



Malawi Facilitator Manual

Transparency for Development Project
2017

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PART

I. BACKGROUND

CHAPTER I: T4D PROGRAM

CHAPTER II: MAIN PRINCIPLES FOR FACILITATORS

CHAPTER III: COMMUNITY REPRESENTATIVES AND SOCIAL
ACTIONS DEFINED

CHAPTER I. T4D PROGRAM

IN THIS CHAPTER:

- A. Objectives of the Transparency for Development (T4D) project
- B. The problems associated with Maternal, newborn, and child health (MNCH) in Malawi
- 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 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 receiving antenatal care (ANC) services and percentage of women receiving proper postnatal care (PNC) 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 and can achieve greater government responsiveness to community actions.

B. PROBLEMS ASSOCIATED WITH MNCH

Maternal, newborn, and child health are priorities for the Government of Malawi as outlined in the 2011-2016 Health Sector Strategic Plan (HSSP) and the 2012 Ministry of Health Road Map for Accelerating Reduction of Maternal and Neonatal Morbidity and Mortality. Malawi has seen tremendous improvements in some aspects of MNCH, but has lagged behind in others. The most significant increase was seen in levels of birth in a health facility: the Malawi Demographic and Health Survey (DHS) 2015-16 noted increases from 55% in 1992 to 91% in 2015-16.

ANC provides a more nuanced example. The Malawi DHS cited an increase in the proportion of women who received any ANC from a skilled provider from 90% in 1992 to 95% in 2015-16; however, only 24% of women had their first ANC visit within their first trimester and 51% had the recommended four or more ANC visits.

Similarly, PNC indicators remain low with 42% of women and 60% of newborns receiving a postnatal check within 2 days of delivery. According to the Malaria Indicator Survey (MIS) 2014, Malaria is a significant public health problem in Malawi, particularly for children under the age of 5 and pregnant women. MIS estimated that Malawi experiences about 4 million episodes of malaria annually. Despite the prevalence of Malaria, treatment seeking for fever is low: the 2015/16 DHS found that advice or treatment was sought for only 59% of children with a fever in the two weeks preceding the survey, and 29% of children under 5 having a fever in the two weeks preceding the survey.

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 Malawi. Over the past five years, the Ministry of Health’s Directorate on Safe Motherhood has initiated programs to reduce maternal, newborn, and child mortality. For example, the Community Mobilization & Training of Chiefs program uses local leaders and prominent chiefs to conduct community outreach and sensitization on sexual and reproductive health, HIV/AIDS, and proper maternal health practices. There are also initiatives to train community midwives and to construct maternity waiting homes for women traveling long distances to give birth in a facility. The government may serve as a willing partner on the journey to better MNCH, but communities must play a part in bringing about this change.

C. COMMUNITY PARTICIPATION IN MNCH

Community-based MNCH interventions are crucial in complementing services at the health facility level. The 2004-2010 Sector Wide Approach (SWAp) Programme of Work for the health sector in Malawi and the 2011-2016 HSSP increased focus on community participation in the delivery of health services. The HSSP seeks to encourage community participation in the “planning, management, and delivery of health services,” (HSSP 49). The principles outlined in the HSSP combined with the initiatives under the MoH’s Directorate on Safe Motherhood Community indicate that there is some commitment to community participation in enhancing access to and quality of health services. However, many obstacles remain to effective community participation in the health system—primarily the centralized nature of the health system limits the entry points for citizen engagement.

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 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 health officers (DHOs), 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 DHO 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 employ 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.
- Community members can approach village or district level authorities (informal or formal) to put pressure on health workers.

In Malawi, 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.

CHAPTER

II. MAIN PRINCIPLES FOR FACILITATORS

IN THIS CHAPTER:

- A. Facilitator's Role
- B. General Facilitating Tips
- C. Frequently Asked Questions
- D. Facilitator Team Structure
- E. Facilitator's Report

A. FACILITATOR'S ROLE

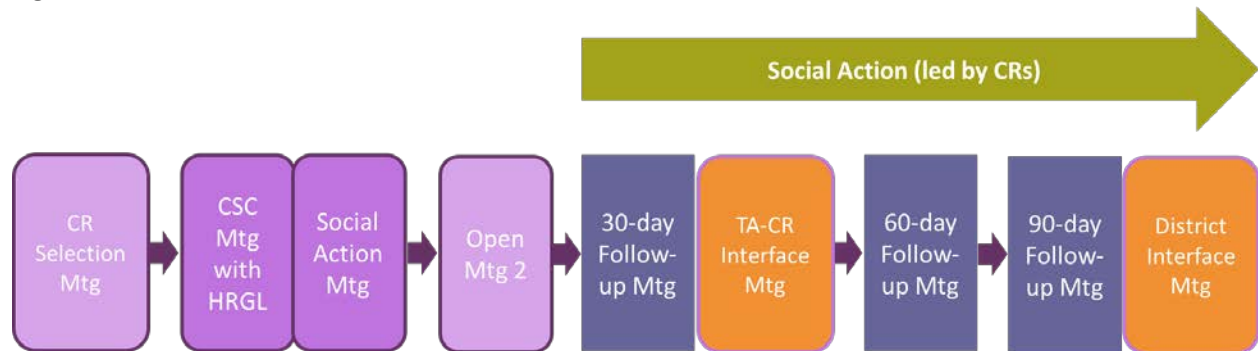
The facilitator helps community members identify and understand their common objectives. The facilitator may assist community members in creating action plans to achieve their objectives; however, he/she may not take a leadership role.

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

- i. 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.
- ii. Second, to **build awareness in the community** through facilitated community discussions. A large part of this includes identifying potential Community representatives (CRs) who will formulate and implement social action plans.
- iii. 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 or undertake any social actions himself or herself.
- iv. Fourth, to **bring together community representatives and government champions** to find ways to collaborate to improve maternal, newborn and child health.

The community meetings follow the model shown in Figure 1. There will be a detailed explanation in later chapters of this guidebook outlining instructions on how the facilitator should conduct each meeting.

Figure 1



B. GENERAL FACILITATING TIPS

- i. Facilitating is different from teaching

Facilitating is a process of encouraging the community to design 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.

ii. 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 Malawi come from a number of different traditions; therefore, the communities may need more encouragement to openly express their opinions.

iii. 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 proper ANC, PNC, and treatment seeking for fever. More information about ANC, PNC, and treatment for fever seeking may be found in Annex D.

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 questions to trained health providers rather than answering the questions themselves. General questions about what rights citizens have and what services they should have access to will be provided through a light health rights and governance literacy worked into the Community Scorecard and Social Action Planning meetings. More specific or technical questions should be directed to a health expert. In this case, it would be useful for the facilitator to identify people who could provide such information in (or outside) the village, during the first week of the intervention so that the facilitator could direct the community to these individuals.

iv. Social actions belongs 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 how groups 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 can encourage the community to create an action plan that includes fundraising to pay for their activities.

C. FREQUENTLY ASKED QUESTIONS ON FACILITATING COMMUNITY MEETINGS

<p>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.</p> <p>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.</p> <p>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.</p>	<p>How to deal with a dominant participant in a meeting: Facilitators should listen to the dominant participant - do not cut him/her off when s/he 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.</p> <p>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</p>
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v. 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 information and a discussion partner at the request of the community, but he/she should not be directly involved in designing, leading, or conducting the social action plan. Facilitators should assure the community members that they can perform these actions independently.

vi. Facilitators should use a 'local context approach' to communication

The facilitator may have a different background than the 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 maximize understanding.

vii. Facilitators should maintain professionalism

The facilitator is responsible for setting an example on how to behave professionally and with 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 Village Head or Village Midwife).

D. FACILITATOR TEAM STRUCTURE

Each facilitator will be solely responsible for two villages and will be jointly responsible for one village. The facilitators will work together on one village, in which they will conduct the village entry activities, the first open meeting, the CR selection meeting, the Community Scorecard (CSC) meeting, the Social Action Planning (SAP) meeting, and the second open meeting. After finishing these meetings and once the social actions begin in this first village, each facilitator will be responsible for implementing the intervention in two additional villages. This means that each facilitator will deliver the program to two villages independently and one together. In addition to the meetings noted above, each facilitator will facilitate three follow-up meetings in each of their villages and will be involved in two meetings between their village and government officials. These meetings are all described in more detail in subsequent chapters.

Before all of the meetings noted above, the facilitators will attend a District Executive Committee (DEC) meeting with the MEJN team to introduce the intervention to the DHO and other district level stakeholders. The facilitators will then be in charge of leading meetings with the Traditional Authorities (TAs) in addition to the Group Village Heads (GVHs), the village heads, and representatives from other community structures—this can be done in one meeting. The facilitators will also be responsible for scheduling and leading the Introduction meeting, identifying CRs, and administering the household survey.

E. FACILITATOR'S REPORT

The facilitator should 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 Report: Submit in the first few weeks of the program

CR information sheets: Submit after completing CR selections and update after each meeting to note each CR's attendance in the meeting

Survey results sheet: Submit after completing the household survey

Meeting report sheets and Social Action Plans: Submit in the week after completing each meeting. The Social Action plans will be submitted after the SA plan meeting as well as after each follow up meeting.

Liquidation template: This template will be used to liquidate any cash that is advanced to the facilitators to implement activities

Requisition form: This is the form that is used when making a request for money to implement activities.

Transport refund form: During meetings participants fill this form for transport reimbursements

Workshop claim form: This is the form that is used for individual expenses such as DSA's

Activity report form: We use this form to capture a summary of the implemented activity. This is just so that we keep a record of all the activities being implemented. We also use the template as one of our M&E tools.

Moreover, the facilitator must send **SMS check-ins** regularly to update project status (meeting schedule, and whether the meetings have been done or not) to the Coordinator.

For each of the reports, the facilitator will be provided a soft copy of the template (in excel) as well as a printed copy of each report. We recommend that the facilitator fill in the printed copy of the report as soon as a meeting is completed and then later copy the written answers into excel. The excel file can then be sent to the MEJN team in Lilongwe.

CHAPTER

III. COMMUNITY REPRESENTATIVES AND SOCIAL ACTIONS DEFINED

IN THIS CHAPTER:

- A. Community Representatives: Definition
- B. Community Social Action: Definition

As mentioned earlier, one of the core tasks of the facilitator is to identify potential **Community representatives (CRs)** who will formulate and implement **social actions**. The following is a brief description of CRs and social action.

A. COMMUNITY REPRESENTATIVE

'**Community representative**' refers to 15 representatives of the local community who volunteer, are nominated by the community, or are recruited by the facilitator and then voted on by the community in the CR selection meeting. The CRs will attend the community scorecard meeting, the social action meeting, and the open community meeting (these meetings are described in more detail in the next chapter) and will lead the social action plan. Roles of a CR include: Active participation in the community scorecard meeting, social action meeting, and open meeting. Planning and leading the implementation of a social action plans.

B. COMMUNITY SOCIAL ACTION

Social action could be broadly defined as practical action in the service of others that meets the following criteria:

- i. It is carried out by individuals or groups of people working together
- ii. It is not mandated
- iii. It is not for profit and is done for the good of the community and/or society
- iv. It seeks to bring about social change and/or value

Social action can include formal or informal volunteering, giving time and money, or simply people helping people. Social action, or advocacy, is needed since development practices often use top-down approaches (led by the government or international organizations) which have the potential to ignore or marginalize vulnerable groups, preventing them from getting adequate health services.

PART

II. INTERVENTION PREPARATION

CHAPTER IV: INTERVENTION OVERVIEW

CHAPTER V: IDENTIFYING CR CANDIDATES

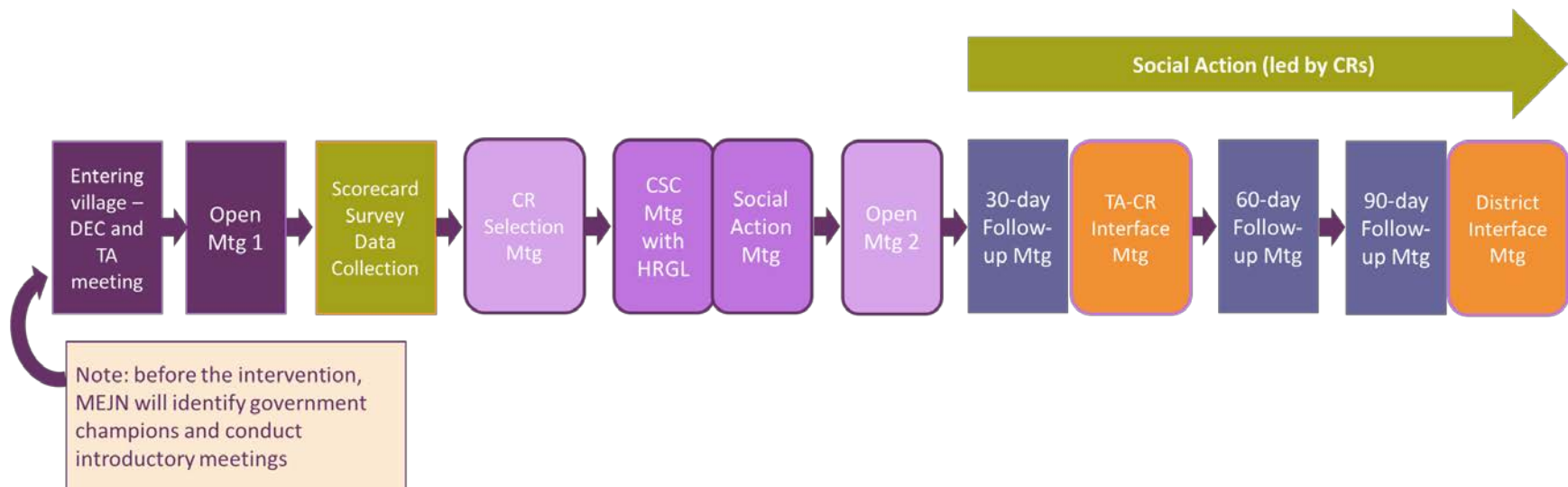
CHAPTER VI: IDENTIFYING SURVEY RESPONDENTS

CHAPTER IV. INTERVENTION OVERVIEW

IN THIS CHAPTER:

- A. Intervention Model
- B. Intervention Schedule – Nsanje Cycle 1
- C. Intervention Schedule – Nsanje Cycle 2

A. INTERVENTION MODEL



B. INTERVENTION SCHEDULE - NSANJE CYCLE 1

NO	Activity	AUG '17				SEP '17				OCT '17				NOV '17				DEC '17				JAN '18			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	Entering the village - DEC and TA Meetings				█	█																			
2	Open Meeting 1						█																		
3	Scorecard Survey							█																	
4	CR Selection Meeting								█																
5	Community Scorecard Meeting																								
6	Social Action Planning Meeting																								
7	Open Meeting 2																								
8	Social Actions carried out																								
9	30-Day Follow-up Meeting																								
10	Champion - CR Interface Meeting																								
11	60-Day Follow-up Meeting																								
12	District Interface Meeting																								
13	90-Day Follow-up Meeting																								

Intervention cycle 1 refers to the first (of 5) villages that the facilitators will lead together. Intervention cycle 2 (below) refers to the final four villages. Each facilitator leads two of the four villages, with the green blocks corresponding to the first village that each facilitator leads and the orange blocks corresponding to the second village that each facilitator will lead.

C. INTERVENTION SCHEDULE – NSANJE CYCLE 2

NO	Activity	AUG '17				SEP '17				OCT '17				NOV '17				DEC '17				JAN '18			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	Entering the village - DEC and TA Meetings																								
2	Open Meeting 1 - Site 1																								
	Open Meeting 1 - Site 2																								
3	Scorecard Survey - Site 1																								
	Scorecard Survey - Site 2																								
4	CR Selection Meeting - Site 1																								
	CR Selection Meeting - Site 2																								
5	Community Scorecard Meeting - Site 1																								
	Community Scorecard Meeting - Site 2																								
6	Social Action Planning Meeting - Site 1																								
	Social Action Planning Meeting - Site 2																								
7	Open Meeting 2 - Site 1																								
	Open Meeting 2 - Site 2																								
8	Social Actions carried out - Site 1																								
	Social Actions carried out - Site 2																								
9	30-Day Follow-up Meeting - Site 1																								
	30-Day Follow-up Meeting - Site 2																								
10	Champion - CR Interface Meeting - Site 1																								
	Champion - CR Interface Meeting - Site 2																								
11	60-Day Follow-up Meeting - Site 1																								
	60-Day Follow-up Meeting - Site 2																								
12	District Interface Meeting																								
13	90-Day Follow-up Meeting - Site 1																								
	90-Day Follow-up Meeting - Site 2																								

CHAPTER V. IDENTIFYING CR CANDIDATES

IN THIS CHAPTER:

- A. Characteristics of Community Representatives
- B. Selecting Community Representative Candidates
- C. Candidacy Guidelines

A. CHARACTERISTICS OF COMMUNITY REPRESENTATIVES

One of the most important parts of the facilitator's job is to identify and recruit strong CRs. If the CRs are not dedicated and engaged in the program, it is unlikely that they will have an impact in doing social actions to improve MNCH. Some characteristics of good CRs include individuals who are:

- 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
- Community representatives should not be health facility workers (discussed more below)

B. SELECTING COMMUNITY REPRESENTATIVE CANDIDATES

It is important that CRs have the full support of the community, so the facilitator will undertake three major tasks to identify the final set of CRs:

- First, the facilitator will **collect names of potential CR candidates**. The facilitators can collect these names during the 1st open meeting by asking for community members to volunteer or nominate others who they think would be good candidates. More details in Chapter IX: Open Meeting 1. The facilitator will continue to collect names of interested community members as s/he conducts the community survey. The facilitator can also ask for recommendations from other people in the community who he/she meets with.
- Second, between the Open Meeting 1 and the CR Selection Meeting, the facilitator should **contact the CR candidates, confirm they want to be CRS and meet the CR Candidacy Guidelines and Characteristics, and invite them to the CR Selection Meeting**.
- Third, the facilitator should **compile a final ballot of CR candidates and lead the community in voting for the CRs** on the ballot during the CR Selection Meeting.

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?
- Include representatives from different geographic parts of the village?
- Include a mix of young and old people?
- Include a mix of women and men?

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:

- Midwives or formal health workers
- Village officials or other government officials

If any of these people are on the CR Candidate list, they should be removed

CHAPTER

VI. IDENTIFYING SURVEY TARGETS

IN THIS CHAPTER:

- A. Identifying Respondents (Mothers who gave birth in past 2 years)
- B. Finalizing Preparations for Subsequent Meetings

During the first two weeks, the facilitator needs to identify survey targets for the Survey for Mothers (mothers who have given birth in the past two years).

A. IDENTIFYING RESPONDENTS (MOTHERS WHO GAVE BIRTH IN THE PAST TWO YEARS)

For the mother survey, the facilitator needs to compile a list of all the women who have given birth in the last two years.

(1) Identifying Potential Informants

The following are individuals who likely know or have a list of mothers who gave birth in the past two years:

- Community health workers
- Health practitioners, i.e. midwives and traditional birth attendants
- Community members who happened to be health officials or work for the health office
- Villages leaders
- Ask around/utilize informal discussion with community members

It is important that the facilitators not only rely on health workers for these lists because they may not know as many women who gave birth outside of the health facility.

(2) Collecting information from identified informants

When the facilitator meets the informants, the facilitator should ask the exact questions below:

“Do you have a list of mothers who gave birth in the past two years?”

“Do you know anyone who gave birth in the past two years, even if the baby has died?”

“Do you know any mother with a baby under two years old?”

Facilitators can also use table on the Annex B (Mothers’ List) and give it to the informant so they can write down a list of mothers that have given birth in the past two years.

(3) CREATING the FINAL list of mothers who gave birth in the past two years

The facilitator should collect all the Annex B papers that were filled out by the various informants

The facilitator should identify and delete duplicate names in the list and clarify any ambiguities by asking the informant additional questions.

The facilitator should compile all of the mothers' names that were collected from the informants and should record them in a list, organizing the names alphabetically. After filling in the mothers' information, facilitators should then randomly select respondents from this list (this can be done by writing names on separate sheets of paper and then picking names from a hat, or by using a random number generator).

B. FINALIZING PREPARATIONS FOR SUBSEQUENT MEETINGS

In these first two weeks, the facilitator needs to determine the dates for subsequent meetings so that all activities can be completed on schedule. This means that the facilitator must ensure that the main introduction meetings (the DEC Meeting, the TA/Village Introduction Meeting, and the first Open Meeting) take place in these first two to three weeks. Additionally, the facilitator needs to determine the dates for the next meetings (the CR Selection Meeting, the Community Scorecard Meeting, the Social Action Meeting, and the second Open Meeting) so that each meeting can be conducted in accordance with the schedule.

IMPORTANT NOTE

The two activities above (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 Village Head
- The practitioners/health personnel in the village (midwives) separately
- Other village figures (if needed)

PART

III. THE INTERVENTION

CHAPTER VII: ENTERING THE VILLAGE

CHAPTER VIII: COMMUNITY SURVEY

CHAPTER IX: OPEN MEETING I

CHAPTER X: CR SELECTION MEETING

CHAPTER XI: COMMUNITY SCORECARD MEETING

CHAPTER XII: SOCIAL ACTION PLANNING MEETING

CHAPTER XIII: OPEN MEETING 2

CHAPTER XIV: FOLLOW-UP MEETING 1

CHAPTER XV: CHAMPION – CR INTERFACE MEETING

CHAPTER XVI: FOLLOW-UP MEETING 2

CHAPTER XVII: DISTRICT – CR INTERFACE MEETING






CHAPTER XVIII: FOLLOW-UP MEETING 3

CHAPTER VII. ENTERING THE VILLAGE

IN THIS CHAPTER:

- A. DEC Meeting Overview
- B. DEC Meeting Detailed Rundown
- C. TA/Village Meetings Overview
- D. TA/Village Meetings Detailed Rundown

A. DEC MEETING OVERVIEW

 <p>Objectives</p>	<ul style="list-style-type: none"> • Introduce the T4D intervention to the DEC members • To get necessary information: <ul style="list-style-type: none"> - Stakeholders working in the communities - Other similar initiatives taking place in the communities 		
 <p>Participants</p>	<ul style="list-style-type: none"> • MEJN • Facilitators • DEC Members 		
 <p>Duration</p>	<p>1 hour 30 minutes</p>		
 <p>Equipment</p>	<table border="0"> <tr> <td data-bbox="504 958 759 1093"> <p>Equipment: Power point presentation prepared by MEJN Flip chart</p> </td> <td data-bbox="858 958 1257 1193"> <p>Materials: Program Introduction Leaflet (Annex E1) Writing pads Pens Markers Laptop computer Power point projector</p> </td> </tr> </table>	<p>Equipment: Power point presentation prepared by MEJN Flip chart</p>	<p>Materials: Program Introduction Leaflet (Annex E1) Writing pads Pens Markers Laptop computer Power point projector</p>
<p>Equipment: Power point presentation prepared by MEJN Flip chart</p>	<p>Materials: Program Introduction Leaflet (Annex E1) Writing pads Pens Markers Laptop computer Power point projector</p>		
 <p>Agenda</p>	<ol style="list-style-type: none"> (1) Opening prayer (2) Self-introductions (3) Introduction of program and of MEJN (4) Discussion of MNCH issues (5) Explanation of the intervention (6) Request information about: <ul style="list-style-type: none"> • Any already existing community structures that can be used for the intervention • Any successes that similar initiatives have brought in the locality • Any lessons from such initiatives if any (7) Question and answer session (8) Closing prayer 		

B. DETAILED RUNDOWN

(Note that DEC usually meets once a month and deliberates on a number of agenda items. MEJN will send a request to be included on the agenda of a DEC meeting for a particular month, in this case August. We are likely to have more than one agenda items. Secondly, DEC meetings are facilitated by a Council official. The detailed run down below considers that MEJN will come in and facilitate part (iii) to (vi) in line with the lineup of agenda items of that day's DEC meeting. Question and answer session will be facilitated by Council official).

1. Opening Prayer (5 minutes)

2. Self-introductions (10 minutes)

3. Introduction of program and of MEJN (10 minutes)

The meeting leader should introduce him/herself and MEJN. While many of the participants will likely be familiar with MEJN's work, it will be important to remind the room.

"My name is I work with the Malawi Economic Justice Network (MEJN) which I am sure most of you have heard of. MEJN is known for working on issues relating to the Malawi economy and the National Budget. Today I am here to tell you about a Maternal, Newborn, and Child (MNCH) project we are working on in collaboration with Harvard and Results for Development. You may be wondering what MEJN is doing in the health sector. I will briefly talk about MEJN so that we all have a full understanding of the organization and our project in the Maternal, Newborn, and Child Health sector.

MEJN is a leading coalition of civil society organizations, trade unions, faith-based organizations, community based organization and professional associations, among others committed to championing participatory economic governance for poverty reduction in Malawi. MEJN's believes in the empowerment of ordinary citizens to enable them to participate fully and effectively in public policy processes and demand performance accountability and transparency from duty bearers in addition to building linkages and synergies among duty bearers, rights holders and the non-state actors. Our core work involves analysis and monitoring of the national budget and ensuring that government and donor policies focus on the majority poor so that citizens get value for money in all government and donor activities.

The network started as a movement in the year 2000 when Malawi was applying for debt cancelation under the Heavily Indebted Poor Countries (HIPC) initiative. MEJN has its secretariat in Lilongwe and coordinates its work through MEJN Chapters in 27 districts across Malawi. The district Chapters are replica platforms of the national network of MEJN at the district level which help in championing the coordination of pro-poor economic governance activities at district level by engaging and building synergies

with other local development structures and district authorities in policy advocacy and district budget formulation, monitoring and tracking.

It is not the first time MEJN has come to Nsanje. The Nsanje MEJN chapter being chaired by Pastors Fraternal, has continuously monitored service delivery of the various government sectors in Nsanje.”

Then, MEJN should explain the purpose of the meeting by using or modifying the script below:

“We are here to introduce a series of activities to motivate community members to improve Maternal, Newborn, and Child Health (MNCH) in the following Group Village Headmen. The program itself relies on volunteerism of community members. MEJN’s role will only be to motivate the community members and to share ways in which the community can take action to improve the status of MNCH in their communities. We are working in (names of villages to be mentioned) selected for this project.

We believe that at the end of this meeting you will have a thorough understanding of the program, and that you will share with us any feedback that you may have. We will invite you to ask questions and give comments where necessary after we have presented the intervention to you. Furthermore, we appreciate the fact that you are on the ground, and know best what really affects your communities. We have chosen a number of MNCH issues to focus on based on feedback we received from community focus groups in a number of Nsanje communities and based on our discussions with the Nsanje DHO. During this meeting, we will discuss some of the MNCH issues that are most pressing in Nsanje.

After discussing the MNCH issues and the intervention in more detail, we will ask you for some information and feedback because we recognize that you are the experts on the ground. Finally, we will have an opportunity for your questions. We want to inform you of the activities communities will be carrying out, and hope that you will support them in whatever way you can.”

4. Discussion of MNH Issues (20 minutes)

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

“Maternal, newborn, and child health are priorities in Malawi as outlined in the 2011-2016 Health Sector Strategic Plan (HSSP) and the 2012 Ministry of Health Road Map for Accelerating Reduction of Maternal and Neonatal Morbidity and Mortality. Malawi has seen tremendous improvements in some aspects of MNCH, but has lagged behind in others. The most significant increase was seen in levels of birth in a health facility: the Malawi Demographic and Health Survey (DHS) 2015-16 noted increases from 55% in 1992 to 91% in 2015-16.

Antenatal Care (ANC) provides a more nuanced example. There was an increase in the proportion of women who received any ANC from a skilled provider from 90% in 1992

to 95% in 2016; however, only 24% of women had their first ANC visit within their first trimester and 51% had the recommended four or more ANC visits.

Similarly, Postnatal Care (PNC) indicators remain low with 42% of women and 60% of newborns receiving a postnatal check within 2 days of delivery. Malaria is also a significant public health problem in Malawi, particularly for children under the age of 5 and pregnant women. Malawi experiences about 4 million episodes of malaria annually. Despite the prevalence of Malaria, treatment seeking for fever is low: the Malawi DHS found that advice or treatment was sought for only 59% of children with a fever in the two weeks preceding the survey, and 29% of children under 5 having a fever in the two weeks preceding the survey.

This is a gloomy picture for Malawi, and there is need for communities to work together to improve MNCH. This poor performance is a result of a number of factors including formal health system factors such as weak infrastructure, shortages of skilled health providers, and limited access to quality health services. But there are also non-health system factors such as lack of knowledge among communities about MNCH best practices, social and cultural beliefs/practices, and gender inequality.”

Give general conclusions as follows:

“The health of pregnant women, of mothers giving birth, newborns, and young children is very important because these populations are especially vulnerable to disease. Furthermore, most maternal, newborn, and child deaths can be prevented with appropriate measures. This program will empower communities to identify the most significant barriers to better MNCH and to develop and carry out plans to overcome these barriers. Now we will tell you more about the specific activities of the program.”

5. Explanation of the intervention (20 minutes)

Provide the following brief explanation of the intervention:

“The goal of the intervention is to motivate representatives and volunteers from each community to devise social actions aimed at improving maternal, newborn, and child 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 the status of MNCH in this community”

Provide a **detailed explanation** of the intervention by referring to Annex A: Introduction Program Leaflet. The facilitator should hand out the leaflet to participants in the meeting.

“Now I’m going to tell you about the specific activities that will be carried out as part of this intervention. Please follow along in the Introduction Program Leaflet. This is the first of the introduction meetings that we are conducting as part of our village entry process. We will also hold a meeting with the TAs, GVHs, Village Heads, and other

village stakeholders affiliated with each of the 5 villages in which we are working. The final step in this process is to hold an open community meeting in each village to introduce the intervention to the community and to start gathering names of community members interested in volunteering their time as Community Representatives (CRs).

Next, we will conduct a household survey to gather information about the status of MNCH in each community. We will also hold a smaller meeting to finalize the selection of CRs.

After CRs are selected and the survey is complete, we will facilitate a series of meetings during which we will present the survey information to the CRs; the CRs will discuss the most significant barriers to better MNCH that their communities face; and will develop specific social action plans that they want to take to overcome these barriers and improve MNCH in their communities.

The CRs will then present their plans to the broader community and will start carrying out their actions. At this point we, as the facilitators, will leave—it is up to the CRs to continue implementing their plans. We will come back to the communities 30, 60, and 90 days to check-in on the social action plans' progress and to develop sustainability plans. Throughout this process, the CRs will also meet with their government champion—TAs or GVHs who have agreed to support the CRs in their efforts—some of the champions may be here today.

The intervention will conclude with an interface meeting between the CRs and District officials—this will be an opportunity for the CRs to report back on their activities and to request continued support from their government.

Throughout this process, we hope to empower communities to implement change while also improving Maternal, Newborn, and Child Health, and strengthening the relationship between communities and duty bearers.

(6) Request Information: (10 minutes)






Facilitators should ask members present for following information:

- Any existing structures that can be used for the intervention
- Stakeholders working in the selected communities
- Other similar initiatives taking place in the community and lessons

(7) Question and answer session (10 minutes)

(8) Closing prayer (5 minutes)

C. TA/VILLAGE MEETING OVERVIEW

 <p>Objectives</p>	<ul style="list-style-type: none"> • Introduce T4D program and TA champions to ADC, VDC, and Village level leaders • Agree on date and venue of first open meeting • Develop mobilization plan to get representative group of community members to the first open meeting • To get necessary information: 		
 <p>Participants</p>	<ul style="list-style-type: none"> • MEJN • Facilitator • ADC and VDC members • TA (champion) • Village Heads (if working in a group of villages, invite all village heads) • Health facility staff 		
 <p>Duration</p>	<p>2 hour 30 minutes</p>		
 <p>Equipment</p>	<table border="0"> <tr> <td data-bbox="507 1160 756 1218"> <p>Equipment: Notebook, pens, markers</p> </td> <td data-bbox="858 1160 1251 1218"> <p>Materials: Program Introduction Leaflet (Annex A)</p> </td> </tr> </table>	<p>Equipment: Notebook, pens, markers</p>	<p>Materials: Program Introduction Leaflet (Annex A)</p>
<p>Equipment: Notebook, pens, markers</p>	<p>Materials: Program Introduction Leaflet (Annex A)</p>		
 <p>Agenda</p>	<ol style="list-style-type: none"> (1) Opening prayer (2) Self-introductions (3) Introduction of program and of MEJN (4) Discussion of MNCH issues (5) Explanation of the intervention (6) Open Meeting Preparation (7) Request information about: <ul style="list-style-type: none"> • Names of potential CR candidates • Details on health practitioners- midwives and other health practitioners • Other similar initiatives taking place in the community (8) Question and answer session (9) Closing prayer 		

D. DETAILED RUNDOWN

1. Opening Prayer (5 minutes)

2. Self-introductions (15 minutes)

3. Introduction of program and of MEJN (15 minutes)

The meeting leader should introduce him/herself and MEJN. While many of the participants will likely be familiar with MEJN's work, it will be important to remind the room.

"My name is I work with the Malawi Economic Justice Network (MEJN) which I am sure most of you have heard of. MEJN is known for working on issues relating to the Malawi economy and the National Budget. Today I am here to tell you about a Maternal, Newborn, and Child (MNCH) project we are working on in collaboration with Harvard and Results for Development. You may be wondering what MEJN is doing in the health sector. I will briefly talk about MEJN so that we all have a full understanding of the organization and our project in the Maternal, Newborn, and Child Health sector.

MEJN is a leading coalition of civil society organizations, trade unions, faith-based organizations, community based organization and professional associations, among others committed to championing participatory economic governance for poverty reduction in Malawi. MEJN's believes in the empowerment of ordinary citizens to enable them to participate fully and effectively in public policy processes and demand performance accountability and transparency from duty bearers in addition to building linkages and synergies among duty bearers, rights holders and the non-state actors. Our core work involves analysis and monitoring of the national budget and ensuring that government and donor policies focus on the majority poor so that citizens get value for money in all government and donor activities.

The network started as a movement in the year 2000 when Malawi was applying for debt cancelation under the Heavily Indebted Poor Countries (HIPC) initiative. MEJN has its secretariat in Lilongwe and coordinates its work through MEJN Chapters in 27 districts across Malawi. The district Chapters are replica platforms of the national network of MEJN at the district level which help in championing the coordination of pro-poor economic governance activities at district level by engaging and building synergies with other local development structures and district authorities in policy advocacy and district budget formulation, monitoring and tracking.

It is not the first time MEJN has come to Nsanje. The Nsanje MEJN chapter being chaired by Pastors Fraternal, has continuously monitored service delivery of the various government sectors in Nsanje."

Then, MEJN should explain the purpose of the meeting by using or modifying the script below:

“We are here to introduce a series of activities to motivate community members to improve Maternal, Newborn, and Child Health (MNCH) in [insert village name], which falls within your jurisdiction. The program itself relies on volunteerism of community members. MEJN’s role will only be to motivate the community members and to share ways in which the community can take action to improve the status of MNCH in their communities. We are also working in (names of other 4 villages) selected for this project.

We believe that at the end of this meeting you will have a thorough understanding of the program, and that you will share with us any feedback that you may have. We will invite you to ask questions and give comments where necessary after we have presented the intervention to you. Furthermore, we appreciate the fact that you are on the ground, and know best what really affects your communities. We have chosen a number of MNCH issues to focus on based on feedback we received from community focus groups in a number of Nsanje communities and based on our discussions with the Nsanje DHO. During this meeting, we will discuss some of the MNCH issues that are most pressing in Nsanje.

After discussing the MNCH issues and the intervention in more detail, we will ask you for some information and feedback because we recognize that you are the experts on the ground. Finally, we will have an opportunity for your questions. We want to inform you of the activities communities will be carrying out, and hope that you will support them in whatever way you can.”

4. Discussion of MNCH Issues (20 minutes)

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

“Maternal, newborn, and child health are priorities in Malawi as outlined in the 2011-2016 Health Sector Strategic Plan (HSSP) and the 2012 Ministry of Health Road Map for Accelerating Reduction of Maternal and Neonatal Morbidity and Mortality. Malawi has seen tremendous improvements in some aspects of MNCH, but has lagged behind in others. The most significant increase was seen in levels of birth in a health facility: the Malawi Demographic and Health Survey (DHS) 2015-16 noted increases from 55% in 1992 to 91% in 2015-16.

Antenatal Care (ANC) provides a more nuanced example. There was an increase in the proportion of women who received any ANC from a skilled provider from 90% in 1992 to 95% in 2016; however, only 24% of women had their first ANC visit within their first trimester and 51% had the recommended four or more ANC visits.

Similarly, Postnatal Care (PNC) indicators remain low with 42% of women and 60% of newborns receiving a postnatal check within 2 days of delivery. Malaria is also a significant public health problem in Malawi, particularly for children under the age of 5 and pregnant women. Malawi experiences about 4 million episodes of malaria annually. Despite the prevalence of Malaria, treatment seeking for fever is low: the Malawi DHS

found that advice or treatment was sought for only 59% of children with a fever in the two weeks preceding the survey, and 29% of children under 5 having a fever in the two weeks preceding the survey.

This is a gloomy picture for Malawi, and there is need for communities to work together to improve MNCH. This poor performance is a result of a number of factors including formal health system factors such as weak infrastructure, shortages of skilled health providers, and limited access to quality health services. But there are also non-health system factors such as lack of knowledge among communities about MNCH best practices, social and cultural beliefs/practices, and gender inequality.”

Give general conclusions as follows:

“The health of pregnant women, of mothers giving birth, newborns, and young children is very important because these populations are especially vulnerable to disease. Furthermore, most maternal, newborn, and child deaths can be prevented with appropriate measures. This program will empower communities to identify the most significant barriers to better MNCH and to develop and carry out plans to overcome these barriers. Now we will tell you more about the specific activities of the program.”

5. Explanation of the intervention (20 minutes)

Provide the following brief explanation of the intervention:

“The goal of the intervention is to motivate representatives and volunteers from each community to devise social actions aimed at improving maternal, newborn, and child 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 the status of MNCH in this community”

Provide a **detailed explanation** of the intervention by referring to Annex A: Introduction Program Leaflet. The facilitator should hand out the leaflet to participants in the meeting.

“Now I’m going to tell you about the specific activities that will be carried out as part of this intervention. Please follow along in the Introduction Program Leaflet.

This is the second of the introduction meetings that we are conducting as part of our village entry process. We will also held a meeting with the Nsanje DEC. The final step in this process is to hold an open community meeting in each village to introduce the intervention to the community and to start gathering names of community members interested in volunteering their time as Community Representatives (CRs). We will need your help in scheduling this open meeting, but we will discuss this later.

Next, we will conduct a household survey to gather information about the status of MNCH in each community. We will also hold a smaller meeting to finalize the selection of CRs.

After CRs are selected and the survey is complete, we will facilitate a series of meetings during which we will present the survey information to the CRs; the CRs will discuss the most significant barriers to better MNCH that their communities face; and will develop specific social action plans that they want to take to overcome these barriers and improve MNCH in their communities.

The CRs will then present their plans to the broader community and will start carrying out their actions. At this point we, as the facilitators, will leave—it is up to the CRs to continue implementing their plans. We will come back to the communities 30, 60, and 90 days to check-in on the social action plans' progress and to develop sustainability plans. Throughout this process, the CRs will also meet with their government champion—TAs or GVHs who have agreed to support the CRs in their efforts—some of the champions may be here today.

The intervention will conclude with an interface meeting between the CRs and District officials—this will be an opportunity for the CRs to report back on their activities and to request continued support from their government.

Throughout this process, we hope to empower communities to implement change while also improving Maternal, Newborn, and Child Health, and strengthening the relationship between communities and duty bearers.

6. Open Meeting Preparation (45 minutes)

The facilitator should explain that s/he hopes to introduce the program to other community members through an introductory open meeting.

“As I mentioned earlier, the next step in the village entry process is to convene an open meeting in the village. We need your help in scheduling this meeting and in recruiting a representative group of community members from across the village(s) we are working in. We would also like your recommendations on who else to invite to this meeting—local leadership, representatives from other community groups, etc.

The open meeting should be in a central location in the village that is easily accessible to most community members—will the Village Head or GVH please recommend a location for this meeting? Are there any permissions we need to acquire to use this space—can you secure these permissions or connect me with the person in charge?

The TA/GVH champion for this village has graciously agreed to attend this open meeting in the village!

The facilitator should ask the TA/GVH champion for an appropriate date and time for the open meeting—this should be a date the champion can attend and a date that most community

members will be free (consider weekends vs. weekdays, etc.). Then the facilitator should confirm the date, time, and location of the meeting.

“Great! The Open Meeting will take place [insert location] on [insert date and time]. Next we need to develop a recruitment strategy. You all know this village better than we do—does anyone have ideas for how we might start the recruitment process? It is important that this group represents different factions of the community—we want some informal leaders and some regular community members, some men and some women, some young and some old, some people from different geographic parts of the village.

Is there anyone (Village Head or GVH) willing to lead the recruitment effort? Are there any other community leaders not at this meeting who we should talk to?

The facilitator should also explain that this is the meeting when they ask community members to volunteer or nominate others to be CRs.

“During this open meeting, we will ask community members to volunteer or to nominate others to be Community Representatives – these are the people who will be responsible for developing and carrying out the social actions to improve MNCH in their village. We are looking for people that meet the following characteristics:

- *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 (not too many other commitments)*
- *Able and willing to attend required meetings*
- *Willing to get involved with community members from various backgrounds*
- *Community representatives should **not** be health facility workers or government officials*

Additionally, the make-up of the CR team should:

- *Include members of non-elite groups*
- *Include representatives from different geographic parts of the village (or from all villages if we are working in a cluster of villages)*
- *Include a mix of young and old people*
- *Include a mix of men and women*

Please keep these criteria in mind while recruiting community members for this open meeting.

The facilitator should ask the TA for recommendations on who to invite, which should consist of following:

- ADC and VDC officials
- Traditional leaders
- Members of the business community in this community
- Church leaders of various churches operating in the locality
- Youth representatives

- Representatives of women and women groups (e.g. Mothers group or Safe motherhood groups)
- Representatives of minority groups
- Traditional leaders (Village leaders)
- Health personnel in the village- midwives, health surveillance assistant (HSA)
- Members of Health Centre Advisory Committee (HCAC)
- Other volunteers that work at the health Centre
- Ward councilor
- Regular community members

7. Request Information: (15 minutes)

Facilitators should ask the TA for following information:

- A list of health workers or other people who have a record of mothers who gave birth in the past two years
- Any already existing community structures that can be used for the intervention
 - Specifically, information about active Health Center Advisory Committees in the area
- Any successes that similar initiatives have brought in the locality
- Any lessons from such initiatives, if any
- A list of potential CR candidates – see open meeting preparation section

8. Question and answer session (10 minutes)

9. Closing prayer (5 minutes)

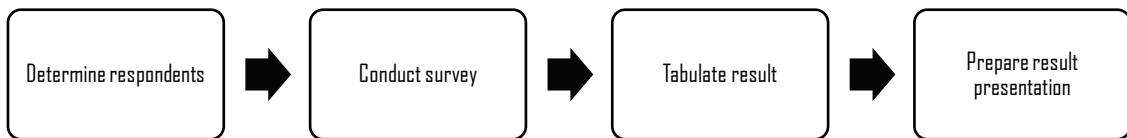
CHAPTER
VIII. COMMUNITY
SURVEY

IN THIS CHAPTER:

A. Community Survey

A. COMMUNITY SURVEY

During the first two weeks, the facilitator should have compiled the final list of mothers who gave birth in the past 2 years in the village from a variety of sources. Note the facilitator will use this information to conduct the community survey (Survey of Mothers) and to prepare the scorecard for the meetings.



1. Determining respondents to be interviewed from the list of mothers

After the final list of all mothers who gave birth the past two years is compiled based on the mother's lists in Annex B, the facilitator should create a consolidated list of all names, deleting duplicate names and cross-checking information. The facilitator should then assign random numbers to each name using a random number generator. The facilitator should then select

— If by the end of the second week, there are less than 30 women who gave birth in the past two years:

- The facilitator needs to take several days in the third week to look for more informants, such as sub-village heads, 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

mothers numbered 1-30 as respondents, and mothers numbered 31-35 as backups for replacement. Alternatively, the facilitator could write all of the names of the mothers on separate sheets of paper and then randomly draw 30 names out of a hat, with 5 drawn as backups.

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 the 30 randomly selected women who gave birth in the past 2 years for the 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, did you go for antenatal care checks?
- What is your experience with the health facility?

- How satisfied are you with the midwife?

(3) Entering / tabulating Survey Results

After the survey is completed, the facilitator should input the data of the survey into the ‘Survey Responses’ Tab in Facilitator Report template. Each respondent (mother) should be listed as a separate column. The facilitator should carefully check the inputted information to make sure that it is correct. After the data has been entered, send the ‘Survey Responses’ data to the reporting officer in Lilongwe for review.

(4) Preparing the result presentation

After the Lilongwe team reviews the Survey Responses results, the Lilongwe team will calculate the statistics that should go in the scorecard for the CSC meeting (described in subsequent chapters). The Lilongwe team will send these statistics to the facilitators, and the facilitator should fill in the data in the scorecard lever and barrier cards to be used for the ‘CSC Meeting’. An example of the lever and barrier cards can be seen in the “CSC Meeting” chapter, while an example of the list of obstacles can be seen in Annex E.

(5) 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
Survey	Survey Visit CR	Survey	Survey Visit CR	Visit CR	Visit CR	Survey
Survey	Tabulation Visit CR	Visit CR	Visit CR	Finalize CR		Distribute invitations to CR
CR Selection Meeting			Community Scorecard Meeting	Social Action Planning Meeting		

CHAPTER IX. OPEN MEETING 1

IN THIS CHAPTER:

- A. Overview of Open Meeting 1
- B. Detailed Rundown

A. OVERVIEW OF OPEN MEETING 1

 <p>Objectives</p>	<ul style="list-style-type: none"> To introduce the intervention activities to the community and other community committees dealing with health issues and to gain their support in implementing the intervention activities To introduce the government champions to the communities To get the dates for the CR Selection Meeting, Community Scorecard Meeting, Community Action Meeting, and second Open Meeting To ask for volunteers/nominations for Community Representative Candidates To get informant names for mothers who gave birth in the past two years
 <p>Participants</p>	<ul style="list-style-type: none"> Facilitator TA Champions VDC officials (optional) Village leadership Health facility staff <ul style="list-style-type: none"> Community members Health Centre Advisory Committee (HCAC) members
 <p>Duration</p>	<p>3 hours</p>
 <p>Equipment</p>	<p>Tools:</p> <ul style="list-style-type: none"> Flipchart Flipchart stand Masking tape Marker pen Public address system <p>Materials:</p> <ul style="list-style-type: none"> Program Introduction Leaflet in Chichewa (Annex A) Annex B: List of Mothers Annex C: List of CR Candidates Intervention Model
 <p>Agenda</p>	<ol style="list-style-type: none"> Opening prayer Opening by facilitator Opening remarks – Government Champion Introductions of the facilitator and MEJN Discussion of MNCH issues Explanation of the intervention Collection of potential CR candidates Collection of information on mothers who have given birth over the past 2 years Collection of information to prepare for other community meetings Question and Answer Session Closing remarks – TA and Government Champion Closing prayer

B. DETAILED RUNDOWN

1. Opening Prayer (5 minutes)

2. Opening by facilitator (10 minutes)

In the opening speech, the facilitator should emphasize the importance of social action. The facilitator should also explain that the presence of the facilitator is to encourage citizens to independently plan and carry out social actions to improve the health conditions of mothers and children in the village.

“My name is [name] and I am here to introduce a series of activities to motivate community members to improve Maternal, Newborn, and Child Health (MNCH) in your village. This project is a collaboration between The Malawi Economic Justice Network, Harvard, and Results for Development. The program itself relies on volunteerism of community members. As a facilitator, my role will only be to motivate you as a community and to share ways in which you can take action to improve the status of MNCH in your community. We are also working in (names of other 4 villages) selected for this project.

We believe that at the end of this meeting you will have a thorough understanding of the program, and that you will share with us any questions or feedback that you may have. We will invite you to ask questions and give comments where necessary after we have presented the intervention to you. Furthermore, we appreciate the fact that you are on the ground, and know best what really affects your communities.

In this meeting, we will discuss Maternal, Newborn, and Child Health (MNCH) issues in your community, introduce the intervention activities aimed at improving MNCHs, introduce the government champion who has volunteered to support your community, prepare for the next set of meetings, collect the names of community members who would like to volunteer as Community Representatives, and collect names of informants who may have a list of mothers who have given birth in the past two years.

Before we get into the details of the program, I want to introduce a very special guest. As part of the intervention, we have identified a government champion who has agreed to support your community as you develop action plans to improve MNCH.”

The facilitator should introduce the government champion as ask him/her to give some brief remarks.

3. Opening Remarks by Government Champion (10 minutes)

4. Introductions of the facilitator and MEJN (10 minutes)

The facilitator should thank the government champion and move on to introducing MEJN briefly by following or modifying the script below:

“I work with the Malawi Economic Justice Network (MEJN) which some of you might have heard of. MEJN is known for working on issues relating to the Malawi economy and the National Budget. Today I am here to tell you about a Maternal, Newborn, and Child (MNCH) project we are working on in collaboration with Harvard and Results for Development.

MEJN is a leading coalition of civil society organizations, trade unions, faith-based organizations, community based organization and professional associations, among others committed to championing participatory economic governance for poverty reduction in Malawi. MEJN’s believes in the empowerment of ordinary citizens to enable them to participate fully and effectively in public policy processes and demand performance accountability and transparency from duty bearers in addition to building linkages and synergies among duty bearers, rights holders and the non-state actors. Our core work involves analysis and monitoring of the national budget and ensuring that government and donor policies focus on the majority poor so that citizens get value for money in all government and donor activities.

The network started as a movement in the year 2000 when Malawi was applying for debt cancelation under the Heavily Indebted Poor Countries (HIPC) initiative. MEJN has its secretariat in Lilongwe and coordinates its work through MEJN Chapters in 27 districts across Malawi. The district Chapters are replica platforms of the national network of MEJN at the district level which help in championing the coordination of pro-poor economic governance activities at district level by engaging and building synergies with other local development structures and district authorities in policy advocacy and district budget formulation, monitoring and tracking.

It is not the first time MEJN has come to Nsanje. The Nsanje MEJN chapter being chaired by Pastors Fraternal, has continuously monitored service delivery of the various government sectors in Nsanje.

Now that you have an idea of who we are and why we are here, let’s start talking about the issues your community faces related to MNCH”

5. Discussion of MNCH Issues (20 minutes)

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

“Maternal, newborn, and child health are priorities in Malawi as outlined in the 2011-2016 Health Sector Strategic Plan (HSSP) and the 2012 Ministry of Health Road Map for Accelerating Reduction of Maternal and Neonatal Morbidity and Mortality. Malawi has seen tremendous improvements in some aspects of MNCH, but has lagged behind in

others. The most significant increase was seen in levels of birth in a health facility: the Malawi Demographic and Health Survey (DHS) 2015-16 noted increases from 55% in 1992 to 91% in 2015-16.

Antenatal Care (ANC) provides a more nuanced example. There was an increase in the proportion of women who received any ANC from a skilled provider from 90% in 1992 to 95% in 2016; however, only 24% of women had their first ANC visit within their first trimester and 51% had the recommended four or more ANC visits.

Similarly, Postnatal Care (PNC) indicators remain low with 42% of women and 60% of newborns receiving a postnatal check within 2 days of delivery. Malaria is also a significant public health problem in Malawi, particularly for children under the age of 5 and pregnant women. Malawi experiences about 4 million episodes of malaria annually. Despite the prevalence of Malaria, treatment seeking for fever is low: the Malawi DHS found that advice or treatment was sought for only 59% of children with a fever in the two weeks preceding the survey, and 29% of children under 5 having a fever in the two weeks preceding the survey.

This is a gloomy picture for Malawi, and there is need for communities to work together to improve MNCH. This poor performance is a result of a number of factors including formal health system factors such as weak infrastructure, shortages of skilled health providers, and limited access to quality health services. But there are also non-health system factors such as lack of knowledge among communities about MNCH best practices, social and cultural beliefs/practices, and gender inequality.”

Give general conclusions as follows:

“The health of pregnant women, of mothers giving birth, newborns, and young children is very important because these populations are especially vulnerable to disease. Furthermore, most maternal, newborn, and child deaths can be prevented with appropriate measures. This program will empower communities to identify the most significant barriers to better MNCH and to develop and carry out plans to overcome these barriers. Now we will tell you more about the specific activities of the program.”

Dig deeper in local experience by asking:

“Does anyone want to share experiences/stories about maternal and child health problems in this village?”

The facilitator can continue discussions to emphasize the importance of MNCH. The goal is to help community members recognize the need to improve MNCH conditions in their village.

6. Explanation of the intervention (20 minutes)

Before the facilitator starts explaining the intervention, he/she should ask some preliminary questions:

“Has anyone heard the term ‘social action’?”

“Does anyone want to explain what social action is?”

“What are some social actions that have been done by people in this community?”

From this discussion, the facilitator should ensure that participants understand the meaning of ‘social action’, and that they can give some examples of social actions that have been done before

Provide the following **brief explanation** of the intervention:

“People in your villages have carried several social actions before, which is remarkable! My purpose here is not that different from what has already been done in this community. I am here to encourage some representatives/volunteers from the community to create and carry out a plan of action whose goal is to improve the community’s MNCH status. 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 their respective villages.”

The facilitator should then explain the Intervention Model to give a more detailed account of the activities that will be carried out.

The facilitator should hand out Introduction Program Leaflets (Annex A) and should allow time for the participants to read it and ask questions, if needed.

“Now I’m going to tell you about the specific activities that will be carried out as part of this intervention. Please follow along in the Introduction Program Leaflet.

This is the final introductory meeting that we are conducting as part of our village entry process. We also held a meeting with the Nsanje DEC and with District, VDC, and local leadership. This community meeting is the most important because you are the people who will make this intervention happen! Towards the end of this meeting we will ask you for volunteers or nominations of people interested in volunteering their time as Community Representatives (CRs) to improve the status of Maternal, Newborn, and Child Health in this village.

In the next few weeks, we will conduct a household survey to gather information about the status of MNCH in your specific community. We will also hold a smaller meeting for you, the community, to vote on your Community Representatives.

After the CRs are selected and the survey is complete, we will facilitate a series of meetings during which we will present the survey information to the CRs; the CRs will discuss the most significant barriers to better MNCH that your community faces; and they will develop specific social action plans that they want to take to overcome these barriers and improve MNCH in your communities.

The CRs will then present their plans to your entire community in a meeting like the one we are having today, and will start carrying out their actions. At this point we, as the facilitators, will leave—it is up to the CRs and your community support to continue implementing the action plans. We will come back to your village after 30, 60, and 90 days to check-in on the social action plans' progress and to develop sustainability plans.

Throughout this process, the CRs will also meet with their government champion who is here today [ask government champion to stand up and introduce him/her].

The intervention will conclude with an interface meeting between the CRs and District officials—this will be an opportunity for the CRs to report back on their activities and to request continued support from their government.

Throughout this process, we hope to empower communities to implement change while also improving Maternal, Newborn, and Child Health, and strengthening the relationship between communities and duty bearers.

7. Collecting Names of CR Candidates (45 minutes)

By referring to the leaflets, ask if there are any suitable candidates to become CRs. The facilitator should hand out Annex C: List of CR candidates for participants to fill in:

“Today we are starting the process of recruiting community members to become community representatives – the group of people who will be responsible for developing and carrying out social action plans to improve MNCH in your village.”

“We need people who are active, vocal, innovative, and are willing to invest time and energy to voluntarily improve MNCH in the community. These individuals cannot be village officials, politicians, or official health workers and they should not be too busy leading other village activities. We also want a group that represents the different parts of your community – both men and women, young and old, people from different geographic locations in the village.”

“Please remember that this is a voluntary position. CRs will not get any payment for their work on MNCH, but they will have the important opportunity to improve the health of mothers and children in this village!”

“If you would meet these requirements and would like to volunteer as a CR, please enter your information in the forms being passed around. If you know of other people in this community who might make good CRs, please write down their information.”

“After this meeting, I will contact those on the list to find out if they are interested in being a CR, and I will compile all of the names of CR candidates. Then you as a community will have the chance to vote on the final 15 CRs to represent your community”

The facilitator should not rush this process; he/she should give the participants time to think about who they want to recommend for CR candidacy. The facilitator can also follow up with the participants after the meeting to get more CR recommendations if the participants cannot provide the names during this meeting.

8. Information on mothers who gave birth in past 2 years (20 minutes)

Facilitators should use this meeting as an opportunity to get some information for the mother survey:

Facilitators should ask for the names of people who might have a list of women who gave birth in the past 2 years. If the information is available, the facilitator can ask for and record the contact information of women who gave birth in the past 2 years in Annex B: List of Mothers.

9. Prepare for other community meetings (20 minutes)

The facilitator work with the Village Head to set a date, time, and place for CR selection meeting.

— At the end of this meeting, before the participants leave the meeting room, the facilitator should distribute extra Program Explanation leaflets (Annex A) to be distributed to more community members. Some of the participants will likely be leaders of various groups in the village (village development committees, area development committees, community based organizations, business community, prayer groups, traditional leaders etc.) or might hold key positions in the village (the village heads etc.). Ask the participants to distribute the leaflets to their respective group members and to as many other community members as possible, while encouraging them to volunteer as CRs.

10. Question and Answer Session (15 minutes)

11. Closing Remarks – Government Champion (15 minutes)

12. Closing Prayer (5 minutes)

CHAPTER
**X. CR SELECTION
MEETING**

IN THIS CHAPTER:

- A. Overview of CR Selection Meeting
- B. Detailed Rundown

A. OVERVIEW OF CR SELECTION MEETING

 <p>Objectives</p>	<p>Voting/selection of 15 – 20 CRs Coming up with leadership structure for the CRs and TORs Voting of CR leadership team/CR coordinators based on the structure agreed Agree on dates of CSC and Social action meetings</p>
 <p>Participants</p>	<ul style="list-style-type: none"> • Facilitator • Potential CR candidates (nominated during the first open meeting and those identified by the Facilitator) • Village head(s) for the selected villages • Representative of health facility staff • ADC and VDC members • HCAC representative
 <p>Duration</p>	<p>2 hours</p>
 <p>Equipment</p>	<p>Equipment: Flip chart Markers Note pad</p>
 <p>Agenda</p>	<ol style="list-style-type: none"> (1) Opening prayer (2) Introductions (3) Introduction of meeting purpose (4) Selection of CRs (5) Developing CR leadership structure and TORs (6) Voting for CR Coordinators (7) Preparation for CSC and Social Action meetings (8) Question and answer session (9) Closing prayer

B. DETAILED RUNDOWN

1. Opening Prayer (5 minutes)

2. Introductions (10 minutes)

3. Introduction of meeting purpose (10 minutes)

The meeting leader should introduce him/herself and MEJN. The facilitator should also introduce key participants present at the meeting. The facilitator should then move to introducing to the gathering the purpose of meeting. He should refer to what was discussed during first open meeting regarding selection of individuals from the community who should lead the intervention.

“My name is I am from Malawi Economic Justice Network (MEJN). Before we move into the main purpose of this gathering, let me recognize the presence of (facilitator will mention names of key individuals present during the meeting) who will stand when I mention their names.

Then, MEJN should explain the purpose of the meeting by using or modifying the script below:

“Our meeting today will be in two parts. During the first part, there will be selection of 15 – 20 community representatives. When we are done with the voting of CRs, all the voted CRs will remain to define a leadership structure for their team, and also to identify individuals amongst themselves who will be in the leadership structure. The rest of you will be free to leave.

4. Selection of CRs (30 minutes)

“You recall that during our meeting which was held in this same village, we informed you that we would conduct a household survey to gather information about the status of MNCH in your specific community. After the survey, we also indicated that would hold a meeting for you, the community, to vote on your Community Representatives. You also recall that during the same meeting, you shared with us names of potential individuals who could be CRs. During the survey, we also came across individuals who are so passionate about the MNCH issues. These individuals and those whose names you had given to us during the open meeting are here. In the next 30 or so minutes we would like you, the community members, to select individuals from this grouping as CRs.”

“We want this group to be representative of your community and to include people with different backgrounds. Specifically, the group should include:

- *Women and men (ideally half men and half women)*

- *At least one representative from Religious leaders*
- *At least one Community Health Volunteer, e.g. someone involved in the Safe Motherhood Initiative Demand-Side o, but NOT part of the formal health system*
- *Representatives of CBOs with an active interest in health issues*
- *Representatives of less privileged or vulnerable groups e.g. youth and minorities*

“Are there any other categories of people who should be explicitly represented in the CR group? Remember, we want the CRs to be regular community members interested in improving MNCH – not official leaders in the government or health sector.”

“The Chair of the ADC (or whoever will be agreed upon) will help facilitate the selection/voting of these CRs. We propose that voting be done by raising your hand when the ADC chair reads out the name of a candidate within a particular category. The individuals with the highest number of votes in each category will fill the allotted seats.”

The facilitator will share with the community the final list of characteristics. These will be listed down on a flip chart visible and legible to all.

The facilitator will explain to the community the number of people that would be in the CR team i.e. 15. Apart from women, each of the characteristics will be assigned number of places in the CR team.

The facilitator will then move to each of the characteristics, and ask members to nominate individuals from the group of potential CRs that fit into the criteria. It will be good to start with women representation. And then move down rest of the criteria.

Individuals nominated on each criteria will be asked to move away from the place where the voting will take place. The facilitator will then call out each individual nominated on a criteria, and ask the community members who are in support of that individual to raise their hands. If a criteria is given 2 places, for example, and 5 individuals are nominated, the 2 individuals with highest number of hands will assume the 2 places. The facilitator will then move to another criteria until all places are filled.

As the CRs are selected, their names should be written down on the flipchart. After voting, the ADC chair will hand back the facilitation to the Facilitator.

“Thank you ADC chair for your help. Congratulations to all that have been selected. To those that have not made it thank you so much for your passion for improving MNCH issues in this village. While you will not be part of the formal CR group, we hope you will support the CRs and get involved in their proposed action plans, which they will present at a second open meeting in the coming days/weeks. The group that has been selected is there to provide leadership on tackling MNCH issues that affect all of us. Let us all give them our support.”

“To those selected, the task before you is huge. During the survey, we came across a number of challenges that women and children are facing in accessing MNCH services in this community. The community has confidence in you that you will help them in eradicating the challenges they are facing. Please, do not let their confidence down.”

“Thank you to our Village head and all distinguished persons that have graced the voting of the CRs. A big thank you to all members of this community for coming and voting for your CRs. Support the team as they endeavor to improve MNCH in this community.”

“Going forward, the team of CRs selected will have a two day session. They will go through the results of the survey that we conducted during the first day. The CRs will then develop action plans on how the challenges will be tackled. We will request for another open meeting in the next few weeks. The CRs, Village head and the Champion will agree on the date. You will all be requested to attend this meeting. During this meeting the CRs will present before you actions that they will have planned on eradicating the challenges. You will also be free to feed into the action plans.”

Facilitator calls upon a representative from the CRs to make an acceptance speech for a minute or so. He then asks the village head to make closing remarks.

“At this juncture, I would like to request the CRs to remain, for another 30 minutes. Everyone else is free to go”

5. Developing CR leadership structure and TORs (30 minutes)

When all have left, the Facilitator and CRs will work together to define a leadership structure for the CR team. The Facilitator will lead the discussion

“Congratulations once again for being voted into the CR group. You will work as a team as you work towards improving Maternal, newborn, and child health in this community. As indicated during our first meeting, my role as a Facilitator will be to motivate you as you tackle the issues. I will not be there to provide leadership to your team. You will need to define the leadership structure for this team that should provide direction as we move forward.

We will spend the next 30 minutes defining the leadership structure that you want to have. You will also vote individuals from amongst this group into that structure.”

The Facilitator draws lessons/experiences from similar groups

“An example of a simple structure would be to vote for 2 CR coordinators who would act as the leaders of the CR group – motivating other members to continue working, assigning tasks to other members, coordinating meetings, etc. A more complex example would be to have a Chairperson, his/her vice chair, a treasurer, a secretary, and committee members. What kind of structure do you think your team should have? (a discussion will ensue defining the structure)

Once the structure is agreed upon, the Facilitator will then assist facilitating the voting process of individuals into the CRs leadership structure

6. Voting for CR Coordinators (15 minutes)

The Facilitator will discuss with the CRs on how the voting should be. He will then ask for names of individuals for each of the positions agreed on. Once, the structure is filled,

“Thank you once again for taking part in this exercise. Congratulations to (names of individuals) for making it into the leadership team of this CR team. The team that you have selected will among other things:

- *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 CAs 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.”*

7. CSC and SA Meeting Preparation

The facilitator should then inform the CR team of the next set of meetings.

“As I mentioned earlier, the next steps will be the Community Score Card meeting followed by the Social Action meeting.

During the CSC meeting, I will present to you results of the survey that I conducted in this community. We will explore various challenges to better MNCH in your community. This meeting will take us a full day.

We will then have another day during which we will develop social action plans. These will be set of plans or steps that we plan to follow to eradicate the challenges identified during the CSC meeting.

These meetings should be in a central location in the village that is easily accessible to you all.”

The facilitator should ask the CRs for an appropriate date and time for these meeting which should come back to back. Then the facilitator should confirm the date, time, and location of the meeting.

“As discussed, we will have the CSC and Social Actions meetings on (dates) respectively. I will be in touch with the CR leader as he identifies the venue of the meeting. The CR leader will confirm to you the venue. I will also call each one of you to confirm the venue.

8. Question and answer session (30 minutes)

9. Closing prayer (5 minutes)






CHAPTER

XI. COMMUNITY SCORECARD MEETING

IN THIS CHAPTER:

- A. Overview of CSC Meeting
- B. Objective of CSC Meeting
- C. Detailed Rundown

A. OVERVIEW OF CSC MEETING

 <p>Objectives</p>	<ul style="list-style-type: none"> • CSC results presentation • Prioritization of challenges identified • Selection of challenges to be addressed by the intervention 				
 <p>Participants</p>	<ul style="list-style-type: none"> • Facilitators • CRs 				
 <p>Duration</p>	<p>6 hours</p>				
 <p>Equipment</p>	<table border="0"> <tr> <td data-bbox="504 902 858 925">Tools</td> <td data-bbox="858 902 1334 925">Materials</td> </tr> <tr> <td data-bbox="504 943 858 1104"> <ul style="list-style-type: none"> • Flip chart • Marker • Tape • Note pads • Pens </td> <td data-bbox="858 943 1334 1059"> <ul style="list-style-type: none"> • Social Action Stories • Intervention Model • Survey Results/scorecard (filled in and printed out) </td> </tr> </table>	Tools	Materials	<ul style="list-style-type: none"> • Flip chart • Marker • Tape • Note pads • Pens 	<ul style="list-style-type: none"> • Social Action Stories • Intervention Model • Survey Results/scorecard (filled in and printed out)
Tools	Materials				
<ul style="list-style-type: none"> • Flip chart • Marker • Tape • Note pads • Pens 	<ul style="list-style-type: none"> • Social Action Stories • Intervention Model • Survey Results/scorecard (filled in and printed out) 				
 <p>Agenda</p>	<ol style="list-style-type: none"> (1) Opening Prayer (5 minutes) (2) Introductions and Icebreakers (10 minutes) (3) Discussion of MNCH issues (15 minutes) (4) Dreaming together: Healthy Mothers and Children (30 minutes) (5) Program purpose and CR roles (10 minutes) (6) Presentation of Community Scorecard (90 minutes) (7) Discussion of Barriers to MNCH in the Village (90 minutes) (8) Social Action Stories Discussion (60 minutes) (9) End of meeting (5 minutes) (10) Closing prayer 				

B. OBJECTIVE OF MEETING

- CSC results presentation
- Prioritization of challenges identified
- Selection of challenges to be addressed by the intervention

C. DETAILED RUNDOWN

1. Opening Prayer (5 minutes)

2. Introductions and Icebreakers (10 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.

3. Discussion of MNCH issues (15 minutes)

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

“Did you know that 1 out of every 16 children dies in Malawi before his or her 5th birthday? Additionally, maternal deaths related to pregnancy or childbirth account for about 1 of every 6 deaths amongst women of childbearing age. The good news is that you can help change this! Every Malawian has a right to healthcare. Quality maternal, newborn, and child health services are included in the basic health package that is supposed to be provided by the government free of charge.” (Malawi DHS 2015-16)

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:

- *“Does anyone know of any mothers who never got a check-up at a health facility while pregnant?”*
- *“Can anyone share a story? Were there any complications during the pregnancy?”*
- *“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 children or infants who had a fever and were not taken to get a check-up? Why were they not taken to the health facility?”*
- *“Do you know of any children or infants that died after having a fever that went untreated?”*

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

“From the discussion, it is clear that every single one of you knows about the MNCH problems in our village. 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.”

4. Dreaming together: Healthy Mothers and Children (30 minutes)

The facilitator should then lead a goal setting session to address the changes the CAs would like to see in the village, and to envision what a future with improved MNCH might look like in the village. The facilitator should start this discussion by laying out the general health rights of Malawians.

“Did you know that you have a right to basic health services? Malawi has adopted the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa, which establishes health as a fundamental human right and calls on governments to ensure every citizen has access to quality essential health services. The Declaration also encourages community participation in health promotion—this means that the government wants you to help them provide better services!”

“The Ministry of Health reaffirms your right to health services ‘without distinction by ethnicity, gender, disability, religion, political belief, economic and social condition or geographical location.’¹ What’s more, maternal, newborn, and child health are priorities under the plan!”

“Is every one of us happy with the status of MNCH in this village? What is lacking in the MNCH service in our village? What do we mean when saying that we want our village to be a village where all the mothers and the babies are healthy? Let us think about what we want MNCH in our village to look like!”

“Here is a picture of a healthy, happy mother and child. [FACILITATOR TO SHOW PICTURE ON NEXT PAGE]. Now we are going to discuss how to make sure all of our mothers and babies are happy and healthy.

Facilitator should divide the CRs into 3 groups of at least five members each. Each group should be given a flip chart and markers. Each group will be requested to list down elements that define their ideal MNCH status in their village.

The facilitator should write down questions to aid the three groups as they come up with the characteristics of their ideal village. E.g.

¹ HSSP 2011-16, 48

- *“What makes this mother and child healthy? Do they get check-ups during their pregnancies? What does the mother do when her child has a fever?”*
- *“What are the health facilities like when the mother and child go to get check-ups?”*
- *“How do they access the health facilities?”*
- *“How far is the nearest health facility to your village?”*
- *“Are you happy with the attitude of health workers at the facility?”*
- *“What attitude would you want your health workers to exhibit?”*
- *“How many health workers are available to help mothers in the village?”*

The three groups will then come together and present the characteristics of their ideal village. Members of other groups will be allowed to add or comment on others' characteristics of an ideal village where mothers and babies are healthy and happy. Together, the three groups will come up with critical elements of their ideal village as a team.

Healthy Mother and Child in Nsanje:



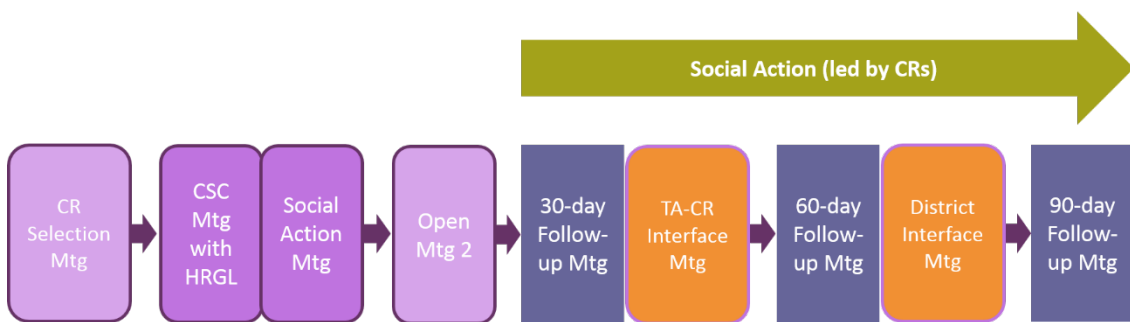
5. Program purpose and CR roles (10 minutes)

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 explain the intervention’s next steps and the role of CRs in each step using the picture below. The Facilitator should end by providing an in depth discussion of what the CRs are expected to do in today’s meeting.

“In today’s meeting you will learn about your community’s obstacles to better MNCH in more detail and will decide which ones need to be addressed first to ensure mothers and babies have good healthcare. You will also learn about what other communities have done to eliminate their obstacles and improve delivery of social services, including health. In the next meeting, you will create a concrete action plan to eliminate these obstacles and to improve MNCH. You will then carry out the plan and will participate in several meetings to discuss whether the plan worked and what else can be done to improve MNCH.”



The facilitator should then stress the importance of the CRs’ role:

“Some of you may be asking yourselves a lot of questions: why me? Why should I be the one to carry out these activities? Why should I be the one to discuss and try to solve MNCH problems?”

“You are here because your community voted for you to represent them! You either volunteered or were recommended by people who trust you and your ability to create change! We have discussed the challenges women and children in this village face as they access MNCH. We have all agreed on what we desire to see in our ideal village. Let us together shift our village into that ideal village that we all desire. The sorrows and pains that a pregnant woman goes through, the anguish infants and children face, as they access MNCH in this village, let all that be pushed to the past. The community has agreed that you lead it in that endeavor. Do not disappoint them. Let us together do it.”

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

“I am not from this community, so 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. 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 bring the discussion back by mentioning the specific things the CRs will do in this meeting:

“In this meeting we will discuss obstacles faced by pregnant women, mothers and children as found in the survey. You will decide which obstacles you want to solve first. I will share with you lessons and experiences from other communities on what they did to solve their obstacles and to improve social service delivery.”

6. Presentation of Community Scorecard (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, newborn, and child 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:

- *Malawi 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.”

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

*“Malawi’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 Malawi, approximately 24%, 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:

“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 Malawi, MNCH services, including ANC are provided free of charge in public health facilities.”

ANY QUESTIONS?

ii. INDICATOR 2: POSTNATAL CARE CHECK WITH A SKILLED PROVIDER WITHIN 7 DAYS OF DELIVERY

Facilitators should remove the sheet from the second lever on the wall.

“Many maternal and neonatal deaths occur within the first few days after birth, but many of these deaths can be prevented with proper postnatal care with a skilled health worker. The Malawi Ministry of Health recommends that all mothers who delivered in a health facility get a check-up within 24 hours of birth while they are at the health center, and recommends that women and babies come back for a postnatal check after 7 days of giving birth.”

*“In your community, **XX%** or ‘**X** out of 10 women’ and **XX%** or ‘**X** out of 10 babies’ received a postnatal check within 7 days of birth.”*

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 received postnatal care at a health facility?”*
- *“Can someone share their own story or that of someone else who did not receive postnatal care at a health facility?”*
- *“Why is it important for women and babies to receive postnatal care?”*

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

“Women who don’t receive proper PNC may miss out on the benefits of postpartum care, including:

- *Receiving care such as blood loss monitoring, breast care and checks on general well being*
- *Promotion, protection and support for exclusive breast-feeding.*
- *Guidance on temperature management for the newborn (kangaroo mother care)*
- *Advice on family planning*
- *Information and counseling on home care, breastfeeding, hygiene*
- *Education on recognition of danger signs and advice on prompt care seeking.*

“Not receiving postpartum care can be very dangerous for women; it is critical that women are checked according to the best practices below to ensure that they are healthy and prepared to take care of their babies.

“It is equally important for babies to get a postnatal check-up so they receive key newborn services such as:

- *Promotion, protection and support for exclusive breast-feeding*
- *Monitoring and assessment of wellbeing and detection of complications*
- *Eye care*
- *Temperature management (kangaroo mother care)*
- *Cord care and hygiene*

- *Information and counselling on home care, breastfeeding, hygiene and advice on danger signs and care seeking*
- *Promotion of ITN*
- *Recognition of danger signs and prompt care seeking*
- *Detection and management of local infections, diarrhea, and feeding problems*

“In Malawi, MNH services, including postnatal services are provided free of charge in public health facilities.

“As you can see, getting proper postnatal care in a health facility is very important for the health of the mother and baby.”

ANY QUESTIONS?

iii. INDICATOR 3: TREATMENT FOR FEVER

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

“Fever can be a sign of malaria and other infections in children. Policy in Malawi 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 Malawi, treatment was sought for 67% of children under 5 with fever (DHS 2016). This means, out of every 10 children, just over 6 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:

“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?

7. Discussion of Barriers to MNCH in the Village (90 minutes)

The facilitator should now transition to discussing the barriers that people may face in getting antenatal, postnatal, and fever care:

“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, postnatal care, 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.”

i. Split into 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.

ii. 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 barriers.
- Facilitator should spend 5-10 minutes with each group to probe and ensure they are on track.

iii. Regroup into large group for presentations (after 30 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.

For each barrier that a small group names:

- The facilitator should go through the set of barrier cards that he/she has and hold up that card.
- The facilitator should read the barrier card, including the statistics from the community. For example: *"In your village, 40% or 4 out of 10 women reported that this was a problem."*
- Some of the barrier cards will have information about the corresponding health right on the back of the card. For these, the facilitator should read the health right before sticking the barrier card on the wall
- If the facilitator does not have a picture representation, he/she should 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 that this is a barrier to better MNCH?"*
- *"Can you give examples of why or why not?"*

Facilitators should allow time for the group of CRs to discuss and provide input on each barrier.

Once group one has listed all its barriers, the facilitator asks the full group if they can think of any additional barriers for their lever. 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 barriers that have already been mentioned, the facilitator should remind the CRs that this is correct and repeat the statistic from that barrier.

For each new barrier that comes up, the facilitator should go through the same process listed above: (1) holding up the barrier card, (2) reading the statistics and health rights on the back,

and (3) posting the barrier card on the wall. The full group again will be asked if anything is missing. If they can think of anything, it is added to the board.

The facilitator should then 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.

Then the facilitator should add (and discuss) any scorecard barriers that did not come up in discussion:

“We know there are many barriers that prevent people from receiving the MNCH 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.”

iv. Main Obstacles VOTING and Selection (30 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 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.”

8. Social Action Stories Discussion (60 minutes)

The facilitator should explain that communities all around the world have taken on community action plans to eliminate their different obstacles:

“Now we will hear examples of the many kinds of action plans that have been taken on by other communities. These are nine real stories, and these characters are real people like all of you here.”

The facilitator should then read the first social action story (**Annex F**) starting with the first story,

*“This first story is about community members in **XXX**.”*

After finishing the first story, the facilitator should ask some guiding questions to prompt discussion such as:

“Can you think of any times when your community did something like this?”

“Why do you think this action was successful? Who were the key people or groups of people in making this action successful?”

“What would you have done differently?”

“Do you think this type of action would work in your community? Why or why not?”

Then the facilitator should move on to the second story and ask the discussion questions. The facilitator should repeat this process until all of the stories have been shared.

IMPORTANT: The facilitator should ensure that all social action stories have been shared by the end of this meeting.

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.”

9. 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. We will discuss your ideas and develop a plan to address these obstacles tomorrow!”

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

XII. SOCIAL ACTION PLANNING MEETING

IN THIS CHAPTER:

- A. Overview of SAP meeting
- B. Objective of SAP meeting
- C. Detailed Rundown

A. OVERVIEW OF SAP MEETING

 <p>Objectives</p>	<ul style="list-style-type: none"> To provide a recap of yesterday's meeting To come up with social action plan based on the obstacles selected in the previous meeting 		
 <p>Participants</p>	<ul style="list-style-type: none"> Facilitators CRs 		
 <p>Duration</p>	<p>6 hours</p>		
 <p>Equipment</p>	<table border="0"> <tr> <td data-bbox="504 913 783 1149"> <p>Tools</p> <ul style="list-style-type: none"> Flip chart Marker/pens Tape Note pads Tennis ball (or similar sized ball) </td> <td data-bbox="858 896 1334 1160"> <p>Materials</p> <ul style="list-style-type: none"> Social Action Stories leaflet Social Action Matrix – print out and bring 8 – 10 copies Posters with each obstacle written at top (to list possible actions) Posters with blank prioritization chart (section 5 of meeting) </td> </tr> </table>	<p>Tools</p> <ul style="list-style-type: none"> Flip chart Marker/pens Tape Note pads Tennis ball (or similar sized ball) 	<p>Materials</p> <ul style="list-style-type: none"> Social Action Stories leaflet Social Action Matrix – print out and bring 8 – 10 copies Posters with each obstacle written at top (to list possible actions) Posters with blank prioritization chart (section 5 of meeting)
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 <p>Agenda</p>	<ol style="list-style-type: none"> Opening prayer Recap of yesterday's discussion Preview of today's activities Discussion of one obstacle in large group Small group discussion of social action ideas and presentation Break - facilitator to categorize the actions in several categories Narrowing down: Final selection of actions Filling the Social Action Matrix Plan Choosing a CA Champion Closing remarks Closing prayer 		

B. OBJECTIVE OF MEETING

- To provide a recap of yesterday's meeting
- To come up with social action plans based on the obstacles selected in the previous meeting

C. DETAILED RUNDOWN

1. Opening Prayer (5 minutes)

2. Recap of yesterday's discussion (15 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 the icebreaker described below 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.

The facilitator should request the CRs to go outside and form a human circle 6 meters in diameter. The facilitator should then inform the CRs that he will throw the ball to any of the CRs in the circle. Whoever catches the ball should mention any one of the issues discussed during previous day's meeting. The person should then throw the ball to any member in the circle who will also share with the team any of the issues from previous day's meeting. After the explanation, the Facilitator should throw the ball to any of the CRs to start the exercise. This should go on until all the members in the circle have a chance to share lessons from previous day. At the end the ball should be thrown back to the facilitator who should provide a summary emphasizing on the key ideas that should inform today's discussion i.e.

"As you may remember, these are some of the activities that we will do together in order to reach our Ideal Village, where all mothers and babies are healthy. Yesterday, at the Community Scorecard Meeting (point at the scorecard meeting circle), we learned about the obstacles faced by pregnant women and mothers 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."

After this, the facilitator and the CRs should move back to the room to commence today's activities.

i. Preview of today's activities

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! 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!”

3. Discussion of one obstacle in a large group (15 minutes)

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. The example below is for “health facility not clean.” However, if this is not one of the top barriers that the CRs select in this village, the facilitator should replace this with an example for one of the selected top barriers.):

“Let’s take one obstacle: Health Facility is not clean. Who can think of an action to eliminate this obstacle? What can we do so that women are no longer hesitant to get a health check-up during their pregnancies or to bring a child in for fever treatment 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 ‘engage the facility staff organize a cleaning regimen.’

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 CRs say. Additionally, the facilitator should encourage CRs to speak up if they have their own ideas to solve the problem.

4. Small group discussion and presentation (45 minutes)

The facilitator will now 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 I (the facilitator) 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

yourself 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. 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, or whatever seemed to work during the previous day.

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 using the social action illustration. 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 30 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. 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.

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:

“What will you do when you go to the village chief? Will you protest? Will you ask for something? Will you file a complaint? What is the goal of this meeting?” 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)

5. Break – facilitator to group the actions into categories (45 minutes)

While participants are having short break, the facilitator should use this time to reorganize the social action ideas from the community. Similar actions should be grouped together.

The facilitator should then fill out the first two columns of the matrix found below. Facilitator will fill out the rest of the columns with the CRs in the next session.

List of Actions	Obstacles Addressed	Good about this / Advantages	Bad about this / Risk	Target of the Action	Commitment (Yes/No/Maybe)
Sensitization of women on the importance of getting proper antenatal and postnatal checks and of seeking treatment for child with a fever	Lack of knowledge, Women require permission from husband to visit health facility				
Meet with Midwife: to ask her to post the health facility hours, to ask her to clean the facility	Health facility not open at regular times Health facility is dirty				
Ask the village chief: to talk to health workers about absenteeism, to fix the toilet in facility, for permission to do a sensitization campaign	Health workers are not at the facility when they should be Broken toilet Lack of knowledge				
CRs volunteer to clean the health facility	Health facility is dirty				

6. Narrowing down: Final selection of actions (60 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. During the break, I grouped similar actions together, so now we have xx number of actions. However, we may not want to do all of the actions right away. So before we decide on which actions we want to undertake, let us think further about each of these actions.”

For each action, the facilitator should ask the CRs:

- *“What are the advantages of this action plan?”*

- “Do you think it will be easy?”
- “Will you need a lot of resources?”
- “What are the risks of this action plan?”
 - “Do you think this plan 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 answer in the ‘Good about this’ column, ‘Bad about this’ column, and the ‘Target of the Action’ column respectively.

The facilitator should then go to the next action and repeat the steps above.

After column 1-5 are filled out for each action, the facilitator should return to the first action plan and ask:

“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.

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.

7. Filling the social action matrices

The facilitator 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 below.

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 complete and 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?”*
- *“How do we make sure the people we contact (e.g. the village head) 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 social action stories and the mapping of stakeholders.

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.

Facilitators should note that completing this section of the meeting will likely take a long time, It is important for the CRs to think seriously about the steps and commitments that they are making, and so this section of the meeting should not be rushed.

Here is an example that apply to some of the actions that the CRs may commit to:

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?

SOCIAL ACTION MATRIX

Social Action Matrix					
ACTION TITLE:					
BARRIERS ADDRESSED by this action:					
What is the GOAL for this overall action?					
What is the MEASURE OF SUCCESS for this overall action?					
Who are the targets of the action (e.g. Village Head, midwife, DHO, etc.):					
List Steps (Including the target and what that target is expected to do)	Person in Charge (PiC)	What tools/resources are needed? How will they be mobilized?	Timeline/Deadline & Frequency	How is success measured?	Progress
1.					
2.					
3.					
4.					
5.					
6.					

ii. Closing remarks

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 concrete action plans to eliminate these obstacles and to improve MNCH. Next, you will have an Open Meeting on [insert date], 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, 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. After the first follow-up meeting there will be an opportunity for you to meet with the government champion to show him/her what you have been working on and to make requests. Then there will be a meeting after the final follow-up meeting with the other communities, your government champion, 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

XIII. OPEN MEETING 2

IN THIS CHAPTER:

- A. Preparation for Open Meeting 2
- B. Overview of Open Meeting 2
- C. Detailed Rundown

A. PREPARATION FOR OPEN MEETING 2

Before the Open Meeting, the facilitator should hold an informal preparation meeting with the CRs to prepare. As there are a few 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 the 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 head to call this meeting, and to ask him/her to invite 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 head is coming to the Open Meeting, and if one of the action plans includes a meeting with the village head, then the CRs may be able to use the Open Meeting to ask for the village head'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. The facilitator should make sure that there are only two or three requests because the Open Meeting is not 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, 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).

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 to?

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 MEJN 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 and babies in this village are healthy, so regular meetings are important to ensure that actions are being carried out effectively.

B. OVERVIEW OF OPEN MEETING 2

 <p>Objectives</p>	<ul style="list-style-type: none"> • Sharing the survey results with 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) 	
 <p>Participants</p>	<ul style="list-style-type: none"> • Facilitator • Community representatives (15) • Community members 	
 <p>Duration</p>	<p>1-2 hours</p>	
 <p>Equipment</p>	<p>Tools:</p> <ul style="list-style-type: none"> • Flipchart • Masking tape • Marker pen 	<p>Matrices/Tables:</p> <ul style="list-style-type: none"> • Social Action Matrix • Barrier cards • Leaflet with Intervention Model (Annex A)
 <p>Agenda</p>	<ol style="list-style-type: none"> (1) Opening speech from Village Head (2) Introduction of participants (3) Introduction of program (4) Introduction of CRs and their roles (5) Presentation of survey results (6) Presentation of social action plans (7) End of meeting (8) Closing Prayer 	

C. DETAILED RUNDOWN

1. Opening speech from Village Head (5 minutes)

Before the meeting, the facilitator should provide the village head with information regarding the purpose of the Open Meeting, the CRs' role in the intervention, and the social action plan. If the village head 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 head to emphasize the importance of community engagement and social action in improving the village.

2. Introduction of participants (15 minutes)

This should be quick; the facilitator should ask the community members 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 the 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 Maternal, Newborn, and Child Health (MNCH) status. Today, we will hear more about MNCH issues in the 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 Community Representatives 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 and were voted by you 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 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 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). The CRs can use the intervention model to show the steps if they think this would be helpful.

5. Presentation of survey results (30 minutes)

The CRs should present the survey results and should then explain some qualities of a happy mother and child (the CRs can bring the “Happy Mother and Child” picture):

“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 Community Scorecard 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... (the CRs should list the obstacles that they selected)”

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 head (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 this Village.”

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:

“The CRs will now 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. The CRs will also meet with government officials to discuss these plans and to enlist their help with some steps. 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.”

The facilitator should request permission and should ask for help to spread the word about social action plans:

“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.”

8. Closing Prayer (5 minutes)

CHAPTER
**XIV. FOLLOW-UP
MEETING 1**

IN THIS CHAPTER:

- A. Overview of Follow-up Meeting 1
- B. Detailed Rundown

A. OVERVIEW OF 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.

 <p>Objectives</p>	<p>To discuss the progress of the social action plan To prepare for CR-government champion interface meeting</p>
 <p>Participants</p>	<ul style="list-style-type: none"> • Facilitator/s • Community representatives (15) • Additional volunteers for the action plan
 <p>Duration</p>	<p>1- 2 hours</p>
 <p>Equipment</p>	<p>Tools:</p> <ul style="list-style-type: none"> • Flipchart • Masking tape • Marker pen / crayons <p>Materials:</p> <ul style="list-style-type: none"> • Cards with 6 selected obstacles • Cards with other obstacles (not selected) • Social action matrix plan (filled in the previous meeting) • Social action matrix plan (empty, prepare at least five)
 <p>Agenda</p>	<ol style="list-style-type: none"> (1) Opening prayer (2) Reflection and celebration (3) Discussion of the plan's progress (4) Discussion of next actions (5) Revisiting Healthy Mother and Child (6) Preparation for Champion – CR Interface Meeting (7) End of meeting (8) Closing prayer

Before this meeting, the facilitator should be in touch with the Government Champion to schedule a time and place for the Champion – CR Interface meeting. This should take place between Follow-up Meeting 1 and Follow-up Meeting 2.

B. DETAILED RUNDOWN

1. Opening Prayer (5 minutes)

2. Reflection and celebration (20 minutes)

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.

3. 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 head (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 village head 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.

4. Discussion of next actions (60 minutes)

The facilitator should use the ‘Success 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 remind the CRs that they will have a meeting with their Government Champion in the next few weeks and prompt them to start thinking about whether the Champion could help them complete any of their steps or overcome any of the barriers. 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.

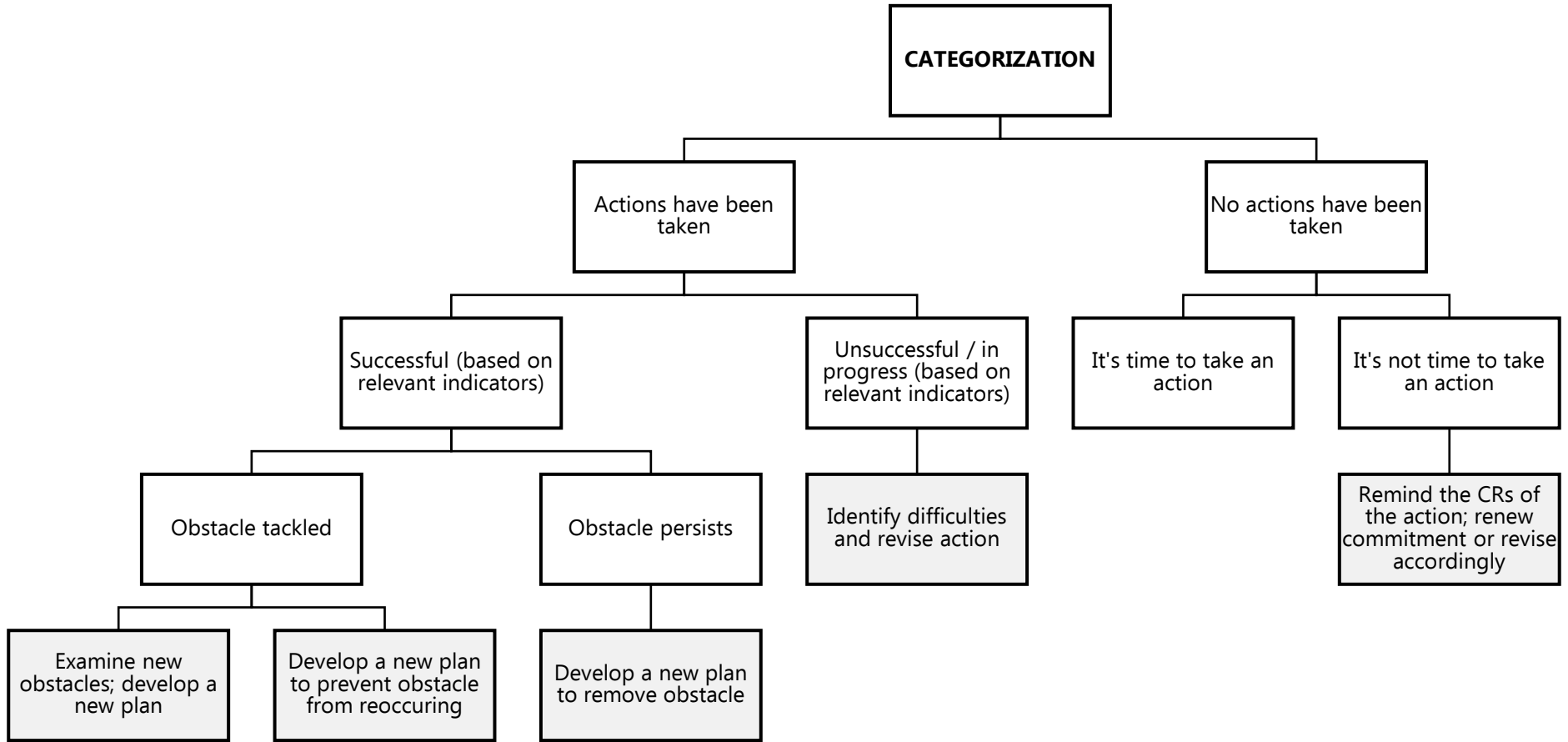
If the obstacles were eliminated, the facilitator should ask the CRs if they want to create additional action plans to address other obstacles. Alternatively, the facilitator can ask if the CRs want to create new action plans to ensure that their original six obstacles have been eliminated and will not 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 if they want to take on new obstacles.

If the obstacles have not been eliminated, the facilitator should ask if they want to create

— 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!

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.



5. 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 and PNC visits? Are more women taking their children to get treatment for 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.

6. Preparation for Champion - CR interface meeting

The facilitator should then help the CRs prepare for the Champion – CR Interface Meeting. The facilitator should tell the CRs the time and place and explain that the objective of this meeting is for the CRs to present their social action plans and accomplishments to the champion, and is an opportunity for the CRs to ask the champion to help with certain steps of their plans.

The facilitator should say:

“Now I want you to think about the progress you have made and the barriers you have faced while carrying out your social action plans. You will have an opportunity to share these successes and challenges with your government champion at a meeting [insert date and place]”

The facilitator should ask the CRs for a volunteer to lead and facilitate the interface meeting and should write this person’s name down.

“One of you will act as facilitator during this meeting – does anyone want to volunteer?”

“The CR responsible for facilitating the meeting should ask the Persons in Charge of each action plan to present the action including the purpose of the action, what barrier it is meant to address, what has been accomplished, and challenges you have faced. Then, if one of the steps targets the champion, or if you want the champion’s help with a step, you can present your request.

The facilitator should then go back each of the Social Action Matrices and ask the CRs if there are any requests they want to make of the champion.

The facilitator may want to have the CRs practice presenting the action plans and making requests. The CR who volunteered to facilitate the interface meeting can practice facilitating this mock meeting.

7. End of meeting (5 minutes)

The facilitator should thank the CRs for all of their work and remind them of the date, time, and place of the Champion – CR Interface Meeting. The facilitator should also set up a meeting time for the second follow-up meeting.

Encourage the CRs to continue with the action.

8. Closing prayer (5 minutes)






CHAPTER

XV. CHAMPION – CR INTERFACE MEETING

IN THIS CHAPTER:

- A. Overview of Champion – CR Interface Meeting
- B. Detailed Rundown

A. OVERVIEW OF CHAMPION – CR INTERFACE MEETING

 <p>Objectives</p>	<ul style="list-style-type: none"> • Update Champion of intervention progress • Get feedback from the Champion on the intervention in general (areas of improvement etc) • Request for support from the Champion on specific areas • Get response on requests previously sent to the Champion 		
 <p>Participants</p>	<ul style="list-style-type: none"> • Champion • Facilitators • Community Representatives 		
 <p>Duration</p>	<p>1 hour 30 minutes</p>		
 <p>Equipment</p>	<table border="0"> <tr> <td data-bbox="516 919 812 982"> <p>Tools:</p> <ul style="list-style-type: none"> • Pens and writing pads </td> <td data-bbox="995 919 1250 1014"> <p>Materials:</p> <ul style="list-style-type: none"> • Social Action Plans • Survey Results </td> </tr> </table>	<p>Tools:</p> <ul style="list-style-type: none"> • Pens and writing pads 	<p>Materials:</p> <ul style="list-style-type: none"> • Social Action Plans • Survey Results
<p>Tools:</p> <ul style="list-style-type: none"> • Pens and writing pads 	<p>Materials:</p> <ul style="list-style-type: none"> • Social Action Plans • Survey Results 		
 <p>Agenda</p>	<ol style="list-style-type: none"> (1) Opening prayer (2) Introductions (3) Welcome remarks – Champion (4) Discussion of the intervention and action plans (5) Question and answer session (6) Closing remarks (7) Closing prayer 		

B. DETAILED RUNDOWN

One of the CR coordinators (or whoever the group will decide to facilitate the meeting) will welcome everybody and then call upon one of the individuals present to open the meeting with a prayer.

1. Opening Prayer (5 minutes)

2. Introductions (10 minutes)

The CR coordinator will then thank the Champion for attending the meeting and also for supporting them throughout the implementation of the intervention. The CR Coordinator will mention his/her name, and ask each of the CRs to stand up and introduce themselves to the Champion. After the introductions, the CR Coordinator will formally introduce the Champion. The Champion will then be requested to make opening remarks.

3. Welcome remarks (5 minutes)

The Champion will make open remarks, touching on the importance of MNCH and how the intervention is assisting in improving MNCH status.

4. Discussion of the intervention and action plans (60 minutes)

The CR Coordinator should now introduce the activities the CRs have been undertaking. The CR Coordinator should call on the Person in Charge of the first social action and ask him/her to present the action plan as they had practiced in the first follow-up meeting—presenting the purpose of the action, the barrier it addresses, the progress they have made, the challenges they have faced, and any requests they have of the champion.

After the discussion of the first action plan, the CR coordinator should call up the Person in Charge of the next action plan and repeat the steps until all action plans have been discussed and all requests have been made.

Meanwhile, the CR Coordinator will keep take notes from the discussion for further action where necessary

5. Question and answer session (30 minutes)

6. Closing remarks (10 minutes)

The CR Coordinator will once again express gratitude to the Champion for his attendance during the meeting and for his support in their action plans. S/he will then ask the Champion to make closing remarks.






7. Closing prayer (5 minutes)

CHAPTER
**XVI. FOLLOW-UP
MEETING 2**

IN THIS CHAPTER:

- A. Overview of Follow-up Meeting 2
- B. Detailed Rundown

A. OVERVIEW OF FOLLOW-UP MEETING 2

 <p>Objectives</p>	<p>To discuss the progress of the social action plans, and to improve the plans</p>
 <p>Participants</p>	<ul style="list-style-type: none"> • Facilitator • Community representatives (15) • Additional volunteers for the action plan
 <p>Duration</p>	<p>1- 2 hours</p>
 <p>Equipment</p>	<p>Tools:</p> <ul style="list-style-type: none"> • Flipchart • Masking tape • Marker/pen <p>Materials:</p> <ul style="list-style-type: none"> • Cards with selected six obstacles • Social Action Matrix (filled out during previous meeting) • Social Action Matrix (prepare at least 5 blank copies) • Sustainability plan matrix
 <p>Agenda</p>	<ol style="list-style-type: none"> (1) Opening prayer (2) Reflection and celebration (3) Discussion of the plan's progress (4) Discussion of next actions (5) Discussion of Sustainability (6) Discussion of District – CR Interface Meeting (7) End of meeting (8) Closing prayer

B. DETAILED RUNDOWN

1. Opening Prayer (5 minutes)

2. Reflection and celebration (15 minutes)

Repeat the steps in Follow-up Meeting I

3. Discussion of plan's progress (30 minutes)

Repeat the steps in Follow-up Meeting I

4. Discussion of next actions (45 minutes)

Repeat the steps in Follow-up Meeting I

5. Discussion of Sustainability (15 minutes)

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 reaching the village with Happy and Health Mothers and Babies.

The facilitator should pose several questions regarding sustainability for the CRs to think about, "To reach our goal"

"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.”*

6. Preparation for District – CR Interface Meeting (15 minutes)

The facilitator should then help the CRs prepare for the District – CR Interface Meeting. The facilitator should tell the CRs the time and place and explain that the objective of this meeting is for the MEJN and the facilitators to update the DEC on the intervention’s progress and for the CR representatives to present their social action plans and accomplishments to the DEC. Like in the interface meeting with the Champion, the CRs can make asks to help with certain steps of their plans, but the facilitator should remind the CRs that this is a broader presentation on the progress of the intervention and the status of MNCH in the communities.

The facilitator should say:

“Now I want you to think about the progress you have made and the barriers you have faced while carrying out your social action plans. You will have an opportunity to share these successes and challenges with the DEC on [insert date and place]. This will be a joint meeting with the other 5 communities that participated in this project. Two representatives (most likely the elected CR representatives) will attend this meeting and will represent your entire group. I will be at the meeting in addition to representatives from MEJN and CR representatives from the other communities”

The facilitator should confirm the two representatives who will attend the meeting.

“The CR representatives will present your social action plans in a similar way to how you presented during the Champion interface meeting. We will prepare by reflecting on our major successes and the challenges we have faced along the way. The CR representatives will present each action plan including the purpose of the action, what barrier it is meant to address, what has been accomplished, and challenges you have faced. Then, you can make a request to the DEC or the Champion, if it is appropriate.

The facilitator should then start a discussion about what the CRs want to present to the DEC. The facilitator should record the successes and challenges the CRs name, and should go through each Social Action Matrix with the CRs.

The facilitator should have the CR representatives practice presenting the action plans and making requests.

7. End of Meeting (5 minutes)

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.

8. Closing Prayer (5 minutes)

CHAPTER

XVII. DISTRICT – CR INTERFACE MEETING

IN THIS CHAPTER:

- A. District – CR Interface Meeting Overview
- B. Detailed Rundown

A. DISTRICT – CR INTERFACE MEETING OVERVIEW

 <p>Objectives</p>	<ul style="list-style-type: none"> • Update district level stakeholders of intervention progress • Get feedback from the stakeholders on the intervention in general (areas of improvement) • Strengthen stakeholders support to the intervention
 <p>Participants</p>	<ul style="list-style-type: none"> • Facilitator • Champions from all the 5 intervention districts • 2 representatives from each of the 5 CRs • 1 representative from HCAC of each of the 5 facilities • ADC representatives • DEC members • MEJN representative other than the facilitator
 <p>Duration</p>	<p>3 hours</p>
 <p>Equipment</p>	<p>Tools:</p> <ul style="list-style-type: none"> • Facilitator with input from all CR groups put together power point presentation with CSC results and progress so far • Flip chart <p>Materials:</p> <ul style="list-style-type: none"> • Pens and writing pads • Markers • Power point projector • Laptop computer • Printed copies of presentation • Printed copies of performance dashboards for the 5 villages
 <p>Agenda</p>	<ul style="list-style-type: none"> • Opening prayer • Welcome remarks • Introductions • Presentation • Plenary • Closing

B. DETAILED RUNDOWN

(Note that DEC usually meets once a month and deliberates on a number of agenda items. MEJN will send a request to be included on the agenda of a DEC meeting for a particular month, in this case August. We are likely to have more than one agenda items. Secondly, DEC meetings are facilitated by a Council official. The detailed run down below considers that MEJN will come in and facilitate part (iii) to (vi) in line with the lineup of agenda items of that day's DEC meeting. Question and answer session will be facilitated by Council official).

1. Opening Prayer

2. Self-introductions

3. Presentation of the intervention

i. MEJN Introduction:

The facilitator, with support of MEJN will have developed a power point presentation before this meeting. The MEJN lead will ensure this presentation is beamed through a power point projector for members present to follow the discussion. At this time the MEJN lead will walk to the front to make the presentation.

"You are most welcome to this presentation on an intervention that MEJN is facilitating in the _____ villages which are within the catchment areas of Nyamithuthu, Sankhulani, Sorgin, Mbenje and Tengani Health Centres respectively. As mentioned during the introductions, my name is _____. I have not come alone. I am with representatives of the communities that we are working with and their respective Champions. During plenary after my presentation, these will also be coming in to respond to comments and questions that you may have. They will also share their social actions and ask where they need support on from us all. I should also indicate that we may be switching between English and Chichewa to accommodate my colleagues some of whom may not be very comfortable to communicate in English.

As you recall, we had a meeting in this same room in August 2017. During the meeting we presented before you an intervention that MEJN was planning to implement in Nsanje. We appreciate that you listened to our presentation then and offered us very useful feedback and advice, which assisted us in further shaping the intervention. We started implementing the intervention immediately after that meeting and now we have about a month before we finalize our involvement with the communities. We come here this time around to update you on how the intervention has fared so far. We expect to get some insightful comments from you as well.

I should hasten to say, we have been successful in the implementation. We have seen a number of improvements in the MNCH performance, which is very encouraging. My colleagues would expound more by giving examples that they are able to directly connect with. I should also say that the progress has not been without challenges. Some of them we managed to clear out. There are others that we are working on. (MEJN and CRs will have come up with list of successes and challenges that would need to be shared during the meeting). Some of the challenges are within our powers to correct, others are beyond us, and we expect that you will also come in to assist on these challenges where appropriate.”

“Thank you so much for listening. I now hand over to the facilitator of this meeting to take us into the plenary”

ii. Presentation of Intervention Activities

The facilitator will then present the T4D intervention including a brief of the study, what has been done so far, in terms of selecting the CRs, the community scorecard meeting, social actions and progress. Facilitators and CRs can prepare a performance dashboard in advance to share with the DEC.

“After our last presentation at the DEC, we held a series of intro meetings in 5 communities to introduce the T4D program. Then we conducted some data collection activities to assess the status of MNCH in the villages. Each community voted on a group of 15 community representatives (CRs) to attend a series of meetings to discuss barriers to MNCH and to develop social action plans to overcome these barriers.”

“These actions include [insert a few examples of the action plans]. But the CR representatives with me today are better suited to share these amazing action plans with you than I am. They have prepared presentations to share the activities that they have been carrying out to improve MNCH in their communities.”

“Now I’m going to invite these representatives to share their experiences with you.”

iii. CRs share their action plans and experiences with the program

CR representatives take turns presenting their action plans – successes, challenges, lessons learned – that they had practiced during the previous follow-up meeting.

4. Question and answer session






5. Closing prayer

CHAPTER
**XVIII. FOLLOW-UP
MEETING 3**

IN THIS CHAPTER:

- A. Overview of Follow-up Meeting 3
- B. Detailed Rundown

A. OVERVIEW OF FOLLOW-UP MEETING 3

 <p>Objectives</p>	<ul style="list-style-type: none"> To discuss the progress of the social action plans, and to improve the plans To ensure the sustainability of the actions
 <p>Participants</p>	<ul style="list-style-type: none"> Facilitator Community representatives (15) Other volunteer for actions
 <p>Duration</p>	<p>1- 2 hours</p>
 <p>Equipment</p>	<p>Tools:</p> <ul style="list-style-type: none"> Flipchart Masking tape Marker/pen <p>Materials:</p> <ul style="list-style-type: none"> Cards with selected six obstacles Social Action Matrix (filled out during previous meeting) Social Action Matrix (prepare at least five blank copies) Sustainability plan matrix
 <p>Agenda</p>	<ol style="list-style-type: none"> (1) Introduction (5 minutes) (2) Discussion of plan's progress (20 minutes) (3) Discussion of next actions (60 minutes) (4) Sustainability discussion (20 minutes) (5) End of meeting (5 minutes)

B. DETAILED RUNDOWN

1. Opening Prayer (5 minutes)

2. Reflection and celebration (15 minutes)

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

Repeat steps in Follow-up Meeting I

3. Discussion of plan's progress (30 minutes)

Repeat the steps in Follow-up Meeting I

4. Discussion of next actions (30 minutes)

Repeat the steps in Follow-up Meeting I

5. Sustainability discussion (30 minutes)

The facilitator should have the lead CR discuss the questions from the last follow-up meeting. The facilitator should have these 7 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?	

6. Preparation for the District – CR Interface Meeting (15 minutes)

The District – CR interface meeting might fall after the 3rd follow-up meeting for some villages. If that is the case, conduct the preparation here (see follow-up meeting two, section 6).

7. End of Meeting (5 minutes)

Communication between CRs and the facilitator: The facilitator should explain that the action plan 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 Ideal Village
The facilitator should take a group photo as a reminder for the CRs of their commitment!

8. Closing Prayer (5 minutes)

PART
IV. ANNEX

ANNEX A: INTRODUCTION PROGRAM LEAFLET

Together, we will improve maternal, newborn, and child health in our community!

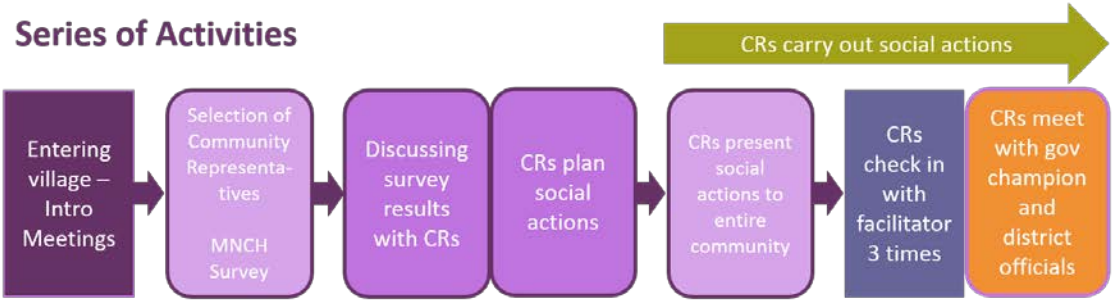
How?

1. By identifying and discussing the issues around MNCH in this community
2. By planning and implementing joint actions to overcome these issues

Who?

People in this village who want to volunteer as **Community Representatives**

Series of Activities



ANNEX B: LIST OF MOTHERS

LIST OF MOTHERS (who gave birth in the last two years)					
Name of Informant			Position of Informant		
Tick the box when action is completed					
<input type="checkbox"/> The list has included mother(s) who visited the health facilities during pregnancy		<input type="checkbox"/> The list has included mothers who gave birth in the facility			
<input type="checkbox"/> The list has included mother(s) who DID NOT visit the health facilities during pregnancy		<input type="checkbox"/> The list has included mothers who DID NOT give birth in the facility			
<input type="checkbox"/> The list has included mothers whose child passed away due to miscarriage or died later after born					
No	Name of Mother	Name of Baby	DOB of Baby	Address	Phone
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

ANNEX C: LIST OF CR CANDIDATES

LIST OF CR Candidates				
Name of Informant			Position of Informant	
No	Name of CR Candidate	Position or Title of CR Candidate	Address	Phone
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

ANNEX D: INFORMATION ON MNCH LEVERS

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.

Antenatal Care

Malawi'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 Malawi, MNCH services including ANC are provided free of charge in government run health facilities and some CHAM facilities.

TREATMENT FOR FEVER

Fever is a sign of malaria and other infections in children. Policy in Malawi 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.

POST-NATAL CARE

The postnatal period is a critical period for both the mother and the baby; the most vulnerable time is in the hours and days after birth. Not having care during this period can lead to serious consequences such as disability or death. It also presents a missed opportunity to promote healthy behaviors that affect the mother and baby.

Postnatal care for the mother means check-ups on the mother's health with a skilled health provider as soon as possible after giving birth. These check-ups should happen within 7 days of giving birth. These check-ups are important for the early detection of complications in mothers after birth, to help ensure that mothers know how to care for their babies, and to ensure that mothers stay healthy during the postpartum period.

During these check-ups, the health professional should:

- (1) Check on the mother's physical body, such as checking for bleeding, taking her blood pressure, and taking her temperature
- (2) Counsel the mother on the importance of breastfeeding and nutrition, and teach her about danger signs for both herself and her baby
- (3) Give the mother important supplementation, such as vitamin A to take during the visit and the second day

Postnatal care for the newborn means a check-up on the baby's health by a skilled health attendant within 7 days of delivery. These checks are important for the early detection of health problems in the newborn and to ensure the baby stays healthy. During these check-ups, the health professional should:

- (1) Check the baby's body for danger signs: weigh the baby and check the baby's umbilical cord
- (2) Administer important immunizations, such as Hepatitis B
- (3) Give important supplements, such as vitamin K1 and eye cream

ANNEX E: LIST OF POSSIBLE BARRIERS

This Annex is a list of the barriers for which there are cards for the scorecard. As noted above, the CRs may also have other ideas of barriers that can be added.

- Distance to the facility
- No privacy at the facility
- Facility is not clean
- No water at the facility
- No electricity at the facility
- No toilet at the facility
- Out of pocket costs
- Drugs out of stock
- Service provider attitude
- No husband or family support
- Provider not available
- Lack of knowledge or awareness
- Missing or poor quality equipment
- Provider does not provide malaria test
- Provider not respectful
- Waiting time too long
- Provider turns people away
- Perception that the health provider is inexperienced
- Flooding in the facility
- No one to care for children while going to facility
- No husband
- Tradition not to announce pregnancy until later in pregnant
- Prefer traditional healer
- Fear of HIV test