some “flip its” in the images below:



Harvard Business Review · 10/2/20
When women use the same humor as men in presentations, they're viewed as having lower levels of status and less capable leaders.



Making Jokes During a Presentation Helps Men But Hurts Women
hbr.org

manwhohasital @manwhoh... · 10/9/20
"I have nothing against the idea of a male psychiatrist, as long as they don't skew everything in favour of men and men's interests." Alice, MP

manwhohasital @manwhoh... · 10/9/20
My sister is a newspaper editor. She wants to add more men to her team but she has no idea how. She doesn't know where to get them from. Any ideas?

manwhohasital @manwhoh... · 10/8/20
My friend is designing Whisky for men. It will be like normal Whisky, but specially adapted. What should it be like?

manwhohasital @manwhoh... · 10/8/20
Quick question, anyone know the correct term for a male policeman?

manwhohasital @manwhoha... · 10/7/20
WOMAN CAVE: every woman needs a space in the house or garden, a spare room, a loft or shed, where she can escape him, the kids, the mess, the NOISE.

#FlipItToTestIt @FlipItToTestIt · 4d
Kaili Joy Gray @KailiJoy · 4d
Sen. John Kennedy just asked Barrett who does the laundry in her house, which is definitely a question that came up for Kavanaugh and Gorsuch, right?

#FlipItToTestIt Retweeted
Cindy Gallop @cindygallop · 5d
Don't tell women to go out in groups - TELL MEN NOT TO STAB THEM.

RTÉ News @rtenews · 6d
Women in Belfast have been urged to go out in groups, when possible, after three women were stabbed in separate incidents yesterday rte.ie/news/ulster/20...

SKETCHNOTE YOUR OWN FLIP IT TO TEST IT!

manwhohasital @manwhoh... · 10/10/20
FACT: Men are naturally better at cooking, cleaning and ironing, while women are naturally better at flicking through the news on their phones in peace. Thanks science for that one.

#FlipItToTestIt Retweeted
Dr. Jessica Taylor @DrJesT... · 10/10/20
So I was on the phone to @santanderuk and they asked for 'Dr Taylor' and I said 'yep' and they said 'no, DR Taylor' and I was like 'yeah that's me'.

And then he went 'oh okay, Hello Miss Taylor'.

manwhohasital @manwhohasital · 19h
I'm interviewing a gentleman golfer about what it's like to try to play golf at the same time as being a man. What should I ask him?

manwhohasital @manwhohas... · 9/1/17
My friend is a history teacher. She's compiling a list of great historical figures and she needs a male to add to the list. Suggestions?

manwhohasital @manwhohasital · 18h
Boys will be boys, kind, caring and thoughtful

manwhohasital @manwhoh... · 10/5/20
ALL MEN! You CAN succeed in politics! Don't let long standing bias, stereotypes, prejudice and systematic barriers hold you back. It's about individual choice. YOU GO BOYS!

manwhohasital @manwhoh... · 10/5/20
DEBATE: Do men belong in places where decisions are made?



- Step 3:** Now, create your own Flip It to Test It. Be sure to share when you are done:
- Step 4:** Discuss, journal or sketch note what you have learned about bias against women and health outcomes.

Part 5: Smart Advocacy

Part 5, Discovery 1: Independence is in Style

Discuss, journal or sketch note your response to the following prompt:

Think of a time when you or someone you know, or someone you have observed in the news was involved in an advocacy effort that was successful. What about the effort made it successful?

READ: [“Independence is in Style”](#)

Learn about Jackline, Tatu, and Elizabeth, who live in Tanzania. These young women have had to confront gender inequality and gender-based violence—and they are doing so in powerful ways with the help of unique partnerships, like the one between TOMS and the government of Tanzania.

Part 5, Discovery 2: DREAMS

Now that you have read an article about successful advocacy, review how the article “Independence in Style” outlined a partnership designed to address a pressing issue causing inequality for Jackline, Tatu, and Elizabeth.

Let’s break it down:

Q: What was the pressing issue?

A: Gender inequity

Describe and review the partnership:

- DREAMS—made possible through TOMS and the Tanzanian government and other stakeholders partnering to make positive impact.
- DREAMS is a public-private partnership between the U.S. Presidents Emergency Plan for AIDS Relief (PEPFAR), the Bill & Melinda Gates Foundation, Girl Effect, Johnson & Johnson, Gilead Sciences, and ViiV Healthcare.
- It is part of the U.S. Agency for International Development’s (USAID) Sauti Project, which led by Jhpiego in key regions of Tanzania.
- From October 2015 through December 2018, over 310,000 adolescent girls and young women have participated in educational sessions on gender and power relations, health, and life skills.
- DREAMS participants have collectively saved nearly \$1 million and have benefitted from HIV testing and counseling services, including connections to follow-up care for those who test positive.

DREAMS:(**D**etermined, **R**esilient, **E**mpowered, **A**IDS-free, **M**entored, **S**afe) is an example of smart advocacy.



Part 5, Discovery 3: SMART Advocacy

When women are financially independent, they are less likely to be in high-risk relationships. Below is a reframing of relevant terms and how they apply to DREAMS.

Terms to Know	DREAMS
Goal: Long-term outcome to describe the overall mission or purpose of a project, usually supported by objectives	Goal: Gender equity in Tanzania by helping women be Determined Resilient, Empowered, AIDS-free, Mentored, and Safe
Objective: Brief statement of intent describing the specific outcome sought	Objectives: <ul style="list-style-type: none"> • Build financial literacy and entrepreneurial skills • Provide reproductive health education • Provide HIV testing, counseling, treatment • Offer peer mentorship on gender and power dynamics
Quick Win: Must occur in the near term to achieve a broader goal. When you meet a near-term objective, it is a quick win.	Quick Win: local government and community member participation/buy-in

Jhpiego’s goal was to address the gender inequity occurring in Tanzania. They identified some objectives and quick wins using the SMART advocacy approach. This approach is frequently used in Jhpiego’s country offices to develop and execute locally owned and targeted advocacy strategies for family planning, sexual and reproductive health and rights, and safe surgery programs.

Jhpiego also uses the method to support youth-led advocacy and engagement. SMART advocacy has helped governments articulate their priorities and develop programs that are coordinated and that ensure the provision of high-quality care.

A **SMART** objective is **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-bound.

SMART

Specific

Measurable

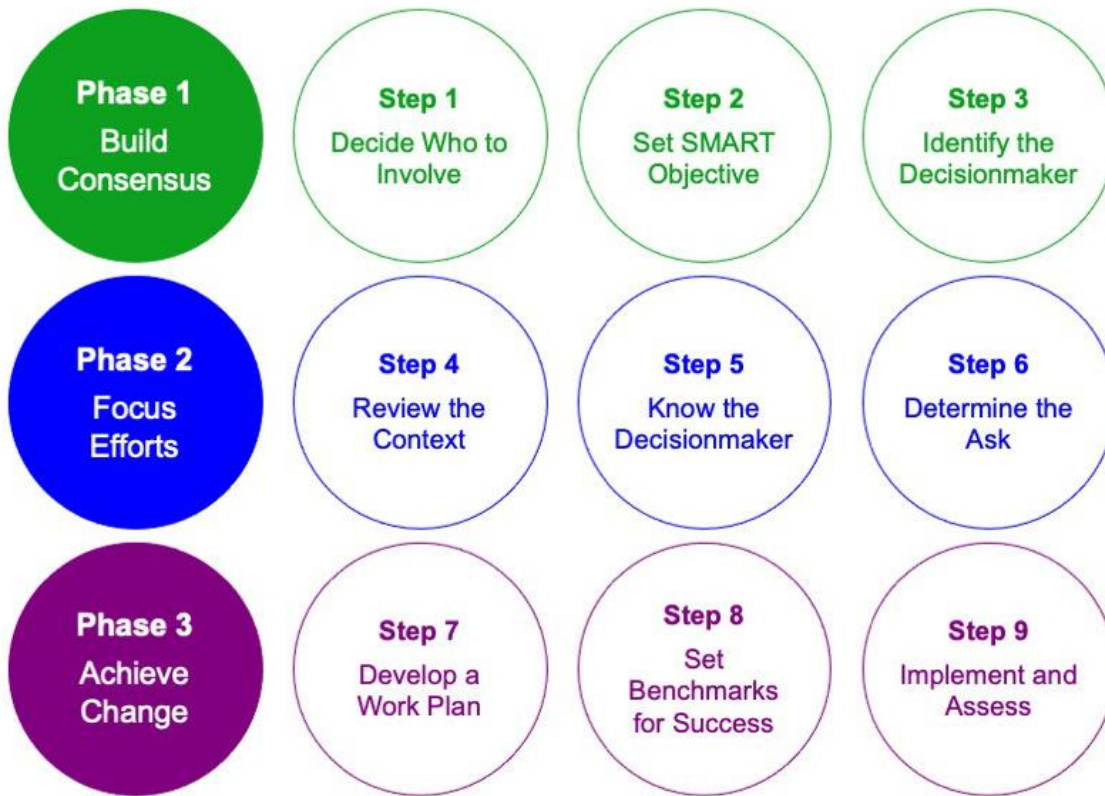
Attainable

Relevant

Time-bound



This graphic shows how the nine steps to SMART advocacy helped Jhpiego create DREAMS.



Phase 1/Build Consensus:

Jhpiego had to involve a lot of stakeholders: TOMS, the government of Tanzania, USAID’s Sauti Project (led by Jhpiego), PEPFAR, the Bill & Melinda Gates Foundation, Girl Effect, Johnson & Johnson, Gilead Sciences, and ViiV Healthcare.

Phase 2/Focus Efforts:

The public-private partnership was designed to create positive change.

Phase 3/Achieve Change:

Through DREAMS, the participants collectively saved nearly \$1 million. The program also provided them with HIV testing and counseling services, including connections to follow-up care for those who tested positive.

For more information on the three phases of SMART advocacy, explore the resources provided by Advance Family Planning [here](#).



SMART	DREAMS
Specific	Specific: offer programming
Measurable	<ul style="list-style-type: none"> • Teaching: financial literacy and entrepreneurial skills, reproductive health education
Attainable	<ul style="list-style-type: none"> • Testing: for HIV (with links to treatment)
Relevant	<ul style="list-style-type: none"> • Counseling: mentorship program
Time-bound	<p>Measurable:</p> <ul style="list-style-type: none"> • 310,000 participants • \$1 million earned/saved by participants <p>Attainable:</p> <ul style="list-style-type: none"> • Participants graduate from the program <p>Relevant:</p> <ul style="list-style-type: none"> • Participants learn trades/skills to become financially independent <p>Time-bound:</p> <ul style="list-style-type: none"> • From October 2015 through December 2018

Part 5, Activity 1: Compare and Contrast

Step 1: Review: the article "[Independence is in Style](#)"

Step 2: Watch: [The Unfair Sex](#) (Video length: 4 minutes, 34 seconds)

Step 3: Compare and contrast the article with the video and write down their similarities and differences.



Part 5, Activity 2: Public Service Announcement

As you have probably concluded from your comparisons, the *Independence is in Style* article was an example of a root cause issue--gender inequity, that was identified and then addressed through SMART advocacy. The *Unfair Sex* Video highlighted gender inequality in healthcare and women who have overcome the biased system.

Use what you have learned about SMART advocacy to design a public service announcement that helps women experiencing pain to be taken more seriously and given more immediate and effective treatment in the U.S. medical system.

The Goal: Help women experiencing pain to be taken more seriously and given more immediate and effective treatment in the U.S. medical system.

The Objective: Create a public service announcement (PSA) that includes possible solutions to address this issue by employing the SMART advocacy system to your planning.

Public Service Announcements:

Typically, PSAs:

- Are short (usually 60 seconds or less)
- Present one single issue
- Inform the viewer of key, relevant facts
- Have a clear call to action (usually indicated through text on screen)
- Include people—sometimes
- Use music—sometimes
- Use voice-overs—sometimes
- Use special effects (like black and white)—sometimes
- Use transitions/editing to enhance the video—sometimes
- Aim to leave a lasting impact
- Use persuasion



Persuasion: For this activity, you will be persuading the public that the issue of women experiencing pain and not being taken seriously or being given immediate and effective treatment in the U.S. medical system needs to be addressed.

Persuasion can be visually created through:	Persuasion can be created through sound via:
<ul style="list-style-type: none"> • Powerful images – video, photographs, artwork • Expressions on people’s faces • Use of color vs. black and white • Use of celebrities • Use of regular people • Clear calls to action 	<p>Persuasion can be created through sound via:</p> <ul style="list-style-type: none"> • Play on words • Repetition • Humor • Imperative commands • Music to create tone • Lyrics that add to meaning and/or tone • Tone of actor/narrator’s voices • Silence From October 2015 through December 2018

Example PSA Concept Plan:

We See

Text: Imagine your life without an education
 Door slamming shut
 Text: Your career
 Text: You’d have no chance.
 Another door slamming shut.
 Text: Your future
 Text: But everyone deserves a chance.
 Another door slamming shut
 Text: Your life
 Statistic or fact
 More doors slamming
 Text: They need your help.
 Info about The Inter-Country People’s Aid
 End with text: It’s so simple. It’s so SMART.

We Hear

No audio

 Start of “Better Days” by The Goo Goo Dolls
 Song continues

 Song continues
 Song continues

 Song continues
 Song continues
 Song continues
 Song continues
 Song continues
 Song continues

While this example of a concept plan is clear, there are still some questions unanswered.

The point is to plan out ideas as clearly as possible using SMART advocacy, even if some questions remain.



PSA Task Sheet

It's time to put all of your good learning and thinking together to create a persuasive and powerful public service announcement.

GENERAL INFORMATION Recap

PSAs are short, “non-commercial” announcements prepared to provide information to the public.

PSAs are used by organizations to:

- Publicize community events.
- Provide health and safety tips.
- Assist in fundraising efforts.
- Inform and influence public opinion.

PSA messages:

- Must contain information that is beneficial to the community. • Should not include controversial or self-serving material.
- Include the most essential information first.
- Use short, upbeat sentences written in everyday language.
- Tell/ show how this information can help the viewer.
- Ask for action.
- Tell viewers/listeners where they can go, what they can do or who they can call.
- Edit tightly; look for ways to shorten phrases and sentences. Make it memorable.

What to include:

The **issue must be clearly stated** in short, memorable phrases. The audience and purpose are clear. What information do you want the viewer to know?

You must have a **call for action**. What do you want the viewer to do? This should include information on how the viewer can help – including where to go, what to do, or how to get more information.

You must **include information (data, statistics)** to support your claims.

Your PSA must **be persuasive**. Use persuasive techniques to make the viewer feel something.



More Resources

- [Ad Council's current campaign catalogue](#)
- Sample PSAs:
 - [Global Warming Tick](#)
 - [Almost Give 1](#)
 - [Almost Give 2](#)
 - [Red Video](#)
 - [Words Hurt](#)
 - [Environmental Defense Fund](#)
 - [We Can Help Us](#)
 - [Girl Up 1](#)
 - [Girl Up 2](#)
 - [Girl Up 3](#)
 - [One Campaign 1](#)
 - [One Campaign 2](#)



Part 5, Activity 3: Public and Private Spheres

With a partner, create a table that like the one below and compose a bullet point list of where you see gender disparities in public and private spheres around the world today, specifically in the areas of health care, legislation, and career fields and household help .

Gender Disparities	Healthcare	Law/Policies	Career Fields	Household Help
Public Sphere				
Private Sphere				



Part 6: Human Centered Design

Human Centered Design (HCD) is a problem solving approach that focuses on designing new solutions, tailor made to suit the needs of the people you're designing for.

HCD employs five components that empower solution minded individuals and teams to address a broad range of issues before determining how best to identify and tend to the needs of others.

Process Modules: This diagram below shows five "modes" that we identify as the components of design thinking.



WATCH: [What Is Design Thinking? An Overview](#) (video length: 10 minutes, 19 seconds)

-AND-

DevExplains: [What is human-centered design — and why does it matter?](#) (video length: 3 minutes, 18 seconds)

Part 6, Activity 1: Foil Challenge: Create an Eating Tool

Foil Challenge: Create an eating tool

The foil challenge is a rapid-cycle challenge to introduce you to design thinking. By completing this challenge you will be applying the broad strokes of a design thinking challenge, and practicing using a specific tool or material (in this case aluminum foil).

Activity Details: You will interview someone about their favorite foods. Then you will use a square of aluminum foil to design a tool for eating this food.

Materials Needed: paper and aluminum foil. **Duration:** 15 minutes *use a timer*

Step 1 (3 minutes) Interview a classmate or other person about two of their favorite foods. Take notes! You might ask them to pick one food that also has some family or cultural significance for them.

Step 2 (2 minutes): After the interview, find a space away from the person you interviewed to design a prototype of a custom eating utensil for them based on their favorite foods. They shouldn't really interact with you during this process. You should design the prototype on paper.

Step 3 (2 minutes): Grab your tinfoil and build your design.

Step 4 (2 minutes): Present your design to the person you interviewed.

Step 5 (3 minutes): Ask (and jot down) for feedback from the person you designed the custom utensil for.

Step 6 (3 minutes): Reflect on the interview experience in writing:

- How did it feel to design something especially for a specific person?
- How did the speed prototyping experience feel for you?
- What discoveries did you have as you prototyped, etc.

Be prepared to share your tinfoil custom utensil prototype as well as your process and reflections from your notes!



Part 6, Activity 2: Jessica Matthews

Step 1: WATCH: [JESSICA MATTHEWS: INSPIRED Presented by MoroccanOil](#) (video length: 3 minutes, 55 seconds)

Step 2: Using your understanding of HCD, work with a partner or small group to participate in an HCD deconstruction activity. Your task is to deconstruct the steps of HCD that Jessica Matthews and Uncharted Play used to solve the issue of reliable power in Nigeria. Create a table for your discoveries like the sample below.

Empathize	Define	Ideate	Prototype	Test

Part 7: Changemakers Project Explorations and Topics for Instruction

Instructional Recommendations:

Based on your instructional time and flexibility, it is recommended that you proceed in one of two ways:

If your time is limited, you can present the seven Changemaker Topic Explorations as a type of independent study. Either assign or have your students select one of the seven topic explorations to complete and use for the purpose of their service/capstone project.

-OR-

If you have a stretch of time, work through each of the seven Changemaker Topic Explorations, then either assign or have your students select one of the topics to complete and use for the purpose of their service/capstone projects.

Moving forward you will find a list of the Changemaker Project Topics, the Project Topic Explorations and some tips regarding the five stages of service learning project design.

Jhpiego Changemakers Project Topic List

- Adolescent Health
- Family Planning & Reproductive Health
- Empowerment of Women & Access to Education
- Maternal & Newborn Health
- Maternal Mortality Rates
- Health Systems & Building Resiliency
- Disease Prevention



Project Topic Exploration 1: Adolescent Health

Adolescent Health

Transforming Futures, One Young Person at a Time

Today, around the world, there are about 1.8 billion adolescents and young people between the ages of 10 and 24. Investments in their health and education can transform their lives and produce positive economic and social results. Jhpiego supports evidence-based adolescent health programs that help young people reach their full potential and lead healthy, productive lives.

The objective of this segment is to propel you to critically think about adolescent health near and far. When you are done, you will have utilized a design thinking tool to help you identify areas of adolescent health you believe need improvement or attention and you will have illustrated your findings in an effective way.

FIRST, watch this video, [Youth Voices on Adolescent Health](#) (Video length: 4 minutes, 32 seconds) for a sampling of youth perspectives regarding this topic.

THEN, watch this short video, [Empowering Indian Millennials: Meeting Youth Sexual and Reproductive Health Needs](#) (Video length: 6 minutes, 27 seconds).

NEXT, reflect on the following questions by sketch-noting in your sketchbook:

- a. What are some of the barriers to sexual health that are mentioned?
- b. How would the economic productivity of India change if young girls could wait until their early 20s to start having children?
- c. In the video, what are some solutions and actions that can be taken to improve the sexual health of India's youth.

NEXT, read [From Bleak to Bright: Shanille's Story](#) (Article on Jhpiego's website).

NEXT, research statistics about teen pregnancy and access to sexual education/birth control in your country.

NEXT, compare your findings to those noted in the article about Shanille's experience in the Philippines.

NEXT, document any similarities and differences in your sketchbook.

FINALLY, create a Why-How Ladder by following the steps outlined on the following page to consider improvements more effectively in adolescent health.



How to make a Why-How Ladder (also called Why-How Laddering)³

- Use why-how laddering to flesh out varying user needs and find a middle ground that's both meaningful and actionable.
- As a general rule, asking “why” yields abstract statements and asking “how” yields specific statements. Oftentimes abstract statements are more meaningful, but not as actionable. The opposite is true of more specific statements.

NOTE: For the purpose of this ladder you will be asking how/why adolescent health needs improving.

Step 1 Identify a few meaningful user needs and write them at the bottom of a piece of paper. In this case, you will note some adolescent health needs.

Step 2 Ladder up from those needs, asking “why?” For example, “why would a teen need have access to birth control” because the teen, “deserves to prevent unwanted pregnancy and to protect themselves from sexually transmitted diseases.”

Step 3 Ask why again and continue to ladder from that same need. At a certain point, you'll reach a very common, abstract need such as, “the need to be healthy.” This is the top of the ladder.

Step 4 Climb back down the ladder asking “how?” This will give you ideas for how to address the needs. Then, create an informative graphic that illustrates your completed Why-How Ladder. This COULD BE your demonstration of creative activism!

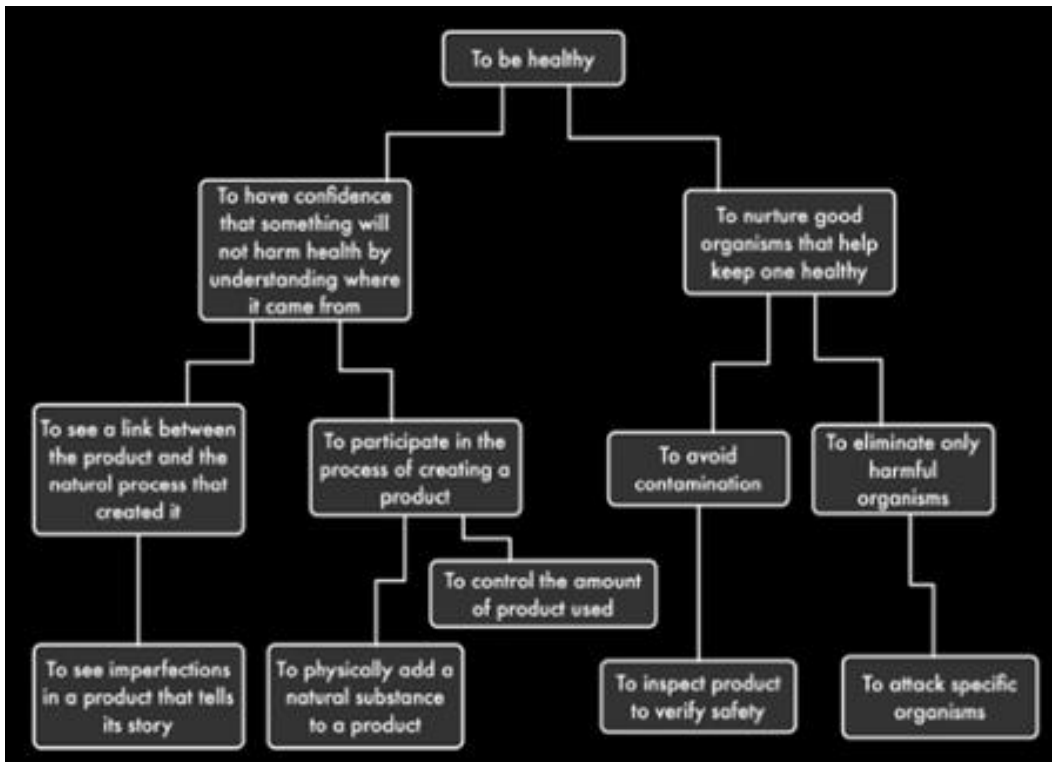
Creating a visually appealing design is key! Learn more about each of the following suggestions at [design shack](#).

- Make it Easy to Read from a Distance.
- Amp Up the Contrast.
- Consider Size.
- Make a Mini Version.
- Use One Big Visual.
- Use Plenty of Space.
- Include a Call to Action.
- Create Focus with Typography.
- Use a cool printing technique.
- Have fun!

³ Design Thinking Bootleg by the School at Stanford



Below is a sample How-Why Ladder graphic from d.School at Stanford University:



REMINDER: Be sure to [submit](#) your why-how ladder visual to [Creative Changemakers](#) in order to share your work with an international audience of youth and educators.

Now what?

- Formulate a Point of View/Challenge Statement that shows WHY improving adolescent health is important.
- Brainstorm “How Might We” questions that will help you decide WHAT you want to do to help improve adolescent health. (these questions will become your project’s goals).
- Decide HOW you will accomplish your goals through creative activism. Does your why-how ladder accomplish your goals? Can you incorporate it somehow?
- Fill out the project planning template which can be found in the curriculum under Service Project Learning Design.

Project Topic Exploration 2: Family Planning & Reproductive Health

Family Planning and Reproductive Health

Why Focus on Reproductive Health?

Family planning is a right. It also saves lives and gives women the time, health and energy to care for their families, stay in school, get a job or start a business. Yet millions of women still lack access to modern contraception and reproductive health care.

Did You Know? In 2018, Jhpiego supported the governments of 12 low- to middle-income countries to save the lives of an estimated 81,000 children and 9,000 women through improved contraceptive services.

FIRST, read Reena’s story [here](#).

THEN, sketch-note Reena’s story in context of gender disparity and health system strengthening.

NEXT, review the Frequently Asked Questions (FAQs) and responses provided by USAID and compiled by Jhpiego that are listed below. They address Family Planning & Reproductive Health and illustrate how **family planning enables sustainable development across multiple sectors**.

What is reproductive health?

According to the World Health Organization, reproductive health involves the reproductive processes, functions, and system at all stages of a person’s life. Reproductive health care aims to ensure that all individuals have responsible, safe and satisfying sex lives, and can decide if, when and how often to reproduce.

What is “unmet need” for family planning?

Unmet need for family planning is the percentage of sexually active women of reproductive age (15–49 years) who want to stop or delay having children but are not using contraception. Unmet need is highest among adolescents, women after a pregnancy, and urban, migrant and refugee populations. In 2017, 155 million women in developing countries had an unmet need for any form of contraception; almost 59 million more had unmet need for modern methods such as IUDs, male and female condoms and hormonal implants.

What are the effects of unmet need for modern contraceptive methods?

In 2017, [84% of all unintended pregnancies](#) in developing countries were among women who were not using modern contraception. Unintended pregnancies can lead to unsafe abortions, poor health outcomes and higher mortality rates among women and newborns. Spacing pregnancies at least 2 years apart gives women time to recover from childbirth, and babies get better care and nutrition from healthier moms.



Do family planning methods also protect against HIV?

Male and female condoms are currently the only form of contraception that also protects against HIV infection. However, women who have access to voluntary family planning programs are more likely to take advantage of HIV prevention services. Moreover, [integrating these services improves](#) access to quality health care services overall.

Do men have a role in family planning?

YES! By actively participating in family planning decisions, men can improve health outcomes not only for their partners and families, but also for the community as a whole. [Involving men in reproductive health decisions](#) promotes dialogue between couples and is associated with reductions in gender-based violence, better maternal health outcomes, and greater involvement of fathers in their children's lives.

What do rights have to do with family planning?

All women have the right to plan their families. Family planning and reproductive health care can also serve as a pathway to a more just and equitable world. Women with access to modern contraception have greater economic opportunities. They can attend school without interruption, work or start businesses, and take leadership roles in their communities. These benefits extend to their families and beyond, creating stronger societies and more resilient countries. A [rights-based family planning program](#) incorporates these principles into its design and implementation.

NEXT, sketch-note any of your observations about the FAQs--specifically how family planning and reproductive care can serve as a way to create more equity in the world.

NEXT, [Watch this video about Sara John Simama](#) (Video length: 6 minutes, 40 seconds), who is a Nurse and Midwife working at Malamba Mawili Dispensary in Ubungo Municipal, Dar es Salaam. Apart from her routine work at the facilities, she has been an icon and champion for sensitizing women to access family planning services at the health facilities. She uses song to instill information in enjoyable and memorable ways.

NEXT, sketch-note your responses to these two questions: What did you learn about Sara John Simama that you find inspiring? What observations did you make about the audience at Sara's gathering.

FINALLY, What Would A CHANGEMAKER Do? Ideas for creative activism on the next page:



Choose between the three ideas for creative activism below:

Research how the arts are utilized in one of the countries Jhpiego serves to increase and spread health education. Create a graphic to display your findings.

OR

Create a five-day social media awareness campaign in which you first create five image and information-based graphics (try Canva for your design tool –it is free!) Then post each graphic on 5 consecutive days.

OR

On your own or with a partner or small group, create a song that teaches an element of adolescent health. Produce a 1–2-minute(s) video using drawings, yourself, etc. Visit the [Creative Changemakers website](#) to find song writing resources.

REMINDER: Be sure to [submit](#) your research display graphic, or social media posts, or short film to [Creative Changemakers](#) in order to share your work with an international audience of youth and educators.

Now what?

Formulate a Point of View/Challenge Statement that shows WHY family and reproductive health education is important.

- Brainstorm “How Might We” questions that will help you decide WHAT you want to do to help improve family and reproductive health education. (these questions will become your project’s goals).
- Decide HOW you will accomplish your goals through creative activism. This COULD BE your short film, graphic/infographic from your research, or your social media campaign!
- Fill out the project planning template which can be found in the curriculum under The Five Stages of Service Learning.



Benefits of Family Planning⁴



Protects women's and children's health by reducing high-risk pregnancies and allowing sufficient time between pregnancies



Reduces HIV and AIDS through the prevention of new HIV infections and mother-to-child transmission via increased access to voluntary family planning information, services and commodities, including condoms



Advances individuals' rights to decide their own family size



Improves women's opportunities for education, employment and full participation in society



Reduces poverty by contributing to economic growth at the family, community and national levels



Mitigates the impact of population dynamics on natural resources and state stability

⁴ <https://www.usaid.gov/global-health/health-areas/family-planning#dataSources>

Project Topic Exploration 3: Empowerment of Women & Access to Education

Empowerment of Women & Access to Education

Below, Greg Mortenson, the founder of Central Asia Institute (CAI) answers the question, ‘Why focus on girls education?’

“Once you educate the boys, they often leave the villages and search for work in the cities, but the girls stay home, become leaders in the community, and pass their knowledge onto their own children. If you really want to empower societies, reduce poverty, improve basic hygiene and health care, reduce the population explosion, and fight high rates of infant and maternal mortality, the answer is to educate girls.”

For this exploration there are two different options or pathways to follow. You are also welcome to follow both pathways, or complete the readings and think of your own application of creative activism.

Project Topic Exploration 3, OPTION 1: The benefits of girls’ education are bountiful and significant.

“When girls are educated, their countries become stronger and more prosperous.” – Michelle Obama

FIRST, read the facts below that illustrate how **educating girls produces positive impacts across multiple sectors of global development**:

- **ECONOMICS**

- When 10% more girls go to school, a country’s GDP grows on average by 3%.⁵
- One additional year of primary school can increase a woman’s wages later in life by 10% to 20%, while additional years of secondary education can increase wages between 15% and 25%.⁶

- **HEALTH**

- Children born to literate mothers are 50% more likely to survive past age 5.⁷
- For each additional year of a mother’s schooling, the probability of infant mortality decreases by 5% to 10%.⁸
- Children born to more educated mothers are more likely to receive vaccines and have greater access to good health interventions.⁹

- **CLIMATE**

- Educating girls and increasing women’s representation in national governments has positive effects on environmental protection efforts.¹⁰
- For every additional year of school a girl receives on average, her country’s resilience to climate disasters measurably improves.¹¹

⁵ <https://www.usaid.gov/infographics/50th/why-invest-in-women>

⁶ <https://www.prb.org/girls-education-fact-sheet/>

⁷ <https://www.prb.org/girls-education-fact-sheet/>

⁸ <https://www.prb.org/girls-education-fact-sheet/>

⁹ <https://www.ncbi.nlm.nih.gov/books/NBK458467/>

¹⁰ <https://www.brookings.edu/blog/education-plus-development/2017/09/27/3-ways-to-link-girls-education-actors-to-climate-action/>

¹¹ <https://www.brookings.edu/blog/education-plus-development/2017/09/27/3-ways-to-link-girls-education-actors-to-climate-action/>



THEN, read [Peer Power](#) about a teen who dares to dream.

NEXT, sketch-note your answer to the following question: What happened when Rabecca met Tadala Ngozo Phiri, the community volunteer who invited Rabecca to a meeting of the Go Girls Club?

FINALLY, What Would A CHANGEMAKER Do? Ideas for Creative Activism

Further your application of creative activism as a way to synthesize learning and to demonstrate your understanding of the empowerment of women and access to education. Choose one of the following activities to complete:

Design a poster or film a video about the acronym **D.R.E.A.M.** (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe)

-OR-

Make a collage using images and words that represent what you believe to be the most compelling aspects of Rabecca's story. Be sure to use empathy and assume a beginner's mindset as you demonstrate your understanding of Rabecca's story.

REMINDER: Be sure to [submit](#) your poster, video, or collage to [Creative Changemakers](#) in order to share your work with an international audience of youth and educators.

Now what?

- Formulate a Point Of View/Challenge Statement that shows WHY empowerment of women and access to education is important.
- Brainstorm "How Might We" questions that will help you decide WHAT you want to do to help empower women and improve access to education. (these questions will become your project's goals).
- Decide HOW you will accomplish your goals through creative activism. Maybe you can use or incorporate a journey map, original poem, podcast, collage, short film, or a graphic/infographic of your research that you already completed!
- Fill out the project planning template which can be found in the curriculum under The Five Stages of Service Learning.



Project Topic Exploration 3, OPTION 2: The positive effects of educating girls are nearly endless.

“If you educate a man, you educate an individual,
but if you educate a woman, you educate a nation.” – African Proverb

FIRST, explore [this list](#) compiled by the Central Asian Institute on the top 10 reasons why girls’ education makes a difference.

NEXT, identify *and* sketch-note which issues in the list are connected to health and show how.

NEXT, read [Kuza Clubs Nurture Kenyan Girls](#)

NEXT, consider *and* sketch-note how the quote below from the story linked above relates to the top ten list linked above.

“Studies have shown that girls who drop out of school or become pregnant at a young age lag behind in career development and employment. Many girls end up as household help or in forced marriages, putting them in even worse situations. Girls often experience gender-based violence (ranging from harassment to rape) when they marry much older men or are employed as household help, cooks or family caregivers.”

THEN, use the attached directions for creating a Journey Map on the next page to create a Journey Map about a girl in the Kuza Club showing how societal health is a root issue deeply connected to the education of girls.

FINALLY, What Would A CHANGEMAKER Do? Ideas for creative activism:

Produce a podcast episode that focuses on the role of education in adolescent health. Utilize the stories of the women in Kuza Club to illuminate points you make in your episode.

OR

Write an original poem, or one-act play that reflects the hope education provides to the women and girls of Kuza Club.

OR

Research how the Kuza Club is functioning in the age of Covid. Add to your exploration research about similar-styled clubs in a country or region of your choice.

REMINDER: Be sure to [submit](#) your poster, video, or collage to [Creative Changemakers](#) in order to share your work with an international audience of youth and educators.

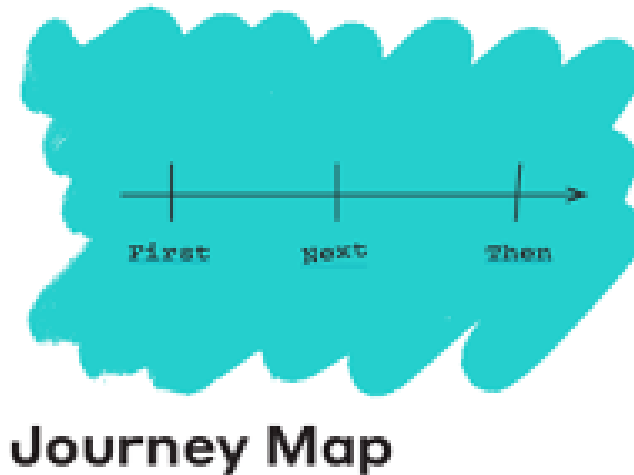
Now what?

- Formulate a Point Of View/Challenge Statement that shows WHY empowerment of women and access to education is important.
- Brainstorm “How Might We” questions that will help you decide WHAT you want to do to help empower women and improve access to education. (these questions will become your project’s goals).



- Decide HOW you will accomplish your goals through creative activism. Maybe you can use or incorporate a journey map, original poem, podcast, collage, short film, or a graphic/infographic of your research that you already completed!
- Fill out the project planning template which can be found in the curriculum under The Five Stages of Service Learning.

Below is an explanation of Journey Maps from the Design Thinking Bootleg of d.school at Stanford University.



Journey Map

A journey map is a tool to dissect a process into its moving parts to illuminate areas of potential insights. Don't forget the details when gaining empathy and understanding for a user and their experience. Creating a journey map is an excellent way to systematically think about those detailed steps or milestones. Journey maps can be used for your own empathy work, or to communicate your findings to others.

How to use a journey map:

STEP 1: Choose a process to examine: (In this case you will consider the journey of one of the girls in the Kuza Club)

STEP 2: Then create a map of her journey that captures every step. Organize the data in a way that makes sense: a timeline of events, a series of pictures, a stack of cards. Journey maps can be based on observation and/or interview, or a user can draw their own.

STEP 3: Be comprehensive. Don't overlook small details in her journey. What seems meaningless could be the nugget that develops into a stunning insight.

STEP 4: Look for patterns and anomalies. Push yourself to connect individual events to a larger framework. It's often the pairing of an observation with prior knowledge that yields a meaningful insight.

Project Topic Exploration 4: Maternal & Newborn Health

Maternal, Newborn and Child Health

FIRST, read the following piece about Restiani, Hamriani, and Desi from Indonesia, [Three Births, Three Complications, Three Lives Saved](#).

THEN, **sketch-note** how Restiani, Hamriani, and Desi's stories impacted your understanding of health care and the role of advocacy within health system strengthening.

NEXT, read about [The Fellowship of the Moms](#), an innovative approach to prenatal care and the empowerment of mothers. Be sure to read all of the segments.

THEN, **sketch-note** the observations and connections you have made between Rhonda, Ruth, and Peter as described in *The Fellowship of the Moms*, and effective pre and postnatal care in your sketchbook. Keep these connections in mind.

For this exploration there are two different options or pathways to follow from this point.

NOTE: if time permits, students may want to complete both option 1 and option 2. Students have been inspired and intrigued by option 1 and want to dig deeper by pursuing option 2. This is a great way to deepen the learning experience. Remind students to ask themselves, what would a Changemaker do? as they follow one or both of the pathways outlined in this exploration.

Project Topic Exploration 4, OPTION 1: Serena Williams Case Study

STEP 1: Assume a beginner's mindset:

How to assume a beginner's mindset:

Don't judge. Observe and engage users without the influence of value judgments on their actions, circumstances, decisions, or "issues."

Question everything. Even (and especially) the things you think you already understand. Ask questions to learn about the world from the user's perspective.

Be truly curious. Strive to assume a posture of wonder and curiosity, both in circumstances that seem either familiar or uncomfortable.

Find patterns. Look for interesting threads and themes that emerge across user interactions.

Listen. Really. Ditch any agendas and let the scene soak into your psyche. Absorb what users say to you, and how they say it, without thinking about how you're going to respond

STEP 2: Watch this video clip: ["I Know My Body" – Being Serena Williams](#) (length: 3 minutes, 21 seconds)

STEP 3: Read this article: [Serena Williams on Motherhood, Marriage, and Making Her Comeback](#)

STEP 4: Use what you saw in the videos about Serena Williams to help generate questions and inspire some possible directions for an interview with Serena Williams.



STEP 5: Create a Point of View (POV) statement based on what you learned. This means that you will consider all that you have learned and **focus in on an identifiable issue or problem that needs solving.**

How to write a Point of View (POV) statement:

POV framework:

Start by describing Serena Williams in colorful language, including pertinent details.

Then, choose your favorite surprise/insight that represents the most powerful shift in your own perspective.

Last, articulate what would be game-changing for Serena Williams, assuming your insight is correct.

POV musts:

Make sure your POV flows (so a stranger can comprehend it).

Specifies an insight that's focused on Serena Williams (rather than a demographic).

Articulates a game-changing direction, without dictating a particular solution.

Some considerations: Serena Williams will be the specific 'user' for your POV statement.

Here are some statement starters:

I was surprised to notice and/or learn:

I wonder if this means:

It would be game-changing if:

Now what?

- Make sure your POV Statement that shows **WHY** maternal, newborn, and child health is important.
- Brainstorm "How Might We" questions that will help you decide **WHAT** you want to do to help improve maternal, newborn, and child health. (these questions will become your project's goals).
- Decide **HOW** you will accomplish your goals through creative activism.
- Fill out the project planning template which can be found in the curriculum under The Five Stages of Service Learning.



Project Topic Exploration 4, OPTION 2: Interview

STEP 1: Prepare to interview with empathy:

How to prepare for an interview¹²

Brainstorm questions. Write down as many potential questions as your team can generate. Build on each other's ideas to flesh out meaningful subject areas.

Identify and order themes. Identify themes or subject areas into which most questions fall. Then, determine the order of questions that will allow the conversation to flow most fluidly. This will decrease the potential for a scattershot interaction with users.

Refine questions. Once you've grouped your questions, you may find redundancies, or questions that seem strangely out of place. Cut them. Also, be sure to include plenty of "why?" questions, plenty of "tell me about the last time you _____?" questions, and plenty of questions directed at how the user FEELS. Remember, open ended questions allow for stories and stories lead to insights for design solutions.

Effective interviewers also focus on empathy. Consider how you can build empathy into your questions.

How to interview for empathy:

Ask why. Even when you think you know the answer.

Never say "usually" when asking a question. Instead, ask about a specific occurrence. "Tell me about the last time you _____."

Encourage stories. Stories reveal how users think about the world.

Look for inconsistencies. What users say and do can be different. These inconsistencies often hide interesting insights.

Pay attention to nonverbal cues. Be aware of body language and emotions.

Don't be afraid of silence. When you allow for silence, you give users time to reflect on their answers—which may lead to deeper responses.

Ask questions neutrally and don't suggest answers. "What do you think about buying gifts for your spouse?" is better than "Don't you think shopping is great?"

STEP 2: Conduct an interview with a woman you know about her healthcare experiences.

When interviewing: Interviewing effectively means that you will need to have an open, or beginner's mindset.

¹² Design Thinking Bootleg by the d. Hasso Plattner Institute of Design at Stanford



STEP 3: Create a Point of View (POV) statement based on what you learned. This means that you will consider all that you have learned and **focus in on an identifiable issue or problem that needs solving**. For example: a dismissive doctor at an appointment, or a lack of communication between practitioners leading to confusion.

How to write a Point of View (POV) statement:

POV framework:

Start by describing your interviewee in colorful language, including pertinent details.

Then, choose your favorite surprise/insight that represents the most powerful shift in your own perspective.

Last, articulate what would be game-changing for your user, assuming your insight is correct.

POV musts:

Make sure your POV flows (so a stranger can comprehend it).

Specifies an insight that's focused on a specific user (rather than a demographic).

Articulates a game-changing direction, without dictating a particular solution.

Some considerations: your interviewee will be the specific 'user' for your POV statement.

Here are some statement starters:

I met:

I was surprised to notice and/or learn:

I wonder if this means:

It would be game-changing if:

EXAMPLE POV STATEMENT DRAFT:

I met with June Smith to discuss her experiences with the American Healthcare system. I was surprised to learn that Ms. Smith experienced an 8 month long debilitating illness when she was twenty four years old. She was told several times that her symptoms of exhaustion, dizziness, and joint pain were imagined, and that she was in perfect health. After meeting with a specialist, Ms. Smith was diagnosed with Chronic Fatigue Syndrome. I wonder if the discrediting of her symptoms by the other doctors resulted from gender bias. It would be game-changing if women, no matter their appearance, were taken seriously from the onset of their symptoms.



Utilize the template below to whittle down your POV statement.

POINT OF VIEW STATEMENT

_____ needs a way to _____
(user name) (verb)

because _____
(surprising insight)

EXAMPLE POV STATEMENT:

Women such as June Smith need a way to advocate for their healthcare because gender bias leads to conditions being undiagnosed or misdiagnosed.

REMINDER: Be sure to [submit](#) your POV Statement to [Creative Changemakers](#) in order to share your work with an international audience of youth and educators.

Now what?

- Make sure your POV Statement that shows **WHY** maternal, newborn, and child health is important.
- Brainstorm “How Might We” questions that will help you decide **WHAT** you want to do to help improve maternal, newborn, and child health. (these questions will become your project’s goals).
- Decide **HOW** you will accomplish your goals through creative activism.
- Fill out the project planning template which can be found in the curriculum under The Five Stages of Service Learning.



Project Topic Exploration 5: Maternal Mortality Rates

Maternal Mortality Rates

Did You Know? Globally, more than 800 women die every day from preventable causes related to pregnancy and childbirth. According to an article published in 2018 in National Geographic:

- More than 700 women die each year in the U.S. from causes related to pregnancy or childbirth.
- Black women have a maternal mortality rate three times higher than that of white women.
- At least 60 percent of maternal deaths are preventable.

FIRST, read [Dying to Give Birth](#), a commentary written by Monica Kerrigan, Jhpiego's Vice President of Innovations with contributions by Program Officer Shannon Egan.

THEN, read the abstract (below) from the article [Intergenerational impacts of maternal mortality: Qualitative findings from rural Malawi](#).

Abstract

Background

Maternal mortality, although largely preventable, remains unacceptably high in developing countries such as Malawi and creates a number of intergenerational impacts. Few studies have investigated the far-reaching impacts of maternal death beyond infant survival. This study demonstrates the short- and long-term impacts of maternal death on children, families, and the community in order to raise awareness of the true costs of maternal mortality and poor maternal health care in Neno, a rural and remote district in Malawi.

Methods

Qualitative in-depth interviews were conducted to assess the impact of maternal mortality on child, family, and community wellbeing. We conducted 20 key informant interviews, 20 stakeholder interviews, and six sex-stratified focus group discussions in the seven health centers that cover the district. Transcripts were translated, coded, and analyzed in NVivo 10.

Results

Participants noted a number of far-reaching impacts on orphaned children, their new caretakers, and extended families following a maternal death. Female relatives typically took on caregiving responsibilities for orphaned children, regardless of the accompanying financial hardship and frequent lack of familial or governmental support. Maternal death exacerbated children's vulnerabilities to long-term health and social impacts related to nutrition, education, employment, early partnership, pregnancy, and caretaking. Impacts were particularly salient for female children who were often forced to take on the majority of the household responsibilities. Participants cited a number of barriers to accessing quality child health care or support services, and many were unaware of programming available to assist them in raising orphaned children or how to access these services.



Conclusions

In order to both reduce preventable maternal mortality and diminish the impacts on children, extended families, and communities, our findings highlight the importance of financing and implementing universal access to emergency obstetric and neonatal care, and contraception, as well as social protection programs, including among remote populations.

NEXT, check out the [demographic characteristics](#) of the participants in the article's study.

NEXT, sketch-note your feelings about what you have learned about maternal mortality rates so far in your sketchbook.

THEN, read the attached excerpts (on the following pages) from the Results portion of the [Intergenerational impacts of maternal mortality: Qualitative findings from rural Malawi](#) article and fill out the table provided for each excerpt. If there is more than one student in the group, it is recommended to split the readings up as a jigsaw (each person takes at least one excerpt then reports out). There are 5 excerpts total, and the summary portion of the table has been completed for you. Use the table below to organize your group:

Jigsaw Part:	Person Responsible (add names):
Excerpt 1:	
Excerpt 2:	
Excerpt 3:	
Excerpt 4:	
Excerpt 5:	

AFTER, share out the tables from the jigsaw reading (unless one person did it all... go you!) so that everyone has the important ideas, summary, and other facts from each excerpt.

THEN, sketch-note about maternal mortality in your sketchbook based on what you learned from the 5 excerpts. Think about what you discovered in the reading and look for a main idea in your sketch-notes.

NEXT, choose one of the 5 excerpts to use as the basis to write a point of view statement about your discoveries. You can view a summary table [here](#). This means that you will consider all that you have learned about maternal mortality and **focus in on an identifiable issue or problem that needs solving**.

How to write a Point of View (POV) statement:

POV framework:

Start by describing your interviewee in colorful language, including pertinent details.

Then, choose your favorite surprise/insight that represents the most powerful shift in your own perspective.

Last, articulate what would be game-changing for your user, assuming your insight is correct.



POV musts:

Make sure your POV flows (so a stranger could comprehend it).

Specifies an insight that's focused on a specific user (rather than a demographic).

Articulates a game-changing direction, without dictating a particular solution.

Some considerations: your interviewee will be the specific 'user' for your POV statement. Here are some statement starters:

I was surprised to notice and/or learn:

I wonder if this means:

It would be game-changing if:

Utilize the template below to whittle down your POV statement.

POINT OF VIEW STATEMENT

(user name) needs a way to (verb)

because (surprising insight)

REMINDER: Be sure to [submit](#) your POV Statement to [Creative Changemakers](#) in order to share your work with an international audience of youth and educators.

Now what?

- Make sure your Point of View Statement that shows WHY high maternal mortality rates are problematic.
- Brainstorm “How Might We” questions that will help you decide WHAT you want to do to help improve maternal mortality rates. (these questions will become your project’s goals).
- Decide HOW you will accomplish your goals through creative activism.
- Fill out the project planning template which can be found in the curriculum under The Five Stages of Service Learning.



Excerpt 1: Caretaking by default after a maternal death

Interviews and focus group discussions revealed that, unlike in the patrilineal North [23], the deceased woman's side of the family typically convenes a meeting following a maternal death in Southern Malawi, to determine who will assume responsibility for the orphaned children, the family and community support available, and to evaluate the husband's engagement in both caretaking and support. Women from the maternal side are virtually always called upon to become the primary guardian of orphaned children. In fact, grandmothers and aunts expressed that they had no choice but to accept this responsibility in the absence of anyone else who would come forward to care for the child. As one grandmother said:

It was a very big responsibility, and every day when I looked at the burden that I had upon me, I used to think that we should have exchanged so the one who died would be me. I would have loved my daughter to be alive to take care of the child and let me die instead. Because what was happening was that when the child starts crying, I could also cry and even eating was not easy. Unfortunately it so happened to be the time when we were completely blocked and going through financial hardships. I could even think or wonder if there was God in heaven, so that he could have exchanged the incident [let me die instead of my daughter], because I had stopped breastfeeding a long time ago so I could not breastfeed the child.

While some immediate family members attempted to support new caretakers by providing food and other resources, nearly one third of participants discussed how a maternal death could serve to exacerbate tensions between caregivers and fathers and extended family members who did not offer to assist in caretaking or to provide other material supports. Further, participants mentioned that when fathers and extended family members did pledge support, few followed through on such commitments:

The communities are supposed to join hands and facilitate contributions such as soap, clothes, body lotion and any other things that they can afford, but in practice what happens is that people do not help and tend to leave everything in the hands of the actual guardians.

Traditional custom in Southern Malawi dictates that, following a woman's death, a husband is expected to contribute food, money, and other goods to the wife's funeral, and to stay with the maternal family of the deceased woman for at least three months to provide for the children before making any significant life decisions, such as remarrying. However, participants mentioned that husbands often did not adhere to these responsibilities and finished mourning their wives before the three months had elapsed. As one key informant stated, the care of children is impacted significantly when fathers evade customary responsibilities:

These men don't face any problems, they may just be sorrowful on that particular day on which they have lost their wives, but just after a few weeks they leave home and start looking around to remarry. Once they are married you will see they reduce the amount of care they provide, and even when you decide to follow him [a man who has recently lost his wife] you will discover that there is another lady who possibly will not take care of these children or might ill-treat them.

Key informants explained that, following the three-month mourning period at the mother-in-law's compound (and sometimes prior to the conclusion of the mourning period), many men remarry and often cut or diminish

ties with the maternal family, offering only minimal material support for the orphaned biological children, and visiting infrequently. As one guardian, a grandmother, recalled:

In my case, my child died in 1997 and left an infant and the father bought Lactogen [formula] and other things for the baby but after the funeral ceremony, the father disappeared for good until now.

Additionally, our study found no social sanctions imposed by traditional chiefs or community elders, nor legal ramifications for men failing to comply with their responsibilities toward their deceased wife and children. One key informant voiced frustration with the lack of a supportive legal system that could hold men accountable:

What I can say is marriages should be legally bound, so that, when this misfortune happens [maternal death], the government can easily intervene and require the man to be responsible for his children. What happens sometimes is that because there are no proper marriage foundations and procedures, once the wife dies, the husband will never be seen again and cannot be traced.

In our study population, no children were sent to live with their biological father once he remarried, and even when fathers did not remarry, the children were primarily taken care of by maternal family members. After remarriage, children from first wives were lower in priority for the biological father in terms of intra-household food distribution and other care. This could be due both to conditions of extreme poverty that limited the ability of biological fathers to support multiple households and a need to prove allegiance to the second wife and her family. Moreover, participants mentioned the notion that a stepmother would withhold equal treatment and affection, and as a result, maternal family members choose to keep orphans under their own care rather than send them to live with their fathers. As one participant stated:

The other problem is when this man decides to take these [his biological] children we always fear that they [the children] will not be treated well by the stepmother, as it can be seen that many are women who are not able to take care of a child earnestly who are not their own. This compels relatives of the children to not allow the children to be taken by the father, rather they keep the children staying with them, and share with the children the little [resources] that they are able to find.

Table 1: Caretaking by default after a maternal death

Important Ideas

- 1.
- 2.
- 3.

Summary¹³

- Female relatives from the maternal side were routinely called upon to care for orphaned children, often without having a choice in the matter.
- Maternal death often exacerbated tensions between caregivers and extended family members who did not offer support for orphaned children.
- Men frequently remarried before the mourning period ended, cutting ties with the maternal family.

Other Facts

¹³ <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/1742-4755-12-S1-S1/tables/2>



Excerpt 2: Barriers to accessing high-quality care

Registration at the health facility of a maternal death and the health status of the orphaned infant is critical to ensuring that children are enrolled into appropriate programs, including nutritional and other support services that are provided through health facilities. However, the remoteness, physical (i.e. treacherous roads), and economic difficulty of accessing health facilities, and the lack of available transportation, play a role not only in maternal deaths, but also as obstacles to the registration of vital events and to the provision of follow-up care to orphaned children. Particularly when a mother dies at home or en route to a health facility, the likelihood is substantially reduced that the death and status of the infant will be recorded at the health facility.

Participants commented that the most immediate impacts of maternal death are often felt by surviving infants who are in need of breast milk. Many expressed concern that index children were small for their age and were not getting appropriate nutrition and care. According to one key informant:

[I am] concerned because our child who was left behind is very young, we are unable to get basic needs for the baby...so that the child may grow as normally as any child who has both parents can grow...

Under national policy, health facilities are supposed to provide milk substitute for the first three to six months of life free of charge, and flour for porridge after six months. Nevertheless, in practice, our study results reveal that these critical nutritional supplements were available inconsistently. Many participants felt that the amount and duration of support were insufficient and that weekly visits to the health facility added an additional economic and practical burden to taking care of the orphan(s).

While these concerns were most acute for the youngest children, older children faced other health and nutritional risks related to lack of caloric consumption and protein. When asked about the health of older orphaned children in the community, this stakeholder said:

There will be problems in terms of development because as I have already said that food is insufficient for their bodies, and it is not nutritious food because there is no way you can just be feeding a baby on pumpkin leaves daily without anything else. [If you do so], the body will not develop and you will see that these children's bodies are swollen, they are sick, and lacking a balanced diet.

And this stakeholder added that orphaned children are particularly vulnerable to infection:

Most of these children, simply for the reason that they had a bad background nutritionally, they look sickly. Most of the time when there is an outbreak, just like we had an outbreak of chicken pox (Varicella), these are the children [maternal orphans] who become more vulnerable because of low immunity.

At health facilities, families face additional barriers including poor quality of care and critical shortages of health workers. Despite government efforts to strengthen human resources for health, only 13% of health centers in 2008 had the requisite numbers of skilled health staff [4], and attracting staff to work in remote and rural areas has remained a severe problem in Malawi, despite government and PIH-led incentive programs. Our study highlighted staffing shortages as a key barrier to receiving quality care, for both women and children, noting that staff were too overburdened to provide sufficient information, counseling, and follow-up to mothers attending health facilities for antenatal and delivery care. One quarter of family members interviewed described labor and



delivery experiences that involved referrals between multiple facilities that were supposed to, but ultimately did not, have the requisite staff or expertise to care for the laboring woman. Family members also cited a shortage of nursing staff at facilities, causing women to deliver their babies alone, and limiting access to care for orphans at the community level:... *for instance at this hospital we only have 8 nurses; only 8 nurses, and we have 3 wards, and these nurses have to rotate working day and night, so the same nurses have to go to the community. We don't have a community health nurse, and this community health nurse is supposed to do such work in the community.*



Table 2: Barriers to accessing high-quality care

Important Ideas

- 1.
- 2.
- 3.

Summary¹⁴

- The physical and economic challenges of accessing health centers played a role both in maternal death, and the provision of follow-up care to orphaned children.
- Staffing shortages diminished the quality of care received by individuals who could access health centers.
- Infants faced acute needs following maternal health. While health facilities provide free milk substitutes for the first six months of life, these services were inconsistently available and difficult to access.
Older children faced health and nutritional risks related to protein deficiencies and low caloric intake.

Other Facts

¹⁴ <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/1742-4755-12-S1-S1/tables/2>



Excerpt 3: Financial hardships for caretakers and impacts on children

While it was customary for female family and community members to take on caregiving responsibilities following a maternal death, we found that many already had children of their own, and were therefore forced to further stretch household resources to meet the additional needs of orphans:

In the first place, it should be mentioned that these children land in needy families who are already struggling to earn a living, so normally there is an over stretched household budget because there are some additional items that will be sought specifically for the orphaned children. As such, the families will intensify [the time they devote to] Ganyu activities [informal, small-task labor], which do not suffice to fill the needs for the household.

As this stakeholder explained, in an attempt to absorb the immediate financial shock of taking in an orphan, families often turn to short-term labor, or ganyu, which includes weeding or other forms of field labor, as an immediate source of income. However, ganyu has been found to conflict with one's ability to devote time to independent labor, such as maintaining one's own farm, which has the potential to reap greater benefits long-term, but for which the financial payoff is less immediate. Further, the stigma attached to ganyu, which is seen as a sign that a family has run out of food, can have negative social implications for a family within the village [24]. Moreover, despite the high proportion of female-headed households in Malawi, women are paid less than men for ganyu, and have fewer hours to devote to any form of income generating labor, due to caregiving responsibilities [24, 25], substantially diminishing the overall return. As one female caregiver, a grandmother taking care of her daughter's orphaned child, described:

You can see my situation, I can no longer go to farm in the gardens to get some money. You can see that I can no longer farm in my gardens because I have to pay close attention to the child. There is nothing that I can do to support myself apart from getting the milk from the hospital and that's all.

Furthermore, female relatives who became new caretakers following a maternal death stated that integrating children into their families could be a source of tension with their husbands, contributing to conflict within the home, further limiting their financial security and stability. As one key informant recalled:

So I was left with the other children and other relatives promised to assist, but they never came back and because I was taking care of my relatives my husband was having difficulties with that and we separated.

As described above, the additional burden on caregivers often translated to a burden on children to help pick up the slack. Where resources were limited, stakeholders noted that non-orphaned children would be given preference for expenses related to school and nutrition, with orphaned children often fed separately, after non-orphan children had eaten, or not at all if food was scarce. Orphaned children were also required to take on additional household chores and labor in the fields, which could prohibit them from attending school. As one focus group participant said:

There is remarkable [school] absenteeism [among orphan children] due to lack of basic needs such as soap. Others give priority to their children and not the orphans, as a result there is a lot of [school] absenteeism in these children as compared to the other children in normal families. Other guardians will even buy clothes but

just for their children...[while the orphaned child is] sent to do household chores such as drawing water, cooking etc. As a result, the child is never free to go to school.



Table 3: Financial hardship for caretakers and impacts on children

Important Ideas

- 1.
- 2.
- 3.

Summary¹⁵

- Caretakers faced economic hardship, stretching limited resources to support orphaned children.
- Integrating orphaned children into a family often acted as a source of tension between spouses.
- Families often turned to short-term, informal labor, to absorb the immediate impacts of caring for orphaned children, which can limit a family's opportunities for financial stability and independence.
- Orphaned children were often called upon to take on additional household responsibilities, with preference shown towards biological children in allocation of expenses related to school and nutrition.

Other Facts

¹⁵ <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/1742-4755-12-S1-S1/tables/2>



Excerpt 4: Loss of childhood for orphans, especially female orphans

Surviving children face numerous disadvantages as new caretakers struggle to integrate these children into their households. As explained by one participant:

Surviving children are given a lot of work to do which is beyond their age. Some may be abused sexually by their guardians just to get support. This may lead them to drop out of school and for girls they end up in early marriages and early pregnancies which may also end up maternal death.

While primary school is free in Malawi, fees must be paid in order to attend secondary school. Even if a family is able to pay the required fee, participants commented on the additional fees associated with school supplies and appropriate clothing, and the discrepancy in allocation of resources for these materials between orphans and non-orphans.

... children that still have their parents have very high chances of completing school [compared to] orphans. Guardians may easily sacrifice even their livestock for [their biological] child as compared to an orphan. Priority is given to their children as compared to orphans in cases of school fees, clothing as well as food. It is almost impossible for these guardians to sacrifice something for the orphans.

Boys are also seriously affected by maternal morbidity and mortality. As this orphan who was 16 when his mother passed away and 22 at the time of the interview stated:

I stopped going to school to take care of my mother while she was sick and she became pregnant and died after giving birth. Things have been different after her death. As of now I have the burden of taking care of that child.

Participants mentioned that girl children may be expected to take on caretaking and other household responsibilities, often caring for their orphaned younger siblings, making it difficult for them to continue attending school. As one stakeholder stated, “Many girls drop out of school because they are overburdened by household chores.” Participants also noted that girls often face family and social pressure to find a partner, as a means of relieving perceived burden on the household, thereby perpetuating a cycle of early marriage, heightened risk for maternal mortality associated with early childbearing, and limited future opportunity. As one focus group participant mentioned, this pressure seems to disproportionately affect female orphans compared to biological girl children:

Some guardians, once they have seen that the child is of age, force them into early marriages instead of encouraging them to go to school so that they will be relieved of their responsibility [to care for the girl child] and they will make sure that their [biological] children go ahead with school... Losing a mother does not just have practical implications for girl children relating to household economics, there are informational, emotional and social costs as well. When a mother dies her daughter loses a vital source of information about gender roles, relationships, behavior, the body and reproductive health. Several participants spoke about the encouraging and supportive nature of mothers, and the importance of maternal guidance for children’s motivation and success. Maternal orphanhood could have negative health implications for girl children, such as early sexual debut and pregnancy. As one focus group participant described, the mother is responsible for ensuring that children adopt

appropriate values and behavior, and additionally, the mother has specific responsibilities to set a positive social example for girl children, something which fathers cannot provide:

I am seeing something here, when a mother is alive she controls proper dressing for a girl child as well as boy child and instills in them cultural norms and values and they become well behaved. As a family, a man and a woman advise their children according to what is expected of a girl and a boy, both by the mother, and what is expected of a boy by the father, but I as a man cannot go and advise my daughter on what is [appropriate] for women. This would rarely happen in a single parent situation and would [negatively] affect the girl child.



Table 4: Loss of childhood for orphans, especially female orphans

Important Ideas

- 1.
- 2.
- 3.

Summary¹⁶

- Orphaned children faced disadvantages related to educational opportunity when families could not afford school fees and supplies.
- Girl children were often expected to take on caretaking and household responsibilities and faced pressures to find a partner at an early age to alleviate financial pressures on the family.
- Losing a mother also had informational, emotional, and social costs for girl children.

Other Facts

¹⁶ <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/1742-4755-12-S1-S1/tables/2>



Excerpt 5: Government assistance and other support programs

Many participants did not know about the different forms of support that were available to them through governmental institutions and nongovernmental organizations, and the processes for accessing such support. When participants did seek support, or were aware of such programs, they stated that the programs were often ineffective, non-transparent, or difficult to access. Challenges receiving support from NGOs and government programs included delays in receiving services once selected as a program recipient and difficulties returning to the health facility or other distribution sites to receive regular services and supplies. As one key informant explained:

Yes, the problem [with the government welfare program] was that...they just wrote down our names...They just wrote our names and then they kept quiet, they did not assist us. They came twice just to write our names and then we stopped them because we didn't see any impact from their program.

Moreover, a focus group participant expressed frustration at the situation of her sister's orphaned child, for whom formal assistance had been sought out, but was never received:

There are other organizations that take care of orphans but none of them accept him to be enrolled in their centers, saying that he is too old. As such, I just engage the child in piece works [ganyu] as a herd boy, or organize some firewood for him to sell, so I feel sorry for the child.



Table 5: Government assistance and other support programs

Important Ideas

- 1.
- 2.
- 3.

Summary¹⁷

- Many participants did not know about support available through government institutions and NGOs.
- Those who did seek support often felt it was ineffective, non-transparent or difficult to access.

Other Facts

¹⁷ <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/1742-4755-12-S1-S1/tables/2>



Project Topic Exploration 6: Health Systems & Building Resiliency

Health Systems & Building Resiliency

In this segment you will explore how the balance of power directly affects women's healthcare and access to services. Let's examine access to public health services more closely.

According to the [World Health Organization](#), a health system is the people, organizations and actions taken to promote, restore or maintain health. This includes health-improving activities and disease prevention. In addition to public and private health care facilities, a health system can include things such as: a parent caring for a sick child at home, pharmacists, mass-media health campaigns, community health workers, health insurance organizations, occupational health and safety legislation, and so much more.

Strong health systems are paramount to ensuring countries are able to effectively respond to the wide and ever-evolving health needs of their population. Strong health systems empower clients and providers, guarantee all individuals are safe and respected, provide high-quality care, and ensure that health workers are equipped with the skills they need.

FIRST, to familiarize yourself with the methods being used to strengthen health systems as well as to consider their relevance, visit [Jhpiego's resource on Health System Strengthening](#). Explore the following subsets:

- Health Information
- Health Service Delivery
- Health Workforce
- Nursing and Midwifery

NEXT, review the six building blocks of health systems outlined by the [World Health Organization](#):

THE SIX BUILDING BLOCKS OF A HEALTH SYSTEM

- Good **health services** are those which deliver effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources.
 - A well-performing **health workforce** is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances (i.e. there are sufficient staff, fairly distributed; they are competent, responsive and productive).
 - A well-functioning **health information** system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status.
 - A well-functioning health system ensures equitable access to essential **medical products, vaccines and technologies** of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.
 - A good **health financing** system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them. It provides incentives for providers and users to be efficient.
 - **Leadership and governance** involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system-design and accountability.
-



THEN, connect the six building blocks of health systems strengthening relate to some important findings from the World Health Organization (below):

Every day, approximately 830 women die from preventable causes related to pregnancy and childbirth.

99% of all maternal deaths occur in developing countries.

Maternal mortality is higher in women living in rural areas and among poorer communities.

FINALLY, now that you have a working sense of the building blocks of health systems, think about how they apply to our community/country. What do you notice?

Example: Perhaps you reveal the fact that high numbers of maternal deaths are often one symptom tied to the root issue of a weak health system.

Now what?

- Formulate a Point Of View/Challenge Statement that shows WHY resilient health systems are important.
- Brainstorm “How Might We” questions that will help you decide WHAT you want to do to help build resilient health systems. (these questions will become your project’s goals).
- Decide HOW you will accomplish your goals through creative activism.
- Fill out the project planning template which can be found in the curriculum under The Five Stages of Service Learning.



A Note on Gender Integration in Health Systems:

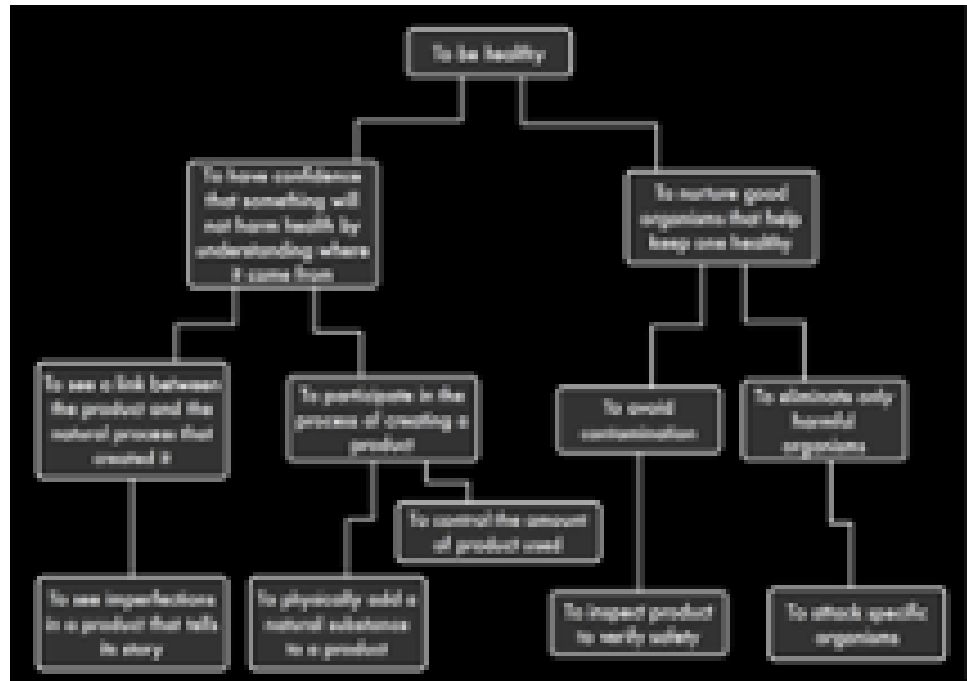
Health system strengthening in countries with significant gender disparities requires additional consideration be given to the relationship between gender and health. Gender integration in health is the process of creating the knowledge and awareness of gender, and the responsibility for addressing gender in health systems and programs.

The **term morbidity** is often used to describe illness, impairment, or degradation of health, especially when discussing chronic and age-

related diseases which can worsen over time. Typically, a focus on women and girls' health examines health conditions and morbidities associated with women's reproductive roles, *without* examining the unequal social dynamics that also produce poor health outcomes.

Health systems that integrate understandings of gender roles and dynamics into their programs address the health needs of women and girls while also examining how their subordinate positions in households, communities, and larger societies contribute to their health-related behaviors, health status and outcomes. The successful integration allows for greater realization of goals, improved functioning of institutions, more equitable utilization of health services, and better outcomes for future generations.

Gender integration works in tandem with more traditional facets of health system strengthening—like improving access to medical equipment and technology—by ensuring *all* members of a population, regardless of gender or social status, have equitable access to health care services.



Project Topic Exploration 7: Disease Prevention and Treatment

Disease Prevention & Treatment

Once you have completed this segment, you will have a more informed sense of how women and girls are affected by the lack of disease prevention and treatment and a greater sense of how Jhpiego is working to create positive change in specific ways.

FIRST, review how Jhpiego is making a positive impact in the area of [Malaria Prevention & Treatment](#).

Now that you have read about some of the ways Jhpiego is making positive change in the area of disease prevention and control, it's time to apply what you know about human centered design (HCD) from Part 6 of the Jhpiego Changemakers Curriculum, take a deep dive into this method that is increasingly used when considering how to take action for others. Using your understanding of the components of Human Centered Design, take a look at how Jhpiego used HCD during the height of the Ebola outbreak in 2014.

Jhpiego has used HCD with great success in the area of disease prevention and control including an approach to redesigning personal protective equipment during the height of an Ebola outbreak in 2014. Begin by reviewing the Jhpiego brief below about their use of HCD.

NEXT, read through the following case study, sketch-note any connections you make that bring the elements of HCD to life.

Case Study: Ebola Personal Protective Equipment

At the height of the 2014 Ebola outbreak in West Africa, Jhpiego, Johns Hopkins Center for Bio-engineering Innovation & Design (JHU-CBID), and partners sought to understand the problem of healthcare workers contracting Ebola despite wearing personal protective equipment (PPE). Various HCD approaches were employed during pre-bid and project implementation, starting with an Emergency Design Challenge with the JHU community and experts. With funding from [USAID: Ebola Grand Challenges](#), Jhpiego used HCD approaches to develop and test solutions in the U.S., Liberia, and Guinea.



HCD Approach for Redesigning Ebola Personal Protective Equipment

STEP 1 - Design Challenge



Jhpiego and JHU-CBID hosted a weekend design challenge with 65 diverse participants from different professional domains. The design challenge kicked off with an intense, four-hour immersion into problems with existing PPE and infection prevention processes. On Day 2, eight multidisciplinary teams were formed, with each focusing on specific areas of weakness of existing PPEs. Many prototypes were built and refined, with immediate expert feedback. [Read more here.](#)

STEP 2 - Rapid Prototyping



The State of Maryland invested \$25,000 in teams to continue prototyping the most promising ideas. These teams spoke with experts and end users, then quickly developed many prototypes (or versions) of the suit. These were not fully functional suits, but rather designed to demonstrate new ideas. During this phase and prior to USAID funding, the teams generated dozens of prototypes. [Learn more about prototyping here.](#)

STEP 3 - Field Immersion and Observations



At the start of the USAID-funded program, Jhpiego conducted deeper [empathy](#) work to check our assumptions through observations and informal interviews. The team traveled to Guinea to visit Ebola Treatment Units, meet with end users and government stakeholders, and learn about the specific user needs for PPE. They also brought the prototypes in order to get feedback, which is part of the [Test](#) phase of HCD. This feedback was used to improve the PPE.

HCD Approach for Redesigning Ebola Personal Protective Equipment, Continued

STEP 4 - Prototyping & Testing

HCD is iterative, meaning that you may repeat phases of the HCD process as you learn. In this example, teams continued to gather information from testing and developed more prototypes of the Ebola PPE to meet user needs. Prototypes were shared with JHU stakeholders for many rounds of feedback and testing. The project visited more than 200 healthcare workers and stakeholders to test the prototypes and then adapt them.

STEP 5 - Formal Usability Testing



Once the PPE prototypes were near final, Jhpiego and JHU-CBID conducted an approved usability study in Monrovia, Liberia and Baltimore. This study was designed to compare the new PPE with existing PPE. We examined the ease of removing the PPE, the visibility for and of the health worker when wearing PPE, and the comfort of the health worker. Usability was assessed through observing participants using the suit, surveys, and focus groups. Learn more about usability testing [here](#).

STEP 6 - Technology Transfer



At the end of the project, the prototypes and project documents were transferred to [DuPont](#), a leading PPE manufacturer based in the United States. DuPont's role is to further develop, manufacture, and market the final product. JHU signed a collaborative agreement with DuPont to take on this role. Jhpiego remains in contact with DuPont to provide technical assistance on further PPE development.



Now what?

- Formulate a Point Of View/Challenge Statement that shows WHY disease prevention is important. You could consider making your project about COVID-19 prevention!
- Brainstorm “How Might We” questions that will help you decide WHAT you want to do to help with disease prevention. (these questions will become your project’s goals).
- Decide HOW you will accomplish your goals through creative activism.
- Fill out the project planning template which can be found in the curriculum under The Five Stages of Service Learning.



Part 8: The Five Stages of Service Learning

It is widely accepted that there are five stages of service learning. Now it is time to review all of the stages and to design a service learning project that reflects your acquired knowledge from a Changemakers Project Topic Exploration.

The Complete Guide to Service Learning: Proven, Practical Ways to Engage Students in Civic Responsibility by Cathryn Berger Kaye, MA has a wonderful checklist for each of the five stages of service learning.¹⁸

Review these to help you envision and draft a proposal for your project. As you review the checklist, take note of where the phases of SMART advocacy and some of the HCD activities align.

Stage 1: Inventory and Investigation

Using interviewing and other means of social analysis, students:

- Catalog the interests, skills, and talents of your peers and potential partners
- Identify or revisit an identified need
- Analyze the underlying problem
- Establish a baseline of the need
- Begin to accumulate partners

Stage 2: Preparation and Planning

With guidance from teachers/mentors, students:

- Draw upon previously acquired skills and knowledge
- Acquire new information through varied, engaging means and methods.
- Collaborate with community partners
- Develop a plan that encourages responsibility
- Recognize the integration of service and learning
- Become ready to provide meaningful service
- Articulate roles and responsibilities involved
- Define realistic parameters for implementation

Stage 3: Action

Through direct service or indirect service (creative activism) and/or a combination of these approaches students take action that:

- Has value, purpose, and meaning
- Uses previously learned and newly acquired academic skills and knowledge

¹⁸ Kaye, CB. *The Complete Guide to Service Learning: Proven, Practical Ways to Engage Students in Civic Responsibility*, Academic Curriculum, & Social Action. Free Spirit Publishing; 2010.



- Offers unique learning experiences
- Has real consequences
- Offers a safe environment to learn, to make mistakes, and to succeed

Stage 4: Reflection

During systematic reflection, the teacher or students guide the process using various modalities such as role play, discussion, and journal writing. Participating students:

- Describe what happened
- Examine the difference made
- Discuss thoughts and feelings
- Place experience in a larger context
- Consider project improvements
- Generate ideas
- Identify questions
- Encourage comments from partners and recipients
- Receive feedback

Stage 5: Demonstration

Students showcase what and how they have learned along with demonstrating skills, insights, and outcomes of service provided to an outside group. Students may:

- Report to peers, faculty, parents, and/or community members
- Write articles or letters to local newspapers regarding issues of public concern
- Create a publication or website that helps others learn from their experiences
- Make presentations and performances
- Create displays of public art with murals or photography

NOTE: Creative Activism is a primary component of Demonstration.

Drafting a Proposal

Now it's time to shine. Using all of the knowledge gained thus far and referring back to your engagement exercises, draft a proposal for a semester or year-long service learning project. The length of your project will depend on a variety of factors: your teachers or club, the calendar year, etc. We recommend at least one semester if possible as it will provide you with enough time to generate results for the Reflection and Demonstration stages of service learning.

Below, you will find a template to refer to when drafting your proposal. It is advised that you review your challenge statements and utilize the phases of SMART advocacy to help you best articulate your vision. In addition to sharing this proposal with your teachers/community, it will also help to serve as a roadmap that you can refer to and revise as your journey in service learning for the health of women and girls gets underway.



Project Proposal Template

Project Name:

Start date:

Due date:

OVERVIEW

This is where you will place your POV and challenge statements. Is the “Why” of what you are aiming to accomplish.

GOALS

This section is a natural fit for your “How Might We” questions. Only now you will be turning them into action statements and measurable goals. It is the “What” of the process. It is important to be realistic with your goals—but do not limit your vision. The more passionate you are about your project, the more likely you will be to meet your goals.

SPECIFICATIONS

Use this section to detail:

- Individual responsibilities and assigned tasks.
- Materials needed.
- As much information about who/what you are seeking to provide service to/for.
- Deadlines for your goals.

MILESTONES

In this section, you should include the following:

- Plans for Demonstration (your creative activism plans belong here)
- How you will measure the success of your project.
- Any exciting anecdotes or achievements you look forward to along the way.



Conclusion: What Now?

“People who are ready to learn are those who will be the best to lead.”
—Israelmore Ayivor

You have hopefully been inspired by many of the individuals affiliated with Jhpiego whom you have been reading about as well as the work that Jhpiego is engaged in throughout the world. Perhaps you are also feeling a tug to do something beyond your capstone project—an internal call to action of sorts. What’s stopping you?

A possible next step: Use the What? So What? Now What? template, spend time processing what you have learned and what it has sparked in relation to your own curiosity.

Decide what kind of action you want to take. Actions might focus on education, fundraising, raising awareness, or mobilization—the content, issues, and the whole world is in your hands!

Use the tools you learned in here as well as the [Creative Changemakers Toolkit](#) if you would like to continue your activism beyond this curriculum.

So why not find a starting point that works best for you and get started?

