FACILITATOR MANUAL

TRANSPARENCY FOR DEVELOPMENT PROGRAM

GHANA

TRANSPARENCY FOR DEVELOPMENT

HARVARD Kennedy School
ASH CENTER
for Democratic Governance
and Innovation

RESULTS FOR DEVELOPMENT

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CHAPTER I:T4D PROGRAM

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B. The problems associated with maternal, newborn, and under-five child health (MNCH) in Ghana
C. Community Participation in MNCH
D. Social Action

A. THE OBJECTIVES OF THE T4D PROJECT ARE:

i. To encourage communities to identify and overcome the main obstacles to maternal, newborn, and under-five child health (MNCH) through facilitated discussion and community led creation and implementation of social action plans.
ii. To evaluate the impact of the program on key MNCH indicators (such as percentage of women giving birth in a health facility and percentage of women receiving the recommended antenatal care (ANC) services)
iii. To establish whether CSO-government preparatory work and enhanced health-rights literacy can help communities take actions targeting actors above the village level.

B. PROBLEMS ASSOCIATED WITH MNCH

Maternal health care has improved over the past 20 years in Ghana albeit at a slow pace. Between 1990 and 2005, maternal mortality ratios reduced from 740 per 100,000 live births to 503 per 100,000 live births, and then to 451 per 100,000 live births in 2008. Based on the current trends, maternal mortality reduced to only 329 per 100,000 by 2015 instead of the MDG target of 185 per 100,000 by 2015, signaling a gap in the achievement of the objective of reduced maternal mortality.

A number of initiatives and frameworks have been developed and implemented by MOH/GHS to address the problem of the high under- 5 mortality, including the Child Health Policy 3 and Strategy4, Millennium Acceleration Framework and Country Action Plan: Maternal Health5, Accelerated EPI 6 with introduction of new and additional vaccines, as well as the Global Funded programmes for Malaria, TB and HIV, among others. The reality however is that most of the interventions under these frameworks have focused on the post-neonatal period with little attention to neonatal and newborn care.

Some of the critical challenges in reducing maternal, newborn morbidity and mortality include:

i. Health system factors, including:
    a. Weak health infrastructure
    b. Limited access to quality health services
    c. Inadequate training for human resources for health
    d. Shortage of skilled health providers
    e. Weak referral systems
    f. Shortages/stock-outs of key equipment and supplies
    g. Weak health management at all levels

ii. Non-health system factors, including:
    a. Lack of information among the community about the importance of seeking services or about rights to care
    b. Inadequate community involvement and participation in planning, implementation, monitoring and evaluation of health services
    c. Socio-cultural beliefs and practices
    d. Gender inequality
    e. Delayed health-seeking behavior

Some of the problems that lead to poor MNCH are at the community or facility level. For these types of problems, community participation and social accountability is a potential solution for identifying problems and advocating for solutions. However, social accountability for basic health service providers is not sufficiently developed or used in communities in Ghana. Through Ministry of Health in Ghana and the Ghana Health Service, policies have been created that encourage community engagement to improve health. Even with support from the national government, public engagement around improving health services has been incredibly low. The specific levers and barriers to MNCH that will play an important role in this program are discussed in more detail in the next chapter.

C. COMMUNITY PARTICIPATION IN MNCH

Community-based MNCH interventions are crucial in complementing services at the health facility level. Since the Alma Ata Declaration on Primary Health Care in 1978 and the subsequent health sector reforms initiated in Ghana in 1996, there has been an increased focus on community participation in the delivery of health services. Community participation has been strengthened further by local government reforms, which interface the health sector within the overall government policy of decentralization and deconcentration. According to Ghana's Community Health Planning and Services Policy, "Planning with communities, effective community entry and mobilisation, deploying the CHO supported by volunteers to deliver services, and the acquisition the CHPS compound (may be donated or constructed), and the provision of essential equipment and supplies are essential components of the CHPS strategy."

Communities play an important role in problem-solving because they are in a position to better understand the local challenges and to offer and execute solutions that make sense for the local context.

D. SOCIAL ACTION

Social action is, simply, action by an individual or a group of people working together to identify and address issues of public concern, such as health. Communities around the world engage in such problem solving and action all the time. What's more, these actions taken by community members have led to real improvements in health, education, infrastructure, and other areas. Indeed, creative community action can often lead to solutions that can sometimes

seem intractable—for example, improving the use of existing resources, improving relations between patients and doctors or improving the utilization of care. Some stories of successful social action will be presented to treatment communities as part of the intervention.

Community-led social action to improve health is different from many health interventions in which communities are told what to do, provided with new resources, or given incentives to change their behavior. The idea of community-led social action is that it is *developed and undertaken* by the community. There are no mandates for communities to undertake activities—and, indeed, some communities may choose not to do anything. And the actions that communities decide to undertake will differ widely; no two communities' social actions will be exactly the same.

Some common forms of community social action to improve health and health care are:

- Community members can choose to go to different clinics or health providers that offer better care – and they can actively share information about what health providers are performing best.
- Community members can go to nurses or doctors, district medical officers (DMOs), or local legislators, to talk about the problems with health services and ask for improvements.
- Community members can meet with doctors and nurses (or others such as the DMO or legislators) to develop solutions to problems of health service delivery and then jointly agree to implement those solutions.
- Community members can take a close look at other communities in which health care works better, to try to draw lessons that they take back and implement in their community.
- Community members can reward doctors or nurses who are doing a good job with praise or other social recognition.
- Community members can complain, individually or as a group, to health care workers or those that employee health workers who are not doing as much as they could be doing to improve health care.
- Community members can try to work with civil society organizations to develop reforms to improve health care.
- Community members can talk to journalists or local media to publicize the problems of health care.
- Community members can work together to vote for politicians who implement reforms to improve health care.

In Ghana, as mentioned above, the government has taken steps to encourage such community actions around health, but to date, those efforts have not led to a sufficient degree of community involvement in improving health care. One of the goals of the T4D Project is to see whether the information we present to communities and the meetings in which they have an opportunity to discuss it and develop a social action plan will lead communities to engage in social actions that affect real, lasting improvements in maternal, newborn, and child health and health care.

Specifically, this phase of the T4D intervention in Ghana seeks to establish whether CSO-government preparatory work and enhanced health-rights literacy can help communities take

actions targeting actors above the village level. We hypothesize that this is important because there are certain challenges to healthcare at the community level that are the responsibility of a government level above the village, such as the district. As well, taking a social action above the village level could provide citizens a way to activate government responsiveness at a higher level.

CHAPTER II: MAIN PRINCIPLES FOR FACILITATORS

IN THIS CHAPTER, THE FACILITATOR WILL LEARN:

A. Facilitator's Role

B. General Facilitating Tips

C. Frequently Asked Questions

D. Facilitator Team Structure

E. Facilitator's Report

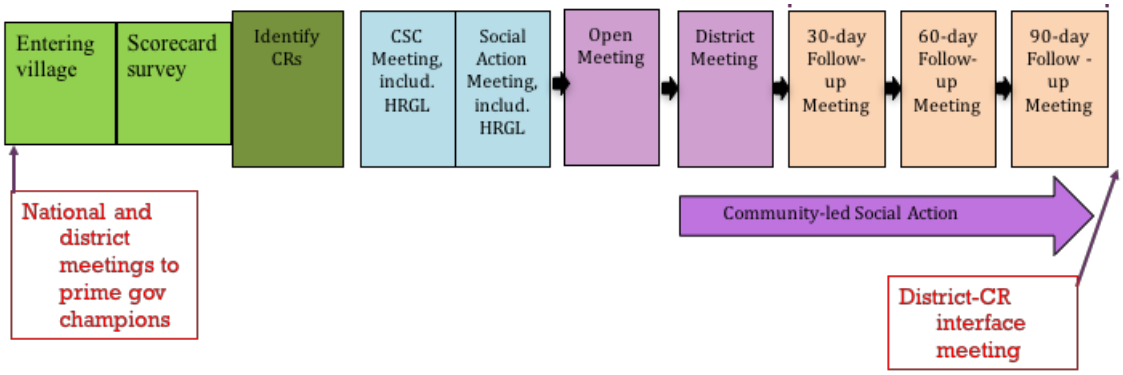
A. FACILITATOR'S ROLE

The facilitator helps community members identify and understand their common objectives. The facilitator may assist community members in creating action plans to achieve their objectives; however, he/she may not take a leadership role.

Specifically, in the T4D project, the facilitators serve four main functions:

- First, to **collect primary and secondary data** to promote information transparency in MNCH and to help the community identify identify MNCH problems in their villages.
- Second, to **build the awareness in the community** through facilitated community discussions. A large part of this includes identifing potential Community representatives (CRs) who will formulate and implement social action plans.
- Third, to **encourage, facilitate and follow-up** on the development and implementation of social action plans aimed at improving MNCH.The facilitator does not actually decide upon, encourage, or undertake any specific social actions himself or herself.
- Fourth, to **introduce the intervention** to the district government champion, and to **facilitate the interface meeting** that closes the official intervention.

The community meetings follow the model below. There will be a detailed explanation in later chapters of this guidebook outlining instructions on how the facilitator should conduct each meeting. Note that the boxes in red do not require facilitator participation, but are included so that the facilitators are aware.



B. GENERAL FACILITATING TIPS

Facilitating is different from teaching

Facilitating is a process of encouraging the community todesign their own social action plans to address the village problems that they have identified. Facilitators may use positive encouragement to build optimism and to raise the community's confidence.The facilitator should not prescribe solutions but may share lessons learned from his or her own personal experiences, or the experiences of others, to help the community think deeply about a feasible action plan.

Facilitators must be good listeners

Listening is a very important skill in facilitating. It is necessary **to appropriately recognize and respect the communities' customs and traditions**. Communities in Ghana come from a number of different traditions, some of which might be strongly patriarchal or feudalist; therefore, the communities may need more encouragement to openly express their opinions.

Handling in-depth MNCH questions

The T4D project focuses on motivating communities to take action to improve MNCH in their villages. Community members might view the facilitator as an MNCH expert and might be inclined to ask the facilitator specialized or personal MNCH questions. This guidebook provides a basic understanding of the health services that should be provided to mothers, children, and newborns, emphasizing the importance of birth in a health facility and proper antenatal care. More detailed information is available in Annex A.

However, please keep in mind that the facilitator is not a trained health provider and should not act as a health expert or provide any specific medical or health advice to community members. Facilitators should refer all specific health questions to trained health providers rather than answering the questions themselves.Part of the intervention specifically involves identifying other offices and people who could provide information about health insurance, government programs, or the like, both in or outside) the village. This information is collected during the data collection phase for the health rights governance literacy component of the intervention.

Social actions belong to the community

The facilitator must clearly explain that the social actions belong to the community.
The facilitator creates room for discussion by providing information regarding problems in the society. He/she may also build community morale by explaining howgroups of people in other places managed to solve similar problems. Facilitators should ensure that the community is aware that the he/she does not have any funding to finance the community's social actions. If the desired social action requires funding, the facilitator canencourage the community to create an action plan that includes fundraising to pay for their activities.
Facilitators should meet the community on their level.

The facilitator should allow the communities to express their ideas in the language and terms with which they are most comfortable.

C. FREQUENTLY ASKED QUESTIONS ON FACILITATING COMMUNITY MEETINGS

How to handle a meeting with less active or shy participants:

Some community members may not have experience expressing their ideas in a public forum. As a result, there might be many lulls or pauses during the discussion. This situation can make the facilitator nervous, and it might be tempting to prescribe solutions just to get the meeting going.

Remember: The facilitator should not prescribe solutions!

Instead, the facilitator can ask thought provoking questions to jumpstart discussion. Additionally, the facilitator can share lessons learned from his/her personal experiences and the experiences of others to help the community to generate ideas.

How to handle arguments or conflict between participants in a meeting:

It is important to encourage all members of the community to listen to and to respect one another. Facilitators should listen to each community member and should summarize each conflicting argument in an objective manner. Facilitators should ensure that the participants understand each different opinion. Participant consensus is ideal, but if this cannot be achieved, facilitators may propose a vote.

How to deal with a dominant participant in a meeting:

Facilitators should listen to the dominant participant.- do not cut him/her off when he/she is expressing an opinion. After the participant is finished, facilitators may throw the question to other participants. If they do not respond, the facilitator should ask more questions to encourage other participants to share their opinions.

How to handle a meeting with more active or engaged participants:

Facilitators should listen very carefully. If the participants speak at the same time, the facilitator should ask them to slow down, to speak one by one, and to clarify each of their opinions. If the participant is not clear, the facilitator should repeat the participant's statement in his/her own words, then ask the participant to clarify and confirm (or deny) that this statement aligns with the original intent. Facilitators should not jump to conclusions without confirming them first with the forum/community.

Facilitators should never be the leader of the social action

The social action process belongs to the community. As such, community members should decide on the social action and carry it out on their own. The facilitator may be a source of informationand a discussion partner at the request of the community,buthe/she should not be directly involved in designing, leading, or conducting the social action plan. Facilitators should assure the community membersthat they can perform these actions independently.

Facilitators should use a 'local context approach' to communication

The facilitator may have a different background thanthe community members, but he/she should attempt to adopt local customs to gain trust. Additionally, since some community members have low literacy levels, the facilitator should integrate visual materials (such as pictures) into meetings and should use simple language during discussion with the community to maximizeunderstanding.

Facilitators should maintain professionalism

The facilitator is responsible for setting an example on how to behave professionally andwith discipline. For example, it is important for the facilitator to always arrive at the meeting at least 30 minutes in advance to ensure that he/she has time to prepare and to

greet attendants as they arrive. The facilitator must arrive on time to each appointment (e.g. an appointment with the community health nurse or midwife at the CHPS compound, or with the village chief).

D. FACILITATOR TEAM STRUCTURE

Each village will have a primary facilitator. The primary facilitator will have a co-facilitator/supporting facilitator, who is the primary facilitator for another village. This means that each facilitator pair will deliver the program to two villages in total.

The lead facilitator will be in charge of all facilitator roles for that village. The supporting facilitator should attend and help the primary facilitator at all meetings except the follow up meetings. CR confirmation and the mothers' survey will also be carried out individually. The lead facilitator may always ask the supporting facilitator for help with other meetings, if needed and if the timeline allows.

E. FACILITATOR REPORTS

The facilitator will fill out several reports during the intervention to ensure that the intervention's progress is monitored and captured well. These reports consist of:

Village Information and Meeting Reports: Submit every week by filling out the Excel spreadsheets and emailing them to CDD headquarters.

Monitoring and Financial Reports: CDD staff will provide these required reporting documents and procedures.

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PART II: INTERVENTION PREPARATIION

CHAPTER III: INTERVENTION SCHEDULE

CHAPTER IV: IDENTIFYING CR CANDIDATES

CHAPTER V: IDENTIFYING SURVEY RESPONDENTS

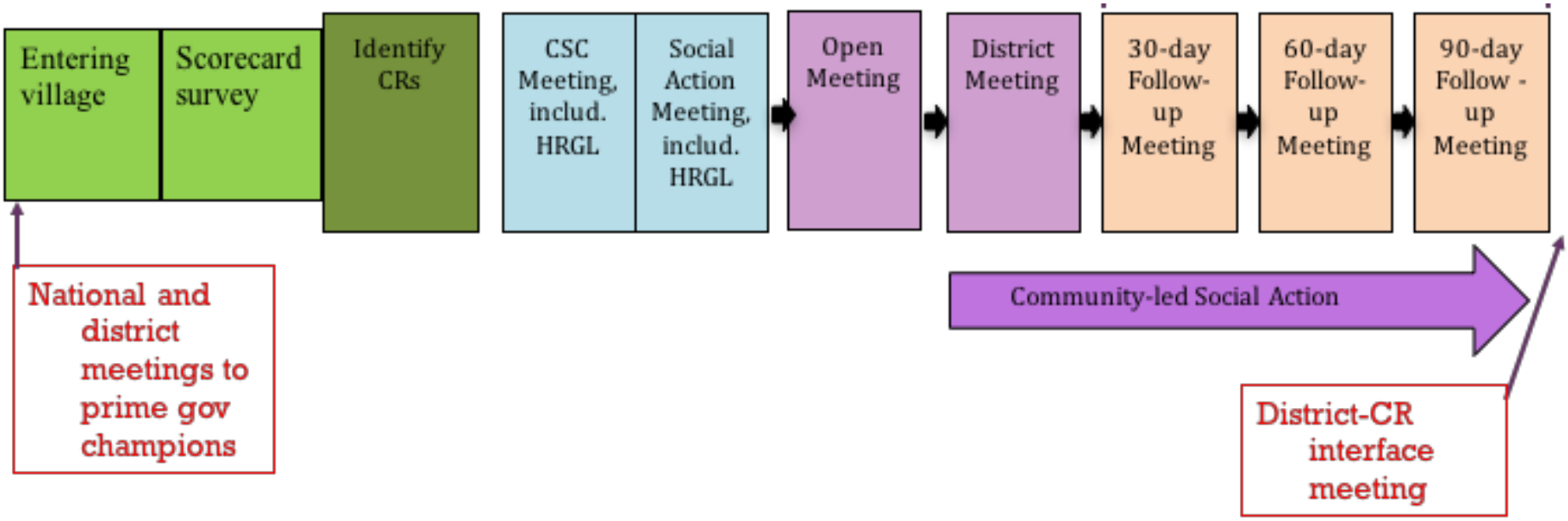
CHAPTER III: INVTERVENTION OVERVIEW

IN THIS CHAPTER, THE FACILITATOR WILL LEARN:

A. Intervention Model

B. Intervention Schedule

A. INTERVENTION MODEL



B. INTERVENTION SCHEDULE (ADAKLU DISTRICT)

Activity	WEEK ONE (19 June)	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Final government priming (intros with facilitators)	ABCDE																							
ENTERING VILLAGE	ABCDE	ABCDE																						
Meet Chief	ABCDE	ABCDE																						
Meet LHWs and survey facility and get mothers info	ABCDE	ABCDE																						
Intro meeting with village	ABCDE	ABCDE																						
Survey Mothers			ABCDE																					
Interview and select CRs (while CDD tabulates survey results)				ABCDE																				
Two-day meetings					AB	CD	E																	
Open meeting						AB	CD	E																
District meeting #1								ABCDE																
Social action								ABCDE	ABCDE	ABCDE	ABCDE	ABCDE	ABCDE	ABCDE	ABCDE	ABCDE	ABCDE	ABCDE	ABCDE	ABCDE	ABCDE	ABCDE	ABCDE	
FUM 1												ABCDE												
FUM 2																ABCDE								
FUM 3																				ABCDE				
District interface meeting																						ABCDE?	ABCDE?	ABCDE?

CHAPTER IV: IDENTIFYING CR CANDIDATES

IN THIS CHAPTER:

A. Characteristics of the Community Representatives

B. Selecting Community Representative Candidates

C. Candidacy Guidelines

A. CHARACTERISTICS OF THE COMMUNITY REPRESENTATIVES

'Community representative' refers to 15 representatives of the local community who are recruited by the village facilitator to lead the social action plan.

Roles of a CR include:

Active participation in the community scorecard meeting and social action meeting
Planning and leading the implementation of a social action plan
Motivating the community to support and to participate in social actions

Characteristics of a CR to best fulfil these roles include:

- Motivated and dedicated in taking a role as a CR and willing to work voluntarily
- Interested in improving the status of MNCH, but only has personal experience and does not have in depth knowledge in this field
- Has sufficient time to get involved in this activity (the facilitator needs to note that someone who has been active in community activities might meet other criteria, but may not have sufficient time to participate and commit)
- Able and willing to attend required meetings
- Willing to get involved with community members from various backgrounds

B. SELECTING COMMUNITY REPRESENTATIVE CANDIDATES

Solicit recommendations from initial meetings held by the facilitator

When entering the village to begin collecting scorecard data, the facilitator will meet withthevillage chief, village health personnel (midwives and traditional birth attendants), and other village figures. During these meetings, the facilitator needs to collect the names of potential CRs by explicitly asking the following question: "Do you know anyone who is active, vocal, has ideas, and is willing to do the work to improve MNCH voluntarily, but also is not avillage official and is not too busy leading other village activities?"

Facilitators can also observe potential candidates directly

If the facilitator notices any participant(s), who have the characteristics listed in part A above, the facilitator should note their names and put them ona list of potential CRs.

Facilitators' observation during other community meetings
The facilitator is encouraged to attend any available unrelated community meetings when first entering the village. These may be religious meetings for the community, farmer's group meetings, etc. In these meetings, the facilitator should notice any potential candidates and record their names.

Persons identified through household surveys
The facilitator may identify some respondents who seem active, knowledgeable, and interested in the topic of MNCH during the survey process with mothers,and the facilitator may ask them to participate as CRs. Those who have personal experience regarding MNCH problems (mother with child, etc.) might be very motivated to improve the MNCH condition in the village.

Informal discussions with community members
The facilitator might have some opportunities to have informal discussions with other community members, where he/she could identify potentialCR candidates. Facilitators might also be contacted by some community members who have heard about CR recruitment and are interested in applying.Others might be recommended for the CR position by other community members.

C. CANDIDACY GUIDELINES

The make-up of each CR team should be balanced across several criteria. After generating a list of possible CR candidates, the facilitator should ask him/herself these questions:

Does the list of CR candidates include	Members of non-elite groups? A mix of young and old people and of women and men? Some people with social capital that would appeal to different groups (such as elders)? People from the different religious, clan, or ethnic groups that make up the community?

If the answer to any of the above questions is 'no', the facilitator should attempt to identify other CR candidates that satisfy the above criteria.

Finally, the following groups **MUST NOT** be elected as CRs:
- Community Health Volunteers
- Traditional birth attendants, midwives, or other health providers
- Village chiefs / officers or government officials
- Facilitators

If there are any of these people on the list, they should be removed.

PART III: THE INTERVENTION

CHAPTER V: ENTERING THE VILLAGE

CHAPTER VI: COMMUNITY AND HEALTH SURVEY

CHAPTER VII: HEALTH RIGHTS AND SURVEY RESULTS MEETING

CHAPTER VIII: GOVERNANCE LITERACY AND SOCIAL ACTION PLANNING MEETING

CHAPTER IX: OPEN MEETING

CHAPTER X: FOLLOW-UP MEETINGS

CHAPTER XI: DISTRICT-CR INTERFACE MEETING

CHAPTER V: ENTERING THE VILLAGE

IN THIS CHAPTER:

IMPORTANT NOTE

Three activities - getting CR candidates' names, identifying survey respondents, and finalizing preparations for subsequent meetings - are the main objectives for facilitators in these first two weeks. Facilitators are expected to hold individual or group meetings to achieve those three main goals.

The facilitator is expected to meet in person with the following people in the first two weeks:

- The Chief and Elders of the village
- The practitioners/health personnel in (or serving) the village (midwives, CHOs) separately
- Traditional birth attendants (at least to help identify survey respondents)
- Other informal village figures (if needed through their involvement in MNCH)

As long as the objectives are met, the facilitator is free to schedule these meetings at any time in the first two weeks. This handbook does not regulate the order of these meetings, but based on experience, this sequence tends to be effective.

CDD-GOVT MEETINGS: INTRODUCTIONS

Timing	• **Week of 19 June**
Objectives	• To introduce the intervention and generate buy-in for health authorities and local government authorities
Participants	• **CDD and National level offices/departments of Ghana Health Service (GHS), Local Government Service Secretariat, Ministry of Local Government – Social Accountability Desk),** • **Followed by CDD -- District level (GHS, District Assembly)**
Duration	1 – 1.75 hour(s) each
Equipment	**Equipment:** Laptops where necessary **Materials:** Meeting plans, introductory letters and introductory write ups
Agenda	(1) Introduction of CDD and of program intervention (2) Discussion of maternal and neonatal health (MNH) issues and the justification for the intervention. (3) Explanation of the intervention (4) Introduction of facilitators to government champions (5) Seeking buy –in and use of networks to inform district colleagues (6) Plans for briefing stakeholders after project closure.

NOTE: Facilitators will attend the district-level meeting, but will not be expected to lead that meeting. Instead, CDD will lead this meeting and facilitators will observe and start building relationships.

1. OBJECTIVE OF MEETING

- To introduce the intervention and the facilitators to the government champions.
- To generate buy-in for health authorities and local government authorities.

2. DETAILED RUNDOWN

(1) INTRODUCTION OF PROGRAM AND OF CDD

- The meeting leader should introduce him/herself and CDD. While many of the participants will likely be familiar with CDD's work, it will be important to remind the room. The meeting leader will speak about work that CDD has done in the area of social accountability and present some of the initiatives that had similar objectives to the intervention.

- Then, CDD should explain the purpose of the meeting by using or modifying the script below: The purpose of the meeting is to introduce a new intervention that is being planned to improve social accountability in selected district (s) in Ghana in the area of health. This program is titled as: Community-led Transparency and accountability interventions to improve health outcomes in Ghana.

- Together with Washington-based Transparency for Development (T4D), CDD will be leading the Ghana phase of an intervention designed to improve community participation in public services delivery through the use of social action plans. These social action plans will be community-led and will encourage engagements between the citizenry and local health and governance officials and administrators in order to work towards developing community based solutions to health challenges that communities face.

(2) DISCUSSING MNH ISSUES

- Start with compelling statistics on MNH, to underscore that this is a problem for Ghana that merits work for improvement. For example:

  "Maternal health care has improved over the past 20 years in Ghana albeit at a slow pace. Between 1990 and 2005, maternal mortality ratios reduced from 740 per 100,000 live births to 503 per 100,000 live births, and then to 451 per 100,000 live births in 2008. Based on the current trends, maternal mortality reduced to only 329 per 100,000 by 2015 instead of the MDG target of 185 per 100,000 by 2015, signaling a gap in the achievement of the objective of reduced maternal mortality.

  A number of initiatives and frameworks have been developed and implemented by MOH/GHS to address the problem of the high under- 5 mortality, including the Child Health Policy and Strategy, Millennium Acceleration Framework and Country Action Plan: Maternal Health, Accelerated EPI with introduction of new and additional vaccines, as well as the Global Funded programmes for Malaria, TB and HIV, among others. The reality however is that most of the interventions under

these frameworks have focused on the post-neonatal period with little attention to neonatal and newborn care.

Although evidence shows that there has been some reduction in both infant and under-five mortality rates in Ghana, it is unlikely that the 2015 target of reducing the child mortality rates will be easily met. This is because though Ghana has progressed on reduction of under-five mortality till 2008, there has been reversal on reduction of under-five mortality since the last five years. The main underlying cause is stagnation and even the increase in neonatal mortality which increased from 30 to 32 per 1000 live births. Neonatal deaths have thus become an important component of under-five deaths, accounting for as high as 40% of under-five mortality in Ghana.

Based on such statistics, there still remains a gap in the attainment of reduced maternal and infant mortality, despite the measures that have been put in place by health authorities.

This intervention will be a community-led approach to addressing health barriers in selected communities in Ghana and provides a good opportunity to increase effort at reducing undesirable outcomes in maternal and infant health care."

- Give general conclusions as follows:

"The health of pregnant mothers, of mothers giving birth, and of infants is very important because these populations are especially vulnerable to disease. Furthermore, most maternal and infant deaths can be prevented with appropriate measures. We believe that such an intervention will help raise awareness of issues of maternal and child health and raise the spirit of selected communities in dealing with such health challenges "

(3) EXPLANATION OF THE INTERVENTION

- Provide the following brief explanation of the intervention:

"The goal of the intervention is to motivate representatives and volunteers from the community to devise social actions aimed at improving maternal and newborn health in their village. To achieve this, the community representatives will likely be asking for changes and improvements that require government or health agency help. We are here to answer any questions you may have about the intervention, and hope that you will support these communities as they try to improve their health."

Provide a **detailed explanation** of the intervention.

(4) SEEKING BUY-IN AND USE OF NETWORKS TO INFORM DISTRICT COLLEAGUES

- The aim here is to ask for their acceptance of notice and to facilitate our process by informing their local level offices in the districts of the planned intervention by CDD.

- This will be communicated to district offices in an internal memo and CDD should have a copy of this memo.

(5) PLANS FOR BRIEFING STAKEHOLDERS AFTER PROJECT CLOSURE

- Given that national level stakeholders were engaged at the start of the intervention, it will be appropriate to have a briefing with stakeholders again on findings from the intervention, once the period is over.

- Interface meetings are scheduled between community participants and district level stakeholders- health officials and local government key personnel. They are not included in the briefing.

- This will also endear the work of CDD to national level health officials and local government secretariat officials.

- This is however, subject to the availability of time.

KEY THINGS TO REMEMBER

- During interaction with the government, use carefully selected words and avoid such words as: 'help', 'give', 'aid', etc. to avoid misconceptions. Instead, clearly convey that the intervention does not give any monetary or material aid beyond small travel allowances to facilitate interaction between citizens and their government.
- It may be helpful to highlight to the government that this intervention does not tell communities what to do. Rather, it helps them come up with their own ideas based on concrete information about their health situation, and then encourages them to pursue those ideas.

B. MEETINGS WITH VILLAGE OFFICIALS AND LOCAL HEALTH WORKERS

Objectives	• To introduce the intervention and the purpose of the program to the Village officials • To get necessary information on health practitioners like midwives and others that will allow the facilitators to survey the health facility serving the village / community. • To get the names of potential CRs.
Participants	• **Facilitator**s • **Village leadership** • **Local health workers (separately from village leadership)**
Duration	1 hour each for total of 2 hours
Equipment	**Equipment:** Notebook; stationery
Agenda	(1) Introduction of program and of CDD (2) Discussion of MNCH issues (3) Explanation of the intervention (4) Request of information about the village health services and CR candidates

1. OBJECTIVE OF MEETING

This meeting is for the facilitator to make the political leadership of the village aware of the intervention, to make the process flow more smoothly for the facilitator and CRs later on. It is also a key moment to get the contact information for CR candidates, as well as for the health facilities and providers that serve the village / community.

2. DETAILED RUNDOWN

(1) SELF-INTRODUCTION AND INTRODUCING CDD

The facilitator should introduce him/herself and the organization, including introducing the work that CDD has done in the area of social accountability, governance and transparency and present some of the initiatives that had similar objectives to the intervention. The facilitator can follow or modify the script below:

"The purpose of the meeting is to introduce a new intervention that is being planned to improve social accountability in Adaklu in the area of health. This program is titled as: Community-led Transparency and accountability interventions to improve health outcomes in Ghana.

Together with US-based Transparency for Development (T4D), CDD will be leading the intervention designed to improve community participation in public services delivery through the use of social action plans. These social action plans will be community-led and will encourage engagements between the citizenry and local health and governance officials and administrators in order to work towards developing community based solutions to health challenges that communities face.

I am here to introduce a series of activities to motivate community members to improve MNCH status in the village. The program itself relies on volunteerism of community members, and I, as facilitator, am only here to motivate the community and to share ways in which the community can take action."

(2) DISCUSSING MNCH ISSUES

The facilitator should start with compelling statistics on MNCH, such as:

"Maternal health care has improved over the past 20 years in Ghana albeit at a slow pace. Between 1990 and 2005, maternal mortality ratios reduced from 740 per 100,000 live births to 503 per 100,000 live births, and then to 451 per 100,000 live births in 2008. Based on the current trends, maternal mortality reduced to only 329 per 100,000 by 2015 instead of the MDG target of 185 per 100,000 by 2015, signaling a gap in the achievement of the objective of reduced maternal mortality.

A number of initiatives and frameworks have been developed and implemented by MOH/GHS to address the problem of the high under- 5 mortality, including the Child Health Policy 3 and Strategy4, Millennium Acceleration Framework and Country Action Plan: Maternal Health5, Accelerated EPI 6 with introduction of new and additional vaccines, as well as the Global Funded programmes for Malaria, TB and HIV, among others. The reality however is that most of the interventions under these frameworks have focused on the post-neonatal period with little attention to neonatal and newborn care.

Although evidence shows that there has been some reduction in both infant and under-five mortality rates in Ghana, it is unlikely that the 2015 target of reducing the child mortality rates will be easily met. This is because though Ghana has progressed on reduction of under-five mortality till 2008, there has been reversal on reduction of under-five mortality since the last five years. The main underlying cause is stagnation and even the increase in neonatal mortality which increased from 30 to 32 per 1000 live births. Neonatal deaths have thus become an important component of under-five deaths, accounting for as high as 40% of under-five mortality in Ghana.

Based on such statistics, there still remains a gap in the attainment of reduced maternal and infant mortality, despite the measures that have been put in place by health authorities.

This intervention will be a community-led approach to addressing health barriers in selected communities in Ghana and provides a good opportunity to increase effort at reducing undesirable outcomes in maternal and infant health care."

The facilitator should then give general conclusions as follows:

"The health of pregnant mothers, of mothers giving birth, and of infants is very important because these populations are especially vulnerable to disease. Furthermore, most maternal and infant deaths can be prevented with appropriate measures. We believe that such an intervention will help raise awareness of issues of maternal and child health and raise the spirit of selected communities in dealing with such health challenges."

The facilitator should proceed to dig deeper in local experience by asking the participants in each of these meetings:

"Does anyone want to share experiences/stories about maternal and child health problems in this village?" **Record this information.**

(3) EXPLANATION OF THE INTERVENTION

Provide the following brief explanation of the intervention:

"The goal of the intervention is to motivate representatives and volunteers from the community to devise social actions aimed at improving MNCH in the village. To achieve this, I will require the involvement of community representatives, who are individuals appointed to represent their community, in a series of activities. The CRs will eventually be expected to plan and implement social actions to improve the MNCH status in the village."

The facilitator should then ask the village leaders if they are aware of any social action that the community has taken before. **Record this information**, because it will be used in the social action planning process later on.

(4) GETTING INFORMATION FOR THE LIST OF MOTHERS AND COMMUNITY REPRESENTATIVE CANDIDATES

Facilitators should ask the Village chief for following information:

A list of people who have a record of mothers under the age of two years.

Recommendations of potential community representatives or public figures who might be able to suggest CR candidates. The facilitator should meet with these individuals to talk about CR candidates (see the CR identification section below).

(5) GETTING DATES AND PARTICIPANTS FOR OTHER COMMUNITY MEETINGS

(a) For the Introduction Meeting:

- The facilitator should explain that the he/she hopes to introduce the program to other community leaders and members through an informal introduction meeting

- The facilitator should ask the Village chief for an appropriate time and place for the introduction meeting- preferably in the same week or early in the following week. If possible, the facilitator should ask to make the introduction announcement as part of an already scheduled meeting. If no such appropriate meeting will occur in the next few days, the facilitator can ask the village leaders to call a short meeting specifically for the introduction.

- The facilitator should ask the Village chief for recommendations on who to invite (30 people), which should consist of following:

  - Formal village apparatus: chief of village, village secretary, elders, etc.
  - Leaders of any sub-groups within the village, like clans
  - Health personnel in the village- midwives, TBAs, and community members that work for the health office
  - Informal leaders, such as village and sub-village church and mosque leaders, leaders of local organizations such as youth organizations, farmer organizations, art and sport organizations, etc.

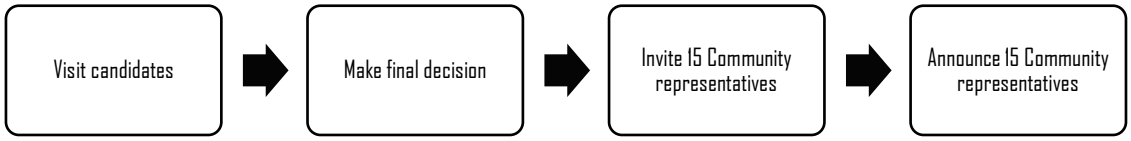
(b) For the meeting with the village's health personnel (both traditional and professional)

- The facilitator should explain that he/she hopes to introduce the program, to obtain the health personnel's support, and to learn about the MNCH status of the village from both the professional and traditional health personnel

— During interaction with the village chief or community leaders, facilitators SHOULD NOT make any promises. Use carefully selected words and avoid such words as: 'help', 'give', 'aid', etc. to avoid misconceptions. Instead, explain that the role of the facilitator is to promote discussion about MNCH issues and to empower the community to address these issues through social action. Therefore, the success of the program largely depends on the participation of the community. The facilitator should convey that he/she cannot give any monetary or material aid.

C. COMMUNITY REPRESENTATIVE CONFIRMATION

By the end of the previous meetings, the facilitator should have a list of potential CR candidates gathered through different channels and sources. Continuing the process, there are several steps that need to be completed in this next period in order to ensure that the CRs are confirmed and are invited to the Survey Results Meeting.



1 VISIT THE CANDIDATES

The facilitator should personally visit the CR candidates to have a discussion with each of them. Note that these can be direct meetings, or can take place during the data collection described in the next chapter. Either way, the purpose of meeting potential CRs is to:

Ensure that these people are right for the CR position, i.e. they are passionate about improving MNCH, they are not formal leaders in the community, they understand the purpose and the activities of the CRs

Provide an overview of the project and the role CRs play in the project. The facilitator shouldemphasize the importance of the CRs role and should review how CRs will impact their communities

Ask for their willingness to become Community representatives. Facilitators should ask if the candidates can commit to attend all meetings (Scorecard Meeting, Health Rights and Governance Meeting,Social Action Stories Meeting, Open Meeting, Follow Up Meetings) and should remind them of the time and location of the meetings.

Before leaving, the facilitator should inform the candidate that he/she will receive further information about the dates of the first meeting (Survey Results meeting) in a couple of days. Be sure to get the contact information for each candidate.

2 MAKE FINAL SELECTION

After the facilitator visits each CR candidate and has a group of 15 potential CRs (those who said yes, those who will be available to attend the meetings, etc.), the facilitator should assess the group's drive and skill sets. Go through the checklist below to make the final selection:

Does the list of CRs include:	Members of non-elite groups? A mix of young and old people and of women and men? Some people with social capital that would appeal to different groups (such as elders)? People from the different religious, clan, or ethnic groups that make up the community?

3 INVITE THE COMMUNITY REPRESENTATIVES

The facilitator should invite the 15 selected CRs to the two-day meeting (The Survey Results/Health Rights Meeting and the Social Action / Governance Literacy Meeting).

In the invitation, the facilitator should ask the CR to be prepared to share their personal experience(s) or the experiences of those in their community (specifically, neighbors, friends, etc.) with MNCH problems. The facilitator may also ask the CR to be prepared to talk about past social actions taken on by the community to improve things in the village.

4 ANNOUNCE THE COMMUNITY REPRESENTATIVES

The facilitator should then bolster the CRs' legitimacy by giving the list of CRs to the village chief and/or elders, and asking them to disseminate this information in whatever natural ways they normally make such announcements. Annex D has a potential form that can be used.

D. MANAGING THE RELATIONSHIP WITH THE GOVERNMENT CHAMPION

Scheduling the meetings that the champion will attend:

The facilitators will work together to encourage the champion to be present at some of their meetings, especially for districts that are closer to the office/home of the champion. Ultimately, there is a district meeting that is supposed to bring together district officials, the champion and selected CR representatives from the communities. The meetings that the government champions should plan to attend are the district meeting (after the community-level open meetings) and the district interface meeting (at the end of the intervention).

Before the district meeting, the facilitator has to give the government champion the list of problems in the communities that the CRs' social action plans intend to tackle. This will help the champion narrate to his other colleagues the nature of the consultation with the CRs and the nature of the interaction that the CRs want to have with selected district officials in the district meeting primarily.

Later, when all arrangements are made to have the interface meeting, the government champion will have be brought to speed on what the CRs have been working on, noting that the details of their plans and interventions will be shared during the interface meeting. The government champion will now work with the facilitator to prepare and organize the government officials for the interface meeting.

Method of communication between facilitator and champion

The facilitator should have the phone number of the government champion(s). Communication between the facilitator and champions can be less formal and can be done through phone call, email or text. As a champion who is interested in the same topical issues of local level development, he/she must not be someone who will frighten the facilitator with formal processes. CDD will point out the champion to the facilitators and encourage them to make contact with the champion in anticipation of the district meeting during the time of the intervention.

Communication between CRs and champion

This level of communication is initially based on the communication between the facilitators and the champion, which should lead to the establishing connections between the champion and the CR groups. The connections can be firmed up at some of the meetings that champion may attend prior to the district meeting and on the day of the district meeting, after the CRs have engaged with the district officials.

Given that the champion is interested in the development of the district/communities, strictly formal communication should not be encouraged. Less formal communication will be best which can be done through phone calls or text (whatsapp) for the CR groups and their facilitator.

E. CHECKLIST

COMMUNITY REPRESENTATIVE AND RESPONDENT IDENTIFICATION

Tick √ the box next to the activity that has been completed

IDENTIFYING CR CANDIDATES		IDENTIFYING SURVEY TARGETS	
☐ 1	Identify people with desired characteristics	☐ 1	Identify health facilities
☐ 2	Ask for recommendations from the Village chief	☐ 2	Make an appointment for the facility survey with the staff in charge of the facility (survey will be conducted during week 3-4)
☐ 3	Ask for recommendations during Introduction Meeting	☐ 3	Identify resource people who might know of or have a list of mothers who have children under two
☐ 4	Ask for recommendations from the nurse, midwife and traditional birth attendant	☐ 4	Ask for the list of mothers from the resource people, (midwife, community health officer, etc.)
☐ 5	Ask for recommendations from random community members (through informal discussions)	☐ 5	Record the list of mothers
☐ 6	Ensure that the candidates are not health personnel	☐ 6	Identify duplicates and verify/cross-check all of the information
☐ 7	Ensure that the candidates are not formal village leaders		

MEETING CHECKLIST

Tick √ the box next to the activity that has been completed

MEETING WITH VILLAGE CHIEF			INTRODUCTION MEETING			MEETING WITH MIDWIFE AND OTHER HEALTH PRACTITIONERS		
☐	1	Introduction of facilitator and CDD	☐	1	Opening by Village chief	☐	1	Introduction of facilitator and CDD
☐	2	Discussion of MNCH issues	☐	2	Introduction of facilitator and participants; meeting purpose and agenda	☐	2	Discussion of MNCH issues
☐	3	Explanation of the intervention	☐	3	Discussion of MNCH issues	☐	3	Explaining about the intervention
☐	4	Collection of names of potential CR candidates	☐	4	Explanation of the intervention	☐	4	Collection of information on mothers who have children under age two
☐	5	Establishment of dates and participants for Introduction Meeting	☐	5	Collection of CR candidate names	☐	5	Collection of CR candidate names
☐	6	Collaboration with appointed village officials to prepare/organize Introduction Meeting	☐	6	Establishment of dates and venue for Survey Result Meeting, and Social Action Meeting			
☐	7	Establishment of time, location, and dates for all other meetings (especially the Survey results Meeting and the Social Action Meeting)	☐	7	Collection of names of individuals who might know of or have the list of mothers who have children under two			

CHAPTER VI: COMMUNITY SURVEY

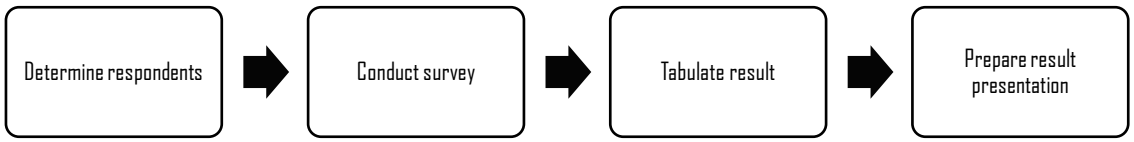
IN THIS CHAPTER:

1. Determining respondents
2. Conducting the Survey
3. Entering and tabulating results
4. Preparing presentation of results

Community Survey

During the first two weeks, facilitator should have compiled the final list of mothers who have children under two years of age in the village from a variety of sources.

Continuing that process, in this period (week 3 and 4), there are several steps that need to be completed to prepare for the Survey Results Meeting.



1 DETERMINING RESPONDENTS TO BE INTERVIEWED FROM THE LIST OF MOTHERS

For the mother survey, the facilitator needs to compile as complete a list as possible of women in the village who have children under two years of age. The following are individuals who likely know or have a list of these mothers:

— If by the end of the second week, there are less than 30 women who have children under age 2:

- The facilitator needs to take several days in the third week to look for more informants, such as sub-village chiefs, religious leaders or other informal leaders
- If, after several days, the facilitator is still unable to find 30 names, he/she needs to interview all of the mothers on the list.

Health practitioners, i.e. midwives, nurses, community health officers
Community members who happened to be health officials
Community health volunteers.

Facilitators may also ask around/utilize informal discussion with community members.

(A) Collecting information from identified informants

When the facilitator meets the informants, such as during the meeting to survey the health facility, the facilitator should ask the exact questions below:

"Do you have a list of mothers who have children under age two?"

"Do you know anyone who gave birth in the past two years whose baby died?"

Facilitators can also use table on the Annex F (Mothers' List) and give it to the informant so they can write down a list of mothers.

(B) Creating the final list of mothers

The facilitator should collect all the Annex F papers that were filled out by the various informants
The facilitator should identify and delete duplicates
The facilitator should clarify any ambiguities by asking the informant additional questions

After the final list of all mothers who gave birth in the past two years is compiled (after deleting duplicates and cross-checking information), the facilitator should enter all of the mothers' names and information to the 'Complete Mother list' in the Village Information Report Excel file. The facilitator should then assign random numbers to each name using a random number generator. The facilitator should then select mothers numbered 1-30 as respondents, and mothers numbered 31-35 as backups for replacement.

The facilitator should ensure that the 30 selected women are interviewed. If one of the selected respondents is unavailable in the first visit, the facilitator should visit the respondent again. If the facilitator visits the respondent at least twice and is still unable to meet with her (e.g. the respondent is out of town for a long period of time), then the facilitator may use the back-up/replacement list.

2 CONDUCTING THE SURVEY

The facilitator should survey 30 randomly selected women who gave birth in the past 2 years for the beneficiary survey.

The purpose of this survey is to identify the obstacles to MNCH service delivery faced by women in the village. Survey questions include:

For your most recent child, where did you give birth?
For your most recent child, what antenatal care did you get?
Did you take your child to the facility the last time it had a fever?

The facilitator will also conduct a facility survey in the health facility that covers the village.

The purpose of this survey is to identify certain conditions of the health facility that might hinder health service delivery or proper community access to the facility. Survey questions include:

How is the cleanliness of the delivery room?
Is information on costs posted clearly?
Is a functioning toilet available?

It is recommended that facilitators engage CR candidates in conducting the survey so that the CRs have ownership of the data gathered.

3 ENTERING / TABULATING SURVEY RESULTS

After the survey is completed, the facilitator should input the data of the survey into the 'Scorecard Tabulation' Tab in the Facilitator Report. After inputting the data for all respondents into this tab, the facilitator should send this completed report to the CDD headquarters staff. The CDD team will tabulate the statistics to be used in the levers and barriers scorecard and will send these statistics back to the facilitator. The facilitators can then fill these numbers into the corresponding scorecards for presentation in the Survey Results meeting.

4 PREPARING THE RESULT PRESENTATION

After the Accra team reviews and approves the tabulation results, the facilitator should fill in the data in the Levers and Barriers document and print out the sheets to be used for the 'Survey Results Meeting'.

The facilitator should also have already identified the venue for the next meeting, either from discussions with the village chief or the CRs. Schools, churches, or community centers may work well if CRs do not want to meet outdoors.

TIME MANAGEMENT ADVICE

In these two weeks, the facilitator should divide his/her time wisely to make sure that **the CRs are confirmed** and that the **survey results data are completed**. A facilitator's agenda might look like this:

MON	TUE	WED	THU	FRI	SAT	SUN
Meet Chief and Elders	• Meet LHW and survey facility		• Support second village meet Chief and Elders	Support second village meet LHW and survey facility		
				Introduction meeting to village 1	Introduction meeting to village 2	
Survey mothers	Survey mothers	Survey mothers	Survey mothers	Survey mothers		
• Survey Submit data to CDD for tabulation	Visit CR	Visit CR	Visit CR	Finalize CR		
	Survey Results Meeting	Social Action Planning Meeting			Open Meeting	

CHAPTER VII: SURVEY RESULTS MEETING

IN THIS CHAPTER:

A. OVERVIEW OF SURVEY RESULTS MEETING

Objectives	• Presentation of survey results • Selection of most important challenges to overcome in order to improve MNCH
Participants	• Lead facilitators • Co-facilitator • Community representatives (15 people)
Duration	4-5 hours
Equipment	**Tools:** • Flipchart • Scotch tape • Marker pen • Notebook, folder, and pen for CRs **Materials:** • Social Action Stories, to be photocopied and distributed to CRs. **Matrices/Tables:** • Intervention Model • Survey Results: Barrier cutouts (to be prepared prior to meeting) • Flipcharts prepared in advance
Agenda	(1) Icebreakers and introduction (15 minutes) (2) Discussion of MNCH issues (15 minutes) (3) Dreaming Together: Healthy Mothers and Children (15 minutes) (4) Introduction to activities (25 minutes) • Program purpose • Community representatives' roles (5) Presentation of Survey Results (90 minutes) (6) Selection of barriers (90 minutes) (7) Social Action Stories discussion (15 minutes) (8) End of meeting (5 minutes)

— Please make sure that you follow the sections of the script closely! There are a few places in which facilitators have some freedom to choose activities (such as the icebreakers). However, it is

very important for facilitators to follow all other parts of the script and plan very closely, while still making the information conversational and understandable.

— Lead and supporting facilitators: supporting facilitators should attend both the survey results and the social action meetings. The lead facilitator can ask the supporting facilitator to lead certain sections – or to take notes or support in other ways during these meetings.

B. DETAILED RUNDOWN

(1) ICEBREAKERS AND INTRODUCTION (15 minutes)

The facilitator should introduce him/herself and give a chance for each participant to introduce him/herself in an engaging way. It is very important to start the meeting with high energy so that everyone is focused and energized for the meeting. Refer to Annex D for icebreaker ideas.

The facilitator should say the following sentence:

"This activity is part of a larger study that will involve the evaluation of our activities' effectiveness in the village. This will allow the community members to improve upon these activities in the future."

(2) DISCUSSING MNCH ISSUES (15 minutes)

The facilitator should prompt the community to start thinking about MNCH problems right away. The facilitator can start by giving a few statistics about general MNCH problems:

"Did you know that more than 440 babies younger than one year old die in Ghana every day? Furthermore, 44 women die during childbirth in Ghana every day." (Kemenkes 2012)

The facilitator should prompt the CRs to think about the MNCH problems that they have experienced or witnessed in the village by asking the following questions to the group:

- "Who knows someone who has given birth at home?"
- "Can anyone share a story about home birth? Were there any complications?"
- "What MNCH problems have you or someone you know encountered?"
- "Do you know of any mothers who died due to complications during her pregnancy or after birth?"
- "Do you know of any children who died while still in the womb or who died before they turned one year old?"
- "Do you know of any mothers who did not get a check-up or who did not take their infants to get a check up in a health facility after giving birth?"

- "Do you know of any mothers who never got a check-up at a health facility while pregnant?"

After the participants have a chance to share their stories, the facilitator should close the discussion by saying:

"Although it is not often discussed, it is clear from our discussions that every single one of you knows about the MNCH problems in our village. We know some women who have died during pregnancy, and we know that it can be difficult for women in this village to access good healthcare. We're here today and tomorrow to talk about these issues and to brainstorm ways to improve MNCH in our village because the health of our mothers and of our babies is important."

(3) DREAMING TOGETHER: HEALTHY MOTHERS AND CHILDREN (15 minutes)

The facilitator should then lead a goal setting session to address the changes the CRs would like to see for mothers and children in the village, and to envision what a future with improved MNCH might look like.

"First, let us think about what we want to achieve. Here is a picture of a healthy, happy mother and child. [FACILITATOR TO SHOW PICTURE ON NEXT PAGE] Why do you think she's happy and healthy?"

While participants offer ideas, facilitators can guide them by asking questions such as:

- "What did this woman do while pregnant to make sure she and her baby would be happy and healthy?
- Where did she give birth?
- What does she do when her child is sick?"
- How are the health facilities she goes to?
- What are the nurses she sees like?

HEALTHY MOTHERS AND BABIES IN ADAKLU

(4) INTRODUCTION TO ACTIVITIES: PROGRAM PURPOSE, COMMUNITY REPRESENTATIVES' ROLES, AND INSPIRING SOCIAL ACTION STORIES (20 MINUTES)

- The facilitator should then transition to the explanation of the program by saying:

"Your participation in this program can help you achieve this goal for the future. We hope that through this program, you will see all the mothers and babies in this village just as happy and healthy as this picture. Together, as a community, you can achieve it– here is what we will do…"

- The facilitator should then stress the importance of the CRs' role:

"The question is, why you? Why should you be the ones to carry out these activities? Why should you be the ones to discuss and try to solve MNCH problems? You are here because you either volunteered or were recommended by people who trust you and your ability to create change! There might be others in the village who you think are smarter or more experienced than you, but the most important thing is that you are here and that you want to be here! We see many great changes start from something small; a small group of people can achieve a lot! It's difficult to have a discussion and to make a plan with an entire village of people, so we have to start with a group of motivated people who are willing to work hard. You belong to that group! You're not here alone; there are 14 others with same goal to improve MNCH. This village needs you to lead the journey to make all the mothers and children in this village healthy and happy."

- The facilitator should then clearly explain the difference between the role of the CRs and the role of the facilitator in the intervention:

"I do not know the best solutions to the challenges you face. You, as community members, know your village's unique challenges and what can be done to overcome them. I'm here to help you think about these challenges and how you might solve them. You don't need to wait for someone else (an NGO or the government) to come help you – I'm here to assist you in thinking about the specific actions you, as a community, can take on your own!"

- The facilitator should then offer two social action stories as real examples of other communities who have succeeded in improving their community through social action. [FACILITATOR TO READ SA STORIES 1 AND 2]

- The facilitator should then bring the discussion back by mentioning the specific things the CRs will do in this meeting: discussing the obstacles faced by pregnant women and mothers to exercising their health rights as found in the survey, deciding which obstacles they want to solve first, and learning more about what other communities have done to solve their obstacles and to improve health. The facilitator should then allow a short break.

(5) PRESENTATION OF SURVEY RESULTS (90 minutes)

The facilitator can use the following script:

- *"If you recall when we first met individually, we asked you to think about your own personal experiences and experiences of others you know relating to maternal and newborn health. We need you to reflect on those experiences as we present some information about maternal and newborn health in your community and hope to discuss these experiences today. To do this, we will use a Community Scorecard.*

  ***"WHAT IS A COMMUNITY SCORECARD?** A community scorecard is a tool that can be used by communities to monitor and evaluate different types of services and projects.*

  "As you may remember, we were here in **(month)** and we collected information about health in your community. Today I'm here to show you the information we collected, and then we will discuss the information. Tomorrow we will use this information to develop a social action plan.

- *"The information we are sharing with you today comes from a few different sources:*
  - *Ghana Health Service/Ministry of Health*
  - *Your Local/District Assembly*
  - *Household surveys with women from your community, and*
  - *Survey of your health facility [INSERT NAME OF FACILITY]*

- *"Now we will discuss three indicators for happy and healthy mothers and children."*

INDICATOR 1: ANTENATAL CARE WITHIN FIRST 12 WEEKS & 4 TOTAL VISITS

Ghana's guidelines specify that a woman should attend at least **four** antenatal care visits prior to delivery, with at least one ANC visit occurring within the first 12 weeks of pregnancy. Antenatal care refers to health services that are provided to women during the course of their pregnancy to ensure their pregnancy is healthy and safe.

{Facilitator should remove the sheet from the first lever on the wall.}

- "*The first indicator represents the percentage of women who said they received antenatal care within the first 12 weeks of pregnancy. Antenatal care refers to health services that are provided to women during the course of their pregnancy to ensure their pregnancy is healthy and safe."*
- *"All women should receive ANC care within the first 12 weeks of pregnancy. In Ghana, approximately 20%, or '2 out of 10,' women are getting antenatal care within the first 12 weeks. And in your community, we found that **XX**% or '**X** out of 10 women' are getting antenatal care within the first 12 weeks, as you can see in the picture. (Fill in statistics from the community scorecard). The remaining women received care after 12 weeks or not at all."*
- *"Let me show you what '**X** out of 10' means. If you had 10 women in this room who have babies, only **X** of them had antenatal care in the first 12 weeks of their pregnancy*."

Facilitators should then ask the CRs the following questions:

- *Is this surprising to you?*
- *How many of you know at least one mother who delayed getting ANC?*
- *Does anyone have a personal story to share about himself or herself or someone they know?*

- *"Why should pregnant women go to the clinic to get ANC within the first 12 weeks (3 months) of pregnancy?*

After the community has provided their input, the facilitator should read the following information about the importance of ANC – Script::

ANC is where women get important medications, such as medicine to prevent malaria, which is especially dangerous during pregnancy, and iron syrup or tablets to prevent anaemia and haemorrhage during birth.

Certain tests are conducted to check the health of the mother and baby. These tests include measuring blood pressure and taking an HIV test.

ANC also helps mothers prepare for birth, often through use of a birth preparedness plan, where pregnant women and midwives discuss the due date, where the baby will be born, how the mother plans to get to the facility while in labor, and potential blood donors.

Finally, ANC provides women and their families with appropriate information and advice on nutrition, warning signs of complications, and advice on breastfeeding.

As you can see, getting ANC is very important for the health of the mother and baby. In Ghana, MNH services, including ANC are provided free of charge in public health facilities.

ANY QUESTIONS?

INDICATOR 2: DELIVERY AT A HEALTH FACILITY WITH A SKILLED PROVIDER

Birth in a health facility with a skilled birth attendant.

It is important that every mother gives birth in a quality health facility with a skilled attendant. If a woman does not give birth in a facility with a skilled attendant, the health of the mother and of her baby are both at risk for birth complications or even death."

- *In Ghana, approximately 60% or '6 out of 10' women give birth in a health facility."* ***In Adaklu, 21% of mothers give birth in a facility with a skilled attendant (2015). This means, out of every 10 women, only 2 of them give birth in a facility with a skilled attendant****. And in your community, **XX**% or '**X** out of 10 women' gave birth in a facility with a skilled attendant. The remaining women deliver at home or in another location.*

Facilitators should then ask the CRs the following questions:

- *Is this surprising to you?*
- *What is your personal experience with this or the experience you know of others?*
- *Can someone share their own story or that of someone else who delivered at a health facility?*
- *Can someone share their own story or that of someone else who delivered at home?*

- *Why is it important for women to deliver at health facilities?*

After the community has given their input, the facilitator should read the following information about the importance of delivery at a health facility - Script:

> What does birth in a facility with a skilled attendant mean? Birth in a facility means that a woman gives birth in a CHPS compound, health clinic, or other approved health facility. This is important because a health facility has the best equipment and people to ensure every woman has a healthy delivery and a healthy baby. The health facility should be sanitary and have necessary equipment, supplies, drugs, and the ability to arrange transportation to referral facilities for emergencies.
>
> Birth with a skilled attendant means that the delivery is assisted by a midwife, a nurse, a doctor, or another medical professional. This is important because these medical professionals have special skills to prevent infection, to actively manage labor, to hygienically cut and tie the cord, and to know what to do in the case of an emergency. In this case we are not referring to traditional birth attendants.
>
> In Ghana, MNH services, including delivery services are provided free of charge in public health facilities.
>
> *As you can see, getting birth in a health facility is very important for the health of the mother and baby."*

ANY QUESTIONS?

INDICATOR 3: TREATMENT FOR FEVER

{Facilitators should remove the sheet from the third lever on the wall.}

Fever is a sign of malaria and other infections in children. Policy in Ghana emphasizes testing over treatment; this means that treatment should be sought for children with fever, and only after confirming a positive test for malaria, should malaria medicine be given.

In Volta, treatment was sought for 55% of children under 5 with fever (DHS 2014). This means, out of every 10 children, just over 5 were taken for testing and treatment. *And in your community, we found that **xx**% or '**x** out of 10 women' took their child to a facility for testing and treatment the last time they had fever. The remaining women used home remedies or did nothing.* "

Facilitators should then ask the CRs the following questions:

- *Is this surprising to you?*
- *What is your personal experience with this or the experience you know of others?*
- *Can someone share their own story or that of someone else who took a child for treatment for fever? Can someone share their own story or that of someone else who did not?*
- *Why is it important for women to take their children to a facility when they have fever?*

After the community has given their input, the facilitator should read the following information about the importance of delivery at a health facility - Script:

- *It is very important for children to get their fever treated at a facility, for many reasons.*

- *Quality health facilities offer malaria tests to find out if the fever is because they have malaria. If detected and treated early, the malaria will not be as bad, meaning the children recover faster. And if the fever is a sign of something else, it is important to get the treatment that quality health facilities offer.*

- ***ANY QUESTIONS?***

DISCUSS THE BARRIERS TO MNH IN THE VILLAGE (90 minutes)

- *"Now that we have discussed some of the problems with maternal and newborn health, we want to discuss the reasons why these problems are happening in the community.*

- *"To do this, we will split into small groups to discuss the barriers.*

- *"Barriers are the reasons why proper antenatal care, giving birth in a facility, and treatment for fever aren't happening. For example, maybe the health facility is only open at inconvenient times.*

- *"You will discuss these barriers more in small groups. In your groups, make sure someone takes notes on all of the barriers, because after 45 minutes we will come together to discuss as a large group. I will walk around to see how you are doing."*

- *"The facilitators will go around to each of the groups to see how your discussions are going and to give clarification where needed."*

a. SPLIT INTO THREE SMALL GROUPS

Facilitators should now split everyone into three small groups. Each group should be assigned one of the three levers. This discussion should take 45 minutes.

NOTE to facilitators:

- Not all participants are literate. Take care to assign one person who is able to write to each group, so they can write down the barriers that are identified.

- Care should be taken to split the groups in a way in which the participants will feel comfortable expressing themselves (e.g. put people with similar experiences together; put those who speak the same language together; or if a few people are dominating the conversation, put them all in the same group). In some cases, this may mean mixing quieter people with more vocal people. If mixing men and women in the same group means that women do not speak up, we recommend breaking up groups by gender so that women have a chance to speak too.

- Participants might not have personal experience with pregnancy or giving birth, as there are also male participants. It is important for facilitators to ask people with no experience to think of a mother they personally know (maybe their wife, neighbor, relatives) who has been pregnant and whose story they are familiar with. The idea is that these representatives of the community should be able to provide the common barriers that prevent mothers in the village from seeking and/or receiving services.

b. FACILITATOR WILL ASK EACH GROUP TO DISCUSS/RECORD THE FOLLOWING:

- As evidenced by the indicators/levers, why aren't women getting the MNCH care they are entitled to?
    - Small Groups should list and discuss reasons.
    - Facilitator should spend 5-10 minutes with each group to probe and ensure they are on track.

c. SMALL GROUPS TO REGROUP INTO LARGE GROUP FOR PRESENTATIONS (after 45 minutes)

- START WITH THE FIRST LEVER: The facilitator should ask the first group to describe the barriers they came up with, one at a time.
- As each barrier is listed, the facilitator writes it up on barrier list (separate list for each lever, so there are three sheets of paper). At the same time, the facilitators asks the CRs to describe this barrier and to provide an example. They also ask whether the CRs agree that this is a barrier (but do not change anything if they do not agree – it just goes up on the list regardlessl). This is a place where CRs may use their happy face/frowny face or Yes/No cards to share their feelings.
- After each group had presented their full list of barriers, the second facilitator creates a new list, which includes "common barriers" at the top. This includes any barrier that is listed by more than one lever group. Below the list of common barriers, the second facilitator lists any barriers that show up one time. So there is now one list of all barriers, with those barriers that showed up from more than one group at the top.
- Going through the list for each barrier named, the facilitator will place a picture representation on the board (if the facilitator does not have a picture representation, he/she will write the response on a blank piece of paper and place it on the board).
- For each barrier, the facilitator will ask the large group:
    - Do you agree?
    - Can you give examples of why or why not?
- ~~Once the community can no longer think of additional barriers~~As the facilitator discusses and puts up each barrier card, the facilitator ~~goes through each one and~~ will read~~s~~ the information on the back of the card, and puts the corresponding statistic on the wall. The information is about the statistic and, for 'supply-side' barriers, the right to not have that barrier.

- Once the full group one has listed all its barriers, the facilitator asks the full group if they can think of any additional barriers. Each additional barrier the group comes up with is added to the board.

~~Next, the facilitator asks the second group to describe all the barriers to lever #2. Some of the barriers will have already been mentioned and will be on the board. For each new barrier that comes up, the picture will be added. The full group again will be asked if anything is missing. If they can think of anything, it is added to the board.~~

~~Continue with the final group, repeating the process of asking the group to list barriers, asking probing questions to the larger group, and then asking the larger group if they have additional barriers to add~~.

- ~~Once the community can no longer think of additional barriers, the facilitator goes through each one and reads the information on the back of the card, and puts the corresponding statistic on the wall. The information is about the statistic and, for 'supply side' barriers, the right to not have that barrier.~~

- ~~Ask if people agree. If they don't think it is a barrier, the cards should be placed on the wall, but on the side.~~

BARRIERS		RIGHTS
Distance to facility		The National CHPS policy prioritizes new CHPS for rural, underserved areas. Every electoral area is supposed to have its own CHPS compound or other health facility. All District Assemblies in Ghana get a pool of money called the 'Common Fund' and the Development Facility that they are supposed to use each year to reduce poverty in the district. In 2015, Adaklu got 2.6 million cedis from the Common Fund and 330,000 cedis from the Development Facility.
No facility in village		
Facility too small		
No privacy	No toilet or refrigerator	According to the National CHPS policy, all compounds are supposed to have a borehole or poly tank, refrigerator, power source, and privacy screen. All facilities are supposed to have a functioning motorcycle. CHPS with midwives who can perform births are supposed to have all the medicines needed for safe births, and all CHPS are supposed to have malaria tests and antenatal medicines. Patients should not have to supply these things themselves. This is what the policy says!
Drugs out of stock	No / poor quality delivery bed	
Facility not clean	No facility motorcycle	
No water or electricity	Need to bring / purchase supplies	
Expired insurance		According to the National Health Insurance Scheme, pregnant women do not have to pay to register or renew insurance. Pregnant women and children under five also have no waiting period to renew. There are also options for poor people, including an ongoing campaign based at Adaklu Waya to give poor people coupons so they don't have to pay to renew their insurance. There are several offices to renew insurance that are not too far away: In Ho, off Coca Cola to Volta Regional Hospital Road; In Adidome, near The Main Station opposite the Market; In Sogakope, opposite the new District Assembly Complex; and in Kpetoe, adjacent the District Police Headquarters. The NHIS also has an official list of medicine prices. Iron and folic acid to help prevent anemia during ANC visits, are supposed to cost less than 20 pesewas per pill, and the malaria medicine all pregnant mothers should take once or twice while pregnant only cost one cedi. Medicines for birth in facilities also are only supposed to cost less than one cedi altogether. Paracetamol (for non-malaria fever) comes in a variety of forms, and should not cost more than a cedi and may cost as little as 3 pesewas depending on which form the child needs.
Out of pocket costs		
Service provider attitude		The CHPS Policy says that, based on need, the District Director of Health Services can post a qualified resident midwife to a CHPS compound. All GHS facilities follow a charter of how they are supposed to function. It says that they are supposed to have clean and friendly waiting areas and suggestion boxes; nurses are required to be courteous, cooperative, compassionate, and friendly; and "in all healthcare activities the patient's interest and dignity must be paramount." Health workers agree to abide by this charter when they take the job, as well as a set of rules of conduct. Those rules define misconduct as reporting late for duty or closing earlier than the official time; being absent without approval or excuse; using drugs or alcohol while on duty; and negligence or incompetence toward patients including attitude, acts, or signs of rudeness. Patients are allowed to report such misconduct to the bosses of the health worker in question, and their reporting can be anonymous.
Provider availability		
No midwife at local facility		

- For any barriers that come up for which data was not collected, facilitators can mention one of the 'rights' that is relevant to that barrier.

- Then the facilitator adds (and discusses) any scorecard barriers that did not come up in discussion:

  "We know there are many barriers that prevent people from receiving the MNH services they are entitled to. We collected information on a few more barriers in addition to those barriers you came up with as a group."

(6) MAIN OBSTACLES VOTING AND SELECTION (LUNCH + 20 MINUTES)

After all of the obstacles from the survey and the new obstacles suggested by the community have been discussed, the facilitator should explain that they, as a community, will select the obstacles that are most important to the village. The facilitator should explain that it will be important to focus their efforts because it would be too difficult to solve all of the obstacles simultaneously. Obstacles that the community decides are not real obstacles should be excluded.

Each participant will be asked to vote during a coffee/lunch break. The facilitator can ask each CR privately to vote for what they think are the top three barriers and tally these barriers.

After the coffee/lunch break, the facilitator should restart the meeting by reading two additional social action stories. [SEE SA STORIES 3 AND 4]

Then, the facilitator will share back with the CRs the results of their voting. The representatives can have a final discussion to agree that the main five or six barriers are the right ones. This could include questions such as:

- *"Does everyone agree that these are the most important barriers?*
- "*Is there any barrier that someone feels should be on this list but is missing?"*

If someone suggests a different top barrier, they should explain why it should replace one of the top barriers already listed. If the full CR group agrees, the facilitator can replace one of the top barriers. Continue this process until the CRs agree on the final top five or six barriers.

The facilitator should then say: "Now that we have decided on some very important obstacles, we will begin building an action plan to eliminate them!" The facilitator can then transition to the next session by saying: "However, it can be difficult to think about the kind of actions we can take to eliminate these obstacles. It can be helpful to hear about the actions taken by similar communities to eliminate their obstacles."

(7) REMAINING SOCIAL ACTION STORIES (15 minutes)

The facilitator should explain that communities all around the world have taken on community action plans to eliminate their different obstacles: "These are real stories, and these characters are real people like all of you here."

The facilitator should then provide one example of a real social action plan that was completed by community members in this village (the facilitator should get this information beforehand). E.g. "Community members in this village have also completed a variety of social action plans, such as the time when you rehabilitated the Musholla through your own initiatives. Now we will hear examples of the many kinds of action plans that have been taken on by other communities."

The facilitator should then show the social action illustration (the pictures and the short description), starting with the first story that they have not already read, "This first story is about community members in **XXX**."

After finishing the discussion about the first story, the facilitator should ask the guiding questions included below the story. Then they should begin discussing the second story.

IMPORTANT: The facilitator should ensure that all social action stories have been shared by the end of this meeting. If social action stories were not shared earlier, they should all be shared at this point.

The facilitator should close this session by saying, "these communities solved the obstacles that they faced through different kinds of social action. Tomorrow, we will decide on the actions that we want to undertake to solve the obstacles we identified."

(8) END OF MEETING (5 minutes)

"I hope the stories inspired you. I will give you a copy of the stories so that you can be further inspired. When you go home today, think about actions that we can undertake to solve the six obstacles we identified. Tomorrow we will talk about the roles of different people in improving health, and your ideas for a plan to address these obstacles!"

The facilitator should thank the participants for taking part in such an important discussion to improve MNCH. Remind the participants to come to the Social Action Plan meeting on the following day. Remind them of the start time and stress the importance of arriving on time.

CHAPTER VIII: SOCIAL ACTION PLANNING MEETING

IN THIS CHAPTER:

A. OVERVIEW OF SOCIAL ACTION PLANNING MEETING

Objectives	To make a social action plan based on the obstacles selected in the previous meeting and the potential targets, tools, and allies identified through the health rights governance literacy components.
Participants	• Lead facilitator • Co-facilitator • Community representatives (15)
Duration	5-6 hours
Equipment	**Tools:** • Flipchart • Scotch tape • Marker pen **Materials:** • Social Action illustrations **Matrix/Tables:** • Flipchart for 'social action ideas' – there should be one poster for each barrier/obstacle, with spaces underneath labeled "Government/Health System", "Influential Allies," and "Ourselves" (see diagram below) • Action Prioritization Matrix • Social Action Matrix (prepare at least 5)
Agenda	(1) Introduction and review (15 minutes) (2) Discussion of one obstacle in large group (15 minutes) (3) Small group discussion of social action ideas and presentation (45 minutes) (4) Break - facilitator to categorize the actions in several categories (30 minutes) (5) Narrowing down: Final selection of actions (60 minutes) (6) Filling the Social Action Matrix Plan (180 minutes) (7) Choosing a CR Champion(s) (10 minutes) (8) End of meeting (5 minutes)

B. DETAILED RUNDOWN

(1) INTRODUCTION AND REVIEW (10 MINUTES)

First, the facilitator should thank the participants for coming! He or she should ask them to applaud themselves for volunteering to be champions of the community. The facilitator should start the meeting with high enthusiasm and begin with an icebreaker so that the participants get to move around and be comfortable.

The facilitator should remind the participants what they did in the previous meetings, including the top barriers they selected and a recap of one of the social action stories.

"As you remember, we learned about the obstacles faced by pregnant women and mothers to exercising their health rights in our village, and we decided on the obstacles we want to address in our action plan. We also listened to stories about what other communities have done to eliminate their obstacles."

The facilitator should outline what the participants will do in this meeting:

"Today, you will decide on the specific actions you want to undertake to eliminate these obstacles! We will discuss your ideas and how different people, laws, and policies can play a role in making sure good services are being delivered. By the end of the day, you will have a specific action plan that you will carry out as a group to improve MNCH in this village!"

(2) DISCUSSION OF ONE OBSTACLE IN LARGE GROUP (20 minutes)

The facilitator should ask the participants to review the six obstacles/barriers they decided on.

The facilitator should take one obstacle as an example (before this meeting, the facilitator should choose one obstacle and prepare examples of actions that can be done to eliminate that obstacle).

EXAMPLE: *"Let's take one obstacle: <u>Health Facility is not clean</u>. Who can think of an action to eliminate this obstacle? What can we do so that women are no longer hesitant to give birth in the facility or to get a health check-up during their pregnancies due to cleanliness issues? We can include actions where you yourselves directly try to solve the problem; you can ask people of influence to try to solve the problem; or you can try to engage the official duty-bearers responsible for the problem."*

The facilitator should ask the CRs to think about as many actions as possible, and should instruct them to not worry about what they want / do not want to do.

The facilitator should write down the community's answers underneath the obstacle, for example 'clean the facility together', under the respective target (either Government/Health System, Influential Allies, or Ourselves – see example of diagram below).

EXAMPLE BARRIER: DIRTY FACILITY		
GOVERNMENT / HEALTH SYSTEM:	**INFLUENTIAL ALLIES**:	**OURSELVES**:
• XXX • XXX	• XXX • XXX	• Clean the facility together • XXX

After facilitator writes down all of the ideas, he/she should ask whether the CRs remember some of the actions done by the communities in the stories:

"Do you think any of the actions done by the communities in the stories we read yesterday would work to eliminate this obstacle? Can a protest solve this obstacle? Or maybe you have other ideas for social actions to solve these problems?"

The facilitator should record what the community says. Additionally, the facilitator should encourage community to speak up if they have their own ideas to solve the problem.

(3) SMALL GROUPS DISCUSSION OF SOCIAL ACTION IDEAS AND PRESENTATION (45 minutes)

The facilitators will not introduce the next activity – small groups working on social action ideas:

"Now we are going to spend some time discussing each obstacle and the actions you could take to fix the obstacle. But because we have so many obstacles to discuss, we will start the planning in small groups. Each group will have one or two obstacles to discuss – and we (the facilitators) will come around to help you think through what actions you could take to address each. Do not worry about including too much detail now – we will have more time to plan out actions in detail as a larger group later. Just include as many possible actions as you can think of. You can include actions where you yourselves directly try to solve the problem; you can ask people of influence to try to solve the problem; or you can try to engage the official duty-bearers responsible for the problem."

The facilitator should divide the participants into three or four small groups and give each group the sheet of paper divided into three categories (see diagram below). Each group should discuss social actions to solve one or two obstacles, including the goal for each action. Care should be taken to split the group in such a way that each member is comfortable speaking up within his/her respective subgroup. For example, the facilitator could put all women of child bearing age in one group.

While the small group discussions are taking place, the facilitator should go to each group to see what they have come up with and to prompt deeper discussion. The facilitator may ask questions such as:

- Can you think of an action that would take a longer/shorter time to complete?
- Can you think of an action that would require no resources/an action that you, as a group, can complete without asking for a lot of help? How about an action that would require a lot of help/resources that you don't have?
- Would any of the actions from the stories work for this obstacle?

Facilitators should let the groups work together for about 35 minutes. When there are five minutes remaining, let the groups know that they should wrap up and be prepared to share their actions with the larger group.

When the large group reconvenes, the facilitator should ask a presenter from each small group to present their action ideas, including the goal for each action. An example appears below. The facilitator should record the action plans under each obstacle as they are being read, using a large chart like the following or the chart the CRs themselves created.

EXAMPLE BARRIER: DISRESPECTFUL NURSE		
GOVERNMENT / HEALTH SYSTEM:	**INFLUENTIAL ALLIES**:	**OURSELVES**:
• Ask the nurse's boss to reprimand her. • Get the nurse replaced / transferred. • ETC • ETC	• Ask the village chief to talk to the village midwife. • Ask the community's religious leader where the nurse worships to talk to her.	• Confront the midwife to complain. • Ask the midwife what CRs can do to make her job easier. • ETC

As they are writing / presenting, the facilitator should paraphrase the action clearly and in the 'language of action'. For example, if the community says that for the obstacle 'Midwife is not available,' their action would be 'go to the village chief,' the facilitator should clarify, "Go to do what? To protest, to ask for something, or to complain? For what purpose?" Then the facilitator should write "ask the village chief to request a midwife for the village."

The facilitator should invite other groups to add any action they can think of.

This process should be repeated until the ideas for all six obstacles from each group have been recorded.

At the end, the facilitator should ensure that:

- Some of the proposed actions can be finished in a shorter period (30 days), and some of the actions will take a longer time to complete
- There are variety of actions (i.e. not just socialization)

(4) PRIORITIZING ACTIONS BY TARGET AND HEALTH SYSTEM LITERACY (180 minutes)

The facilitator should then encourage the CRs to decide on the actions that they want to take on:

"These are the actions that you have brainstormed to address the obstacles. The actions you discussed include a wide range of targets and types of actions. However, you may not want to do all of the actions right away, or you may think some targets or actions are more likely than others to be successful. So before you decide on which actions you want to undertake, let us think further about each of these actions.

You will try to pick the actions you want to do first or that you think we may be most successful. We will discuss all of the barriers, but the actions you choose may not address all of the barriers right now, or may all focus on one or two barriers, and that's ok. Which barrier should we start with?"

The facilitator should place the chart with the organized actions for the chosen barrier up on the wall, and quickly summarize the different action ideas. Then, ask the CRs (WITHOUT BIAS OR INFLUENCING THEM):

"Which of these channels (ourselves, duty bearers, influencers) do you think is most likely to be successful for resolving this barrier?"

When someone suggests a channel, such as 'ourselves', the facilitator should try to get a semi-specific action idea:

"Ok, and within this channel, which action do you think is most likely to be successful? We just need a general idea of who you want to talk to or what you want to do—we'll discuss more details later."

Take the action idea and place it on the list of actions to discuss in the advantages/disadvantages chart (see figure below with blank chart).

List of Actions	Obstacles Addressed	Good about this / Advantages	Bad about this / Risk	Do this Action?

The facilitator should repeat the steps above 1 or 2 times OR until the CRs want to move to the next barrier:

"Is there another channel or action we want to discuss for this barrier? Or do we want to move to another barrier?"

ONLY if CRs choose an action idea from the 'Duty Bearers' category, ask the CRs "Do you know who in the government makes these decisions?" and/or, as relevant, "Do you know who this person's boss is?"

When the CRs reach a breakdown in the accountability chains shown on the next page, say:

"OK, let's walk through who the bosses are and who is in charge of certain things, just in case you don't already know. This might help you decide whether or not you want to take the social action ideas you had."

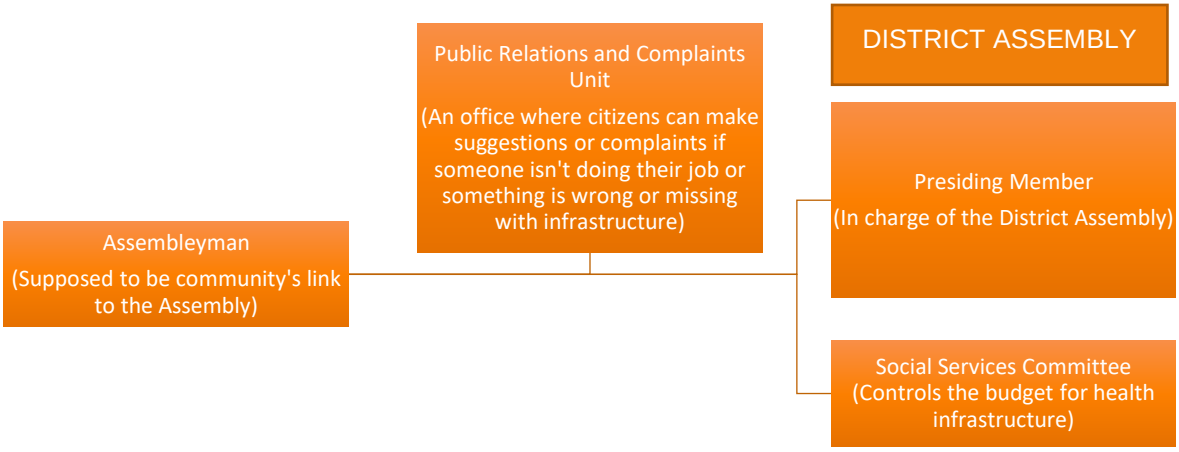
Then, using the following outlines, the facilitator should walk the CRs through the government / health system.

IMPORTANT NOTES:

- This is only to provide CRs with knowledge about the system, NOT to encourage them to pick a particular target in the system (or to pick actions targeting the government or health system over influential allies or actions they perform themselves).
- AT NO POINT can facilitators use terms like "should talk to" or value judgements about 'best targets'.
- Each outline need only be walked through once for the first barrier discussed that it is relevant to.
- Facilitators should draw the outline as they go, rather than showing the CRs outright. Ask the CRs first if they know who is in charge of x or is the boss of y, before giving them the information.
- CDD will provide you with the names of the duty-bearers at each square.

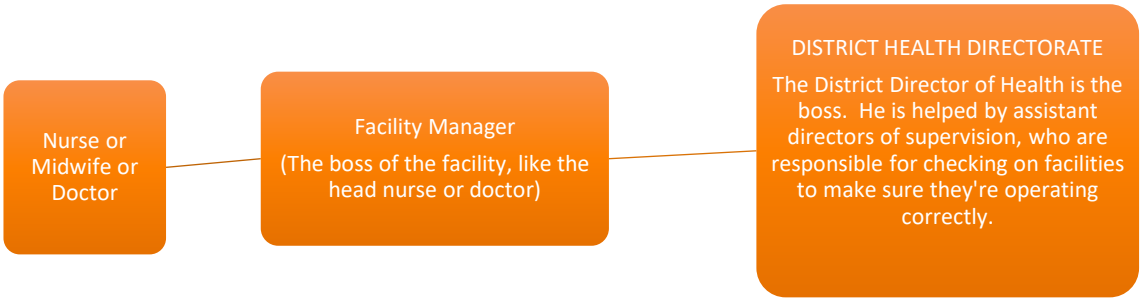
Duty Bearer Outline 1

For barriers having to do with infrastructure (building facilities, repairing roads, installing a borehole or toilet), the District Assembly has decision-making authority.



Duty Bearer Outline 2

For barriers having to do with facility management or provider performance (presence or performance of nurse, missing supplies/equipment/medicine), the Ghana Health Service has decision-making authority.



The facilitator should add any additional actions the community may come up with from this new information (without encouraging or expecting them to necessarily do so).

The facilitator should then repeat the above steps until all the barriers have been discussed. You should have around 10 actions.

(BREAK)

(5) NARROWING DOWN THE TOP ACTIONS (60 MINUTES)

After the break, the facilitator should show the CRs the advantages and disadvantages chart with (only) the ten actions filled in (see diagram below). The facilitator can then provoke a discussion among the group:

- What are the advantages of this action? Do you think it will be easy? Will you need a lot of resources?
- What are the risks of this action? Do you think this action is likely to succeed? Will you need a lot of resources?
- Who is the target of this action? Are they an ally or a potential barrier? Will they help or block your progress? What will you ask them to do?

The facilitator should record the action and the answers in the 'Good about this' column and 'Bad about this' column respectively of the advantage/disadvantage chart. An example is filled out below.

List of Actions	Obstacles Addressed	Good about this / Advantages	Bad about this / Risk	Do this Action?
Socialization of women on the importance of making birth preparedness plan and of post-natal checks	Lack of knowledge, Women require permission from husband to visit health facility	Addresses multiple obstacles	Not very exciting (socialization alone may not be sufficient to modify behavior)	YES / NO / MAYBE
Meet with midwife: to ask her to post the cost of delivery in the facility, ask her to clean the facility	Cost information is unavailable	Easy Addresses multiple obstacles	Likely insignificant impact	
Cleaning facility	Facility is dirty	Immediate impact	Addresses only one obstacle Easier if midwife cleans it	

At the end of each action, the facilitator should ask the CRs if they want to do this action.:

"After considering the advantages and the risks of this action plan, do you want to commit to undertake the action?"

Answer 'YES' or 'NO' in the last column for each action as agreed upon by the participants. If they are unsure, put 'MAYBE' and return to it after all the actions have been discussed.

Based on the chart, the facilitator should encourage the CRs to pick a number of social actions they think feasible. If they pick too many (more than six), ask them if they want to wait and try some of the actions after they do others first. If they choose too few (fewer than four), ask them if they want to try a few more. HOWEVER, do not push the CRs too hard—let them naturally end up on the number of actions they think best.

(6) FILLING THE SOCIAL ACTION MATRIX PLAN (180 minutes)

The facilitators should say:

"Now that you have decided what action plans you want to commit to, we can go through and develop a detailed plan for how you will undertake these actions. To do this, we will fill out one more table."

For each action that the CRs commit to (action plans with 'YES' in the last column), a concrete and detailed plan should be created with the matrix on the next page.
The facilitator and the CRs should fill out all of the columns together (except for the progress column) for each of the steps.

Before filling out the second column for the first step (PIC), the facilitator should make sure that all of the steps (the first column) for this action are agreed upon by the participants. For example, if the social action is to conduct socialization, the facilitator should first ask, *"*What do we need to do first to prepare for this awareness campaign*?"*

The community will then offer their ideas of 'getting permission from the village chief', 'spread the invitation', etc. If the participants forget to mention an important step such as 'securing the resource person' and 'meeting with the resource person to prepare the message,' the facilitator should help by asking questions such as:

- Are there people we need to contact to conduct this socialization?
- How do we make sure the people we contact (e.g. the village chief) will help us? Do we need to prepare anything before we meet with these people?
- What resources (time, money, materials, tools) are required? Do we need extra steps to ensure we acquire the necessary resources?
- If someone gave you this information, would it change your behavior? What should we do to ensure that the message is appropriate, able to be understood, and that it will convince participants to change their behavior?
- How do we make sure people will come to the socialization?

All actions should have a clear 'goal'. Encourage the CRs to explain what they want different targets to do to get to the final 'goal', such that the first step leads logically through the rest of the steps, all the way to the final goal. If they are unsure, the facilitator can remind them of the governance literacy work.

The facilitator should be familiar with the basic steps for different actions that community might take, so that facilitator can remind the community to consider certain steps. The facilitator should also remind the CRs to think back to the social action stories and the health rights and governance literacy work for ideas.

Here are some examples that apply to some of the actions that the CRs may commit to:

ACTION: PASSING A VILLAGE BY-LAW

For example, if the CRs choose to pass a village by-law, the facilitator should help the community members think through the following when developing their plan:

- Identify a person who can advise on how a village by-law gets passed
- Attend a meeting with that person
- Follow steps that have been identified by the key informant to change the by-law

ACTION: MEETING WITH LOCAL AUTHORITIES

For example, if the CRs choose to have an interface with local authorities, the facilitator should help the community members think through the following when developing their plan:

- What is the objective of the meeting? / How is the meeting going to overcome the identified barrier?
- Who is the meeting with? How will you go about setting up the meeting?
- What information will you need to convince the local authority to take your request seriously?
- What will you do if you meet resistance?
- How will success be measured? If the outcome of the meeting is not positive or does not bring about change, what will you do next?

(7) CHOOSING TWO CR COORDINATORS (10 minutes)

The facilitator should ask participants to celebrate the successful collaboration in creating an action plan by giving a round of applause.

Facilitators should encourage the CRs to choose two coordinators amongst themselves.

"There are many actions that you will carry out as a group in the following weeks, so teamwork and coordination are very important. What do you think about choosing a coordinator and co-coordinator to check up on the progress of the action?"

Facilitators should explain the roles of the two coordinators in more detail:

"*These two coordinators will work together to:"*

- Monitor the action plan (to the PIC of each action), ask about progress and difficulties in conducting the action plan
- Hold a meeting with the CRs to discuss difficulties and contingency plan/back-up plans (if necessary)
- Troubleshoot problems encountered by the CRs in conducting the plans
- Be the leader and co-leader of the CRs: remind the CRs of important dates (follow up meeting, open meeting), coordinate with the facilitator, etc.

Facilitators should explain:

"Ideally, the two coordinators will complement each other. One person should be well known and respected in the community so that he/she can help explain the social action plan to leaders in this village, and so that he/she can help with troubleshooting any difficulty faced by the CRs in conducting the action plan. The other person should have the time and energy to ensure coordination between the CRs and to check on the progress of the action plan."

Facilitators should lead the discussion in the forum to decide on the two coordinators:

"*Who do you think should be our two champions: our coordinator, our co-coordinator? Does anyone want to volunteer, or would anyone like to nominate someone?"*

If there are two good volunteers/candidates, the facilitator can state that these will be the coordinators. If there are more than two candidates, the facilitator should organize a vote.

(8) END OF MEETING (10 minutes)

Facilitators should thank the participants for their commitment to improving the health of mothers, babies, and young children in the village.

Facilitators should remind the CRs about the Open Meeting and should set a time to prepare for the meeting.

The facilitator should then briefly outline the intervention' steps and the role of CRs in each step using the picture below. Keep in mind that, although the facilitator should mention the whole intervention, the focus should be on explaining what the CRs should do next!

"Today you created a concrete action plan to eliminate these obstacles and to improve MNCH. Next, you will share have an Open Meeting early next week, where you will share the action plans that you made today with the rest of the community. We need to set up a time to meet, just for 1-2 hours, to ensure that we are prepared for the Open Meeting. After the Open Meeting, there will be a meeting with district officials and the CRs from four other communities, where you will show them the action plans you've made and get their advice. Then, you all should begin working on the social action plan that you developed! I will come back each month from then to check on your progress and to help you brainstorm, but I will not be here to lead the social action, and then there will be a celebration meeting at the end with the other communities and people from around the district to show them what you've accomplished! If you do have any questions while you are working, please feel free to text or call me!"

NOTE: It is very important that the facilitators fill out the social action plan section of 'facilitator report' document in detail. This is important for the larger T4D team to keep track of the successes of the communities across all the countries in the project.

CHAPTER IX: OPEN MEETING AND DISTRICT MEETING

IN THIS CHAPTER:

A. Preparation for Open Meeting

B. Overview of Open Meeting and Detailed Rundown

C. Preparation for District Meeting

D. Overview of District Meeting and Detailed Rundown

A. PREPARATION FOR OPEN MEETING

Before the Open Meeting, the facilitator should hold an informal preparation meeting with the CRs to prepare. As there are 3-4 days of preparation time before the Open Meeting, coordination meetings with the CRs could also be arranged as needed, depending on the CRs' availability. It is important that facilitator ensures that the CRs are ready for the Open Meeting.

Several things need to be prepared with the CRs for the Open Meeting.

First, discuss the invite list with the CRs. Encourage the CRs to ask the village chief to call this meeting, and to ask the chief to invite the following people. CRs may also invite the people themselves, such as:

- Village elites and people who came to the introduction meeting
- People who the CRs think could help with the action plan – like if someone has a construction store and there is an action around construction.
- General interested community members.

IMPORTANT NOTE ON HEALTH WORKER ATTENDANCE AT THE OPEN MEETING:

Facilitators should encourage the CRs to think about whether or not they want their local health providers to attend this meeting or not. Points to consider include whether some of the actions are about confronting the health worker or trying to change their negative behavior. The community members also may be more active if the nurse is not in attendance, as it can be intimidating for regular community members to talk about health or complain about health services in front of someone who is already so knowledgeable / part of the health system.

Based on the agreed invitation list, the CRs should think of whether they can use the Open Meeting to complete some of the actions. For example, if the village chief is coming to the Open Meeting, and if one of the action plans includes a meeting with the village chief, then the CRs can use the Open Meeting to ask for the village chief's support or for a private meeting. Decisions on what support to ask for during the Open Meeting should be made during the preparation meetings. However, the facilitator should make sure that there are only two or three requests because the Open Meeting is not *primarily* a place where the CRs ask the attendants for favors.

- The facilitator should review the agenda, divide the tasks, and rehearse! There are several things that the CRs are expected to do in the Open Meeting (act as emcee, explain the intervention steps and their experience in the intervention so far, present the survey results, present the social action plans, and answer questions from community members). It is important that tasks are assigned appropriately and that there is time to rehearse so that the CRs are comfortable in doing their tasks. The CR Champions should do some of these tasks, but other CRs may also lead parts of the Open Meeting.

The facilitator should discuss what materials/equipment might be needed (e.g. microphone, speaker, chairs, desks, etc.), and he/she should assign CRs to be in charge

of securing them.The facilitator should also bring some materials that will be needed in the Open Meeting.

Facilitators and CRs should discuss potential issues (difficult questions that might arise, if people not on the invite list come to the meeting, such as the nurse/midwife).

The Open Meeting is the first meeting for the CRs to be introduced in a forum. It is likely that there will be many questions about the CRs in this meeting. The facilitator should practice with the CRs to make sure that they are ready to answer questions.

Who will support the CRs?
The CRs are a community-led group, which means the community will support them. As the CRs work towards improving the health of mothers, babies, and young children in the village, the community should help the CRs in any way it can. The CRs will meet regularly to discuss the kinds of support they need (including materials, time, and effort) from different stakeholders in the village. The village should work together to support the CRs.

To whom will the CRs report?
The CRs will report to community members. They will continue to meet regularly, and the larger community should gather to hear about the action plan's progress, other action plans, and the kind of support that the CRs need.

How will the action be sustainable after CDD leaves?
The CRs will continue to meet as a group to discuss the progress of the action plan and to plan new actions. There are many obstacles to be solved to ensure that mothers, babies, and young children in this village are healthy, so regular meetings are important to ensure that actions are being carried out effectively.

Facilitators should encourage the CRs to create a poster to be posted in several key places in the villages. The poster should include the social action plan information andthe contact information of one of the CRs (the CR coordinator) for people who want to learn more about the action plan. This poster will be updated once a month after the CRs meet to reflect and revise the plan. The facilitator and the CRs should discuss how to best convey this information on a poster so that it is easy to understand and visually appealing. The facilitator should ensure that the actions are written clearly, that there is information about when will the action plan will be conducted, and that it includes a CR's contact information for anyone who wants to get involved.

B. OVERVIEW OF OPEN MEETING

Objectives	• Sharing the survey results to the larger community • Generating community engagement in the social action plan • Introducing the CRs to the larger community (building the idea that this is a community effort and not just a CR effort)
Participants	• Facilitator • Community representatives (15) • Community members (30)
Duration	1-2 hours
Equipment	**Tools:** • Black cloth; spray glue • Flipchart • Scotch tape • Marker pen • Metaplan **Materials:** • Social actions posters (to be distributed and posted after the Open Meeting in the sub-villages) **Matrices/Tables:** • Social Action Matrix • Happy Village Poster (with the six chosen obstacles posted) • Happy Village Poster (created by the CRs) • Intervention Model
Agenda	(1) Opening speech from head of village(10 minutes) (2) Introduction of participants (20 minutes) (3) Introduction of program (5 minutes) (4) Introduction of CRs and their roles (20 minutes) (5) Presentation of survey results (30 minutes) (6) Presentation of social action plan (30 minutes) (7) End of meeting (5 minutes)

1 DETAILED RUNDOWN

(1) OPENING SPEECH FROM VILLAGE CHIEF (10 minutes)

Before the meeting, the facilitator should provide the village chief with information regarding the purpose of the Open Meeting, the CRs' role in the intervention, and the social action plan. If the village chief is willing, the facilitator should ask him/her to express support and gratitude for the CRs and for their efforts to improve MNCH in the village. Ask the village chief to emphasize the importance of community engagement and social action in improving the village.

(2) INTRODUCTION OFPARTICIPANTS (20 minutes)

This should be quick; the facilitator should ask participants to introduce themselves by stating their names. The emcee, or one of the CRs could lead this session.

(3) INTRODUCTION OF PROGRAM (5 minutes)

The facilitator should quickly introduce him/herself, and explain the program purpose:

"I am here to introduce a series of activities to encourage the community to work to improve this village's MNCH status. I have been here for nearly three months, during which time I have been meeting with the CRs to discuss possible community action plans to improve MNCH status. Today, we will hear more about MNCH issues in this village, and the CRs will share the action plans they devised to address these issues."

(4) INTRODUCTION OF CRS AND THEIR ROLES (20 minutes)

The facilitator should introduce the CRs and the CR coordinators:

*"The CRs will be able to explain their action plans and the purpose of their activities better than I can *clap hands*. The CRs are community members who volunteered to create social action plans to improve MNCH condition in this village. These people have sacrificed a lot of their time and energy for this intervention. I hope that everyone in this village will support the CRs and their action plans. Please welcome the CR coordinators, (X) and (Y)!"*

The CR coordinators/champions should then introduce themselves and should call each of the CRs, one by one, to be introduced at the front.

After each of the CRs is introduced, one CR should use the matrix below to explain the intervention steps and the CRs' role in each step, starting from the survey (where they learned about the obstacles that pregnant women and mothers face in the village), and ending with the social action plan meeting (where they developed concrete action plans to improve MNCH).

(5) PRESENTATION OF SURVEY RESULTS (30 minutes)

The CRs should present the survey results and should then explain some qualities of an Healthy Mother and Child (the CRs can bring the "Healthy Mother and Child" poster): "We have a dream of an ideal village where all of our mothers and babies are healthy. In order to reach it, we are working on three health issues (explain each lever here – see survey results meeting). However, there are many obstacles affecting these issues! Out of the many obstacles, we decided to take on six based on urgency and our ability to solve them. The six obstacles are …"

(6) SOCIAL ACTION PRESENTATION (30 minutes)

The CRs should present and explain each of the social actions. For each of the actions, the CRs should:

- Ask for volunteers who are willing to support the social action plans (one of the CRs should write down the volunteers' names and contact information on the action flipchart so that they can be contacted later). Add a box in the action plan flipchart for this purpose.

VOLUNTEERS:	(1) (Name) (Contact Number) (2) (Name) (Contact Number)

- Ask for any necessary support from the participants or the village chief (based on decisions made in the preparation meeting).

- Emphasize that this is a community action, not just a CR initiative:

"These actions are not just CRs initiatives; they are community action plans and require your participation and support. As the CRs, we are here to initiate the plan, but our success depends on our ability to work together as community members of Village X".

If a participant makes a good suggestion, it is possible to make minor revisions to the action plan, such as contacting a different resource person. However, the facilitator and the CRs should not prompt the participants to create new action plans or to make major revisions. The purpose is to introduce the action plans and to gain the support of the community. If participants suggest completely new actions or suggest revising the action plans significantly, the facilitator should add their names to the volunteer list, so that they can be involved in the next process and invited to the first follow up meeting.

(7) END OF MEETING (5 minutes)

The facilitator should ask open-ended questions about what the community wants to see next from the CRs. The facilitator should then explain the next steps in the intervention:

"Next, the CRs will meet with district officials, and then the CRs will begin implementing their action plans. There will be a reflection meeting held every month for the next 3 months to discuss the progress of the plan and possible revisions. If you have any questions about the progress of the action plan, please do not hesitate to contact the CRs.

You may also invite them to other community meetings where they could elaborate on the progress of the actions and how other people can contribute. Please help us spread the word about the action plans in the village so that, together, we can improve the condition of MNCH in our village."

C. PREPARATION FOR DISTRICT MEETING

After the open meeting, a similar meeting occurs at the district level. The facilitators will help the CRs prepare in much the same way as they prepared for the open meeting. However, there are key differences.

First, the facilitators should inform the CDD headquarters that they have successfully completed the open meeting. Once all five villages have completed their open meeting, CDD will schedule the district meeting. Facilitators' roles will therefore be to prepare the representatives for the CRs to attend the district meeting.

Because this will involve travel, the facilitators should encourage the CRs to select two persons from their group, who can attend this meeting. Depending on logistics, this should be a single day return trip. Usually, the most outspoken or 'lead' CRs have emerged by this point, so they could be natural choices for this role. However, it is the CRs themselves who decide, not the facilitator.

Once the CRs have decided which two of them will attend, facilitators will coordinate with CDD headquarters to arrange the logistics for the meeting.

Facilitators should also offer CRs a preview of the meeting based on the description that follows. Specifically, the facilitators should help CRs think of possible informational questions they may want to ask the government attendees. The facilitators should also encourage the CRs to come with clearly prepared, more concrete asks, such as specific help in relation to social action plans, by speaking to the duty bearer or person when the time is appropriate (during the informal conversations, or once a government representative has already offered such help).

D. OVERVIEW OF DISTRICT MEETING

Objectives	• Opportunity for CRs to gain more understanding / information about the district-level government and to update actions based on what is feasible. • Sharing summaries of the problems the CRs have decided to tackle and introducing themselves to district government officials, to lay the groundwork for improved government responsiveness during action implementation. • Develop/Facilitate potential cross-village partnership in actions
Participants	• Facilitator • Community representatives (2 from each of 5 villages) • District-level health and government officials • Government champion(s)
Duration	2 hours
Equipment	**Tools:** • **Materials:** • Social actions posters from each village **Matrices/Tables:** • Social Action Matrix • Happy Village Poster (with the six chosen obstacles posted) • Happy Village Poster (created by the CRs)
Agenda	(1) Introduction of participants (10 minutes) (2) Opening speech from government champion (10 minutes) (3) Introduction of program (5 minutes) (4) Presentation of social problems per village that each group of CRs is looking to tackle (15 minutes each = 1 hour 15 mins) (5) End of meeting / Call to action (5 minutes)

(1) INTRODUCTION OF PARTICIPANTS (10 minutes)

This should be VERY quick; the facilitator should ask all participants to introduce themselves by stating their names. A facilitator or representative from CDD or the facilitator for the CRs will/can lead this session.

(2) OPENING SPEECH FROM GOVERNMENT CHAMPION (10 minutes)

Before the meeting, the facilitator should provide the government champion with the CRs' social action plans. The champion will/must express support and gratitude for the CRs and for their efforts to improve MNCH in the district and appeal to his colleagues to consider the value in efforts by the CRs to improve MNCH in the district. He or she will also emphasize the importance of community engagement and social action in improving the district.

(3) INTRODUCTION OF PROGRAM (5 minutes)

A facilitator or representative from CDD should quickly introduce himself/herself, and explain the program purpose:

"I am here to introduce a series of activities to encourage these communities to work to improve the village's MNCH status. We have been working with these villages for several weeks, during which time these community representatives have decided on community action plans to improve MNCH status in their communities. Today, we will hear more about MNCH issues in each village, and the representatives of these CR groups will share the action plans they devised to address these issues."

(4) PRESENTATION OF SURVEY RESULTS AND SOCIAL ACTION PLANS (15 minutes each pair = 1 hour 15 minutes)

Each pair of CRs will introduce themselves, telling which village they are from. They will then briefly talk about the top barriers they selected, using the data from the surveys. They will then explain each of the social actions they plan on taking, and mention if they have made any progress so far.

Note that this section is primarily a presentation of the problems and what CRs plan to do (including if those plans mean asking different government actors for changes or help). But this section is *not* the space for directly asking for those changes or help. A possible helpful framing might be: "Here are the problems in our community, here is what we are planning to do, but we would like to learn from you what your office does to inform our action and see if you might be able to help us resolve this issue."

(5) DISTRICT OFFICIALS RUN THROUGH THEIR STRUCTURES

After hearing from the CR reps, the district officials will attempt to respond to some of the key issues that have been raised in the presentations. In the course of responding, the government officials will run through existing structures at the local/district level that are responsible for district level development. The officials can use this opportunity also to enlighten the CRs on possible avenues that they can consider in the development of their plans.

(6) GENERAL CONVERSATION / QUESTIONS

After the District Officials run through their structures and offer advice / possibly help, there will be time for conversation and questions. Facilitators should prepare prompts and suggestions. For example:

Officials might ask or offer:

for clarification about problems to better understand the intentions of the groups in wanting to address such problems.

Why CRs decided to take certain actions over others.

Opportunities to further engage with officials to work towards dealing with the problems that they have identified

CRs might ask:

- For clarification about government structures in overall development and MNCH of the district.
- About the challenges that the government officials face in ensuring optimal service delivery in the district
- About opportunities like the Medium-Term Development Plan, to understand what the vision is for the district in terms of MNCH and how they can get their issues addressed through the process.

(7) END OF MEETING / VOTE OF THANKS/ CALL TO ACTION/NETWORKING (5 minutes)

The government champion should close the meeting and invite all attendees to help the CRs:

"Let us applaud all the CRs who are working so hard to make their communities better places for mothers, babies, and young children. I encourage everyone here to think about ways they can help the CRs accomplish their goals. The CRs will stay for a few more minutes now, if anyone wants to discuss potential ideas with them, or ask any more questions about their great work."

(8) ASK FOR FUTURE CONTACT

It will be important for the CRs to connect with some of the officials and continue interacting after the meeting has ended. In this period, there can be exchange of details

such as phone numbers between some of the CRs and the government officials. If the lead reps of the CRs can obtain some of the contact details of the officials, they should endeavor to do so. This may be helpful in the future, especially during the preparation for the interface meeting.

IMPORTANT POST-MEETING NOTE:

CRs should be encouraged to wait in the meeting area for a few minutes after the meeting is over. This will be a natural time for the attendees at the meeting to approach CRs or vice versa, to discuss/offer ideas or support.

Once the meeting is over, the facilitators and CDD should take the CRs to share a meal together. This will be a natural time for the CRs to discuss ways they may be able to learn from or even support each other with actions involving multiple villages.

E. CHECKLIST FOR DISTRICT MEETING

Tick √ the box next to the activity that has been completed

PREPARATION MEETING WITH CRS	DISTRICT MEETING
☐ 1 Inform CDD headquarters that the community open meeting has been completed.	☐ 1 Opening speech from the government champion
☐ 2 Work with CRs to elect their representatives	☐ 2 Introduction of participants
☐ 3 Make sure that the elected representatives have survey results	☐ 3 Introduction of program
☐ 4 Interface between CRs and CDD headquarters to arrange travel	☐ 4 Presentation of survey results and social action plans
	☐ 5 Closing statement / call to action
	☐ 6 Post-meeting mingling

CHAPTER X: FOLLOW-UP MEETINGS, SUSTAINABILITY, AND WRAP-UP

IN THIS CHAPTER:

A. FOLLOW-UP MEETING I

— Even though the facilitator will only be a part of the follow up meetings every 30 days, he/she may SMS or call the CR champions once a week to see how things are going and to provide moral support.

Objectives	To discuss the progress of the social action plan, and to improve the plan
Participants	• Facilitator/s • Community representatives (15) • Additional volunteers for the action plan
Duration	1- 2 hours
Equipment	**Tools:** • Black cloth; spray glue • Flipchart • Masking tape • Marker pen / crayons • Metaplan **Materials:** • Happy village poster (with the six obstacles posted) • 'OBSTACLES, BUT NOT MAIN FOCUS' poster • Social action matrix plan (filled in the previous meeting) • Social action matrix plan (empty, prepare at least five)
Agenda	(1) Reflection and celebration (20 minutes) (2) Discussion of the plan's progress (20 minutes) (3) Discussion of next actions (60 minutes) (4) Review of theIdeal Village(15 minutes) (5) End of meeting (5 minutes)

1 DETAILED RUNDOWN

(1) REFLECTION AND CELEBRATION (20 minutes)

The facilitator should ask the CRs who attended the district meeting to share that experience with the rest of the CR group.

The facilitator should ask the CR's the following questions:

- How do you feel about attending all of these meetings?
- How do you feel about working in a group?

The facilitator should ask if the CRs have observed any constructive change induced by the social actions thus far, however trivial they may seem.

The facilitator should take some time to celebrate any successes that the CRs can share.

(2) DISCUSSION OF THE PLAN'S PROGRESS (20 minutes)

The facilitator should fill out the 'progress' column (refer to Social Action Matrix in Social Action Planning Meeting section) for each of the social action plans. The progress should be filled out for each step of every action.

To fill out the 'progress' column, the facilitator should ask the CRs:

- Have any actions been taken for this step? If not, why not? If yes, what has been done?
- Is this step completed?

EXAMPLE OF FILLING OUT 'PROGRESS' COLUMN

- PROGRESS FOR STEP 1
  Yes, actions have been taken:
  - Met with the village chief (on the 15th of June).
  - Obtained permission and location for the event.

  No, action has not been completed:
  - Still need further discussion on snack funding. During the last discussion VH said he will check village fund.
  - Invitation letter has been reviewed and approved, but not signed. It is pending the availability of a budget.

- PROGRESS FOR STEP 2
  Yes, actions have been taken:
  - Invitation letter draft has been approved by village chief.

- PROGRESS FOR STEP 3

Yes, actions have been taken:

- Visited midwife, and she is willing to be a resource person.

(3) DISCUSSION OF NEXT ACTIONS (60 minutes)

The facilitator should use the 'Categorization Chart' on the next page as a guide when helping the CRs prepare to take the next steps in the action plans. The facilitator doesn't need to show the chart to the CRs, but he/she should use it in helping the CRs decide on their next steps.

The facilitator should ask the CRs to look at the first action plan and to assess whether or not the steps were completed based on the progress column timeline.

If no steps were completed for this action plan, the facilitator should ask the CRs why no steps were taken in accordance with agreed upon timeline. The facilitator should then ask: "Do you still want to commit to this action plan? If yes, are there things you want to revise/change?"

If steps have been taken, the facilitator should ask the CRs to look at the "how to measure success for this action". The facilitator should ask the CRs if they feel that the action can be considered successful based on the agreed indicators.

If the action cannot be considered successful yet, the facilitator should initiate a discussion to identify the difficulties/challenges that the CRs encountered. Then the facilitator should help the CRs think of revisions to the plan that would address these difficulties. The facilitator should use the new social action matrix plan to revise the action plan.

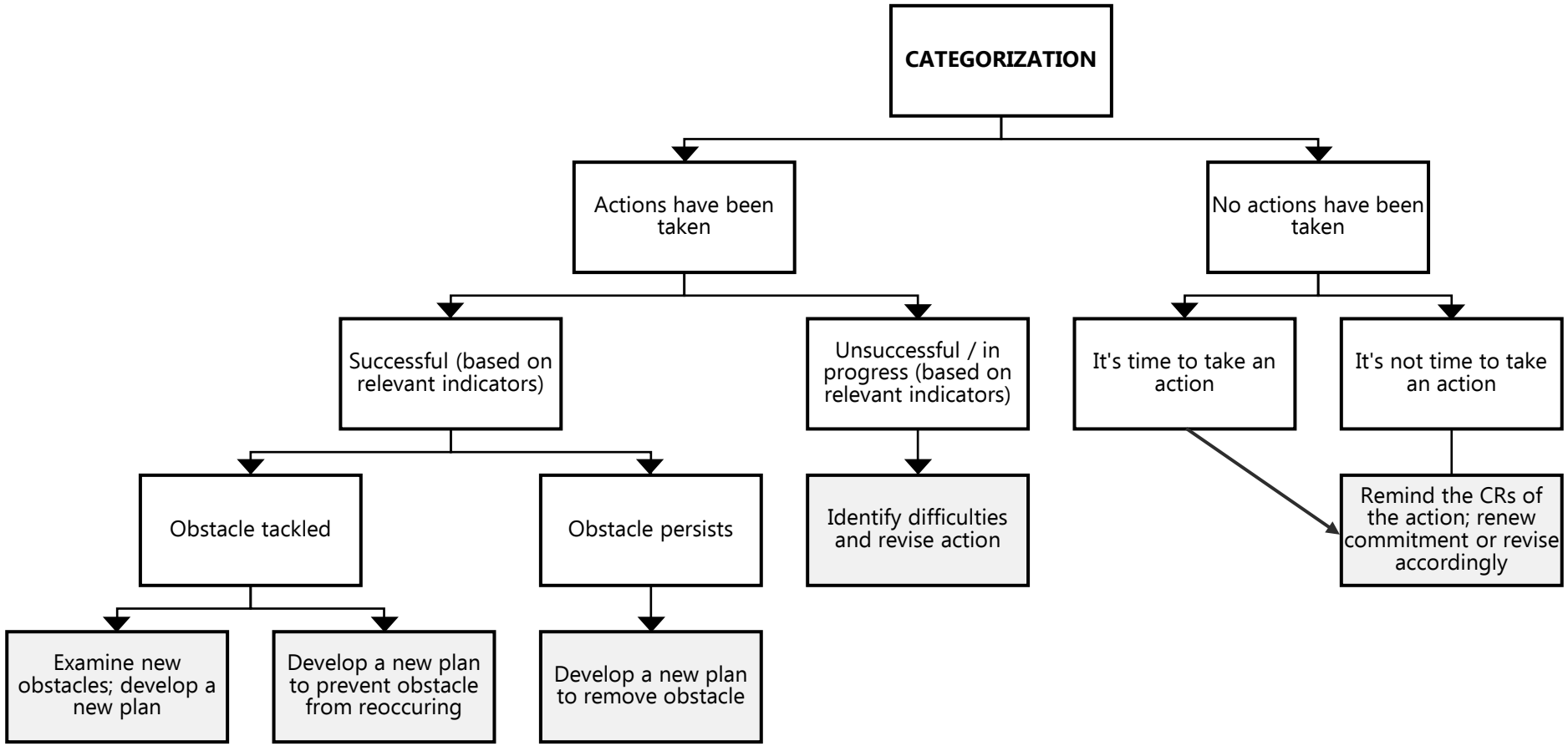
If the action was successful, see whether or not the obstacles were eliminated.

If the obstacles were eliminated, the facilitator should ask the CRs if they want to create additional action plans to address other obstacles. Alternatively, the facilitator can ask if the CRs want to create new action plans to ensure that their original six obstacles have been eliminated and will not appear again (e.g.: the midwife might live in the village, but further action might be required to ensure that she will continue to live in the village). The facilitator should remind the participants of the other obstacles (show the flipchart 'OBSTACLES, BUT NOT MAIN FOCUS') if they want to take on new obstacles.

— Please keep in mind that after this session, there will be the same number of action plans! The number of actions can increase if the CRs are committed to the actions, but the number should not decrease!

If the obstacles have not been eliminated, the facilitator should ask if they want to create another action plan to eliminate the same obstacle. Use the new social action matrix plan to make the new plan.

The facilitator should then look at the second action and repeat the steps above.


CATEGORIZATION
Actions have been taken
No actions have been taken
Successful (based on relevant indicators)
Unsuccessful / in progress (based on relevant indicators)
It's time to take an action
It's not time to take an action
Obstacle tackled
Obstacle persists
Identify difficulties and revise action
Remind the CRs of the action; renew commitment or revise accordingly
Examine new obstacles; develop a new plan
Develop a new plan to prevent obstacle from reoccuring
Develop a new plan to remove obstacle

(4) REVISITING HEALTHY MOTHER AND CHILD (15 minutes)

The facilitator should ask the CRs to reflect on the Health Mother and Child exercise. Remind them of the qualities/characteristics of mother and child, and ask these questions:

- "What significant (or even small) progress can be identified as a result of the social action?"
- "How close are we to all mothers and children in our community being happy and healthy?"
- "Are more women getting their ANC visits? How about for facility birth, and fever?"

The facilitator should invite the CRs to reflect on their efforts to achieve their goals.

The facilitator can ask the CRs to remove the eliminated obstacles from the poster and to replace them with new obstacles, if they decided to take on new obstacles.

The facilitator should remind the CRs that:

"*You have been working to bring us closer to a community where all mothers are happy and healthy. We are now closer to our goal than we were one month ago, and I hope that you continue the journey so that we are even closer to it by the end of next month!"*

The facilitator should ask the CRs to clap their hands to celebrate their achievement. This could be a good moment to boost their confidence in their ability to carry out social actions without the facilitator's support.

(5) END OF MEETING (5 minutes)

Set up a meeting time for the next follow-up meeting.
Encourage the CRs to continue with the action.

B. FOLLOW-UP MEETING II

Objectives	To discuss the progress of the social action plans, and to improve the plans
Participants	• Facilitator • Community representatives (15) • Additional volunteers for the action plan
Duration	1- 2 hours
Equipment	**Tools:** • Black cloth; spray glue • Flipchart • Masking tape • Marker pen / crayons • Metaplan **Materials:** • Happy Village poster with selected six obstacles • 'OBSTACLES, BUT NOT PRIORITIES' table • Social Action Matrix (filled out during previous meeting) • Social Action Matrix (prepare at least 5 blank copies) • Sustainability plan matrix
Agenda	(1) Reflection and celebration (20 minutes) (2) Discussion of plan's progress (20 minutes) (3) Discussion of next actions (60 minutes) (4) Discussion of sustainability (20 minutes) (5) End of meeting (5 minutes)

1 DETAILED RUNDOWN

(1) REFLECTION AND CELEBRATION (20 minutes)

Repeat the steps in Follow-up Meeting I

(2) DISCUSSION OF PLAN'S PROGRESS (20 minutes)

Repeat the steps in Follow-up Meeting I

(3) DISCUSSION OF NEXT ACTIONS (60 minutes)

Repeat the steps in Follow-up Meeting I

(4) DISCUSSION OF SUSTAINABILITY

The facilitator and the CRs should brainstorm how to make the action plans sustainable. The facilitator should remind the CRs that there is only one more meeting with the facilitator, yet there is still a long way to go before all mothers and children in the community are happy and healthy.

The facilitator should pose several questions regarding sustainability for the CRs to think about:

- How will you continue to work to eliminate these obstacles when I am not here?
- How will you communicate with one another?
- How will you coordinate and support each other?
- How will you get wider support from the community?
- What will you do if something doesn't work? Who will you report to?
- How will you gain legitimacy amongst community members?
- What kind of roles do you see the CRs taking in the future?

The facilitator should ask the CRs to write these questions down and to think about the some answers, "Let's discuss your ideas in the next meeting."

(5) END OF MEETING

Set up a meeting time for the next follow-up meeting.
Encourage the CRs to continue with the action plan.
Ask the CRs to further reflect on the issue of sustainability and on how to ensure that the activities will continue after the facilitator leaves the village.

C. FOLLOW-UP MEETING III

Objectives	• To discuss the progress of the social action plans, and to improve the plans • To ensure the sustainability of the actions
Participants	• Facilitator • Community representatives (15) • Other volunteer for actions
Duration	1- 2 hours
Equipment	**Tools:** • Black cloth; spray glue • Flipchart • Masking tape • Marker pen / crayons • Metaplan **Materials:** • Happy Village poster with selected six obstacles • 'OBSTACLES, BUT NOT PRIORITIES' table • Social Action Matrix (filled out during previous meeting) • Social Action Matrix (prepare at least five blank copies) • Sustainability plan matrix
Agenda	(1) Introduction (5 minutes) (2) Discussion of plan's progress (20 minutes) (3) Discussion of next actions (60 minutes) (4) Revisiting the Ideal Village(10 minutes) (5) Sustainability discussion (20 minutes) (6) End of meeting (5 minutes)

1 DETAILED RUNDOWN

(1) INTRODUCTION (5 minutes)

The facilitator should remind the CRs that this is the last meeting that he/she will attend and that he/she is proud of the CRs for everything that they have accomplished.

(2) DISCUSSION OF PLAN'S PROGRESS(20 minutes)

Repeat the steps in Follow-up Meeting I

(3) DISCUSSION OF NEXT ACTIONS (60 minutes)

Repeat the steps in Follow-up Meeting I

(4) SUSTAINABILITY DISCUSSION (20 minutes)

The facilitator should have the lead CR discuss the questions from the last follow-up meeting. The facilitator should have these 8 questions posted on the board
The facilitator should ask one CR to lead the discussion and to write the final decision for each question

Questions	Answers (examples)
How will you continue to work to eliminate these obstacles when I am not here?	Will continue to meet every month to discuss and revise actions
How will you communicate with one another?	
How will you coordinate and support each other?	
What will you do if something doesn't work? Who will you report to?	
How do you get wider support from the community members?	
How do you gain legitimacy amongst the community members?	
What kind of roles do you see the CRs taking in the future?	

(5) REVISITING THE HEALTHY MOTHER AND CHILD CONCEPT (10 minutes)

The facilitator should repeat the step as in the previous meeting. It is important to acknowledge the progress made (the ways in which the community is closer to the ideal

than at the beginning of the intervention), but also that there are still obstacles to eliminate.

(6) PREPARING FOR THE INTERFACE MEETING (30 minutes)

This step is very important, because the interface meeting is the last official part of the intervention. The facilitator should do their best to make sure the CRs are confident and prepared. **including that CRs write out problem, what we did, achievement, help needed, and then fac/CDD to put into presentation, invitations.**

Each group of CRs will need to prepare a presentation of the results. The facilitator will help them do so. First, the CRs need to specify the problems they focused on. Then, they need to write out the actions they took. If they succeeded, what did they achieve? If they did not succeed, what next steps are needed?

Then, CRs should think through whom they want to invite to the interface meeting. The facilitator can explain the people who will already be invited (and should check in with CDD immediately if CRs oppose any of the standard invitees). In thinking through invitations, CRs should consider people who are most relevant to the actions they will present, bearing in mind that they will not have time to present everything and should therefore choose one or two successful actions (to demonstrate the value of their work) and one or two less successful actions (to make specific asks at the interface meeting).

Facilitators should note the invitees and the results CRs want to present, and send both to CDD headquarters. The CRs should prepare flip-chart versions of their presentation as back-ups or if they are uncomfortable presenting with a PowerPoint. Facilitators should discuss with CRs which format they want to use.

Finally, the facilitator should clarify logistics for which CR pair will attend the interface meeting, and potential dates for when that meeting will occur. Note that CDD headquarters will need to confirm those dates, subject to all intervention villages completing the intervention, and the availability of the government champion.

(7) END OF MEETING (5 minutes)

Communication between CRs and the facilitator: The facilitator should explain that the action plan in the village is now completely the responsibility of the CRs. The CRs might ask some questions regarding their expectation of facilitator's future involvement, as listed below:

May the CRs contact the facilitator and ask the facilitator to attend a meeting?
The facilitator will probably not be able to attend meetings in the villages. Please explain that the facilitator must conduct similar activities in another village. The facilitator might come from a different region and may need to return to his/her home. However, the facilitator should encourage the CRs to continue holding these follow-up meetings so that they can continue discussing the actions' progress.

May the CRs contact the facilitator to consult on the action plans?

Yes, the CRs may contact the facilitator to ask questions, to give updates on the progress of the actions, or just to say hi! It is important to maintain a good relationship between the CRs and the facilitator. However, it is important for the CRs to realize that they best understand the challenges faced by their village, and they know how to best address these challenges. The facilitator should encourage the CRs to consult with one another during regular meetings about the challenges they are facing in their action plans.

Will the facilitator come back to the village to check on the progress of the action?
As with the first question, facilitator most probably will not return to the village again. Facilitator might send SMS to check on how the CRs are doing, but more to encourage the CRs and to maintain the good relationship between facilitator and the CRs.

The facilitator should encourage the CRs to continue on with the action plans to reach their goals.
The facilitator should take a group photo as a reminder for the CRs of their commitment!

D. CHECKLIST FOR FOLLOW-UP MEETINGS

Tick √ the box next to the activity that has been completed

FOLLOW-UP MEETING I	FOLLOW-UP MEETING II	FOLLOW-UP MEETING III
☐ 1 Reflection and celebration	☐ 1 Reflection and celebration	☐ 1 Introduction
☐ 2 Discussion of plan's progress	☐ 2 Discussion of plan's progress	☐ 2 Discussion of plan's progress
☐ 3 Discussion of next actions	☐ 3 Discussion of next actions	☐ 3 Discussion of next actions
☐ 4 Revisiting Ideal Village	☐ 4 Discussion of sustainability	☐ 4 Discussion of sustainability
		☐ 5 Revisiting Ideal Village

CHAPTER XI: DISTRICT-CR INTERFACE MEETING

IN THIS CHAPTER:

A. Objective of Interface Meeting

B. Detailed Rundown

INTERFACE MEETING

Timing	• **Probably final meeting after the intervention, after the three follow up meetings have occurred.**
Objectives	• Presenting 'evidence' from work to implement Social Action Plans, to strengthen any CR asks for ongoing / new actions. • Bringing in external actors not yet officially involved. • Showcasing successes / highlighting champion and CRs' work? • Understanding challenges faced • Identifying solutions to address these challenges. • Sustainability of the intervention? • Networking.
Participants	• CRs encouraged to help suggest invitees • **CDD** • **Community Representatives** • **Facilitator** • **Government Champion** • **District Health Officials** • **District Assembly Officials, Social Services Committee Members** • ***Civil society organizations (CDD invites)*** • ***Regional authorities (CDD invites)***
Duration	2- 3 hour(s)
Equipment	**Equipment:** Laptops, Projector, Conference Room. **Materials:** Field Reports from meetings with CRS, Social Action Plans.
Agenda	(1) Reporting progress of implementation of action plans to local authorities and create the room for discussions (2) Validation of findings with local government officials and health personnel

1. OBJECTIVE OF MEETING

- Presenting Findings from Field work Reports and Social Action Plans
- Showcasing successes / highlighting champion and CRs' work
- Understanding challenges faced
- Identifying solutions to address these challenges.
- Sustainability of the intervention
- Networking.

2. DETAILED RUNDOWN

Facilitators will open the meeting with a short introduction.

(1) PRESENTING FINDINGS FROM FIELD WORK REPORTS AND SOCIAL ACTION PLANS

- Community Representatives (CRs) take turns presenting their general findings from the field. They should discuss mainly the nature of the health challenge for their community and the progress of work over the time when the intervention was running.
- CRs will also present the social action plans for their community. This must not only speak to the nature of the action plan itself but should be able to cover the processes that led to the conclusion of the strategy of the action plan
- Finally, CRs will present their successes and what they achieved.

- Q's and A's may be allowed after all presentations are made.

(2) SHOWCASING SUCCESSES/HIGHLIGHTING CHAMPION AND CR'S WORK

Facilitator will present his observations regarding the successes of the intervention, pointing to the presentations the CRs just made. These observations will be overall comments, as the CRs are best positioned to speak to their specific achievements.

He/She must also highlight the role of the government champions who voluntarily and passionately committed their time to helping in making the social action plan successful.

He/She must also commend the work of CRs who have been most impressive in their work over the time when the intervention was running.

(3) UNDERSTANDING CHALLENGES FACED

After the discussion of successes, CRs will next take turns presenting challenges faced that were not addressed during the intervention. For example, some CRs may have had difficulty engaging with government or health system actors whose offices are represented at this meeting. Some structural and technical challenges may exist in the communities which can only be addressed by health authorities or the local government officials, which CRs may have already asked the government to do as part of the intervention. They could remind or repeat/adapt those asks in this space.

The facilitator will also present more broadly, based on the observations from the field.

(4) IDENTIFYING SOLUTIONS TO ADDRESS THESE CHALLENGES

- This is a time for discussions among participants – duty bearers, civil society organizations, CRs and facilitators. This time is to be used to produce a list of solutions that can be implemented in the short, medium and long term. The solutions will be targeted at improving health outcomes in the communities or districts.

(5) SUSTAINABILITY OF INTERVENTION

- This discussion is to follow the discussion of solutions and remains solely a decision of the communities' representatives, given that the logistics for the period of the intervention do not cover future engagements and future efforts.
- However, this is important for the interface meeting as it is possible to have innovative solutions that can address the sustainability of this type of intervention for the community.
- Topics discussed could include pitches about new actions made in the final follow up meeting, or asks about ongoing actions that were not brought up before.

(6) NETWORKING

- This time is to be used for exchange of pleasantries between facilitators, community representatives, civil society organizations, and local officials.
- Exchange of contacts for knowledge sharing and further deliberations.

KEY THINGS TO REMEMBER

- Facilitator should remember to be clear in their introductions of the project and the reason for the interface meeting during the process of formulating social action plans. The contact persons at the local authority can be contacted anytime there is the need to seek clarity during the process of forming the social action plans.

PART IV: ANNEX

ANNEX A: INFORMATION ON MNCH

This Annex is to be used by the facilitator to improve his/her knowledge on the subject, and is not to be distributed to community members.

Ante-Natal Care

Ghana's guidelines specify that a woman should attend at least **four** antenatal care visits prior to delivery, with at least one ANC visit occurring within the first 12 weeks of pregnancy.

- **"**ANC care is where women get important medications:
  - Medicine to prevent malaria, which is especially dangerous during pregnancy.
  - Iron syrup or tablets to prevent anemia and hemorrhage during birth.
  - Deworming medication.

- "Certain tests are conducted to check the health of the mother and baby. These tests include:
  - Measuring blood pressure
  - Taking a urine sample
  - HIV test
  - Checking weight

- "ANC helps mothers prepare for birth, often through use of a birth preparedness plan, where pregnant women and midwives discuss:
  - Due date
  - Where the baby will be born
  - How the mother plans to get to the facility while in labor (including how she will pay for transport)
  - Warning signs of complications
  - Potential blood donors
  - Support in looking after the home and other children (if applicable) while the mother is away

- "Finally, ANC provides women and their families with appropriate information and advice on:
  - Preparation for parenthood
  - Nutrition and healthy lifestyle during pregnancy
  - Warning signs of complications
  - Importance of delivery in a facility with a skilled attendant
  - Safe childbirth
  - Postnatal recovery
  - Care of the newborn
  - Promotion of early exclusive breastfeeding,
  - Family planning in order to improve pregnancy outcomes

In Ghana, MNH services including ANC are provided free of charge in CHPS and public health facilities."

BIRTH IN A FACILITY WITH A SKILLED ATTENDANT

- Quality health facilities offer a clean environment for birth and have the equipment, medicine, and skilled staff that are important during labor and immediately after birth, including the ability to manage emergencies or arrange transportation to a referral facility.

- Even if your local CHPS compound does not have a midwife trained in delivery, the nurses there can help! And CHPS should still have basic specific items, like
    - Resuscitation kits
    - Availability of disinfectant and water for washing
    - Power and a refrigerator or cold box to store vaccines
    - Placenta bowl
    - Privacy screen or curtain.
    -
- If your CHPS has a midwife, and at health centres that have midwives, there are supposed to be additional medicines and equipment to make delivery safer:
    - Medicine such as oxytocin (to help women stop bleeding, eye ointment to protect new babies' eyes, and magnesium sulfate (to control blood pressure and seizures during pregnancy).
    - Equipment such as twine for the cord and forceps (a metal instrument for guiding the baby out of the birth canal in an assisted delivery).

- If there are complications during delivery, they cannot be handled by unskilled birth attendants. For example:
    - If the placenta does not come out
    - Infection from unhygienic conditions
    - Repairing perennial tears
    - Excessive bleeding
    - If the baby is breech (i.e. the wrong way)
    - If the baby has problems breathing

TREATMENT FOR FEVER

Fever is a sign of malaria and other infections in children. Policy in Ghana emphasizes testing over treatment; this means that treatment should be sought for children with fever, and only after confirming a positive test for malaria, should malaria medicine be given.

- It is very important for children to get their fever treated at a facility, for many reasons.

- Quality health facilities offer malaria tests to find out if the fever is because they have malaria. If detected and treated early, the malaria will not be as bad, meaning the children recover faster. And if the fever is a sign of something else, it is important to get the treatment that quality health facilities offer.

ANNEX B: SOCIAL ACTION STORIES

This section contains factual examples of social actions that have been undertaken by several communities around the world. Please print the following pages and distribute them to the Community representatives during the Survey Results Meeting.

Story 1: Boycott

Story 2: Complaint

Story 3: Collaborate

Story 4: Learn from other villages

Story 5: Give Reward/Punishment

Story 6: Demonstration

Story 7: Socialization

Story 8: Publication through media

Story 9: Ask a “Liaison”

ANNEX C: ICEBREAKER EXAMPLES

ANNEX D: CR ANNOUNCEMENT (to be given to village chief)

Community Representatives for Community Social Action

The following are names of the Community representatives (CA), who have volunteered and are committed to improve the status of Maternal, newborn, and child health in _____Village:

NAME	NAME
(01)	(09)
(02)	(10)
(03)	(11)
(04)	(12)
(05)	(13)
(06)	(14)
(07)	(15)
(08)	

Next, as representative of the community in _____, the above Community representatives will **discuss the results of the village survey** on maternal and child health, and will **plan concrete community actions** to improve villageMNCH.

The plan will be shared with the larger community during the Open Meeting, which will be conducted on _____. Anyone interested in improvingMNCH in this village is invited to come!

ANNEX E: LIST OF MOTHERS

The annex on the following page can be used by the facilitator when speaking with health workers and other potential informants to get information about women who gave birth in the last two years.

LIST OF MOTHERS
(who gave birth in the last two years)

Name of Informant	**Position of Informant**

Tick the box when action is completed

- ☐ The list has included mother(s) who visited the health facilities during pregnancy
- ☐ The list has included mother(s) who DID NOT visit the health facilities during pregnancy
- ☐ The list has included mothers who gave birth in the facility
- ☐ The list has included mothers who DID NOT give birth in the facility
- ☐ The list has included mothers whose child passed away due to miscarriage or died after born

No	**Name of Mother**	**Name of Baby**	**DOB of Baby**	**Address or Directions to Home**	**Phone**