



# Sierra Leone Facilitator Manual

Transparency for Development Project  
2018

*In partnership with*

 **HARVARD Kennedy School**  
JOHN F. KENNEDY SCHOOL OF GOVERNMENT

 **WASH-Net**  
Water, Sanitation and Hygiene Network



**RESULTS FOR  
DEVELOPMENT**

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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

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### IN THIS CHAPTER:

- A. Objectives of the Transparency for Development (T4D) project
- B. The problems associated with Maternal, Newborn, and Child Health (MNCH) in Sierra Leone
- C. Community Participation in MNCH
- D. Social Action

## **A. The Objectives of the T4D Project**

- i. To encourage communities to identify and overcome the main barriers 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 and newborns 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**

Although there has been some reduction in mortality for pregnant women and babies in Sierra Leone, mortality rates remain some of the highest in the world. Close to 16% of children die before they reach their 5<sup>th</sup> birthday, and more than 11 out of every 1,000 expectant mothers will die from complications to pregnancy or child birth.

Maternal, newborn, and child health are priorities for the Government of Sierra Leone, and recently the Government has introduced new policies to demonstrate this priority, including the Free Health Care Initiative introduced in 2010 to provide free services to pregnant women, lactating mothers, and children under 5. Sierra Leone has seen tremendous improvements in some aspects of MNCH, but has lagged behind in others. Further the improvements have varied drastically by district. For example, in Kailahun district, 84% of women give birth in a health facility and 86% give birth with a skilled provider, both important factors for healthy birth.

However, several other indicators remain very low for Kailahun. Only 36% of babies receive a postnatal check-up within 2 days of their birth, a check that can help ensure that newborns are not suffering from any complications. Similarly, care seeking and proper treatment for malaria and diarrhea remains low across the country and in Kailahun.

Some of the critical challenges in reducing maternal, newborn, and child 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 Sierra Leone. Over the past five years, the Ministry of Health has initiated programs to reduce maternal, newborn, and child mortality. For example, the Free Health Care Initiative (FHCI) abolished all user fees for pregnant women, lactating mothers, and children under 5 to address the issue of maternal and child mortality across the country. Through programs like these, the government may serve as a willing partner on the journey to better MNCH; however, for many barriers to MNCH, 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 2016-2020 Community Health Worker Policy was introduced by the Ministry of Health in Sierra Leone and focuses on “providing a basic package of services at the community level” (MOH 2016). This policy indicates that there is some commitment to community participation in enhancing access to and quality of health services. However, many barriers 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 medical officers (DMOs), or local councilors, to talk about the problems with health services and ask for improvements.
- Community members can meet with doctors and nurses (or others such as the DMO or councilors) 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 Sierra Leone, 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

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### 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

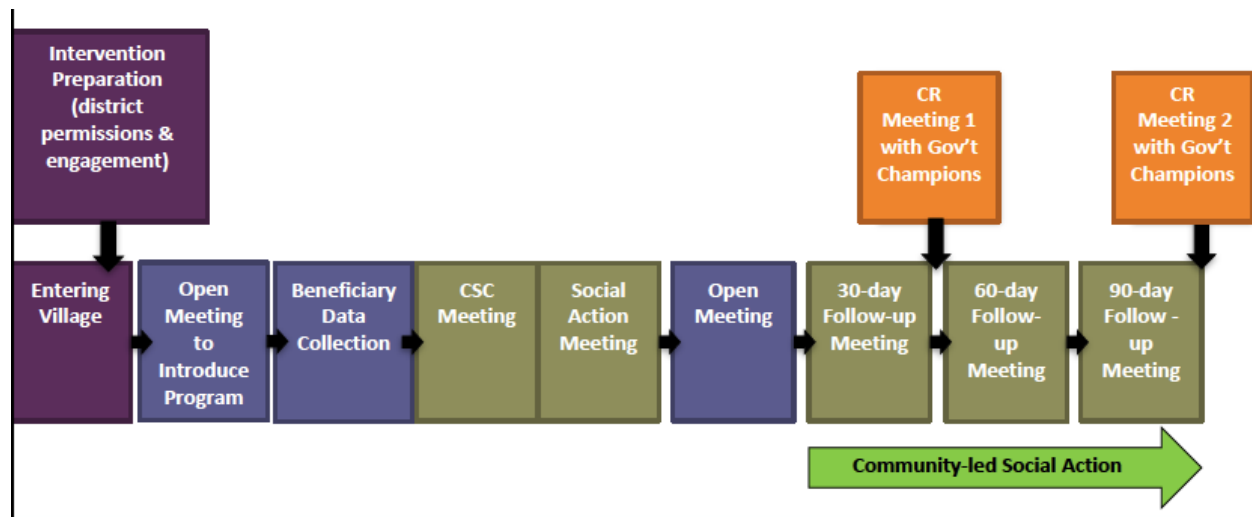
The facilitator helps community members identify and understand their common objectives. The facilitator may assist community members in creating action plans to achieve their objectives; however, he/she may not take a leadership role.

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 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 Sierra Leone 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 treatment for women, babies, and children, including: ANC, PNC, birth in a facility with a skilled attendant, treatment seeking for fever, malaria prevention, vaccinations and immunizations, family planning and child health consultation.

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 health rights and governance literacy overview 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 action 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 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.

**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. Facilitators should also allow and encourage community members to speak in the language they are most comfortable in, even if it is not the preferred language of the facilitator. In this case, the facilitator may ask another community member to help translate.

**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 Chief or Midwife).

## C. Frequently asked questions on facilitating community Meetings

<p><b>How to handle a meeting with less active or shy participants:</b></p> <p>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><b>REMEMBER:</b> <i>The facilitator should not prescribe solutions!</i> 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><b>How to handle arguments or conflict between participants in a meeting:</b></p> <p>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><b>How to deal with a dominant participant in a meeting:</b></p> <p>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><b>How to handle a meeting with more active or engaged participants:</b></p> <p>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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## 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 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 work with the WASH-Net Freetown and MOPADA teams to attend and/or coordinate any necessary district meetings to ensure proper permissions and buy-in for the T4D program in Kailahun. The facilitators will then be in charge of leading meetings with the government champions, the village leadership, and representatives from other community structures. The facilitators will also be responsible for scheduling and leading the Introduction meeting, identifying CHAs, 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.

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 WASH-Net team in Freetown.

CHAPTER

# III. Community Representatives and social actions defined

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**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 or are recruited by the facilitator. The CRs will attend the community scorecard meeting, the social action meeting, the open community meeting, the follow-up meetings, and the interface meetings (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, open meeting and follow-up meetings, and 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

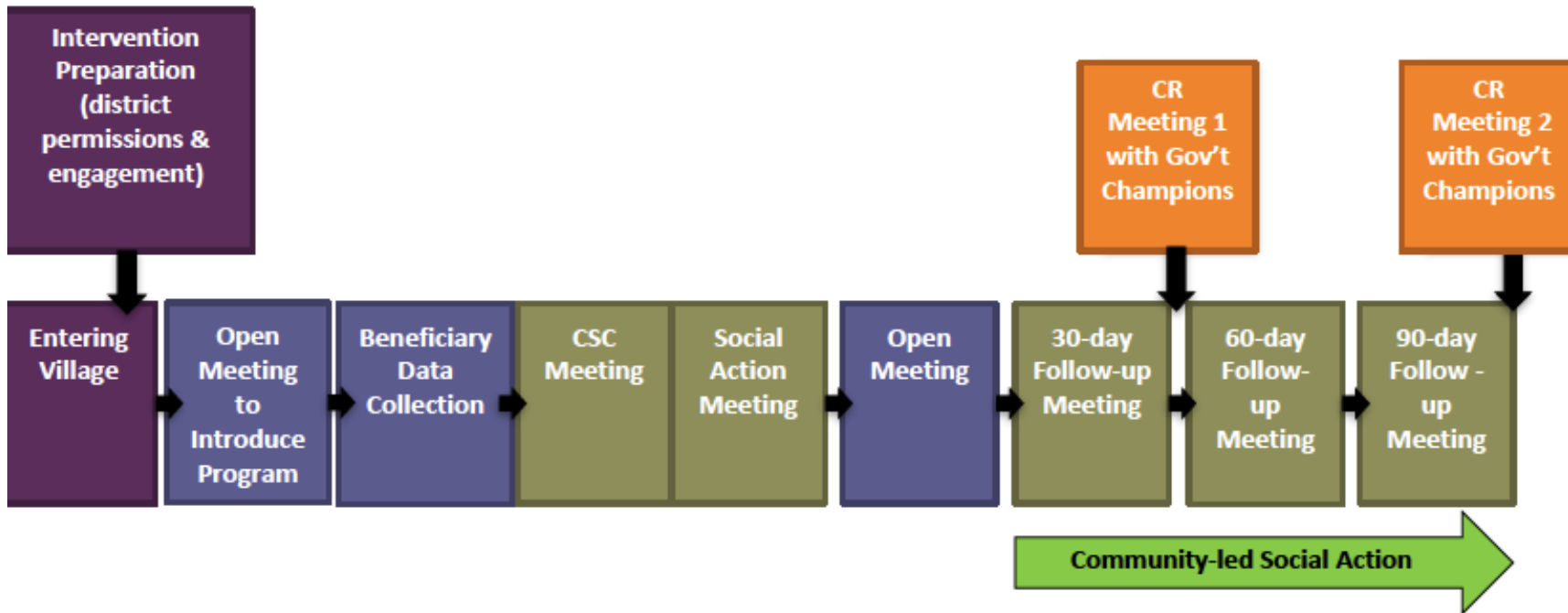
## IV. Intervention Overview

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### IN THIS CHAPTER:

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

## A. Intervention Model



## B. Intervention Schedule – Kailahun Cycle 1

No.	Activity	May			June				July					August				September				Oct		
		13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	2	9	16	23	30	7	4
	<b>Intervention - Village Cycle 1</b>																							
1	Entering the Village - meetings with district and GCs																							
2	Open Meeting 1																							
3	Scorecard Survey																							
4	CR Selections																							
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 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 – Kailahun Cycle 2

No.	Activity	May			June				July					August				September				Oct		
		13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	2	9	16	23	30	7	4
<b>Intervention - Village Cycle 2</b>																								
1	Entering the Village - meetings with district and GCs																							
2	Open Meeting 1 - Site 1																							
	Open Meeting 1 - Site 2																							
3	Scorecard Survey - Site 1																							
	Scorecard Survey - Site 2																							
4	CR Selections - Site 1																							
	CR Selections - Site 2																							
5	Community scorecard mtg - Site 1																							
	Community scorecard mtg - Site 2																							
6	Social Action planning mtg - Site 1																							
	Social Action planning mtg - 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																							

No.	Activity	May			June				July					August				September					Oct	
		13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	2	9	16	23	30	7	4
	<b>Intervention - Village Cycle 2</b>																							
9	30 day follow up meeting - Site 1																							
	30 day follow up meeting - Site 2																							
10	Champion-CR meeting - Site 1																							
	Champion-CR 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

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### 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 are **willing to work voluntarily**
- **Interested in improving the status of MNCH**, but only have personal experience and do not have in depth knowledge in this field
- **Have 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, politicians, or formal village leaders, such as the village chief (discussed more below)
- CRs should be diverse, including having women in the group
- All CRs need to be residents of the community

## B. Selecting Community Representative Candidates

### ***Solicit recommendations from initial meetings held by the facilitator***

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

### ***Facilitators can also observe potential candidates directly***

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

### ***Facilitators' observation during other community meetings***

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

### ***Persons identified through household surveys***

*The facilitator may identify some respondents who seem active, knowledgeable, and interested in the topic of MNCH during the survey process with mothers, and the facilitator may ask them to participate as CRs. Those who have personal experience regarding MNCH*



problems (mother with child, etc.) might be very motivated to improve the MNCH condition in the village.

### **Informal discussions with community members**

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

## **C. Candidacy Guidelines**

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

Does the list of CR candidates:

- Include members of non-elite groups?
- Include representatives from different geographic parts of the village?
- Include a mix of young (including 1-2 committed teenage mothers, if available) and old people?
- Include a mix of women and men?
- Include “natural leaders?”
- Include people from marginalized groups (such as physically challenged persons)?
- Including at least one CR who is literate (for example, teachers are good candidates)?

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, including active politicians
- Traditional leaders, including chieftom authorities, Mammy Queens

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

## CHAPTER

# VI. Identifying Survey Targets

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### 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**

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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, nurses or doctors at the local MCHP or CHP
- Traditional birth attendants (TBAs)
- Community members who happen to be health officials or work for the health office
- Village leaders such as the chief, mammy queen, or youth leader
- Leaders of the secret society of women (Sowies)
- Other women's group leaders (such as mother's groups, peace mothers, etc.)
- Religious 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**

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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 A (Mothers' List) and give it to the informant so they can write down or take a photo of 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**

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The facilitator should collect all the Annex A 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).

## **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 (with the government champion and at the district/village levels) take place in these first two weeks. Additionally, the facilitator needs to determine the dates for the next meetings (the first Open 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.

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### **IMPORTANT NOTE**

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In addition to identifying CR candidates, 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 Chief
- The practitioners/health personnel in the village (midwives) separately
- Other village figures (if needed)

PART  
III. THE INTERVENTION

CHAPTER VII: ENTERING THE VILLAGE AND OPEN MEETING I

CHAPTER VIII: COMMUNITY SURVEY

CHAPTER IX: CR CONFIRMATION

CHAPTER X: COMMUNITY SCORECARD MEETING

CHAPTER XI: SOCIAL ACTION PLANNING MEETING

CHAPTER XII: OPEN MEETING 2

CHAPTER XIII: FOLLOW-UP MEETING 1

CHAPTER XIV: CHAMPION – CR INTERFACE MEETING

CHAPTER XV: FOLLOW-UP MEETING 2

CHAPTER XVI: DISTRICT – CR INTERFACE MEETING

CHAPTER XVII: FOLLOW-UP MEETING 3

CHAPTER  
VII. Entering the Village and Open  
Meeting 1

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**IN THIS CHAPTER:**

- A. Entering the village – getting informed consent
- B. Overview of Open Meeting 1
- C. Detailed Rundown

## A. Entering the village – getting informed consent

Before undertaking any other activities in the village, the facilitator needs to obtain informed consent from the village chief to do the work in each village. When the facilitator first meets with the village chief, please follow the script below, and only move forward with the intervention if the village chief responds “yes” to the final question:

*Hello, my name is \_\_\_\_\_. We are doing a study, called the Transparency for Development project with researchers from Harvard Kennedy School, the Results for Development Institute, and the University of Washington in the United States.*

*The purpose of this research is to learn about maternal and child health in your community. It is also to test whether or not a program implemented by our organizations, WASH-Net and MoPADA, can improve maternal and child health. We call this program the T4D program.*

*It is your choice whether or not to participate in this research study. If you agree to participate, researchers from our team will ask members of your village questions about the village’s history, community activities and groups, health services, health seeking behavior, health knowledge and other questions. We would like to interview a mix of people from the village, including women who have given birth in the past year, men, and community leaders, including yourself.*

*If you agree to participate in the research study, your village may or may not be selected to also participate in the T4D program administered by WASH-Net Sierra Leone and MoPADA. Selection of your village will be random and not influenced by the answers you or the other community members give to the survey questions. If your village is selected for the T4D program, a facilitator from our team will come to this village in 2-12 weeks and ask if you would like to participate in the program, and it will be your choice whether or not to participate.*

*If you do not agree to participate in the study, we will not conduct any interviews in this village, and we will not administer the T4D program in your village.*

*Participating in this research study has potential benefits. If your village is selected to participate in the T4D program, some members of the community will have the opportunity to work together to improve the health of mothers and babies in this village and to improve the services offered at the local health facility. You will also help the research team understand whether and how this type of program works, so that if it does, other villages could participate in similar programs.*

*Participating in the study also has potential risks. One of the risks is that the program does not work and nothing improves in the community. It is also possible, though unlikely, that providers in the local health facility get angry or quit working at the health facility, making access to maternal and child health services more difficult. Although we believe this is unlikely, we want to make you aware of it.*

*If you have questions, concerns or complaints, the local contact for this study is Musa Soko, WASH-Net Sierra Leone, who can be reached at + 232 78 198224, 5 Bailey Street, Freetown, Sierra Leone, or [musa@wash-net.org](mailto:musa@wash-net.org).*

***May we conduct the research study in this village?***






Yes

No

If the village chief responds “no” to the above question, please stop the intervention in this village and get in touch with the T4D Team to discuss next steps.



## B. Overview of Open Meeting 1

 <p><b>Objectives</b></p>	<ul style="list-style-type: none"> <li>• 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</li> <li>• To introduce the government champion to the communities</li> <li>• To get the dates for the Community Scorecard Meeting, Social Action Meeting, and Second Open Meeting</li> <li>• To ask for volunteers/nominations for Community Representative candidates</li> </ul>	
 <p><b>Participants</b></p>	<ul style="list-style-type: none"> <li>• Facilitator</li> <li>• Government Champions</li> <li>• Village leadership</li> </ul>	<ul style="list-style-type: none"> <li>• Community members</li> <li>• Health facility staff</li> </ul>
 <p><b>Duration</b></p>	<p>3 hours</p>	
 <p><b>Equipment</b></p>	<p>Tools:</p> <ul style="list-style-type: none"> <li>• Flipchart</li> <li>• Flipchart stand</li> <li>• Masking tape</li> <li>• Marker pen</li> </ul>	<p>Materials:</p> <ul style="list-style-type: none"> <li>• Annex B List of CR Candidates</li> <li>• Intervention Model</li> </ul>
 <p><b>Agenda</b></p>	<ol style="list-style-type: none"> <li>(1) Opening prayer</li> <li>(2) Opening remarks – Village Chief</li> <li>(3) Opening remarks – facilitator</li> <li>(4) Opening remarks – Government Champion</li> <li>(5) Introductions of the facilitator and WASH-Net</li> <li>(6) Discussion of MNCH issues</li> <li>(7) Explanation of the intervention</li> <li>(8) Collection of potential CR candidates</li> <li>(9) Collection of information to prepare for other community meetings</li> <li>(10) Question and Answer Session</li> <li>(11) Closing remarks – Village Chief, facilitator, Government Champion</li> </ol>	

## C. Detailed Rundown – Open Meeting I

### 1. Opening Prayer (5 minutes)

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The facilitator begins with an opening prayer.

### 2. Opening by Village Chief (10 minutes)

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The village chief will open the meeting with a short introduction.

### 3. Opening remarks 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 MOPADA, WASH-Net, 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 MNCH, 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 then introduce the government champion (local councilor) if he/she has attended the meeting and ask him/her to give some brief remarks. If the local councilor is not in attendance, the facilitator can explain the role of the government champions (who include the local councilor, the district medical officer, and the district planning officer).

#### 4. Opening Remarks by Government Champion (10 minutes)

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#### 5. Introductions of the facilitator, WASH-Net, MOPADA, and researchers (5 minutes)

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

*“I work with a team from the Water, Sanitation and Hygiene Network of Sierra Leone (WASH-Net Sierra Leone) and the Movement towards Peace and Development Agency (MOPADA). WASH-Net is an independent national platform which seeks to ensure that the diverse voices of citizens with respect to WASH are represented and heard in the development and implementation of sector related plans and policies, and MOPADA is a community-based humanitarian organization. We are partnering with the Harvard Kennedy School, Results for Development, and Innovations for Policy Action to help you as a community to use information on Maternal, Newborn and Child health problems to design and undertake social actions to hold those in power accountable for better outcomes.*”

Note – only read the script below if the researcher is in the meeting.

*I would also like to introduce <RESEARCHER NAME>. <RESEARCHER> works with our partners and will be observing the program in this village to help us understand how the program is working.*

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

#### 6. Discussion of MNCH Issues (20 minutes)

---

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

*“Although there has been some reduction in mortality for pregnant women and babies in Sierra Leone, mortality rates remain some of the highest in the world. Close to 16% of children die before they reach their 5<sup>th</sup> birthday, and more than 11 out of every 1,000 expectant mothers will die from complications to pregnancy or child birth.*”

*“Maternal, newborn, and child health are priorities for the Government of Sierra Leone, and recently the Government has introduced new policies to demonstrate this*

*priority, including the Free Health Care Initiative introduced in 2010 to provide free services to pregnant women, lactating mothers, and children under 5. Sierra Leone has seen tremendous improvements in some aspects of MNCH, but has lagged behind in others. Further the improvements have varied drastically by district. For example, in Kailahun district, 84% of women give birth in a health facility and 86% give birth with a skilled provider, both important factors for healthy birth.*

*“However, several other indicators remain very low for Kailahun. Only 36% of babies receive a postnatal check-up within 2 days of their birth, a check that can help ensure that newborns are not suffering from any complications. Similarly, care seeking and proper treatment for malaria and diarrhea remains low across the country and in Kailahun.*

*“This is a gloomy picture for Sierra Leone and for Kailahun, 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.

## 7. Explanation of the intervention (20 minutes)

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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?”*

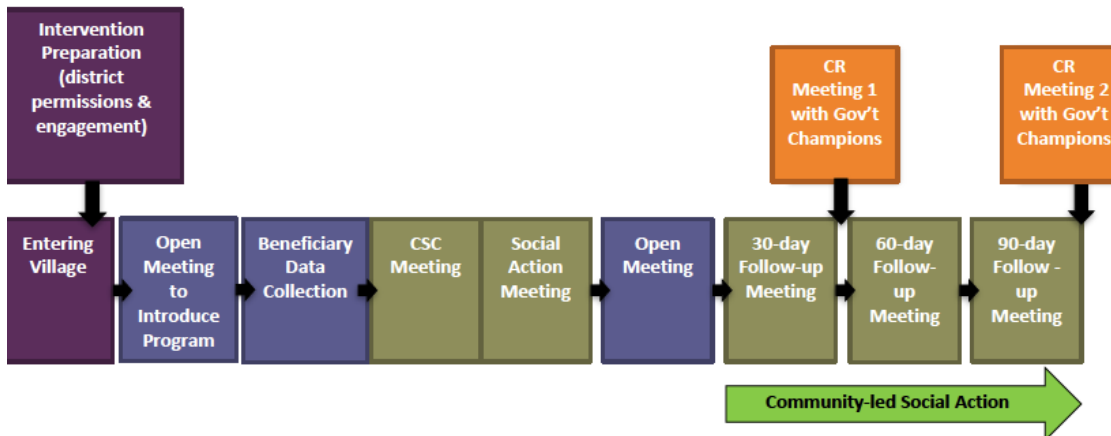
From this discussion, the facilitator should ensure that participants understand the meaning of ‘social action’, and that they can give some examples of social actions that have been done before.

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

*“People in your village have carried out 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 to improve the community’s MNCH status. To achieve this, I will require the involvement of Community Representatives, who are individuals elected 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 your village.”*

The facilitator should then explain the Intervention Model (Figure 2 below) to give a more detailed account of the activities that will be carried out.

**Figure 2**



*“Now I’m going to tell you about the specific activities that will be carried out as part of this intervention.*

*This is the first open meeting of the intervention. 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.*

*Over the coming weeks, we will conduct a household survey to gather information about the status of MNCH in your specific community. Using the information from the survey, 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 village.*

*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 the government champions, including the local councilor, the district medical officer, and the district planning officer. This will include two interface meetings 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.*

## 8. Collecting Names of CR Candidates (15 minutes)

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The facilitator can then ask the attendees to think of people who they would recommend to be CRs:

*“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, passionate about MNCH and/or community issues 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 meet these requirements and would like to volunteer as a CR, please come speak with me after the meeting. If you know of other people in this community who might make good CRs, please write down their information.”*

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.

#### 9. Prepare for other community meetings (20 minutes)

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The facilitator work with the Village Head to set a date, time, and place for the Scorecard and the Social Action meeting. Note that this can be done after the Open Meeting if the facilitator prefers.

#### 10. Question and Answer Session (15 minutes)

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#### 11. Closing Remarks – Facilitator/Government Champion/Village Chief (15 minutes)

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CHAPTER  
VIII. Community Survey

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**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.

The survey process involves 4 steps:

1. Determine Respondents
2. Conduct the survey
3. Tabulate the results
4. Prepare the results presentation (the scorecard)

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

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After the final list of all mothers who gave birth the past two years is compiled based on the mother's lists in Annex A the facilitator should create a consolidated list of all names, deleting duplicate names and cross-checking information. The facilitator should then put each name on a separate piece of paper and randomly select 30 names from a hat or other container.

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

- The facilitator needs to take several days in the second week to look for more informants, such as 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

The facilitator should then select an additional 5 names as backups for replacement.

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

use the back-up/replacement list.

### 2. Conducting the survey

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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 barriers 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 at the health facility?

### (3) Entering / tabulating Survey Results

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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 Freetown for review.

### (4) Preparing the results presentation

---

After the WASH-Net team reviews the Survey Responses results, they will send to the T4D team to calculate the statistics that should go in the scorecard for the CSC meeting (described in subsequent chapters). The WASH-Net, MOPADA, and T4D teams will plan a meeting to discuss the results and ultimately to select the health levers to focus on during the CSC meeting. The WASH-Net 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 barriers can be seen in Annex C.

### (5) Time Management Advice

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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
Open Meeting	Survey Visit CR	Survey	Survey Visit CR	Visit CR	Visit CR	Survey
Survey	Tabulation Visit CR	Visit CR	Visit CR	Finalize CR Selections		Distribute invitations to CR
			Community Scorecard Meeting	Social Action Planning Meeting		

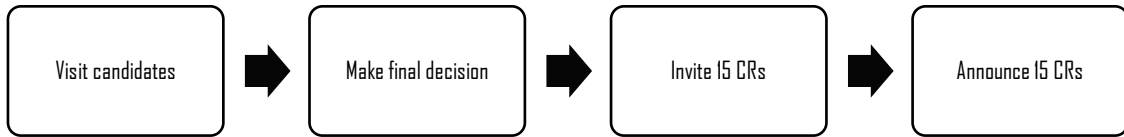
## CHAPTER IX. CR CONFIRMATION

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### IN THIS CHAPTER:

- A. Visiting CR Candidates
- B. Make Final Selection
- C. Invite the CRs
- D. Announce CR Selections

After doing the open meeting and starting the survey, the facilitator should have a list of potential CR candidates gathered through different channels and sources. Continuing the process, there are several steps that need to be completed in this next period in order to ensure that the CRs are confirmed and are invited to the Community Scorecard Meeting.



## A. Visit the candidates

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

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

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

*Ask for their willingness to become CRs. Facilitators should ask if the candidates can commit to attend all meetings (Scorecard Meeting, Social Action Meeting, Open Meeting, Follow Up Meetings) and should remind them of the time and location of the first two meetings.*

*Be sure to get the contact information for each candidate.*

## B. Make final selection

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

Does the list of CR candidates:	<ul style="list-style-type: none"><li>• Include members of non-elite groups?</li><li>• Include representatives from different geographic parts of the village?</li><li>• Include a mix of young (including 1-2 committed teenage mothers, if available) and old people?</li><li>• Include a mix of women and men?</li><li>• Include "natural leaders?"</li><li>• Include people from marginalized groups (such as physically challenged persons)?</li><li>• Including at least one CR who is literate (for example, teachers are good candidates)?</li></ul>
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## C. Invite the Community Representatives

The facilitator should invite the 15 selected CRs to the two-day meeting (Community Scorecard Meeting and the Social Action Meeting).

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

## D. Announce the Community Representatives

The facilitator should then bolster the CRs' legitimacy by giving the list of CRs to the village chief and/or elders, and asking them to disseminate this information in whatever natural ways they normally make such announcements.

## CHAPTER



# X. Community Scorecard Meeting

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### IN THIS CHAPTER:

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

## A. Overview of CSC Meeting

 <p><b>Objectives</b></p>	<ul style="list-style-type: none"> <li>• CSC results presentation</li> <li>• Prioritization of challenges identified</li> <li>• Selection of challenges to be addressed by the intervention</li> </ul>		
 <p><b>Participants</b></p>	<ul style="list-style-type: none"> <li>• Facilitators</li> <li>• CRs</li> </ul>		
 <p><b>Duration</b></p>	<p>6 hours</p>		
 <p><b>Equipment</b></p>	<table border="0"> <tr> <td data-bbox="496 891 798 1193"> <p><b>Tools</b></p> <ul style="list-style-type: none"> <li>• Flip chart</li> <li>• Marker</li> <li>• Tape</li> <li>• Blank paper (for new barriers)</li> <li>• Pens</li> <li>• Tally sheet (barrier voting)</li> </ul> </td> <td data-bbox="863 891 1340 1160"> <p><b>Materials</b></p> <ul style="list-style-type: none"> <li>• Faciliator manual</li> <li>• Social Action Stories (1 copy of each)</li> <li>• Intervention Model</li> <li>• Survey Results/scorecard (Lever and Barriers - filled in and printed out)</li> <li>• Poster of Healthy Mom and Baby photo</li> </ul> </td> </tr> </table>	<p><b>Tools</b></p> <ul style="list-style-type: none"> <li>• Flip chart</li> <li>• Marker</li> <li>• Tape</li> <li>• Blank paper (for new barriers)</li> <li>• Pens</li> <li>• Tally sheet (barrier voting)</li> </ul>	<p><b>Materials</b></p> <ul style="list-style-type: none"> <li>• Faciliator manual</li> <li>• Social Action Stories (1 copy of each)</li> <li>• Intervention Model</li> <li>• Survey Results/scorecard (Lever and Barriers - filled in and printed out)</li> <li>• Poster of Healthy Mom and Baby photo</li> </ul>
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 <p><b>Agenda</b></p>	<ol style="list-style-type: none"> <li>(1) Introductions, opening prayer and Icebreakers (10 minutes)</li> <li>(2) Discussion of MNCH issues (15 minutes)</li> <li>(3) Dreaming together: Healthy Mothers and Children (30 minutes)</li> <li>(4) Program purpose and CR roles (10 minutes)</li> <li>(5) Presentation of Community Scorecard (90 minutes)</li> <li>(6) Discussion of Barriers to MNCH in the Village (90 minutes)</li> <li>(7) Social Action Stories Discussion (60 minutes)</li> <li>(8) End of meeting (5 minutes)</li> </ol>		

## B. Objective of Meeting

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

## C. Detailed Rundown

### 1. Introductions, Opening Prayer and Icebreakers (10 minutes)

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The facilitator should begin with an opening prayer. The facilitator should then 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.

As part of the introductions, the facilitator should also introduce the Researcher who is in the meeting:

*I would also like to introduce <RESEARCHER NAME>. <RESEARCHER> works with our partners and will be observing all of the meetings that are part of the program to help us understand how the program is working. Many of you have already spoken with <RESEARCHER> and he/she may have other questions to discuss with you over the next four months. But for these meetings, he/she will just be observing. <RESEARCHER> will now provide some additional information about the project and the role that he/she will have in these meetings.*

The Researcher should then read through the following script to obtain consent from the CRs to participate in the project:

*As <FACILITATOR> said, my name is \_\_\_\_\_. We are doing a research study called Transparency for Development with researchers from Harvard Kennedy School, the Results for Development Institute, and the University of Washington in the United States. I would like to observe your meeting today to learn more about your discussion of maternal and child health in your community. Your answers will help researchers in this study to better understand the discussion today.*

*Recent years have seen increases in health expenditures and services across many countries, including Sierra Leone. While the health of children and mothers has improved over this same period, challenges still exist, such as high maternal mortality and regional variation on other key maternal, newborn, and child health indicators.*

*Transparency for Development is a multi-country research and outreach program designed to investigate what can be done to improve health outcomes and under what conditions. The goal is to generate evidence for practitioners, researchers, and other stakeholders working to improve health in communities.*



*As you may know, an organization called WASH-Net is currently working on a program in this village. I would like to learn about the program WASH-Net is currently conducting in your village. I want you to know that I am not from WASH-Net, I am not working with WASH-Net but we are working in collaboration with WASH-Net. I am also not associated with the government or the health system.*

*You don't have to participate in this meeting, and I hope you will agree to let me observe this meeting since your views and experiences are very important. You can leave the meeting at any time. Refusing to participate or stopping your participation will involve no penalty to you or your household.*

*We will take measures to keep all personal information collected confidential. Your privacy is very important to me. Therefore, I will not collect your name or any information that could be used to identify you personally. I would like to make sure that I have an accurate understanding of the discussion here, so I would like to audio-record the meeting so that later I can transcribe it. If you would prefer that your comments not be included, just let me know and I will make sure to remove them from the transcript of the meeting.*

*We do not foresee any risks to you, your family, or your community for participation in this study other than those you would encounter in daily life. If you sustain a research-related injury, or have issues with the study, you have the right to contact the Ethics and Scientific Review Committee at the contact information provided below.*

*There are no costs to participating in this study. There are no direct benefits to you from your taking part in this research. However, the results of this study may be used to help to improve maternal and child health in the communities this health facility serves. We will not be following up with you directly on the results of this research. However, we expect to disseminate the results with policymakers and NGOs in Sierra Leone.*

*If you have questions, concerns or complaints, I can provide you with the contact information for the study coordinator for this project, the head of WASH Net, and the Ethics and Scientific Review Committee for Sierra Leone.*

## 2. 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 Sierra Leone in general.

*“Did you know that 1 out of every 6 children dies in Sierra Leone before his or her 5th birthday? Additionally, maternal deaths related to pregnancy or childbirth account for about 1 of every 3 deaths amongst women of childbearing age. The good news is that you can help change this! Every Sierra Leonean has a right to healthcare. Additionally, quality maternal, newborn, and child health services are supposed to be provided by the government free of charge to pregnant women, lactating mothers, and children under 5.” (Source: DHS)*

The facilitator should prompt the CRs to think about the MNCH problems that they have experienced or witnessed in the village by asking SOME of 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 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?”*

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.”*

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

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The facilitator should then lead a goal setting session to address the changes the CRs 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 Sierra Leoneans.

*“Did you know that you have a right to basic health services? Sierra Leone 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 has reaffirmed the importance of health services by adopting the Free Health Care Initiative to abolish user fees for pregnant women, lactating mothers, and children under 5!*

*“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 – Figure 3]. Now we are going to discuss how to make sure all of our mothers and babies are happy and healthy.”*

The facilitator should ask the group to think about this picture and discuss their answers to some of the following questions:

- *“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?”*
- *“What attitude would you want your health workers to exhibit?”*
- *“How many health workers are available to help mothers in the village?”*

Figure 3: Healthy Mother and Child in Kailahun



#### 4. Program purpose and CR roles (10 minutes)

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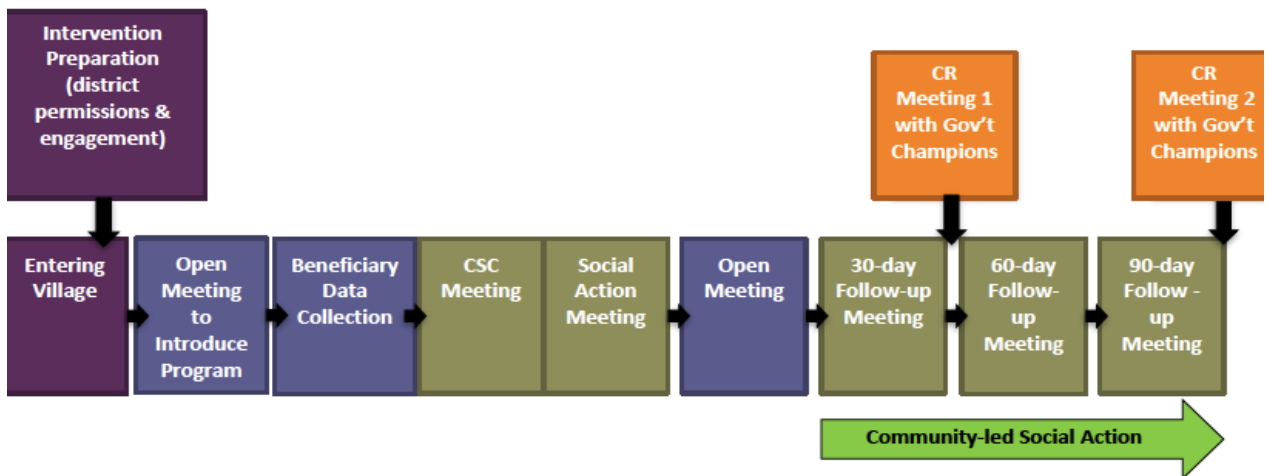
The facilitator should then transition to the explanation of the program by saying:

*“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 barriers 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 barriers and improve delivery of social services, including health. In the next meeting, you will create a concrete action plan to eliminate these barriers 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.*

*“One very important part of this work is that you will have the opportunity to meet with three government champions who are committed to working with you to improve MNCH – your Local Councilor, the District Medical Officer, and the District Planning Officer. You will meet with the government champions twice – and during those meetings, you will be able to share your action plans and the progress you have made and to get their advice and support for these actions! ”*



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 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 for you to lead it in this 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 barriers faced by pregnant women, mothers and children as found in the survey. You will decide which barriers you want to solve first. I will share with you lessons and experiences from other communities on what they did to solve their barriers and to improve social service delivery.”*

## 5. Presentation of Community Scorecard (90 minutes)

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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:*

- *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.”*

Note to Facilitators: Below we have included scripts for 5 potential indicators. However, we will select three for each village based on the statistics from the survey for that village. The WASH-Net team will provide you with information for each village about what three indicators we will use, and you can read those indicator scripts below and ignore the other indicators.

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

*“It is important 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 post the first lever on the wall.

*“The first indicator represents the percentage of women who said they received antenatal care at least 4 times, including once 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 Sierra Leone, 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 at least 4 antenatal care checkups, including 1 within the first 12 weeks, as you can see in the picture. (Fill in statistics from the community scorecard). The remaining women received care less than 4 check-ups, only 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 4 antenatal care checkups, including one 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 Sierra Leone, MNCH services, including ANC are provided free of charge in public health facilities.”*

#### **ANY QUESTIONS?**

#### **ii. INDICATOR 2: BIRTH IN A FACILITY WITH A SKILLED BIRTH ATTENDANT**

*“It is important that a woman gives birth in a health facility with a skilled birth attendant. Giving birth in a facility with a skilled attendant assures that there is the proper care available if a pregnant mother has any complications and can get the care she needs for the safety of herself and her baby.”*

Facilitator should post the second lever on the wall.

*“This indicator represents the percentage of women who said they gave birth in a health facility with a skilled birth attendant. ”*

*“In Sierra Leone, approximately 54%, or ‘5 out of 10,’ women are giving birth in a facility with a skilled attendant. And in your community, we found that **XX%** or ‘**X** out of 10 women’ are giving birth in a facility with a skilled attendant, as you can see in the picture. (Fill in statistics from the community scorecard). The remaining women gave birth at home or somewhere else.”*

*“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 gave birth in a facility with a skilled attendant.”*

Facilitators should then ask the CRs the following questions:

- *“Is this surprising to you?”*
- *“How many of you know at least one mother who did not have birth in a facility with a skilled attendant?”*



- *“Does anyone have a personal story to share about himself or herself or someone they know?”*
- *“Why should pregnant women give birth in a facility with a skilled attendant?”*

After the community has provided their input, the facilitator should read the following information about the importance of giving birth in a facility with a skilled attendant:

- *“It is very important for women to give birth in a health facility, for many reasons. Quality health facilities offer a clean environment for birth and have the equipment, medicine, and skilled staff that are important during labor and immediately after birth, including the ability to manage emergencies or arrange transportation to a referral facility. Specific items that should be available include:*
  - *Availability of water for washing*
  - *Power and a refrigerator or cold box to store vaccines*
  - *Medicine such as oxytocin (to manage post-delivery hemorrhage) and magnesium sulfate (to control blood pressure and seizures during pregnancy).*
  - *Equipment such as a clamp (for clamping the umbilical cord), forceps (a metal instrument for guiding the baby out of the birth canal in an assisted delivery) and suction pump (for vacuum extraction to pull the baby out in an assisted delivery).*
- *“If there are complications during delivery, they cannot be handled by unskilled birth attendants. For example:*
  - *If the placenta does not come out*
  - *Infection from unhygienic conditions*
  - *Repairing perineal tears*
  - *Excessive bleeding*
  - *If the baby is breech (i.e. the wrong way)*
  - *If the baby has problems breathing*
- *“As you can see, getting birth in a health facility is very important for the health of the mother and baby.”*

### **ANY QUESTIONS?**

### **E. INDICATOR 3: POSTNATAL CARE CHECK FOR THE BABY WITH A SKILLED PROVIDER WITHIN 2 DAYS OF BIRTH**

Facilitators should post the third 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. It is recommended that all mothers who deliver a baby get a check-up for their baby 2 days after giving birth.”*

*“In your community **XX%** or **X** out of 10 babies’ received a postnatal check within 2 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?”*
- *“Can someone share their own story or that of someone else who did not receive postnatal care?”*
- *“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:

*“It is very 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 Sierra Leone, 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?**

#### **F. INDICATOR 4: TREATMENT FOR FEVER**

Facilitators should post the fourth lever on the wall.

*“Fever can be a sign of malaria and other infections in children. Policy in Sierra Leone 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 Sierra Leone, treatment was sought for 70% of children under 5 with fever (DHS). This means, out of every 10 children, 7 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?**

#### **G. INDICATOR 5: FULL IMMUNIZATION FOR CHILDREN**

Facilitators should post the fifth lever on the wall.

*“It is very important that children receive all of their vaccinations to prevent infant and child deaths. Diseases including polio, TB, whooping cough and measles kill many babies and children, but proper vaccinations can prevent children from getting these diseases. While full vaccination and immunization rates are increasing in Sierra Leone, there are many children who still do not receive all of the vaccines that they need.*

*“In Sierra Leone, 68% of children are fully immunized before the age of 2. This means, out of every 10 children, almost 7 receive all of the vaccinations that they need on time. And in your community, we found that **XX%** or ‘**X** out of 10 children’ received their full vaccination. The remaining children were not fully vaccinated and so may be in more danger of getting diseases such as polio, measles, and TB. “*

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 whose child became sick because they were not vaccinated?”*
- *“Why is it important for children to receive their full vaccinations?”*

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 receive their full vaccinations, for many reasons. The diseases that vaccinations prevent are ones that can make children seriously ill and may even lead to death. Vaccinations should be available free to children under 2 at the local health clinic, and getting these vaccinations can help ensure that babies and children are healthy and happy.”*

### **ANY QUESTIONS?**

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

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The facilitator should now transition to discussing the barriers that people may face in improving the three levers discussed in the previous session

*“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 MNCH care 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 woman 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.

**H. 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.

**I. 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 point to the barrier on the board 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.”*

In the process of discussing these extra barriers, the CRs should decide if they think these are barriers their community faces. The facilitator should read the information on the back of the card. If the CRs determine it is a barrier in the village, it should be added to the board. If the CRs determine it is not a barrier, the card should be set aside.

#### **J. Main Barriers VOTING and Selection (30 minutes)**

After all of the barriers from the survey and the new barriers suggested by the community have been discussed, the facilitator should explain that they, as a community, will select the barriers 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 barriers simultaneously. Barriers that the community decides are not real barriers should be excluded. Before breaking for lunch/break, the facilitator should list out all of the eligible barriers once more so that CRs can think about where they want to place their votes.

Each participant will be asked to vote during a coffee/lunch break. The facilitator will let each CR know that they have five votes which they can use however they want (including voting for five different barriers or using all 5 votes for one barrier). The Facilitator will have a tally sheet (Annex E) and can walk around and record each CR's five votes. After each CR votes, the facilitator can tally the votes for 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 barriers, we will begin building an action plan to address 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 address these barriers. It can be helpful to hear about the actions taken by similar communities to address their barriers.”*

## 7. Social Action Stories Discussion (60 minutes)

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

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

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

*“This first story is about community members in the Moa Wharf Community.”*

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 (about the Bumpeh Ngao chiefdom) and ask the discussion questions.

After the facilitator has finished reading the second social action story, he/she should say:

*“There are many other stories of communities taking action to improve their lives and services! We want to share these with you because they may help you think about ideas for tomorrow! Because there are so many stories, we will divide into groups, and each group will read a few stories together.”*

The facilitator should then break the CRs into three groups who will then discuss the stories. Remember:

- Not all participants are literate. Take care to assign one person who is able to write to each group, so they can read the stories out loud.

The facilitator should give each group three of the stories (9 total) to read and encourage the CRs to discuss each story in their group.

After each group has finished, the facilitator should bring the CRs back together and ask them if any groups read especially interesting stories:

*“Did you hear any stories that you especially liked? Why?”*

*“Can you think of any times when your community did something like these stories?”*

*“Did you discuss any type of action would work in your community? Why or why not?”*

The facilitator should close this session by saying:

*“These communities solved the barriers that they faced through different kinds of social action. Tomorrow, we will decide on the actions that we want to undertake to solve the barriers we identified.”*

#### 8. End of meeting (5 minutes)

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*“I hope the stories inspired you. When you go home today, think about actions that we can undertake to solve the six barriers we identified. We will discuss your ideas and develop a plan to address these barriers 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

# XI. Social Action Planning Meeting

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**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"> <li>To provide a recap of yesterday's meeting</li> <li>To come up with social action plan based on the barriers selected in the previous meeting</li> </ul>
 <p>Participants</p>	<ul style="list-style-type: none"> <li>Facilitators</li> <li>CRs</li> </ul>
 <p>Duration</p>	<p>6 hours</p>
 <p>Equipment</p>	<p><b>Tools</b></p> <ul style="list-style-type: none"> <li>Flip chart</li> <li>Marker/pens</li> <li>Tape</li> <li>Tools for icebreaker (in example here, a ball)</li> </ul> <p><b>Materials</b></p> <ul style="list-style-type: none"> <li>Faciliator manual</li> <li>Poster with HRGL stakeholder groups (blank – to be filled in)</li> <li>Social Action Stories</li> <li>Social Action Matrix – print out and bring 8 – 10 large copies</li> <li>Posters with each barrier written at top (to list possible actions)</li> <li>Posters with blank prioritization chart (section 5 of meeting)</li> </ul>
 <p>Agenda</p>	<ol style="list-style-type: none"> <li>Call to Order – Prayer, Introductions</li> <li>Recap of yesterday's discussion</li> <li>Preview of today's activities</li> <li>Health and governance structures discussion</li> <li>Discussion of one barrier in large group</li> <li>Small group discussion of social action ideas and presentation</li> <li>Break - facilitator to categorize the actions in several categories</li> <li>Narrowing down: Final selection of actions</li> <li>Filling the Social Action Matrix Plan</li> <li>Choosing a CR Champion</li> <li>Closing remarks</li> </ol>

## B. Objective of Meeting

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

## C. Detailed Rundown

### 1. Call to Order and Opening Prayer (10 minutes)

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*Note – before the meeting begins, the researcher will need to read through the same informed consent script as during the CSC meeting. The facilitator should coordinate with the researcher to ensure she has time to do this before continuing with the rest of the meeting.*

### 2. Recap of yesterday's discussion (15 minutes)

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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 barriers faced by pregnant women and mothers in our village, and we decided on the barriers we want to address in our action plan. We also listened to stories about what other communities have done to eliminate their barriers.”*

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

### 3. Preview of today's activities (10 minutes)

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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 barriers! 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! But before we start deciding on actions, we will discuss the roles and responsibilities of the people who can help you achieve these actions in the government and in the health system!”*

### 4. Health and governance structures discussion (30 minutes)

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The facilitator should point to the wall where there is a list of groups of government stakeholders who have a role in health policies and governance (like figure 4 below). The facilitator can then explain the list:

*“These are some of the people who play an important role in deciding what funding, resources, and services are available to provide people in this village and villages across Kailahun with good healthcare! When something in the health system is not working well (like some of the barriers we discussed yesterday), these are some of the people and committees and offices who have the ability to make decisions that can help fix these barriers.*

*“Let's talk about what are some of the decisions and positions that these people have!”*

Starting with the Council, the facilitator should point to the box with the council and ask the CRs:

- *Do you think the Council has an important role in the health system?*
- *Who are the important members of the council?*

When CRs name people in the Council, the facilitator should write these names down in the box labeled “People in the Council.” If the CRs leave out anyone in the box in Figure 5, the facilitator should ask the CRs about that person:

- *Do you think <<PERSON>> is an important member of the council? Should we include him or her in our list?*

The facilitator should then ask the CRs questions to help identify the role of that group, including specifically the Government Champions:

*“Two of the people in the Council are also our Government Champions – the Local Councilor and the District Planning Officer! That means that these individuals are people who have committed to play an important role in this work – meeting with you*

*during the two interface meetings to provide feedback, ideas and support for your actions!*

*“Let’s talk about what the Local Councilor and the DPO are responsible for – and then we can discuss the whole Council:*

- *Does anyone have ideas of what the Local Councilor is in charge of?*
- *What decisions does the Local Councilor make?*
- *Has anyone every interacted with the Local Councilor before? What did they help you with?*

After asking questions about each position, the facilitator should then make notes beside that person’s title providing an overview of what that person is in charge of. If there is any responsibility in Figure 5 that the CRs leave out, the facilitator should discuss this and add it to the poster. This should be a relatively quick process to ensure that the CRs do not get bored; instead the goal is to provide the CRs with some additional information that they may find useful in designing social actions that may involve members of the government.

After finishing this line of questions with the Local Councilor, the facilitator should ask the same questions about the DPO and the Council as a whole.

The facilitator can then move onto the Ministry of Health:

- *Do you think the different parts of the Ministry of Health have an important role in the health system?*
- *Who are the important people and committees in the Ministry of Health?*

When CRs name people and committees in the Ministry, the facilitator should write these names down in the box labeled “People and Committees in the Ministry of Health.” If the CRs leave out anyone in the box in Figure 5, the facilitator should ask the CRs about that person:

- *Do you think <<PERSON>> is an important part of the Ministry? Should we include them in our list?*

The facilitator should then ask the CRs questions to help identify the role of that group, including specifically the Government Champion:

*“One person in the Ministry of health is also one of our Government Champions – the District Medical Officer! That means that the DMO is someone who has committed to play an important role in this work – meeting with you during the two interface meetings to provide feedback, ideas and support for your actions!*

*“Let’s talk about what the DMO is responsible for – and then we can discuss the District Health Management Team and others in the Ministry of Health:*

- *Does anyone have ideas of what the DMO is in charge of?*
- *What decisions does the DMO make?*

- *Has anyone every interacted with the DMO before? What did they help you with?*

After asking questions about each position, the facilitator should then make notes beside that person's title providing an overview of what that person is in charge of. If there is any responsibility in Figure 5 that the CRs leave out, the facilitator should discuss this and add it to the poster. This should be a relatively quick process to ensure that the CRs do not get bored; instead the goal is to provide the CRs with some additional information that they may find useful in designing social actions that may involve members of the government.

After finishing this line of questions with the DMO, the facilitator should ask the same questions about the DHMT and the Ministry as a whole.

The facilitator can then move onto the Chiefs:

- *Do you think the chiefs, including section, town, and paramount chiefs, play an important role in the health system?*
- *Does anyone have ideas of what the chiefs do to support the health system?*
- *What decisions do chiefs make?*
- *Has anyone every interacted with the paramount chief before – or the section chief? What did they help you with?*

After asking questions about each position, the facilitator should then make notes beside that person's title providing an overview of what that person is in charge of. If there is any responsibility in Figure 5 that the CRs leave out, the facilitator should discuss this and add it to the poster.

A few notes about the Health Rights and Governance Literacy Discussion:

- The facilitators should always try to get the CRs to answer the questions rather than immediately adding their own ideas.
- If no one has any ideas for a stakeholder's roles and responsibilities, the facilitator can then turn to the list in Figure 5 and discuss these while adding them to the chart.
- If a CR incorrectly states a stakeholder's role/responsibility, the facilitator should ask if anyone has a different opinion. If no one responds, the facilitator should provide the correct information about who is responsible for the thing that the CR mentioned.

Figure 4.

**Community:** \_\_\_\_\_

Stakeholders	Roles and Responsibilities
<b>People and Committees in the COUNCIL:</b>  	<b>COUNCIL:</b>  
<b>People and Committees in the MINISTRY OF HEALTH:</b>  	<b>MINISTRY OF HEALTH:</b>  
<b>CHIEFS</b> <ul style="list-style-type: none"><li>- Town Chief</li><li>- Section Chief</li><li>- Paramount Chief</li></ul>	<b>CHIEFS:</b>  

Figure 5.

STAKEHOLDERS	ROLES AND RESPONSIBILITIES
<p><b>People and Committees in the COUNCIL:</b></p> <ul style="list-style-type: none"> <li>- Chief Administrator</li> <li>- Chairperson</li> <li>- Local Councilor</li> <li>- M&amp;E Officer</li> <li>- DPO</li> <li>- Health committee</li> </ul>	<p><b>COUNCIL:</b></p> <ul style="list-style-type: none"> <li>- LC: <ul style="list-style-type: none"> <li>- Facilitates development (including resources, infrastructure) coming to communities within ward,</li> <li>- Represents council at ward level,</li> <li>- Advocates for development projects at council,</li> <li>- Serves as chair of WDC</li> </ul> </li> <li>- DPO: <ul style="list-style-type: none"> <li>- In charge of district development plan, MTDf and LTDF for district including costing for priorities,</li> <li>- Oversees development within district</li> </ul> </li> <li>- Council in general: <ul style="list-style-type: none"> <li>- Coordinates funding which goes from central government to council,</li> <li>- Coordinates/monitors all partners in district (NGOs)</li> </ul> </li> </ul>
<p><b>People and Committees in the MINISTRY OF HEALTH:</b></p> <ul style="list-style-type: none"> <li>- District Health Mgmt Team</li> <li>- Ministry (national)</li> <li>- DMO</li> <li>- District Health Sister</li> </ul>	<p><b>MINISTRY OF HEALTH:</b></p> <ul style="list-style-type: none"> <li>- DMO: <ul style="list-style-type: none"> <li>- Represents the ministry at the district level to ensure national laws and policies and programs cascade to district,</li> <li>- Feedback from local level back up to MOH,</li> <li>- Monitors health service delivery)</li> <li>- Heads DHMT</li> </ul> </li> <li>- DHMT: <ul style="list-style-type: none"> <li>- Work on drug/med supplies (including when stockouts) and health workforce (placement, disciplining of health staff)</li> <li>- Coordinates health systems arrangements in district</li> <li>- Provides logistics (ambulances, supply of drugs to health facilities)</li> <li>- Rolls out national government health sector interventions (like immunization)</li> </ul> </li> </ul>
<p><b>CHIEFS</b></p> <ul style="list-style-type: none"> <li>- Town Chief</li> <li>- Section Chief</li> <li>- Paramount Chief</li> </ul>	<p><b>CHIEFS:</b></p> <ul style="list-style-type: none"> <li>- Custodians of respective villages and sections,</li> <li>- In charge of bylaws (including for health seeking activities),</li> <li>- Problem solving with health facility issues (including support for health staff like housing),</li> <li>- Inform and educate communities around health issues,</li> <li>- Lead resolution of disputes</li> </ul>



## 5. Discussion of one barrier in a large group (15 minutes)

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The facilitator should take one barrier as an example (before this meeting, the facilitator should choose one barrier and prepare examples of actions that can be done to eliminate that barrier. 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 barrier: Health Facility is not clean. Who can think of an action to address this barrier? 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 barrier, 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 barrier? Can a protest solve this barrier? Can any of the people we just discussed help with this barrier? 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.

## 6. Small group discussion and presentation (45 minutes)

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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 barrier and the actions you could take to fix the barrier. But because we have so many barriers to discuss, we will start the planning in small groups. Each group will have one or two barriers 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 yourselves directly try to solve the problem; you can ask people of influence to try to solve the problem; or you can try to engage the official duty-bearers responsible for the problem.”*

The facilitator should divide the participants into three or four small groups. Each group should discuss social actions to solve one or two barriers, 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 barrier?”*

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 barrier as they are being read.

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 barrier ‘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 barriers 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)

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

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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 (Figure 6) found below. Facilitator will fill out the rest of the columns with the CRs in the next session.

Figure 6: Decision Matrix

List of Actions	Barriers Addressed	Decision (Yes/No/Maybe)
<b>Sensitization of women</b> 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	
<b>Meet with Midwife:</b> 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	
<b>Ask the village chief:</b> 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	
<b>CRs volunteer</b> to clean the health facility	Health facility is dirty	

## 8. Narrowing down: Final selection of actions (60 minutes)

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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 barriers. 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 whether we want to make a plan to undertake each of these actions.”*

The facilitator should walk through each of the actions in the table and ask the CRs to think about whether they think it is a good idea or not to plan to take this action. The facilitator can ask the CRs to discuss their views, including why this would be a good action or why they do not want to take the action. After a brief discussion, the facilitator should ask the CRs to vote on whether they want to take the action, and then he should write this decision in the decision column of the matrix.

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.

## 9. Filling the social action matrices

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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?

**ACTION: SOCIALIZATION CAMPAIGN**

For example, if the CRs choose to have a socialization campaign, the facilitator should help the community members think through the following when developing their plan:

- What is the objective of the socialization campaign? / How is the socialization going to overcome the identified barrier?
- Who will you invite to the socialization? Will you bring in a speaker from outside of the CRs? How will you go about setting up the socialization?
- What information will you need to share to convince socialization attendees to act?
- 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					
<b>ACTION TITLE:</b>					
<b>BARRIERS ADDRESSED by this action:</b>					
<b>What is the GOAL for this overall action?</b>					
<b>What is the MEASURE OF SUCCESS for this overall action?</b>					
<b>Who are the targets of the action (e.g. Village Head, midwife, DHO, etc.):</b>					
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.					

## 10. Choosing a CR Coordinator(s) and Closing Remarks

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

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

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

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

*“These two coordinators will work together to:*

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

Facilitators should explain:

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

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

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

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

Facilitators should then 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 barriers 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 XII. Open Meeting 2

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### 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?**

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 WASH-Net and MOPADA are not longer leading the program?**

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 barriers 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"> <li>• Sharing the survey results with the larger community</li> <li>• Generating community engagement in the social action plan</li> <li>• Introducing the CRs to the larger community (building the idea that this is a community effort and not just a CR effort)</li> </ul>	
 <p>Participants</p>	<ul style="list-style-type: none"> <li>• Facilitator</li> <li>• Community Representatives (15)</li> <li>• Community members</li> </ul>	
 <p>Duration</p>	<p>1-2 hours</p>	
 <p>Equipment</p>	<p><b>Tools:</b></p> <ul style="list-style-type: none"> <li>• Flipchart</li> <li>• Masking tape</li> <li>• Marker pen</li> </ul>	<p><b>Matrices/Tables:</b></p> <ul style="list-style-type: none"> <li>• Social Action Matrix</li> <li>• Barrier cards</li> <li>• Leaflet with Intervention Model</li> </ul>
 <p>Agenda</p>	<ol style="list-style-type: none"> <li>(1) Opening speech and prayer from Village Head</li> <li>(2) Introduction of participants</li> <li>(3) Introduction of program</li> <li>(4) Introduction of CRs and their roles</li> <li>(5) Presentation of survey results</li> <li>(6) Presentation of social action plans</li> <li>(7) End of meeting</li> </ol>	

## C. Detailed Rundown

### 1. Opening speech and prayer from Village Head (5 minutes)

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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)

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

### 3. Introduction of program (5 minutes)

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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 two 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 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 barriers 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 scorecard 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):

*“Sierra Leone has the highest rate of maternal deaths anywhere in the world. Women in our country have a 1 in 17 chance of dying in pregnancy or childbirth during their lifetimes, and 36% of women who die between the age of 15 and 49 die because of maternal complications. Kailahun district in particular suffers from many problems with maternal, newborn and child health, including a large number of stillbirths. (MSDR 2016)*

*“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 barriers affecting these issues! Out of the many barriers, we decided to take on six based on urgency and our ability to solve them. The six barriers are... (the CRs should list the barriers that they selected)”*

As the CR coordinators are listing the six barriers, they should also share the health rights and governance literacy information on each of the barrier cards.

*“We want to be the ones that help to solve these problems! Sometimes people think that they need others that are high up to solve the problems, but we know that there are things that we can do to help improve the health of mothers, children, and babies!”*

#### 6. Social action presentation (30 minutes)

---

The CRs should present and explain each of the social actions. In particular, the CRs should spend some time on who they are targeting with each action and where they fit in the health system (for example, if they are targeting the DPO, they can use this time to explain why the DPO is the right person to address this issue). 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.

#### 8. 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.”*

# CHAPTER

## XIII. Follow-Up Meeting 1

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### 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.

 <b>Objectives</b>	<p>To discuss the progress of the social action plan</p> <p>To prepare for CR-government champion interface meeting</p>		
 <b>Participants</b>	<ul style="list-style-type: none"> <li>• Facilitator/s</li> <li>• Community Representatives (15)</li> <li>• Additional volunteers for the action plan</li> </ul>		
 <b>Duration</b>	<p>1- 2 hours</p>		
 <b>Equipment</b>	<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <p><b>Tools:</b></p> <ul style="list-style-type: none"> <li>• Flipchart</li> <li>• Tape</li> <li>• Marker pen / crayons</li> </ul> </td> <td style="vertical-align: top; width: 50%;"> <p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Cards with 6 selected barriers</li> <li>• Cards with other barriers (not selected)</li> <li>• Social action matrix plan (filled in the previous meeting)</li> <li>• Social action matrix plan (empty, prepare at least five)</li> </ul> </td> </tr> </table>	<p><b>Tools:</b></p> <ul style="list-style-type: none"> <li>• Flipchart</li> <li>• Tape</li> <li>• Marker pen / crayons</li> </ul>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Cards with 6 selected barriers</li> <li>• Cards with other barriers (not selected)</li> <li>• Social action matrix plan (filled in the previous meeting)</li> <li>• Social action matrix plan (empty, prepare at least five)</li> </ul>
<p><b>Tools:</b></p> <ul style="list-style-type: none"> <li>• Flipchart</li> <li>• Tape</li> <li>• Marker pen / crayons</li> </ul>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Cards with 6 selected barriers</li> <li>• Cards with other barriers (not selected)</li> <li>• Social action matrix plan (filled in the previous meeting)</li> <li>• Social action matrix plan (empty, prepare at least five)</li> </ul>		
 <b>Agenda</b>	<ol style="list-style-type: none"> <li>(1) Opening prayer</li> <li>(2) Reflection and celebration</li> <li>(3) Discussion of the plan's progress</li> <li>(4) Discussion of next actions</li> <li>(5) Revisiting Healthy Mother and Child</li> <li>(6) Preparation for Champion – CR Interface Meeting</li> <li>(7) End of meeting</li> <li>(8) Closing prayer</li> </ol>		

*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)

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### 2. Reflection and celebration (20 minutes)

---

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.

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?"*

### 3. Discussion of the plan's progress (20 minutes)

---

The facilitator should fill out the 'progress' columns (refer to Social Action Matrix at the bottom of this chapter) 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 15<sup>th</sup> 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.

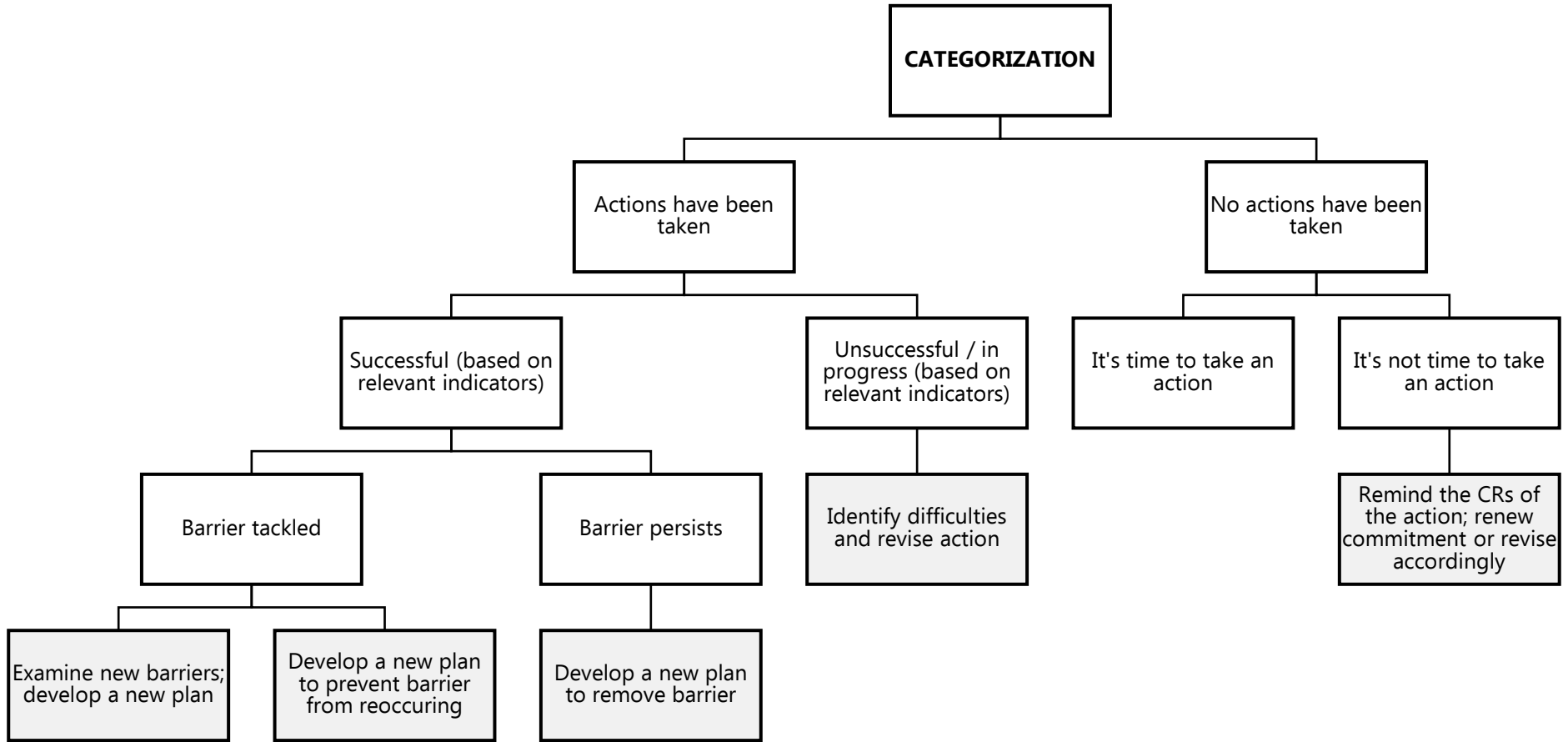
If the action was successful, see whether or not the barriers were eliminated.

If the barriers were eliminated, the facilitator should ask the CRs if they want to create additional action plans to address other barriers. Alternatively, the facilitator can ask if the CRs want to create new action plans to ensure that their original six barriers 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 barriers if they want to take on new barriers.

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

If the barriers have not been eliminated, the facilitator should ask if they want to create another action plan to eliminate the same barrier. 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.



**Social Action Plan Progress Columns**

<b>ACTION TITLE:</b>							
<b>BARRIERS ADDRESSED by this action:</b>							
<b>What is the GOAL for this overall action?</b>							
<b>What is the MEASURE OF SUCCESS for this overall action?</b>							
<b>What is the TARGET of the Action?</b>					<b>Progress at Follow Up meeting 1</b>		
<b>List Steps (Including the step's target and what that target is expected to do)</b>	<b>Responsible Person(s)</b>	<b>What tools, community resources are needed? How will they be mobilized?</b>	<b>Timeline/ Deadline &amp; Frequency</b>	<b>How is success measured?</b>	<b>Progress</b>	<b>Successes</b>	<b>Challenges</b>
1.							
2.							
3.							
4.							
5.							

## 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 barriers from the poster and to replace them with new barriers, if they decided to take on new barriers. 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

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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 CR coordinators will represent this village at the meeting and will present each 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)

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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. The facilitator should also ask the CRs if there is anyone else who they would like to invite to the second follow-up meeting.

Encourage the CRs to continue with the action.

#### 8. Closing prayer (5 minutes)

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## CHAPTER






# XIV. Champion – CR Interface Meeting

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### IN THIS CHAPTER:

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

## A. Overview of Champion – CR Interface MEETING 1

 <p>Objectives</p>	<ul style="list-style-type: none"> <li>• Opportunity for CRs to gain more understanding / information about the district-level government and to update actions based on what is feasible.</li> <li>• Sharing summaries of the problems the CRs have decided to tackle and introducing themselves to district government officials, to lay the groundwork for improved government responsiveness during action implementation.</li> <li>• Make specific asks for the government champions to support village actions</li> <li>• Develop/Facilitate potential cross-village partnership in actions</li> </ul>
 <p>Participants</p>	<ul style="list-style-type: none"> <li>• Facilitator</li> <li>• CRs (2 from each of 5 villages)</li> <li>• District-level health and government officials</li> <li>• Government champion(s) – local councilors, DMO, DPO</li> </ul>
 <p>Duration</p>	<p>2-3 hours</p>
 <p>Equipment</p>	<p><b>Tools:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Social Action Matrix for each village Top barriers scorecards (with stats) from each village</li> </ul> <p><b>Matrices/Tables:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>
 <p>Agenda</p>	<ol style="list-style-type: none"> <li>(1) Introduction of participants (10 minutes)</li> <li>(2) Opening speech from government champion (10 minutes)</li> <li>(3) Introduction of program (5 minutes)</li> <li>(4) Presentation of social problems per village that each group of CRs is looking to tackle (15 minutes each = 1 hour 15 mins)</li> <li>(5) CRs make “asks” of the Government Champion and CRs and Government Champions develop mutual commitments</li> <li>(6) End of meeting / Call to action (5 minutes)</li> </ol>

## B. Detailed Rundown

Before the meeting, the facilitators should post the top barriers scorecards on the wall so that the Government Champions can browse these before the meeting.

### 1. Introduction of participants and opening prayer (10 minutes)

---

This should be VERY quick; the facilitator should start with an opening prayer and then ask all participants to introduce themselves by stating their names. The facilitator should also introduce the researcher, as this person may not have met some attendees:

*“I would also like to introduce <RESEARCHER NAME>. <RESEARCHER> works with our partners and will be observing the program in this village to help us understand how the program is working.”*

The researcher will then read the following script to ensure that participants consent to participate in the meeting observations”

*My name is <RESEARCHER NAME>. We are doing a research study called Transparency for Development with researchers from Harvard Kennedy School, the Results for Development Institute, and the University of Washington in the United States. I would like to observe your meeting today to learn more about your discussion of maternal and child health in your community. Your answers will help researchers in this study to better understand the discussion today.*

*Recent years have seen increases in health expenditures and services across many countries, including Sierra Leone. While the health of children and mothers has improved over this same period, challenges still exist, such as high maternal mortality and regional variation on other key maternal, newborn, and child health indicators.*

*Transparency for Development is a multi-country research and outreach program designed to investigate what can be done to improve health outcomes and under what conditions. The goal is to generate evidence for practitioners, researchers, and other stakeholders working to improve health in communities.*

*As you may know, WASH-Net is currently working on a program in villages in Kailahun District. I would like to learn about the program WASH-Net is currently conducting in Kailahun. I want you to know that I am not from WASH-Net, I am not working with WASH-Net but we are working in collaboration with WASH-Net. I am also not associated with the government or the health system.*

*You don’t have to participate in this meeting, and I hope you will agree to let me observe this meeting since your views and experiences are very important. You can leave the meeting at any*

*time. Refusing to participate or stopping your participation will involve no penalty to you or your household.*

*We will take measures to keep all personal information collected confidential. Your privacy is very important to me. Therefore, I will not collect your name or any information that could be used to identify you personally. I would like to make sure that I have an accurate understanding of the discussion here, so I would like to audio-record the meeting so that later I can transcribe it. If you would prefer that your comments not be included, just let me know and I will make sure to remove them from the transcript of the meeting.*

*We do not foresee any risks to you, your family, or your community for participation in this study other than those you would encounter in daily life. If you sustain a research-related injury, or have issues with the study, you have the right to contact the Ethics and Scientific Review Committee at the contact information provided below.*

*There are no costs to participating in this study. There are no direct benefits to you from your taking part in this research. However, the results of this study may be used to help to improve maternal and child health in the communities this health facility serves. We will not be following up with you directly on the results of this research. However, we expect to disseminate the results with policymakers and NGOs in Sierra Leone.*

*If you have questions, concerns or complaints, please ask me for information for the study coordinator (Jessica Creighton) or the Chief Executive Officer of WASH-Net (Musa Ansumana Soko).*

*If you sustain a research-related injury, or have issues with the study, you have the right to contact the Ethics and Scientific Review Committee : Sierra Leone Ethics and Scientific Review Committee, Ministry of Health and Sanitation, Directorate of Policy, Planning & Information (DPPI), Youyi Building, Fifth Floor, East Wing, [efoday@health.gov.sl](mailto:efoday@health.gov.sl) +23278 366493*

## 2. Opening speech from government champions (10 minutes)

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

Because there will be multiple government champions at the meeting, the facilitators should provide the opportunity for all champions to speak or to select one representative to speak on their behalf, if they prefer.

## 3. Introduction of program (10 minutes)

---

A facilitator should quickly introduce himself/herself, and explain the program purpose:

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

#### 4. Presentation of scorecard and social action plans (15 minutes for each village = 1 hour and 15 minutes overall)

---

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

#### 5. CR Asks and CR-Champion Commitments (45 minutes)

---

Following the presentation of the action plans, the government champions will have an opportunity to share their feedback and ask questions about the actions that are planned.

Facilitators should prepare prompts and suggestions. For example:

Officials might ask or offer:

- for clarification about problems to better understand the intentions of the groups in wanting to address such problems.
- Why CRs decided to take certain actions over others.
- Opportunities to further engage with officials to work towards dealing with the problems that they have identified

CRs might ask:

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

As part of this open discussion, the CRs can refer to specific actions that they have designed and make “asks” of the government champions and other meeting attendees. In addition, the government champions during this time can make or ask for additional commitments from the CRs.

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## 6. End of meeting, call to action (10 minutes)

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One of the government champions should close the meeting and invite all attendees to help the CRs:

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

It will be important for the CRs to connect with some of the officials and continue interacting after the meeting has ended. In this period, there can be exchange of details such as phone numbers between some of the CRs and the government officials. If the CR coordinators can obtain some of the contact details of the officials, they should endeavor to do so. This may be helpful in the future, especially during the preparation for the next interface meeting.

## CHAPTER






# XV. Follow-Up Meeting 2

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



## B. Detailed Rundown

### 1. Opening Prayer (5 minutes)

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### 2. Reflection from the Interface Meeting (15 minutes)

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The CR coordinators should share their experiences and impressions from the Government Champions interface meeting. In particular, the facilitators should prompt them to share any advice and feedback they received from the champions and any asks or commitments that were made during the meeting.

### 3. Reflection and celebration (15 minutes)

---

Repeat the steps in Follow-up Meeting I

### 4. Discussion of plan's progress (30 minutes)

---

Repeat the steps in Follow-up Meeting I. Note that the facilitators should include a new set of progress columns for Follow Up meeting 2 so that the CRs can look at the action plan, their progress from meeting 1, and update their progress for meeting 2.

### 5. Discussion of next actions (45 minutes)

---

Repeat the steps in Follow-up Meeting I

### 6. 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 Healthy 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 barriers 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?”*

*“How can you continue to engage with the government champions in the future?”*

The facilitator should ask the CRs to write these questions down and to think about some answers:

*“Let’s discuss your ideas in the next meeting.”*

#### 7. End of Meeting (5 minutes)

---

Set up a meeting time for the next follow-up meeting. The facilitator should also ask the CRs if there is anyone else who they would like to invite to the second 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)

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## CHAPTER






# XVI. Follow-Up Meeting 3

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

## B. Detailed Rundown

### 1. Opening Prayer (5 minutes)

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*Note – before the meeting begins, the researcher will need to read through the same informed consent script as during the CSC meeting. The facilitator should coordinate with the researcher to ensure she has time to do this before continuing with the rest of the meeting.*

### 2. Reflection and celebration (15 minutes)

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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)

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Repeat the steps in Follow-up Meeting I. Note that the facilitators should include a new set of progress columns for Follow Up meeting 3 so that the CRs can look at the action plan, their progress from meetings 1 and 2, and update their progress for meeting 3.

### 4. Discussion of next actions (30 minutes)

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Repeat the steps in Follow-up Meeting I

### 5. Sustainability discussion (30 minutes)

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

Questions	Answers (examples)
How will you continue to work to eliminate these barriers 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?	
How can you continue to engage with the government champions in the future?	

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

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The facilitator should then help the CRs prepare for the second 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 CRs, with WASH-Net, MoPADA, and the facilitators, to update the district representatives on the intervention’s progress and for the CR representatives to present their social action plans and accomplishments to the district representatives. 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 representatives from Kailahun district on [insert date and place]. This will be a joint meeting with the other 4 communities that participated in this project. Two representatives (most likely the elected CR coordinators) will attend this meeting and will*

*represent your entire group. I will be at the meeting in addition to representatives from WASH-Net, MoPADA, and CR coordinators from the other communities”*

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

*“The CR coordinators will present your social action plans in a similar way to how you presented during the first 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 district officials or the champions, if it is appropriate.*

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The facilitator should then start a discussion about what the CRs want to present to the district. 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 also ask the CRs If there are district officials or other people who they would like to ensure are invited to the interface meeting.

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

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## 7. End of Meeting (5 minutes)

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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)

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## CHAPTER






# XVII. District – CR Interface Meeting

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### IN THIS CHAPTER:

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

## A. OVERVIEW OF District-CR Interface meeting

 <p>Objectives</p>	<ul style="list-style-type: none"> <li>• Presenting ‘evidence’ from work to implement Social Action Plans, to strengthen any CR asks for ongoing / new actions.</li> <li>• This is an opportunity for citizens to follow up on their asks and for both sides to report back on their progress.</li> <li>• Bringing in external actors not yet officially involved.</li> <li>• Showcasing successes / highlighting champion and CRs’ work</li> <li>• Understanding challenges faced and identifying solutions to address these challenges.</li> </ul>
 <p>Participants</p>	<ul style="list-style-type: none"> <li>• WASH-Net/MOPADA</li> <li>• CRs</li> <li>• Facilitators</li> <li>• Government Champions – DPO, DMO, LCs</li> <li>• District Health Officials</li> <li>• Local/district council Officials (including VDCs)</li> <li>• Health NGOs working in the district</li> <li>• Traditional leader – Town/Section/Paramount Chiefs (for places where program is happening)</li> <li>• <i>CRs encouraged to help suggest invitees</i></li> </ul>
 <p>Duration</p>	<p>2- 3 hour(s)</p>
 <p>Equipment</p>	<p><b>Equipment:</b></p> <p><b>Materials:</b> Field Reports from meetings with CRS, Social Action Plans.</p>
 <p>Agenda</p>	<ol style="list-style-type: none"> <li>(1) Introductions and Opening prayer</li> <li>(2) Reporting progress of implementation of action plans to local authorities and create the room for discussions</li> <li>(3) Discussion of action progress including following up on asks and commitment from first interface meeting</li> <li>(4) Closing of meeting and networking</li> </ol>

## B. Detailed Rundown

### 1. Introduction of participants and opening prayer (10 minutes)

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This should be VERY quick; the facilitator should start with an opening prayer and then ask all participants to introduce themselves by stating their names.

*Note – before the meeting begins, the researcher will need to read through the same informed consent script as during the first interface meeting. The facilitator should coordinate with the researcher to ensure she has time to do this before continuing with the rest of the meeting.*

### 2. Reporting of progress on action plans (15 minutes per village = 1 hour and 15 minutes total)

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CR coordinators take turns presenting their general updates. This should include:

- The health barriers that they focused on in their work
- The actions that they designed to address these barriers
- Their successes and what they achieved
- Any challenges that they faced in their actions and how they addressed these challenges

At the end of the presentations, the facilitators can share their general observations regarding both the successes of the work of the CRs and the challenges. He/She must also highlight the role of the government champions who voluntarily and passionately committed their time to helping in making the social action plan successful.

### 3. Discussion of progress, including follow up on asks and commitments from previous interafec meeting (45 minutes)

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This is a time for discussions among participants – government champions, duty bearers, civil society organizations, CRs and facilitators. This time is to be used to produce a list of solutions that can be implemented in the short, medium and long term. The solutions will be targeted at improving health outcomes in the communities or districts. It can also be used for either the CRs or the government champions to follow up on asks and commitments that were made during the earlier interface meeting to ensure progress is being made.

### 4. Closing of meeting and networking

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The facilitators should close the meeting, thanking the CRs and the government champions for their involvement in this work and encouraging all participants to continue pushing these actions forward.

This is also a time that can be used for exchange of pleasantries between facilitators, CRs, civil society organizations, and local officials, including the exchange of contacts for knowledge sharing and further deliberations.

PART  
IV. ANNEX

# Annex A: List of Mothers

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<b>LIST OF MOTHERS</b> (who gave birth in the last two years)					
<b>Name of Informant</b>			<b>Position of Informant</b>		
<b>Tick the box when action is completed</b>					
<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 B: List of CR Candidates

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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 C: List of possible barriers

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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 or lack of transport
- No privacy at the facility
- Facility is not clean
- No water at the facility
- No electricity at the facility
- No toilet at the facility
- No handwashing/hygiene station at the facility
- No waste disposal or incinerator
- Out of pocket costs
- Drugs out of stock
- Vaccinations out of stock
- Service provider attitude
- No husband or family support
- Provider not available
- Provider difficult to contact
- 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



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## Annex E: Barriers vote tally sheet

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No	Barrier	Tally of votes (tick marks)	Total votes (adding tick marks)
1	Distance to the facility or lack of transport		
2	No privacy at the facility		
3	Facility is not clean		
4	No water at the facility		
5	No electricity at the facility		
6	No toilet at the facility		
7	No handwashing/hygiene station at the facility		
8	No waste disposal or incinerator		
9	Out of pocket costs		
10	Drugs out of stock		
11	Vaccinations out of stock		
12	Service provider attitude		
13	No husband or family support		
14	Provider not available		
15	Provider difficult to contact		
16	Lack of knowledge or awareness		

17	Missing or poor quality equipment		
18	Provider does not provide malaria test		
19	Provider not respectful		
20	Waiting time too long		
21	Provider turns people away		
22	Perception that the health provider is inexperienced		
23	Flooding in the facility		
24	No one to care for children while going to facility		
25	No husband		
26	Tradition not to announce pregnancy until later in pregnant		
27	Prefer traditional healer		
28	Fear of HIV test		
29	Other:		
30	Other:		
31	Other:		
32	Other:		
33	Other:		

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