

Women's Health Innovation Program

2012-2017

A partnership led by
The State Department Office of Global Women's Issues
to develop
a multi-disciplinary approach to women's health, education and empowerment
during pregnancy and new parenthood.





simply put media
was formed
in 2017
to sustain & replicate this
innovative program

“Illiteracy keeps women marginalized and constitutes a foremost obstacle to reducing extreme poverty in a technology-driven world.

Women’s literacy improves livelihoods, leads to better child and maternal health, and favors girls’ access to education...

In short, newly literate women have a positive ripple effect on all development indicators.”

Irina Bokova,
Director General, UNESCO



We believe...

Pregnancy and new parenthood provide an opportunity to help young women (and their partners) develop critical thinking, literacy and self-advocacy skills they will need to have healthier pregnancies, safer deliveries and thriving families.

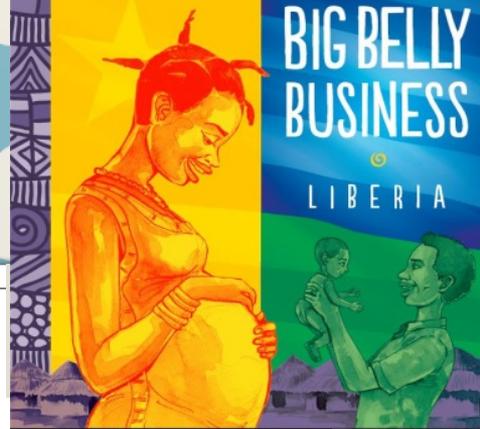


PUBLISHING & PROGRAMMING FOR CHANGE

Program Goals

1. **To provide** evidence-based, culturally appropriate pregnancy and parenting materials to underserved families that are attractive, comprehensive and easy to read, and serve as a catalyst for life-long learning and family literacy.
2. **To create** opportunities for low-income women and girls to develop critical thinking, planning and decision making skills, build supportive social networks and access healthy work and living situations for themselves, their families and their communities.
3. **To teach** healthcare providers, educators and communities how to use new tools and strategies to understand the needs of families and respectfully and effectively listen, communicate and support low-income women and their families during pregnancy, childbirth and parenting.
4. **To bring** communities together (including fathers, elders and leaders) to support pregnant and expecting women's health learning and growth, and ensure families receive compassionate information, timely care and opportunities to thrive.





BIG BELLY BUSINESS

LIBERIA

A partnership of:

- The US State Department
- OSIWA
- Simply Put Media
- The What To Expect Foundation

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Liberia implementation pilot at a glance (July 2015-2017)

50,000

BBB
Books, journals
&
pencils

100

Big Belly
Clubs
each week

7

counties

15,000

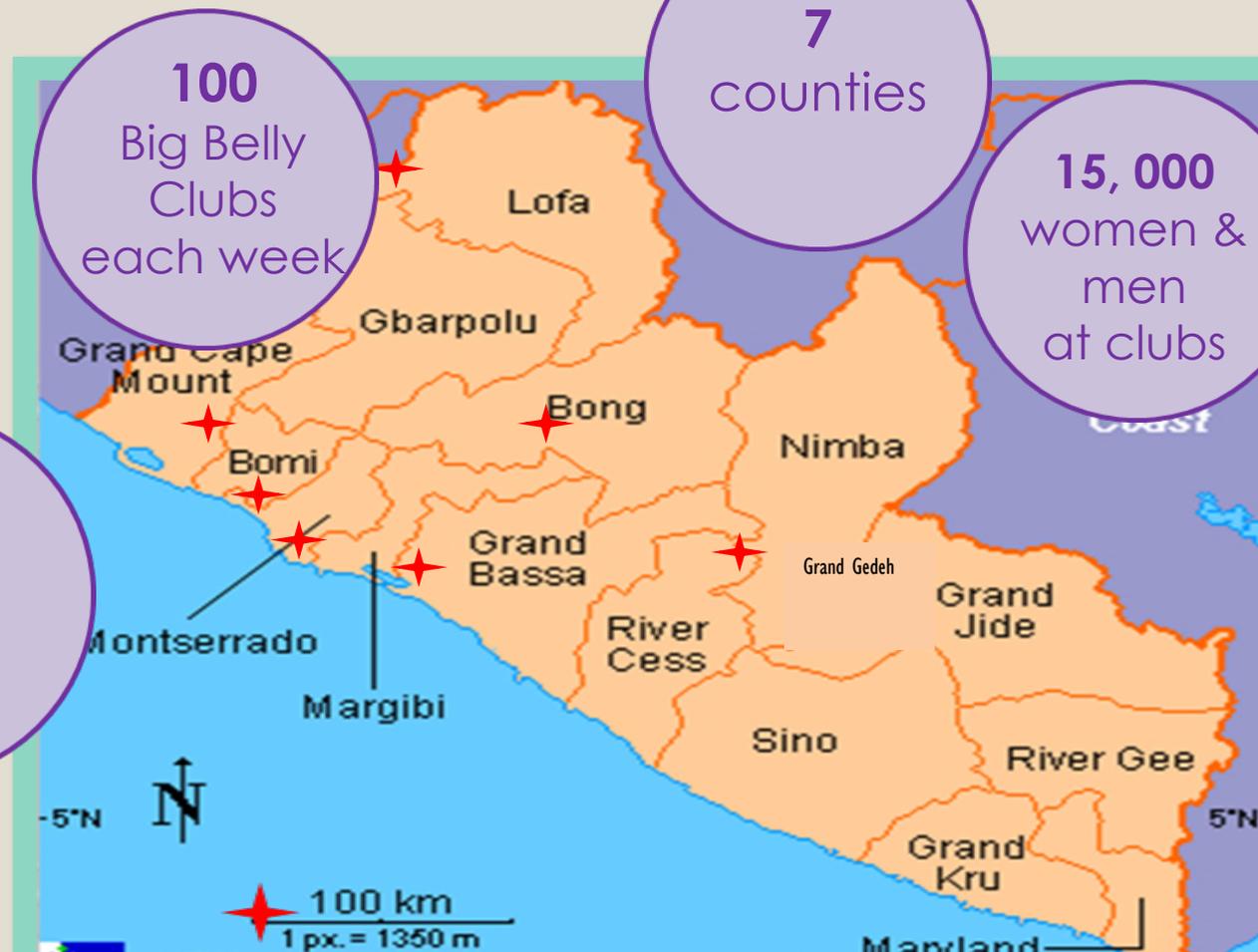
women &
men
at clubs

20

NGO
partners

117

Trained
Big Belly
Sisters
&
Brothers



PARTNERS:

Africare, AfroMed, Hope For Women International, Rescue Our People, Life Line Liberia, The Lutheran Church of Liberia, New Narratives, Obaa's Girls, Open Society in West Africa (OSIWA), Peace Clinic, PHIL, POCAWHAIN, Save the Children, The Sirleaf Market Women's Fund, Simply Put Media SEED, THINK, Todhe Resource Center, Traditional Women United For Peace, United Church of the World, War Affected Women Education Empowerment Program (WAWEEP)

Pilot Timeline & Structure

A blue-toned illustration of a diverse group of people, including men and women of various ethnicities, smiling and interacting. The style is a sketch-like watercolor or ink drawing. The background is a light blue gradient.

PHASE ONE: Materials Creation

- Book & Training R&D and printing
- 15 Cross-sectorial NGO partners identified

PHASE TWO: Training & Implementation

- Simply Put delivers a TOT to OSIWA BBB Staff & partner agencies
- 15 NGO partner agencies receive funding, books, training and TA
- Shared best practices across sites builds new training and partnerships

PHASE THREE: Evaluation

- An independent evaluation has will be released in 2017



BABU BARTA

(BABY NEWS)

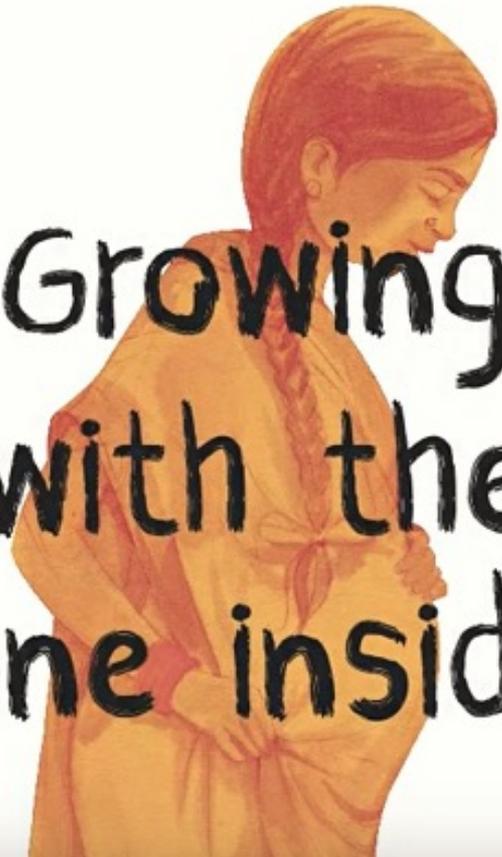
BANGLADESH

A partnership of:

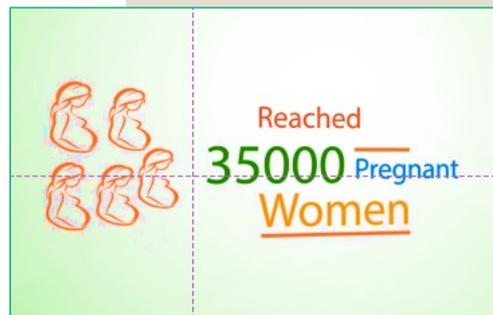
- The US State Department
- D.Net
- Simply Put Media
- The What To Expect Foundation

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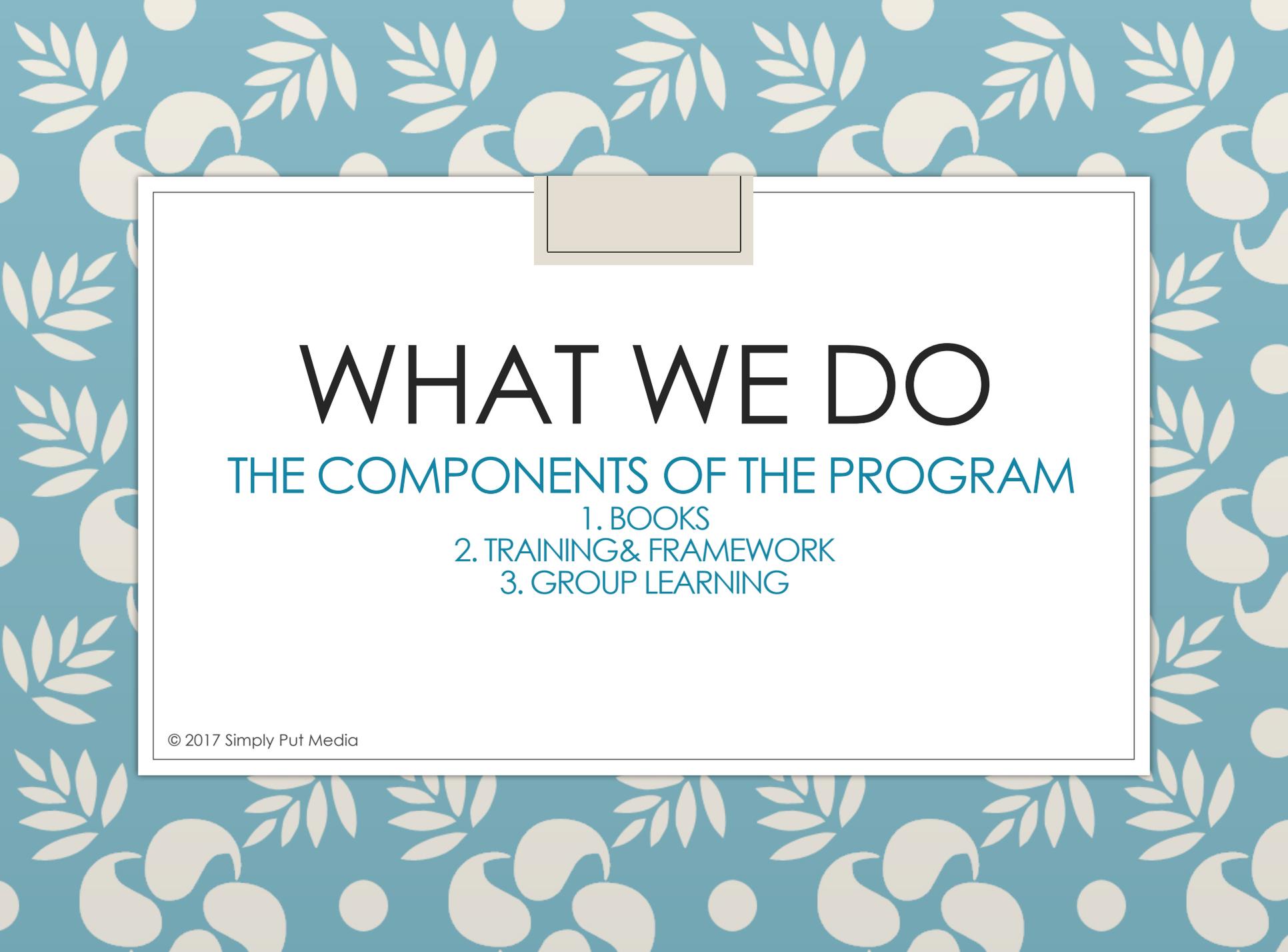
Growing with the one inside



LEAD AGENCY: D.NET

PARTNERS World Mission Prayer League (LAMB Hospital), Nari Maitree, SHIMANTIK, Sabalamby Unnayan Samity (SUS), Eminence, Family Planning Association of Bangladesh (FPAB), ASD (Assistance for Slum Dwellers), Songshoptaque, Bright Bangladesh Forum, Population Services and Training Centre (PSTC), Centre for Development and Peace (CDP), GUK





WHAT WE DO

THE COMPONENTS OF THE PROGRAM

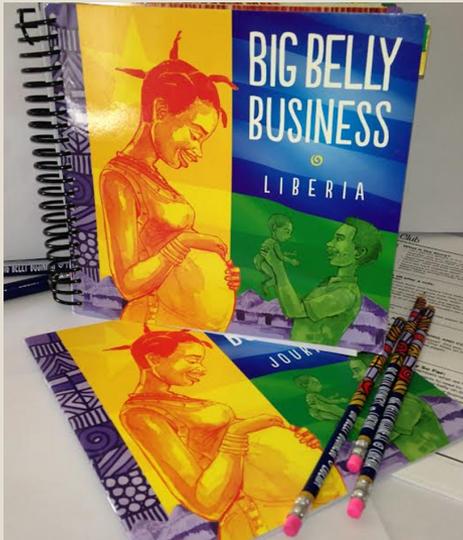
1. BOOKS
2. TRAINING & FRAMEWORK
3. GROUP LEARNING

THE BOOKS

- 300 page, beautiful, evidence- based pregnancy guides
- Created specifically for Liberia & Bangladesh from the perspective of lower income women and families.
- Filled with stories, health information and wisdom collected from across each country.
- Written and illustrated by a team of native Liberian and Bengali artists led by Simply Put Media.
- The books are easy and **fun** to read.
- 50,000 copies were “delivered” to each country.



THE BOOKS (and other media)



A book, writing journal, and pencil are free for those in the program.



The audio version downloads on a phone
To listen while looking at pictures and learning words

Radio shows use the stories in the book as on-air theater and a starting point for lively on-air discussions with experts and parents.

https://www.youtube.com/playlist?list=PLZINK4B0_j6GEq3z3p5Wf_QGwOGgAtqmp

Link to Babu Barta audio

THE BOOKS

TOPICS INCLUDE...

- ANC
- safe delivery
- family planning
- angry mother-in-laws
- HIV
- nutrition
- Breastfeeding
- how pregnancy happens
- jealous friends and neighbors
- sanitation
- danger signs
- family relationships
- respectful maternal care
- the expenses of pregnancy
- sex
- older children
- the evil eye
- cheating husbands
- miscarriage
- changing moods
- morning sickness
- the joy of baby kicking... And more



THE TRAINING

THE BOOK IS JUST ONE PIECE OF THE PUZZLE

Traditionally “prenatal education” has emphasized feeding women simple “health messages” instead of providing joyous learning experiences that develop transferable, higher-order skills needed to actively care for their pregnancy AND thrive in the future.



THE TRAINING

Experiential training helps everyone think about existing strengths and resilience of families and communities & create active learning opportunities.



This TOT group is actively creating their own curriculum using the BB group education FRAMEWORK

Activity Name	What is it?	What are we saying when we do this activity?	The 4 Ideals
1 Welcome to the Club	Activity that helps group: <ul style="list-style-type: none">• Feel truly welcome• Build a connection with others• Feel safe to speak and share	<ul style="list-style-type: none">• Everyone is a member of the group• Everyone is a learner and teacher• We all bring knowledge and experience	Connecting Teaching Learning Acting
2 How Do You Feel?	Activity that asks group: <ul style="list-style-type: none">• What do you want to know?• What do already know that can help others?• Where can we look for answers?	<ul style="list-style-type: none">• This group is for you - what do YOU want to know?• You have resources to help you get answers and feel better - the group, the sister, the book...	Connecting Teaching Learning Acting
3 Let's Talk About	Activity that teaches group: <ul style="list-style-type: none">• The topic of the day taking experiential learning• How to ask questions in order to learn.	<ul style="list-style-type: none">• There are things you can do to have a healthy baby.• Knowing about your body and belly can help you and your family plan and make informed decisions• Take what you have learned here home with you• You are not alone. If you need help to make things happen, let's practice and talk together.	Connecting Teaching Learning Acting
4 Let's Practice	Activity that helps identify: <ul style="list-style-type: none">• What do you believe, understand or need in order to really feel like you can use the information?• What you learn is only helpful if you can use it.	<ul style="list-style-type: none">• Everyone has a story to tell• Sharing your stories and those of others can help you make decisions	Connecting Teaching Learning Acting
5 What's The Story?	Activity that helps group discuss: <ul style="list-style-type: none">• What other people experience and how they deal with it	<ul style="list-style-type: none">• Learning is most useful if you can act on what you have learned.• You may need others to agree and help you	Connecting Teaching Learning Acting
6 What's the Take Away?	Activity that helps everyone: <ul style="list-style-type: none">• Make a plan for action when they get home		Connecting Teaching Learning Acting

Active learning and creating during training changes the way providers engage pregnant women.

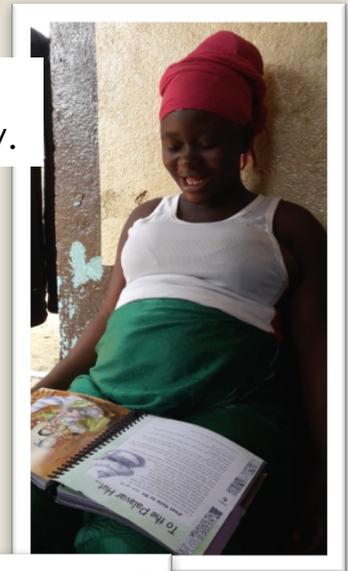
THE TRAINING

The book and philosophy integrated into existing programs...



For one on one support during ANC or home visits

Used alone and with family to seek information, and empathy.



In participatory learning groups where women (and at times men and elders) get together to discuss and learn together.



In professional curriculum so front line health workers can provide respectful, evidence based health education, and learn about theories of health literacy, social determinants of health and self-care.

GROUP LEARNING

Participatory learning clubs facilitated by trained “Sisters” bring women and the community together to discover together using the book as a resource.



GROUP LEARNING



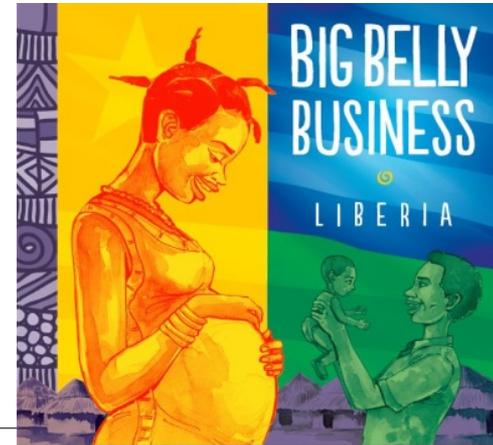
Dialogue provides the link between oral and literate forms of interpreting, understanding and transforming the world. It is not a matter of speaking first, then developing reading skills and then learning to write. Rather, speaking, reading and writing are interconnected parts of an active learning process and of social transformation.

Freire (1995), Gadotti (1994)

PILOT IMPACT LIBERIA

As we wait for evaluation results, here are quotes collected from the partners and leaders of the program.

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The Launch event

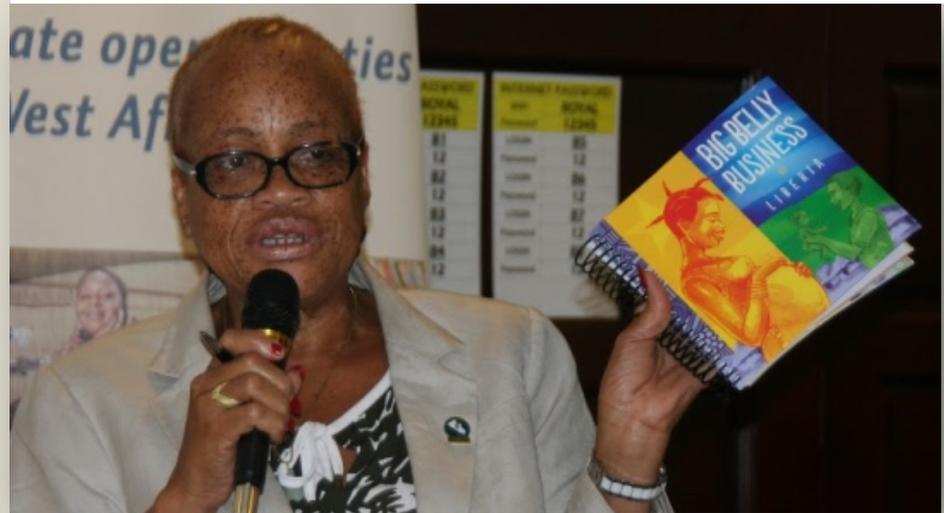


Our people die from things that they should not die from. We will need more copies of this book, because once you open it, you have to share that information. **They will find really great improvement when the evaluation comes.**

Rosana Schaack
ED of THINK (partner)

“We are proud of this initiative and delighted to be collaborating with other Ministries. This book is so simple it makes it so easy that anyone can read it. I hope to expand this program to all the 15 counties.”

Julia Duncan Cassell,
Minister of Gender &
Development



Voices from Big Belly Clubs



Midwife Gracious Meapeh and Big Belly Sister Ma Marie run Big Belly Clubs across Handii, Bong County.

“It was hard for us to get the pregnant women to come to the Maternal Waiting Home. We used to get about three to four persons... but now because of the Big Belly Club we get fifteen to eighteen a month. Since the Big Belly Clubs start we have not had any maternal death.”

Partner: AFRICARE

Voices from Big Belly Clubs



Princess Millmouno, a former member of the Baby Ma Village Big Belly Club is now a trained Big Belly Sister. Earning money towards school.

“I felt very disappointed in myself. I had decided after High School I would get an education. But I got pregnant. The Big Belly Sister came and found me and invited me to go to the Big Belly Club.

Because of the courage I got from this program I am going back to school to become a nurse.”

Partner: Traditional Women
United For Peace

Voices from Big Belly Clubs



Leyla Cooper had 7 pregnancies and 2 surviving children. She and her husband have started weekly savings with help from her Big Belly Sister to pay for any emergency costs.

"I do not want this program to stop. Because the different thing is educating us to know we should take care of ourselves, how we should take care of our babies, and how our husbands should take care of us. My husband reads the **Big Belly** book to me. To him, I am now the chicken's egg. Things cannot change in one day but small, small they are changing. So I thank you."

Partner: Africare

Voices from Big Belly Clubs



Musu Tamba, holding a Big Belly Journal where she's written her name, and her baby's.

"Now I can write my name and I am learning to read and take care of myself as a pregnant woman. This is my second child. There is so much I did not know before about how my body worked."

Partner: WAWEEP War Affected Women United for Peace

Voices from Big Belly Clubs



Grace's husband attended Big Belly Clubs and then ANC visits, and even attended her labor and delivery!

"I thank the Big Belly Club because it was through the knowledge gained from the Club that has helped my husband to stop beating me."

Partner: Save the Children

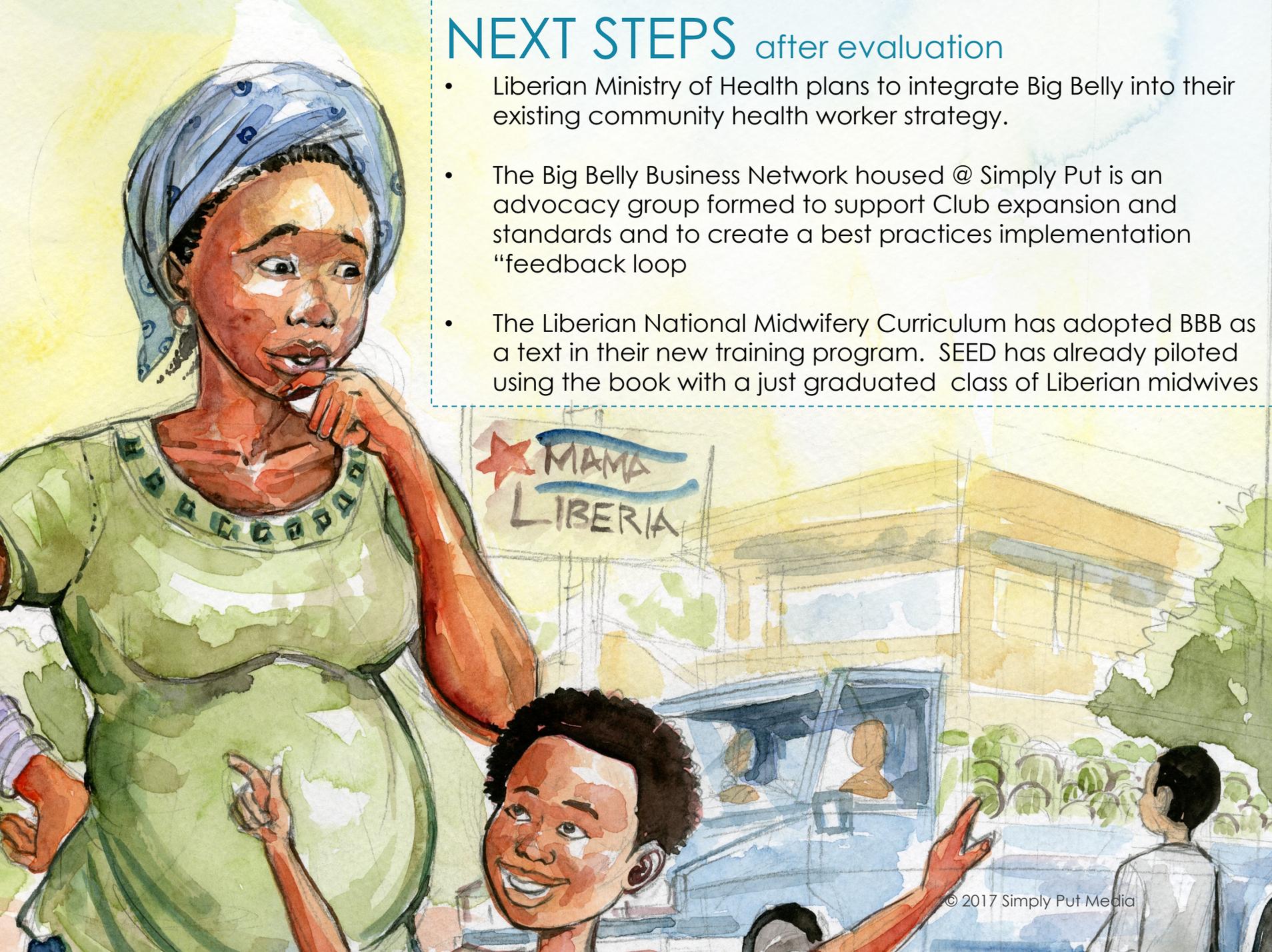


“The Big Belly Club takes health information directly to the people. It has restored the confidence of the healthcare seekers, and changed their behaviour towards health care”

Partner: Afromed and Save the Children

NEXT STEPS after evaluation

- Liberian Ministry of Health plans to integrate Big Belly into their existing community health worker strategy.
- The Big Belly Business Network housed @ Simply Put is an advocacy group formed to support Club expansion and standards and to create a best practices implementation “feedback loop”
- The Liberian National Midwifery Curriculum has adopted BBB as a text in their new training program. SEED has already piloted using the book with a just graduated class of Liberian midwives



PILOT IMPACT BANGLADESH

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A video from D.Net our partner in Bangladesh

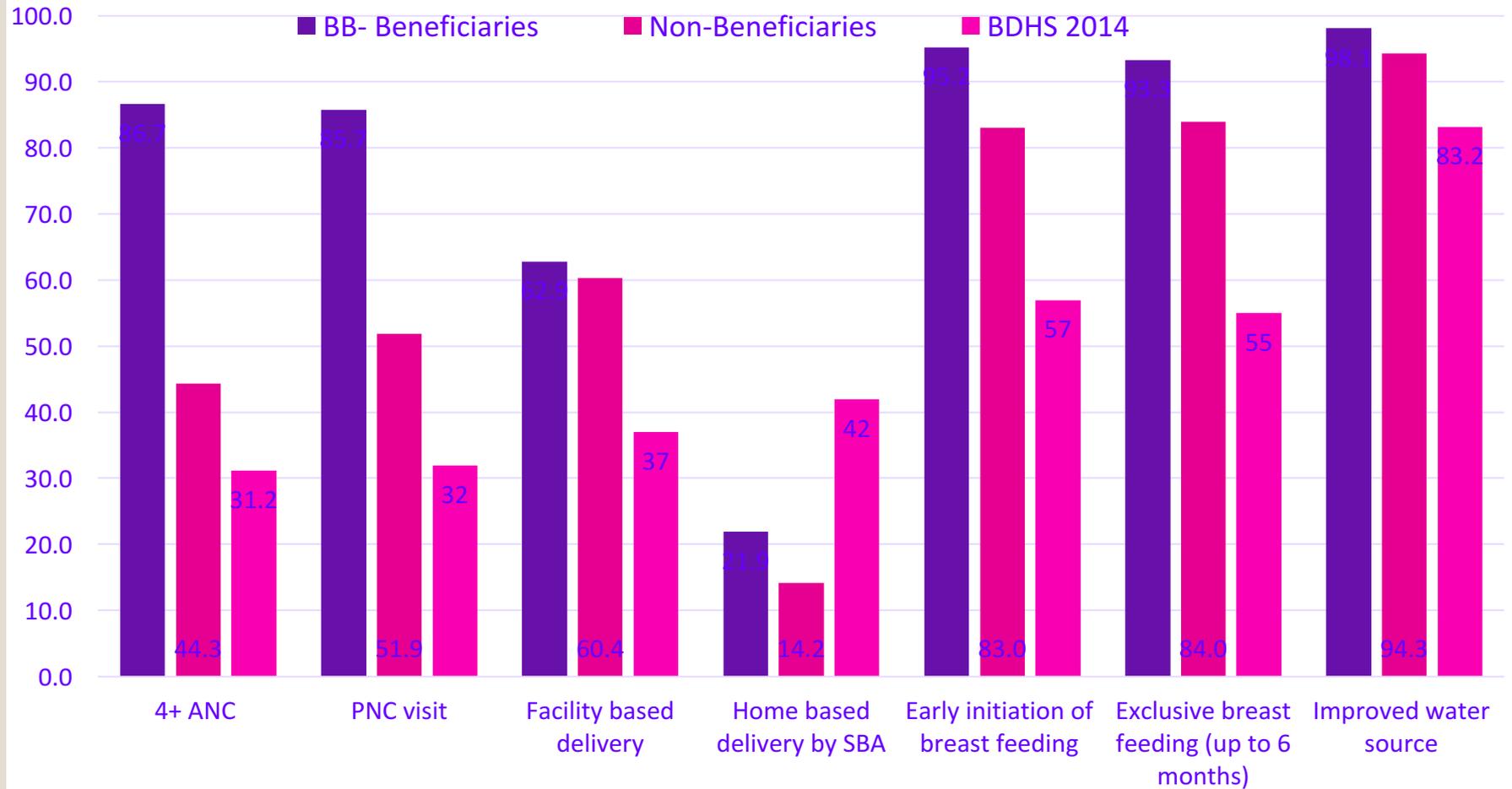


(Click the box or follow the link to view)

<https://www.youtube.com/watch?v=j1FcEGN8u8Y>



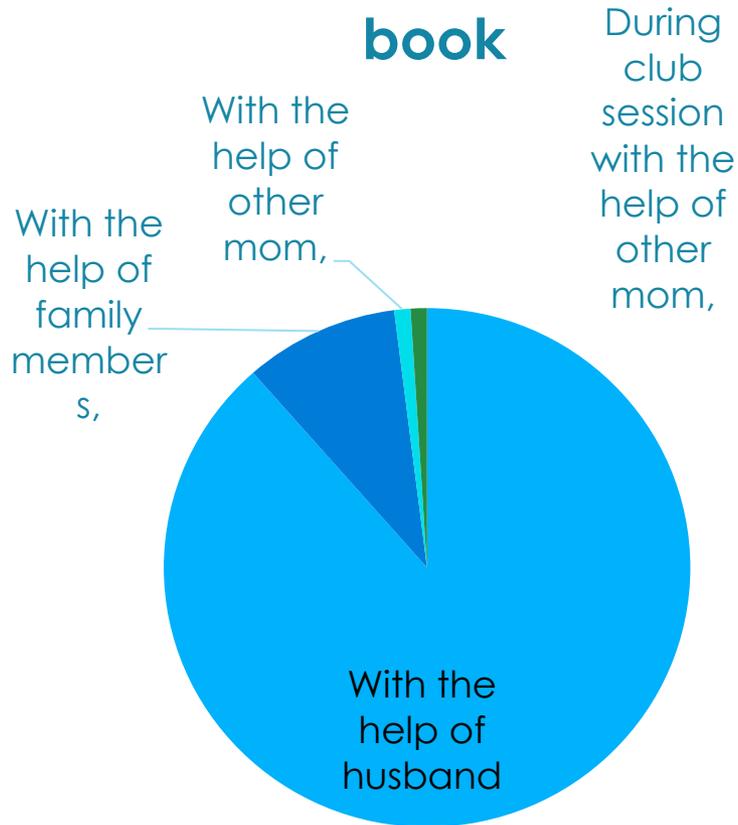
Evaluation results



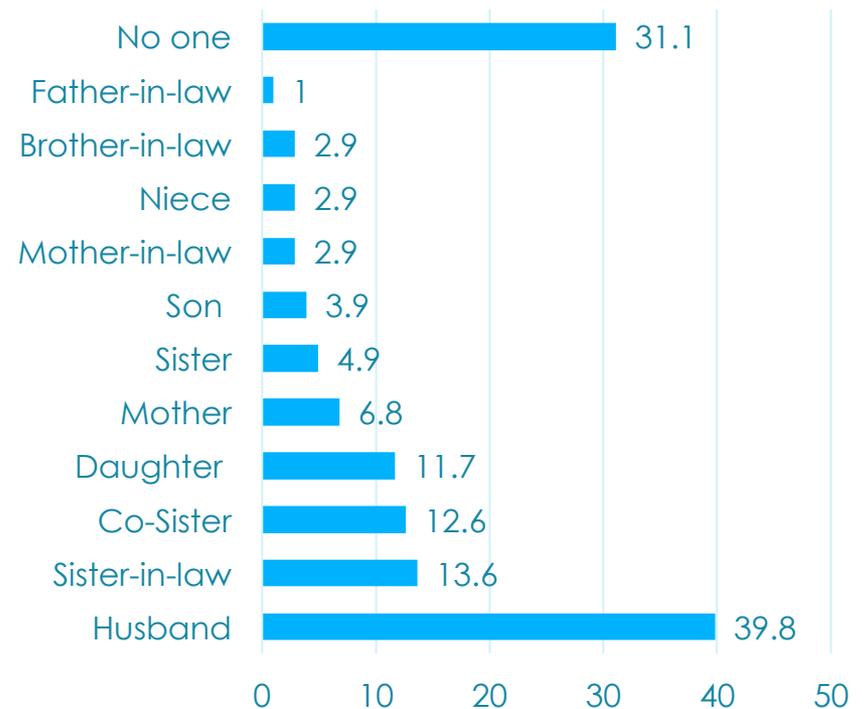
Book reading practice and usefulness



Moms read Babu Barta book



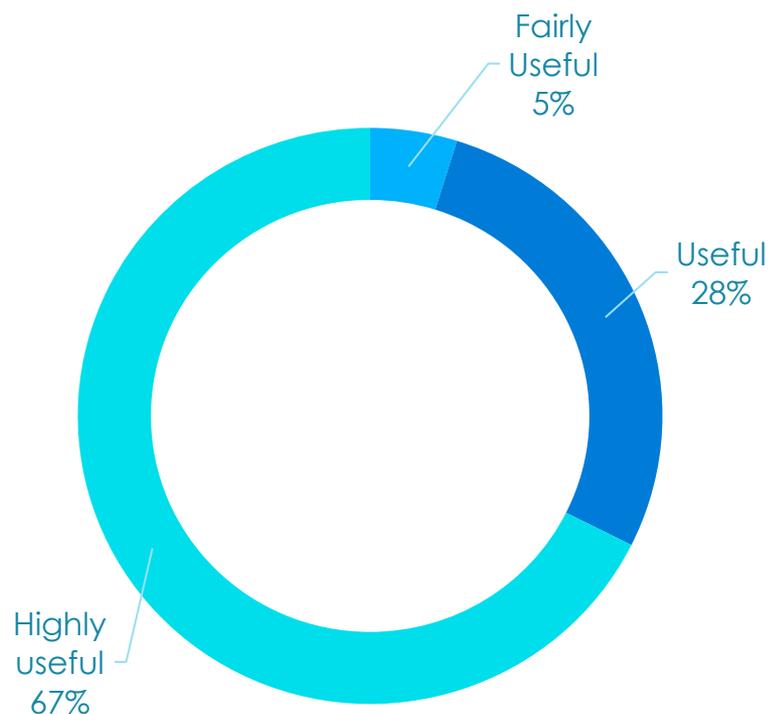
Who else read Babu Barta book in your family



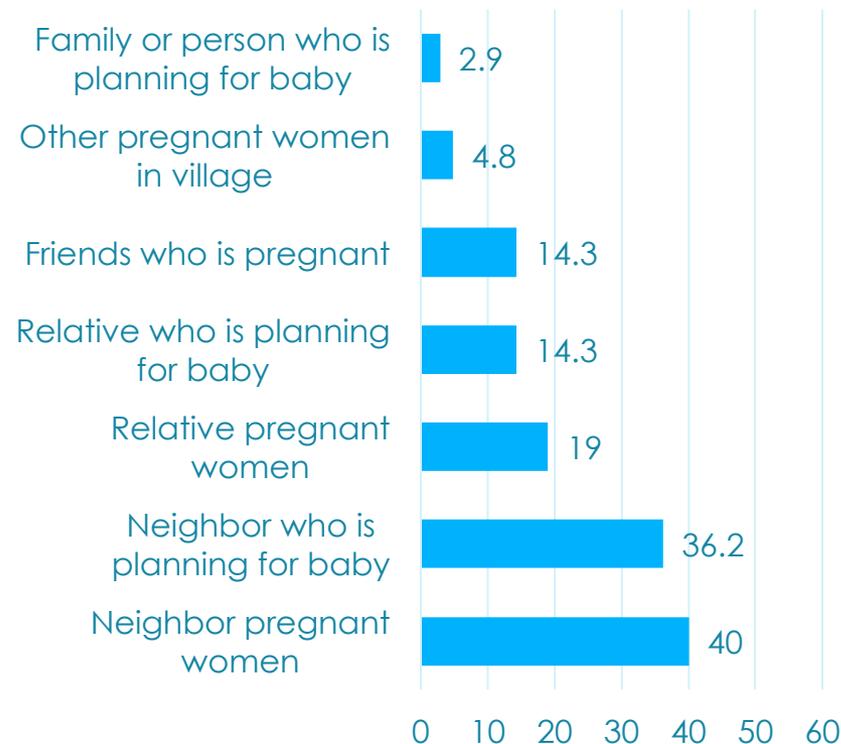
Book reading practice and usefulness



Usefulness of Babu Barta book



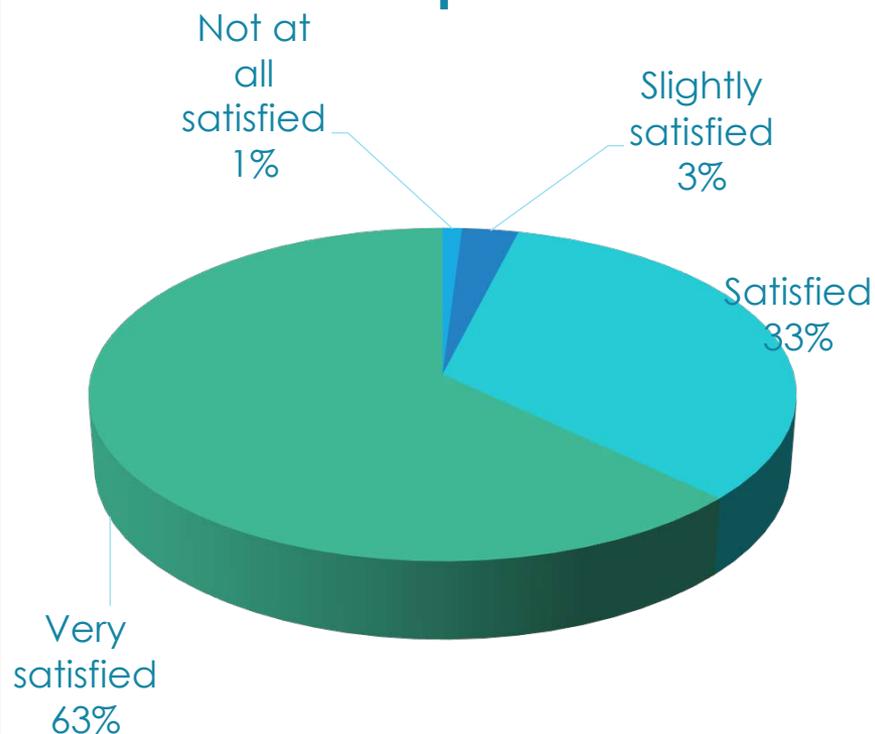
BB moms referred Babu Barta book to other pregnant women



Usefulness satisfaction of mom's club



Usefulness of mom's club for sharing information and experience

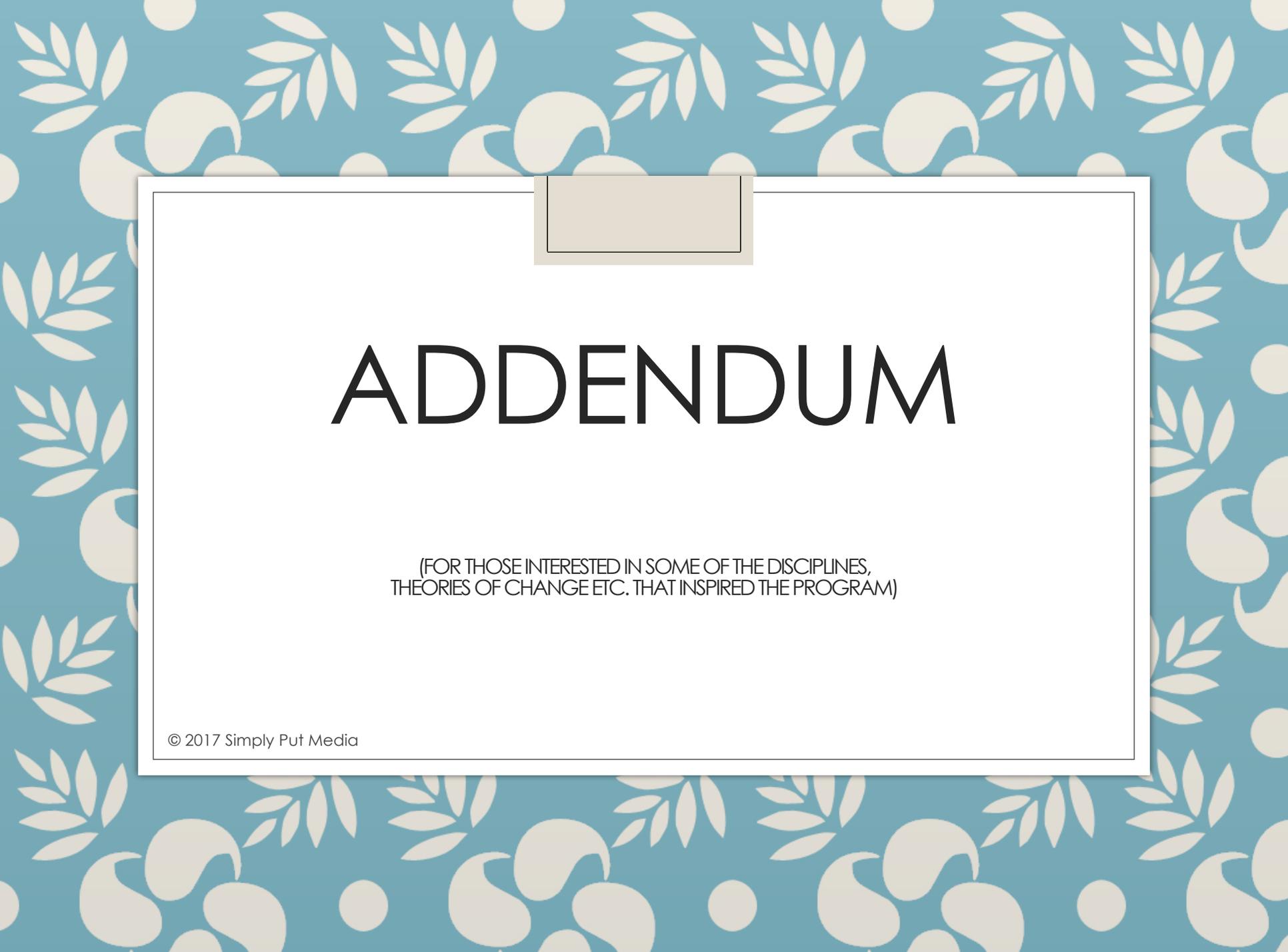


Main causes of satisfactions

- Learned about do's/don'ts during pregnancy
- Developed social relationships with other moms
- Facilitators empathy
- Received medical information and support

Main causes of dissatisfactions

- Health checkup facilities could be adequate
- Overall environment and logistics facilities could be improved further



ADDENDUM

(FOR THOSE INTERESTED IN SOME OF THE DISCIPLINES,
THEORIES OF CHANGE ETC. THAT INSPIRED THE PROGRAM)

Guiding
the work

1

Health Literacy is the “ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.”

World Health Organization

Barriers to health literacy....

People are dying for lack of information

Around the world, people die because of simple things they do not know. Health information poverty is “any situation where a citizen, a health worker, or a policy maker does not have access to the healthcare information they need to protect their own health or the health of others.” During pregnancy and new parenthood, lack of information can be deadly.

This is my 7th belly. I have lost 5 babies. So much I did not know.

We thought she was okay. We carried her to hospital too late.

With my first baby they kept saying “have a safe delivery.” I did. But my baby died.

I already knew taytay water (breastmilk) was good for babies. But I thought that first brown water was bad.

Simple does not mean simplistic.

Health information too often contains “simplistic messages, addressing the surface of issues, fed to people with promises of reward for doing as told.” But adults have a wide range of experiences and beliefs they draw upon when making health decisions. Simplistic directives without context or cause are easily dismissed, especially by those who don’t trust the messenger. Creating simple information takes an appreciation of complexity, sympathy for the audience, and a commitment to explaining how things happen and why change makes sense. It is not easy to make, but this type of simple and clear written or spoken information can inspire understanding, acceptance, and change.

Barriers to health literacy....

I can see a picture of a girl that looks just like me sick and spitting up...and look at her husband – he looks mad.

Science informs but art transforms.

The narrative we tell ourselves as individuals and share as a culture inform everything we believe and do. Health information alone that forgets that we are emotional and social beings will not change hearts and minds. Art help us understand the world around us in a different way than do facts and figures. When we read novels, listen to stories, watch movies or look at an illustration we are actively, and seemingly effortlessly, creating opinions, forming beliefs and building empathy. Sharing and understanding stories of health traditions and change may be as powerful as any medicine. After all, the medically proven placebo effect comes from a story that is believable.

The stories about Boimah and Hawa! We can be laughing– but I think Hawa was right to go to the midwife.



What is literacy?

A complex dynamic beyond simple reading or numeracy that includes critical thinking, executive functioning and other skills that help citizens engage in their own learning and informed decision making .

Literacy is a fundamental human right and the foundation for lifelong learning. It is fully essential to social and human development in its ability to transform lives.”

UNESCO

Literacy is important because...

Reading and writing are the currency of the information age and the foundation of a just democracy.

Those who can not read or write are at the margins of their society. Countries that don't read or write are at the mercy of the global economy. The expense of schooling, the dry language of textbooks and a cultural preference for oral story telling has left many uninterested or unable to read or write, and with few books of their own. By providing books that are timely, interesting, relevant, respectful and engaging, we build a culture of learning and literacy. Weaving literacy education, critical thinking, and open discussion into the fabric of life (and in moments such as pregnancy and parenthood) supports a civil society.

There are no words in our village. No signs. Even the sacks don't have words. A book is like a dream.

We say we are not a "reading people" but we follow the bible and for a long time others have written our story.

When they gave me the book I felt shamed that I cannot read. But then, hah! No one could-except Luah's husband and the midwife. They sit and read it to us we look at pictures and words and then we talk for hours.

I can not read or write. But I need to learn and get a job so my baby girl can go to school one day. Do not leave me here.

Literate women are changing the world – two generations at a time.

A mother's skills are a greater determinant of her child future success than the family's income or the neighborhood where they live. Improving mothers' literacy skills may be the best way to boost children's achievement. Pregnancy and new parenthood are a perfect informal "second chance" to integrate health and literacy education. Even families that would not send their girls to school will happily allow girls to learn if it will mean a healthy baby.

Literacy is important because...

Self-care and life skills can not be taught at an ANC visit or by a media campaign.

“Self-care means empowering women and their families with the knowledge, skills and confidence to proactively maintain healthy pregnancies, prevent complications, protect children’s health, defend their rights and identify emergencies.”* Teaching expecting and new parents the higher level, executive functioning skills needed to care for themselves can change the health and lives of millions of families. The success of this community based approach to health must be built upon the skill building pedagogy of adult literacy and learning rather than the more didactic medical model of health education and messaging.

When I listened to the story in the book I thought – I can do that too.

I looked in the book and decided it was not an emergency. I was right.

The Social Determinants of Health are “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.”

WORLD HEALTH ORGANIZATION

Social determinants of birth outcomes...

The social determinants of health are social.

Accessible and affordable ANC and safe delivery facilities are a vital first line strategy for reducing infant and maternal morbidity. But every day studies, such as those on “toxic stress,” identify complex social and emotional factors that influence health and affect birth outcomes. These issues can not be “fixed” during a brief midwifery appointment or even a series of “classes” on health. Pregnant and new parents want to talk and learn from one another. Women working together, can make decisions and provide support for one another and their children. When elders learn they bend to changes

He stopped beating me when he went to the Club. Now he gives me more food, too.

We thought maternal waiting homes were for lazy women. Now I will care for her children while she goes there.

My husband used to mismanage money. But now he saves small for my delivery. And he carries me to ANC.

Her father pushed her out of the house when he saw the belly. But we all talked. And now, he does not let that child's feet touch the ground

Leaving men out of the story is not telling the full story.

“Maternal and child health” leaves men out of healthy families. Unfortunately teen pregnancy or at times even war have erased husbands or fathers from the picture. But to do so completely has been a mistake. When men learn health facts about pregnancy, see images and stories of fathers around they world, they are able to emotionally connect to their role as a father or grandfather. This process can be transformative. The social and emotional health of men and women caring together can change the story.

Social determinants of healthy birth outcomes...

How is a civil society born?

Social capital is “the networks of relationships among people who live and work in a particular society, enabling that society to function effectively.” Government agencies and NGOs that create programs and systems talk amongst themselves, but often forget to engage the community. When communities have a forum to discuss what they need and want, understand why programs were created, and have a way to communicate what they need the network is fully engaged and functioning.

They turned women in labor away from the hospital because they were full. Some would die in the backseat of the car on the way to another hospital. So, we met as women. Then as a village. Then we met with the hospital staff. And we created a new system.

Respectful maternal care comes from compassionate systems

It seems obvious that ANC and labor and delivery support must be delivered with respect. And yet studies show that women in labor are often yelled at, mistreated, even physically abused. We label women “non-compliant” when they don’t seek professional care – but perhaps they are just “risk-averse.” But, it is too simplistic to blame individual healthcare workers, who are asked to perform miraculous deeds inside overcrowded and underfinanced institutions. Health systems are also social systems. The rights and needs of the healthcare workforce at every professional and staff level need to be addressed – with new conversations about creating sustainable, respectful and compassionate healthcare systems that serve both the patients and the providers.