FACILITATOR MANUAL

A Transparency for Development Project for Maternal and Newborn Health in Tanzania

Finalized October 2015

T4D

TRANSPARENCY FOR DEVELOPMENT

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HEALTH ACCESS INITIATIVE

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TABLE OF CONTENTS

ACRONYMS

Acronym		Definition
ANC	Antenatal Care	Health services provided to an expectant mother before she delivers her baby
	Civic Engagement/Civic Participation/Social Action	Individual and collective actions designed to identify and address issues of public concern
CHAI	Clinton Health Access Initiative	
CR	Community Representative	Key stakeholders in MNH in the community who will attend the Community Scorecard, Social Action and Follow-up Meetings
CSC	Community Scorecard	Monitoring tools that are used for local level monitoring and performance evaluation of services, projects and even government administrative units by communities themselves
CHW	Community Health Worker	
DMO	District Medical Officer	
DRCHco	District Reproductive and Child Health Coordinator	
IPT	Intermittent Preventative Treatment	
ITN	Insecticide Treated Bed Nets	
MNH	Maternal and Newborn Health	
MDG	Millennium Development Goal	
NPERCHI	National Package of Essential Reproductive and Child Health Interventions	
NGO	Non-governmental organization	
OPV0	Oral Polio Vaccine	
	Postpartum Care	Health services provided to a mother after she delivers her baby
	Postnatal Care	Health services provided to an infant after birth
PMTCT	Prevention of Mother to Child Transmission	
	Skilled birth attendant	An accredited health professional – such as a midwife, doctor or nurse – who has been sufficiently educated and trained in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns
TBA	Traditional Birth Attendant	
T4D	Transparency for Development	
VEO	Village Executive Officer	
VHC	Village Health Committee	
WEO	Ward Executive Officer	

PART ONE
PROGRAM INTRODUCTION AND BACKGROUND

Overview and Introduction

Project Timeline
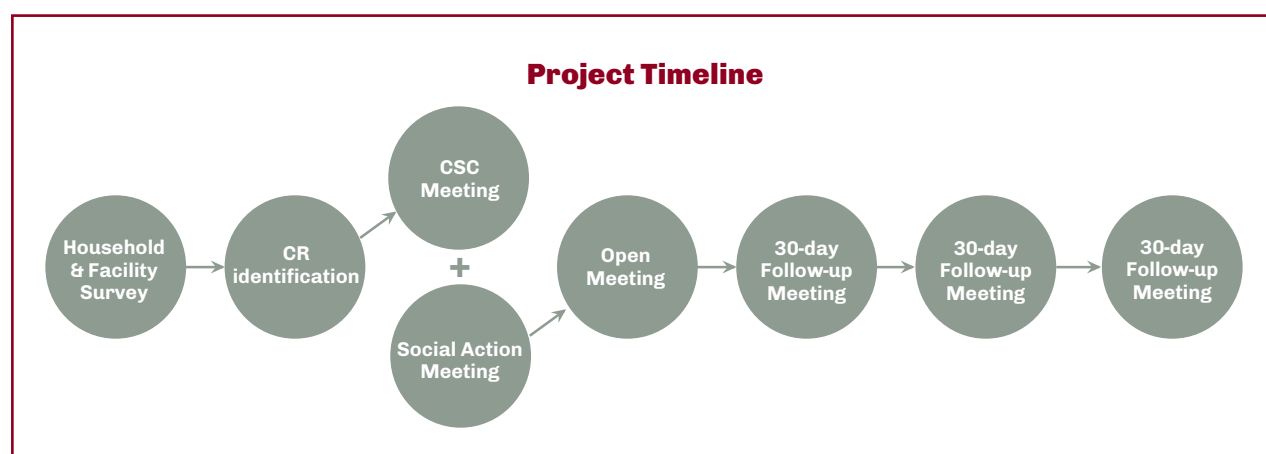
1.1   Transparency for Development (T4D) Project

The objectives of the T4D Project are:
- to encourage communities to identify and overcome the main obstacles to maternal and newborn health (MNH) through facilitated discussion and community led creation and implementation of Social Action Plans
- to evaluate the impact of the program on key MNH indicators (such as percentage of women giving birth in a health facility and percentage of women receiving antenatal care (ANC) services)

1.2   Facilitator Role and Responsibilities

One of the most important parts of the T4D program is the facilitator. Facilitators are the core leaders of the intervention and will ensure that the program runs smoothly.

1.2.1   The Role of the Facilitator

The facilitator is a catalyst for social change in MNH and he/she will identify and mentor communities to continue the process.

The facilitator serves three main functions:
1) First, to collect primary and secondary data to promote information

In this chapter, the facilitator will learn -

1 Objectives of the Transparency for Development (T4D) project

2 The roles of the facilitator

3 Principles to follow as a facilitator

4 The problems associated with Maternal and Newborn Health (MNH) in Tanzania

5 Critical challenges in reducing maternal and newborn morbidity and mortality

6 The definition of social action and some common forms of community action in improving health and health care

During interaction with the village head or community leaders, **do not** make any promises. Use carefully selected words, avoiding words such as: 'help', 'give', 'aid', etc to avoid misconception. Instead, explain that the role of facilitator is to start a discussion about MNH issues and to encourage the community to take initiative in addressing these issues. Therefore, the success of the program largely depends on community participation.

transparency in MNH and to help the community identify MNH problems in their villages.

2) 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.

3) Third, to encourage, facilitate and follow-up on the development and implementation of a Social Action Plan aimed at improving MNH. The facilitator does not actually decide upon or undertake any social actions him/herself.

1.2.2 Principles for Facilitators

Facilitators are expected to adhere to the following principles:

1) **Develop deliberative values.** Communities in Tanzania come from a number of different traditions. Difference in gender, age, and level of education may lead to discomfort among some community members in expressing ideas freely in a public forum. It is important to encourage all members of the community to respect and to listen to others. Always explore, clarify, and confirm the opinion of the participants. Never jump to conclusions.

2) **Use a 'local context approach' to communicate.** The facilitator may have a different background from the community members he/she works with, 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) and role playing into meetings and should use simple language during discussion with the community to maximize understanding. Finally, at the end of each session the facilitator should encourage the community to reflect on lessons learned.

3) **Thoroughly investigate the local social dynamic, political and economic situation, relations, customs, and collective memory of the community.** The facilitator should identify the Community Representatives (CRs) (discussed in more detail in Chapter 5). The CRs will become key stakeholders in MNH issues in the community and will be drawn from key target groups, which are defined in Chapter 5. The characteristics of the CRs include: 1) action oriented, 2) vocal/assertive, 3) connected to the community, and 4) interested in MNH. The identification of CRs is described in more detail in Chapter 5.

4) **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 actions and carry them out on their own. The facilitator may play the role of a resource person or a discussion partner at the request of the community.

5) **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/her own personal experiences, or the experiences of others, to help the community think deeply

about a feasible action plan.

6) **Develop sustainability.** As a sustainability strategy, the facilitator should provide opportunities for the representatives to co-facilitate follow-up meetings during the later part of the intervention. These meetings have also been designed to encourage the development of sustainability strategies by the CRs.

7) **The facilitator should make it clear, early on, that the social action belongs to the community itself.** This is why it is critical that from the beginning he/she engages not only with local elites but also with other members of the community, particularly women and other marginalized groups.

8) **The facilitator is not a trained health provider and should not be providing any specific medical or health advice to community members.** By the end of the training, facilitators should have a basic understanding of the health services that should be provided to mothers and newborns, but they should refer all specific questions to trained health providers rather than answering questions themselves.

9) **Be a good LISTENER!** Listening is a very important skill in facilitating. The facilitator should listen carefully so as to appropriately recognize and collect opinions. See additional tips described in the box below.

How to deal with a dominant participant in a meeting	Try to listen to the dominant participant and do not cut him/her off when he/she is expressing an opinion. After the participant has finished speaking, redirect the question to other participants. If the other participants go quiet or do not respond, try to probe to encourage them to share their opinions.
How to handle several participants speaking at the same time	Listen very carefully. If the participants speak at the same time, ask them to slow down and to speak one at a time so that you can clarify each opinion.
How to respond to unclear 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.
How to handle arguments or conflict between participants in a meeting	It is important to encourage all members of the community to listen to and to respect one another. Facilitators should listen to each community member and should summarize each conflicting argument in an objective manner. Facilitators should ensure that the participants understand each different opinion. Participant consensus is ideal, but if this cannot be achieved, facilitators may propose a vote

Table 1.2.2
Tips for facilitators

1.2.3   Facilitator Team Structure

Facilitators will work in a team of two. Each pair will have four communities to work in during each phase. There are four phases therefore each pair of facilitators will deliver the program to 16 communities in total.

The team of two facilitators will co-run all activities in each community they are assigned. The team will jointly undertake surveys, identify CRs, and conduct community meetings (Community Scorecard Meetings, Social Action Meetings, Open Meetings and Follow-up Meetings).

To ensure quality and monitor progress, experienced supervisors will orient, mentor and supervise the teams of facilitators during each stage of the program. The implementation plan for the fieldwork is outlined in Annex 6. Facilitators can use the outline to get a general picture of the fieldwork phases but should refer to specific updates from supervisors to determine their exact schedule.

1.2.4 Facilitator's Reports

Facilitators will regularly fill out several reports during the intervention to ensure that progress of the intervention is properly monitored and captured. These reports consist of:

- 'Identification of Community Representatives' document: should be submitted to supervisors soon after completion of the activity
- Facilitator reporting tool: should be submitted after every intervention meeting in each village through email. This tool will be provided separately for facilitators and discussed during training
- Meeting attendance list: should be submitted to the supervisors soon after completion of each meeting in each village
- Financial reports (including payment sheets and all receipts): should be submitted together with the attendance list of the meeting attendees soon after the completion of each meeting in each village

Facilitators can make phone calls and send short messages (SMS) to the supervisors for urgent issues and advice

1.3   Community Role in Improving MNH in Tanzania

Improving MNH remains a challenge in Tanzania. Every year 454 women die from pregnancy related complications for every 100,000 live births[1], while approximately 21 infants die per 1,000 live births[2].

Maternal deaths are caused by factors attributable to pregnancy, childbirth and poor quality of health services. The most common causes of maternal death include obstetric hemorrhage, unsafe abortions, eclampsia, obstructed labor and infections from delivery in unhygienic conditions. Low availability of emergency obstetric and newborn care services, chronic shortage of skilled health providers, and a weak referral system contribute to the observed high maternal mortality rate. Newborn deaths are related to the same issues and occur mostly during the first week of life. Neonatal conditions such as birth asphyxia and infections are the leading causes of death in young children, followed by pneumonia, diarrhea and malaria. AIDS is also a major killer, responsible for about 9% of under-five deaths. Poor nutrition is a significant compounding factor in child mortality.

1 Ministry of Health and Social Welfare (MOHSW) 2008: The National Road Map Strategic plan to Accelerate reduction of Maternal New born and Child Death in Tanzania, 2008-2015. MOHSW: Dar Es Salaam

2 TDHS, 2004/05 & 2010; Countdown to 2015 Report, 2014

1.3.1 Challenges in MNH

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

(a) Health system factors, including:
- Weak health infrastructure
- Limited access to quality health services
- Inadequate training for human resources for health
- Shortage of skilled health providers

- Weak referral systems
- Shortages/stock-outs of key equipment and supplies
- Weak health management at all levels

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

Some of the problems that lead to poor MNH 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 Tanzania. Through the Prime Minister's Office of Regional and Local Government, policies have been created that encourage community engagement to improve health. Even with support from the national government, public engagement around improving health services has been incredibly low. The specific levers and barriers to MNH that will play an important role in this program are discussed in more detail in the next chapter.

1.3.2   Community Participation in MNH

Community-based MNH interventions are crucial in complementing services at the health facility level. Since the Alma Ata Declaration on Primary Health Care in 1978 and the subsequent health sector reforms initiated in Tanzania in 2000, there has been an increased focus on community participation in the delivery of health services. Community participation has been strengthened further by local government reforms, which interface the health sector within the overall government policy of decentralization by devolution. In Tanzania communities should play a role in the development of the Comprehensive Council Health Plans through the decentralized district-planning framework. Further community participation has been strengthened through community representation on the Council Health Service Boards and Health Facility Governing Committees.

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.

What is social action?

Social action is, simply, action by an individual or a group of people working together to identify and address issues of public concern, such as health. Communities around the world engage in such problem solving and action all the time. What's more, these actions taken by community members have led to real improvements in health, education, infrastructure, and other areas. Indeed, creative community action can often lead to solutions that can sometimes seem intractable—for example, improving the use of existing resources, improving relations between patients and doctors or improving the utilization of care. Some stories of successful social action will be presented to treatment communities as part of the intervention.

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

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

- Community members can choose to go to different clinics or health providers that offer better care – and they can actively share information about what health providers are performing best
- Community members can go to nurses or doctors, district medical officers (DMOs), or local legislators, to talk about the problems with health services and ask for improvements

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

In Tanzania, 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 and newborn health and health care.

Key Components of Maternal and Newborn Health Services

Project Timeline

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Household        CR             CSC
& Facility  →  identification → Meeting
Survey                           +         →   Open    →  30-day    →  30-day    →  30-day
                              Social Action    Meeting     Follow-up    Follow-up    Follow-up
                                Meeting                    Meeting      Meeting      Meeting
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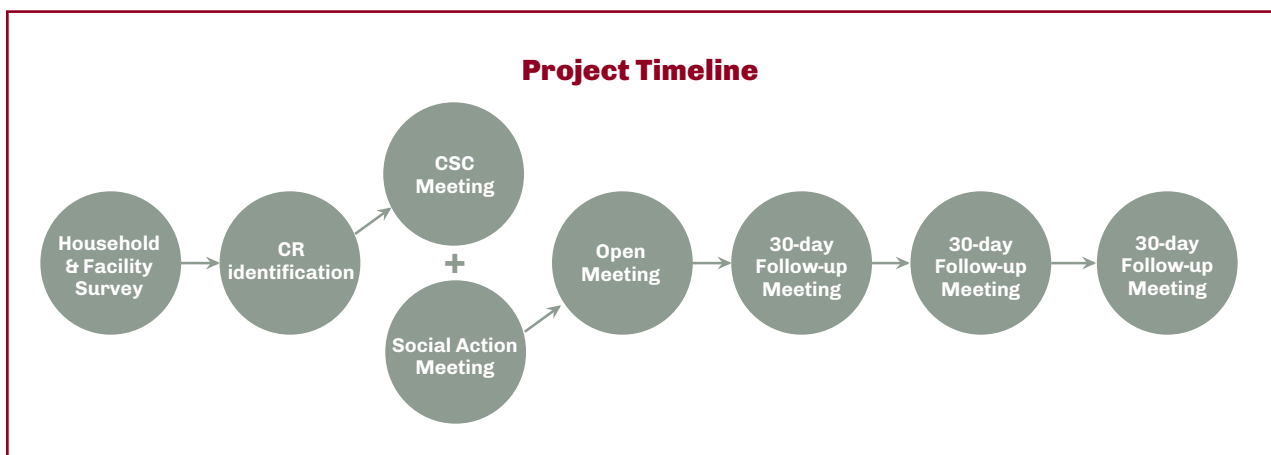
2.1   Tanzania's National Package of Essential Reproductive and Child Health Interventions (NPERCHI)

MNH care is one of the key components of Tanzania's National Package of Essential Reproductive and Child Health Interventions (NPERCHI) focusing on improving quality of life for women and children. In Tanzania MNH services are provided free of charge in public health facilities.

Some of the major components of the package include:
- Antenatal care (ANC)
- Care during childbirth
- Postpartum care
- Newborn/ postnatal care

In spite of the good coverage of health facilities, not all components of the services are provided to scale; hence, maternal, newborn and child mortality remains a major public health challenge in Tanzania.

2.1.1   Antenatal Care

ANC is the health service provided to an expectant mother before she delivers her baby.

In this chapter, the facilitator will learn -

1 Components of MNH Services

2 The importance of each component of MNH services

3 Key services provided in each component

4 Barriers for each component of MNH services

2.1.1.1 Benefits of receiving ANC

The goal of the ANC package is to prepare pregnant women to give birth and to prepare them for parenthood. Additionally it is meant to prevent, detect, alleviate, or manage three types of health problems during pregnancy that affect mothers and babies:

- Complications in the pregnancy itself
- Pre-existing conditions that worsen during pregnancy
- The effects of unhealthy lifestyles

ANC also provides women and their families with appropriate information and advice for a healthy pregnancy, safe childbirth, and postnatal recovery, including care of the newborn, promotion of early, exclusive breastfeeding, and assistance with deciding on future pregnancies in order to improve pregnancy outcomes.

2.1.1.2 Best practices for ANC

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

2.1.1.3 Key ANC services

Key ANC services include
- Confirmation of pregnancy
- Monitoring of progress of pregnancy and assessment of maternal and fetal well-being
- Prevention, care and treatment for HIV/AIDS (PMTCT).
- Tetanus toxoid immunization
- Counselling on nutrition, breastfeeding and healthy life style
- Provision of insecticide treated bed nets (ITN)
- Development of birth preparedness plan for emergencies, referral care in case of complication, breastfeeding and advice on danger signs
- Screen for protein and anaemia and identification of blood group
- Provision of iron and folic acid supplements
- Deworming
- Identification and treatment of bacteriuria
- Identification and treatment of problems complicating pregnancy: hypertension, bleeding, malpresentation, multiple pregnancy, etc.
- Screening and treatment of syphilis and malaria (Intermittent preventative treatment in pregnancy (IPT))
- Assessment for female genital mutilation

2.1.1.4 Potential barriers to receiving ANC

Some of the reasons why pregnant women do not receive ANC include (but are not limited to):

- Lack of male involvement
- Lack of knowledge of the need for ANC
- Distance to the nearest health facility
- Cost of transportation to nearest health facility

- Shortage of medical equipment
- Shortage of health staff
- Negative opinion of the health workers
- Shortage of medicine

2.1.2   Care during Labor, Delivery, and First 1 to 2 Hours after Birth

2.1.2.1   Benefits to receiving care in a health facility with a skilled provider during labor, delivery, and immediately after birth

Care during labor, delivery, and immediately after birth helps prevent complications during and after delivery and helps in handling complications that do arise. Proper minimization and treatment of complications reduces health risks for the mother and newborn.

2.1.2.2   Best practices for receiving care in a health facility with a skilled provider during labor, delivery, and immediately after birth

Labor, birth and the immediate postnatal period are the most critical for newborn and maternal survival. For the best care, women should deliver their babies in a health facility with a skilled birth attendant. Unfortunately, the majority of mothers and newborns in low and middle-income countries do not receive optimal care during these periods.

2.1.2.3   Best practice services

- Presence of skilled attendants at birth
- Monitoring progress of labor, maternal and fetal well being with partograph
- Providing supportive care and pain relief
- Clean and safe delivery
- Temperature maintenance of mother and child including Kangaroo Mother Care (available at the District Hospital)
- Immediate and exclusive breast-feeding
- Cord and eye care
- Emergency obstetric care for complications
- Treatment of abnormalities and complications (prolonged labor, vacuum extraction, breech presentation, episiotomy, repair of genital tears, manual removal of placenta)
- Pre-referral management of serious complications (e.g. obstructed labor, fetal distress, preterm labor, severe peri- and postpartum haemorrhage)
- Emergency management of complications if birth is imminent
- Treatment of severe complications in childbirth and immediate postpartum period, including caesarean section, blood transfusion and hysterectomy: Induction and augmentation of labor
- Antibiotics for premature rupture of membranes
- Neonatal resuscitation
- Management of newborn complications
- Prevention, care and treatment of HIV/AIDS (PMTCT)
- Active management of third stage of labor
- Vitamin A supplementation

2.1.2.4 Potential barriers to proper care during labor and delivery

Some of the reasons why pregnant women do not access or receive proper care during labor and delivery in a health facility with a skilled provider immediately after birth include (but are not limited to):

(a) Socio-cultural factors
  • Preference for home births with TBAs
  • Delayed care seeking
  • Lack of male involvement
  • Cost associated with travel to nearest health facility/health services

(b) Health systems deficits
  • Unfriendly health care staff
  • Inadequately trained human resources at the health facility
  • Shortage of key equipment and supplies at the health facility
  • Distance to the nearest facility

2.1.3 Postpartum Care / Maternal Care

Postpartum care is care given to mothers within one to two hours to six weeks after delivery.

2.1.3.1 Benefits of postpartum maternal care

For the best care of mother and baby, women should deliver their babies in a health facility with a skilled birth attendant. Unfortunately, the majority of mothers do not receive postpartum care, especially if they deliver their babies at home. Therefore they may miss out on the benefits of postpartum care, including:
  • Receiving care such as blood loss monitoring, breast care and checks on general well being
  • Promotion, protection and support for exclusive breast-feeding.
  • Guidance on temperature management for the newborn (kangaroo mother care)
  • Advice on family planning
  • Information and counseling on home care, breastfeeding, hygiene
  • Education on recognition of danger signs and advice on prompt care seeking

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

2.1.3.2 Best practices for postpartum maternal care

The best practices in this category include:
  • Prevention and detection of complications (e.g. infections, bleeding and anaemia)
  • Anaemia prevention and control (iron and folate supplementation)
  • Information and counselling on nutrition, safe sex, and family planning
  • Advice on danger signs and emergency preparedness
  • Provision of contraceptive methods
  • Promote use of ITN
  • Pre-referral treatment of complications (e.g. severe postpartum bleeding and puerperal sepsis)

- Treatment of complications (anaemia, postpartum bleeding, infections and postpartum depression)

2.1.3.3 Potential barriers to postpartum maternal care

Potential barriers to receiving postpartum maternal care include (but are not limited to):
- Distance to travel to the facility
- Lack of knowledge of the availability or benefits of postpartum maternal care
- Lack of skilled health facility staff
- Inadequate medical equipment or medical supplies

2.1.4 Postnatal/Newborn Care

Postpartum care is care given to babies within one to two hours to two months after delivery.

2.1.4.1 Risks of not providing adequate newborn care

Postnatal care is an important component of good MNH; however newborn health care is not well delivered nor is it widely utilized in Tanzania. Nearly 40% of all child deaths under five years of age occur in the first 28 days of life (the neonatal or newborn period). Newborn mortality declined from 32 per 1,000 live births (TDHS 2004/2005) to 26 per 1,000 live births (TDHS 2010). The target is to reduce this number to 19 per 1,000 live births by 2015. The major contributors to newborn death are; sepsis, asphyxia, and preterm birth[3]. The 2015 goal was to increase the percentage of births attended by skilled attendants from 51% to 80%[4].

In Tanzania, the proportion of births attended by skilled personnel increased from 58% in 2011 to 62% in 2012 (HMIS data). The access of birth by skilled personnel varied by region and place of residence; women in urban areas were more likely to access birth by skilled personnel than those in rural areas. Furthermore the proportion of mothers receiving postnatal care within 48 hours of birth was only 31% (TDHS 2010).

2.1.4.2 Best practices for newborn care

According to Ministry of Health guidelines, it is recommended that newborns should receive check-ups within 48 hours of birth and again seven and 42 days after birth. Basic care for all newborns should include promoting and supporting early and exclusive breastfeeding, keeping the baby warm, increasing hand washing and providing hygienic umbilical cord and skin care, identifying conditions requiring additional care and counseling on when to take a newborn to a health facility. Newborns and their mothers should be examined for danger signs at home visits. At the same time, families should be counseled on identification of these danger signs and the need for prompt care seeking if one or more are present. Newborns that were born prematurely, with a low birth weight, and those who were born sick or to HIV-infected mothers need special care.

2.1.4.3 Key newborn services

Some of the key newborn services include:
- 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

2.1.4.4 Potential barriers to proper newborn care

Potential barriers to receiving proper newborn care include (but are not limited to):
- Distance to the health facility
- Tradition/cultural beliefs surrounding when a baby can be taken outside of the house
- Lack of skilled health facility staff
- Shortage of medical equipment
- Shortage of health staff
- Negative attitude of the health workers
- Shortage of medicine
- Lack of support from the community

PART TWO
THE INTERVENTION

Community Scorecard

Project Timeline

3.1 What is a Community Scorecard?

A Community Scorecard (CSC) is a monitoring tool that is used for local level monitoring and performance evaluation of services and projects by the communities themselves. The facilitator will collect data from the community to develop the CSC (process described in detail in Chapter 4). This chapter provides an overview of what goes into the CSC for MNH.

The scorecard includes:

- Continuum of Care components – these are the components of good maternal and newborn care described in detail in Chapter 2
- Health levers – these are the guidelines and best practices for the continuum of care and will be the main structure of the scorecard
- Barriers – these are factors that might prevent the levers from being realized. Many levers have multiple barriers in practice, and these can include barriers related to knowledge, culture and awareness of best practices; access or cost barriers; and barriers related to the quality of the facility or service provider

3.2 Community Scorecard Indicators/ Barriers

Please see table 3.2 on page 24.

In this chapter, the facilitator will learn -

1. Definition of Community Scorecard (CSC)

2. Community Score Card indicators and barriers

Continuum of Care	Health Levers	Barriers		
		Knowledge, Awareness, and Cultural Barriers	Cost/Access Barriers	Facility/Provider Barriers
ANTENATAL	Proportion of women who initiate ANC in the first 12 weeks of pregnancy	Proportion of women who know they should receive ANC care within the first 12 weeks of pregnancy Proportion of women who report that they did not think it was important for them to receive ANC Proportion of women who report a lack of support from family/others as a barrier preventing them from receiving ANC care Proportion of women who report lack of male support/ permission as a barrier preventing them from receiving ANC care Proportion of women who reported superstition/ fear of witchcraft as a barrier preventing them from seeking ANC care	Proportion of women who report paying anything for their ANC care Proportion of women who report cost as a reason why they did not attend ANC care Proportion of women who say that lack of transport is an important barrier preventing them from seeking ANC care Proportion of women who say that distance to the facility is an important barrier preventing them from seeking ANC care	Proportion of women who said they were treated disrespectfully at the facility Perceived absenteeism or availability of staff at the facility Cleanliness of the facility Presence of a separate/ private delivery room Toilet at the Facility Out of stock of key supplies Waiting time to see midwife/ health facility staff Poor midwife knowledge or effort Placenta pit/ how are placenta's handled Availability of female midwife
DELIVERY	Proportion of women delivering in the health facility	Proportion of women who agree with the statement that it is safer to give birth in a facility Proportion of women who report a lack of support from family/others as a barrier preventing them from delivering at a facility Proportion of women who report lack of male support/ permission as a barrier preventing them from delivering at a facility Proportion of women who feared being operated on (caesarean section) if they delivered in a facility Proportion of women who reported superstition/ fear of witchcraft as a barrier preventing them from delivering at the facility Proportion of women who say that they would prefer a traditional birth attendant, even if money was not a factor Proportion of women who made a birth preparedness plan	Proportion of women who report paying anything for labor and delivery services Proportion of women who report cost as a reason they did not deliver at a facility Proportion of women who say that lack of transport is an important barrier preventing them from giving birth in a facility Proportion of women who say that distance to the facility is an important barrier preventing them from giving birth in a facility	Broken/missing equipment or supplies Refrigeration at facility Water for staff hand washing at facility Facility operational hours not observed or unclear

Continuum of Care	Health Levers	Barriers		
		Knowledge, Awareness, and Cultural Barriers	Cost/Access Barriers	Facility/Provider Barriers
POSTNATAL	Proportion of babies who get a check-up from a health worker in the first week of life	Proportion of women who know the babies should have a check-up within the first week Proportion of women who report that they did not think postnatal care was important Proportion of women who report a lack of support from family/others as a barrier preventing them from receiving postnatal care Proportion of women who report cultural reasons for not taking the baby out of the house for a certain period as a reason why they did not seek postnatal care	Proportion of women who say that distance to the facility is an important barrier preventing them from seeking postnatal care Proportion of women who report paying anything for their postnatal care Proportion of women who report cost as a barrier preventing them from receiving postnatal care Proportion of women who say that lack of transport is a barrier preventing them from bringing their babies to get a postnatal check-up within the first week of life	

Table 3.2 Community Scorecard Indicators/Barriers

This information will be collected during the survey (detailed in Chapter 4) and will be presented and discussed during the Community Scorecard Meeting (see Chapter 6).

Collecting Key Information in the Community

Project Timeline

Household & Facility Survey → CR identification → CSC Meeting + Social Action Meeting → Open Meeting → 30-day Follow-up Meeting → 30-day Follow-up Meeting → 30-day Follow-up Meeting
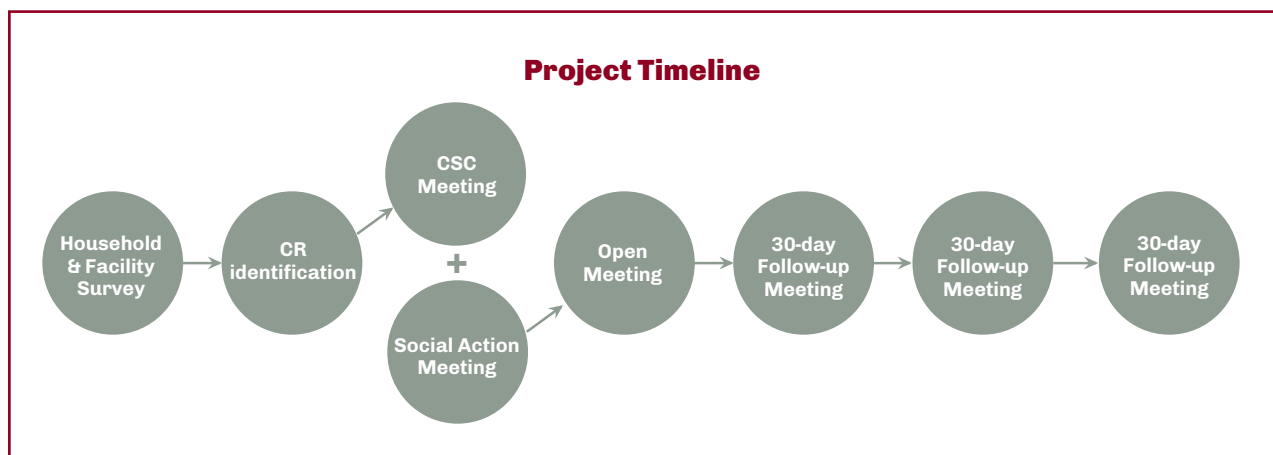
4.1   Steps to Follow when Arriving in the Community

When arriving at the community, the facilitator should conduct the following activities:

1) Introduction to the Village Executive Officer (VEO) / meeting with the village head
2) Health facility survey
3) Household survey

4.1.1   Introductions to Village Executive Officer/ Meeting with the Village Leaders

This is the first step the facilitator will take upon arriving in the community. The meeting with the VEO should be conducted at the village office. This meeting serves five main purposes:

- To introduce the program to the village leaders and to get enough support from them to proceed
- To learn about the village-specific MNH situation
- To tell the village leaders about ideal criteria for the Community Representative candidates
- To gather leads on potential core intervention group participants
- To start a list of women who gave birth in the village in the past year

If the VEO is unavailable or if there is no VEO you should look for an

**In this chapter,
the facilitator will learn -**

1 Steps to follow upon arriving in the community

2 Talking points during meetings with village leadership

3 How to collect health facility data using the health facility survey tool

4 How to conduct household surveys using the survey tool/ instrument
- How to create a list of all women who gave birth in the last year
- How to do random sampling

alternative village leader to have the meeting with (for example the acting VEO, Ward Executive Officer (WEO) or village chairperson).

Things to talk about with the village head on the facilitator's first visit to the village (during the visit to conduct the household survey):

1) **Introduce the purpose of the program with the aim of garnering trust and support.** The facilitator should assure the village leadership that there is no hidden agenda and that positive outcomes are expected for the village – to gain trust. Depending on the response of the village head/contact, this may require more than one meeting.

2) **Introduce yourself and explain the purpose** of the activities: to improve the condition of MNH within the community.

3) **Discuss the issue of MNH.** Facilitators could relay some of the statistics related to MNH in order to start a discussion about the MNH condition in the village. At this stage the facilitator will not have been to the health facility, so instead of mentioning issues specific to the village they should mention national or regional statistics from training.

4) **Have a discussion on village history**, especially related to health (such as when health facilities were established in the village, where they are located andwhether there are any TBAs who live in the village).

5) **Gain an understanding of any culturally sensitive issues** to be aware of when approaching members of the community for the household survey.

Checklist of things to discuss with the Village Head

- Purpose of program
- Introduction of facilitator
- Key issues on MNH and regional/national statistics
- Village history
- Understand culturally sensitive issues
- Village health priorities and decision making (e.g. village health committee, dispensary board)
- Active community groups and active members (including contact details)
- Influential community leaders
- Women who have given birth in the past year
- Village leader contacts
- Give the village leader the criteria for the participants of the meeting

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6) **Gain an understanding of how the village currently provides inputs for health priorities, evaluation of services, etc**. Is there an active VHC? If yes, who are the members? How often do they meet?

7) **Give the village leader the criteria for recruitment of the CRs.**

8) A**sk about active community groups and active members in the community (community leaders, informal leaders, etc)**. Document the names of these groups and leaders in addition to their contact information.

9) **Ask about other community leaders with significant influence in the community (religious leaders, youth leaders, etc)** that the facilitators should also meet with.

10) **Ask about women who have given birth in the past year.** Try to get all of their names and addresses, including women who have given birth to babies who died.

4.1.2   Health Facility Survey

4.1.2.1 Who are we targeting?

The health facility survey will be administered to the facility in-charge, and it will include facilitator observation of the heath facility environment.

4.1.2.2 Health facility identification

The facilitator will be provided with the name of the health facility to be surveyed in advance. The facilitator can arrive at the health facility on the day of the survey or can attempt to make an appointment in advance with the appropriate health facility staff to ensure they are available.

4.1.2.3 Timing of the surveys

The health facility survey will be conducted before the household survey. Each health facility interview will take approximately 45 minutes to an hour.

4.1.3   Step Three: Household Survey

4.1.3.1 Who are we targeting?

In the household survey, we are surveying a random, representative sample of all women in each village who have given birth in the past year (at home, at the health facility, or any other location). Target # of women to interview: 20 women per village

4.1.3.2 How to create a list of all the women who have delivered in the past year

1) The facilitator needs to compile a list of all of the women who have given birth in the past year.
   • The facilitator will need local informants (minimum of four to eight people, such as community health workers (CHW), village leaders, balozis (health facility providers) to assist with identifying all women who gave birth in the past year (in health facilities, at home or other locations).
   • The facilitator also needs to identify the women who delivered at home or other locations (who may not be captured in the health facility register and who may be difficult to find—for example, Maasai women)

2) Once the facilitator has a comprehensive list of ALL women who gave birth in the past year he/she needs to randomly select 20 women to interview (if there are more than 20 women on the list).
   • It is important that this sample is random! A random sample helps ensure we include a representative population (rich, poor, Maasai, etc.). The facilitator will ensure this by assigning each woman a number, writing the numbers on a piece of paper, and then selecting 20 numbers blindly from a hat.
   • In addition to the 20 randomly selected women interviewed, the facilitator will select an additional five 'replacement women' from the hat in case a woman has moved or is not available for the interview.

3) Once the sample list of women and replacement women has been created, the facilitator will use local informants to help identify the location/address of the women on the list. Every effort should be taken to locate these women (if they still live in the village) as we want to ensure that we are interviewing even the hard to find women. We will interview only the women we have identified in our random sample, even if when we arrive at the household and find that more than one woman gave birth in the past year.

4) Conduct the Household survey using the survey instrument. Remember to consider the following:
   • Greetings. Be polite and thank the women before asking them to participate in the survey
   • Introduction. There is a script in the survey that you can use as an introduction when you begin the survey. Make sure to follow this script, especially when getting the consent of the participant!
   • Maintain eye contact
   • Try to remember the name of the respondent from the beginning of the interview
   • Use polite language
   • Respect the decisions of the respondent, and do not force her to respond.
   • Thank the respondent after finishing the interview

5) If the women on the list cannot be found:
   • After all efforts have been made to find the selected woman, randomly select one of the five replacements identified during the listing process. The facilitator should interview the replacement woman in place of the woman who could not be found.
   • If there are more than five women who cannot be found (or the facilitator otherwise exhausts the list of replacements), the facilitator should go back to the original list of all women who have delivered in the past year. The facilitator can randomly select a person from the list, who was not in the original 20 women or five replacements, to interview.
   • If the facilitator still does not have 20 women to survey after going through the 20 original women, five replacements, and the remainder of the list, the facilitator can identify additional women who gave birth in the past year by asking respondents for additional names. Repeat this exercise with subsequent interviewees.

4.1.3.3 What to do if you see that a household survey respondent would be a suitable Community Representative

During the household survey it is likely that some of the women interviewed will meet the criteria for a CR (see details on these criteria in Chapter 5). The facilitator should note, on the form provided, the names and contact information of the respondents who seem to be active and suitable to be CRs. The facilitator will keep the names until the CR identification period when the individuals will be interviewed and recruitment decisions made.

4.2   CSC Data Collection Summary

Key Activities	Approximate Length of Time
Health Facility Survey	1 hour/ health facility
Identification of all women who have delivered in the past year	2 hours/ health facility
Conversations with key informants to identify additional women who have delivered in past year	1 hour/ village
Random selection of households from comprehensive list + using key informants to provide directions/locate the households	2 hours/ village
Interview 20 women	Approx. 30 minutes per survey per woman; at least 10 women/ village
Total time for Household Survey	Approx. 6 weeks

4.3   Data Analysis and Creating the Community Scorecard

The household survey will be conducted in two waves – one wave before the presidential election and one wave after the election. Once the first wave of the household survey has been conducted, the CHAI data team and the facilitators will come back to Dar es Salaam for data entry for 5 days. The CHAI team will provide detailed instructions and support to the facilitators to help with data entry and analysis. After the national presidential election, the facilitators will go back to the field for completion of the household survey activity and come back to Dar es Salaam for 5 days to do data entry and tabulate data for each village. Data entry will be completed with the help of CHAI data analysts and the supervisors.

The facilitator will use the data provided by the CHAI team to create the CSC for each village (that s/he is responsible for) using the templates provided by CHAI.

Identifying Community Representatives

Project Timeline

Household & Facility Survey → CR identification → CSC Meeting + Social Action Meeting → Open Meeting → 30-day Follow-up Meeting → 30-day Follow-up Meeting → 30-day Follow-up Meeting
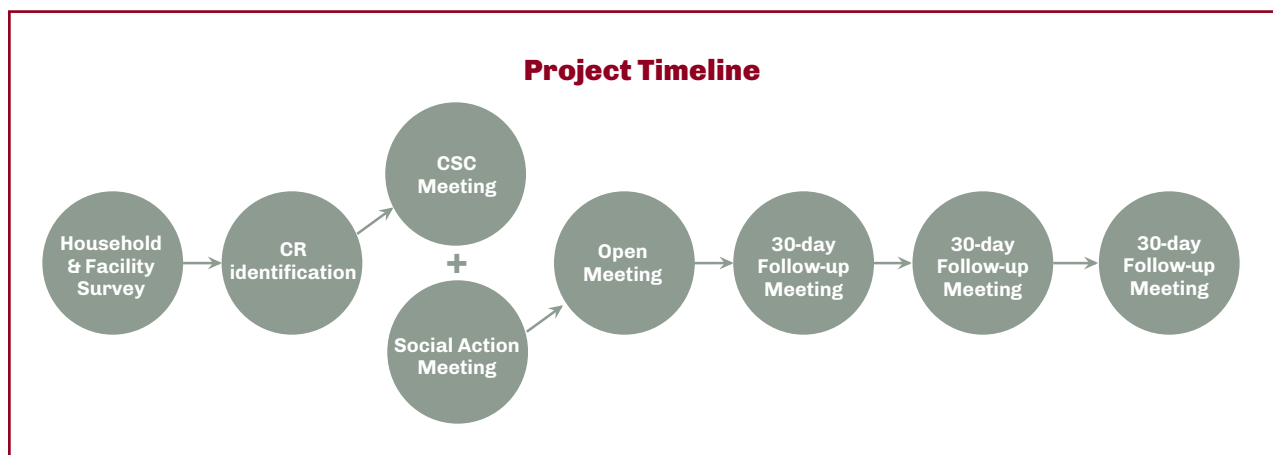
5.1   Who are the Community Representatives?

CRs are the 15 participants who attend the Community Scorecard Meeting, Social Action Meeting, and Follow-up Meetings (these meetings are described in more detail in Chapter 6 to 9). These are the individuals who will play a key role in deciding what social actions to implement and in leading the implementation. As such, it is very important to select a good group of people to fill this role.

5.1.1 Characteristics of the Community Representatives

An interest in improving MNH is a prerequisite for CRs, although they don't necessarily need to have a lot of prior knowledge. Additionally CRs should exhibit at least one of the following characteristics:

- **Action oriented:** Active members of the community (not necessarily in health)
- **Vocal/assertive:** Able to articulate and raise points in respectful ways that are understood and listened to by others
- **Connected to the community:** able to engage with different segments of the community (e.g., women, Maasai, men, religious groups, poorest segments of society, etc.)

Finally, care should be taken during selection to ensure that the community

In this chapter, the facilitator will learn -

1 Meaning of CRs and their characteristics

2 Timing of CR recruitment

3 Characteristics of CRs

4 CR target groups and numbers

5 Identification strategy of all potential CRs

6 Recruitment of CRs

7 How to use recruitment script

representatives are:
- Inclusive of non-elite groups
- Inclusive of at least one representative from each hamlet (kitongoji)

5.1.2 Community Representatives Target Groups and Number

CRs should ideally be selected from the following target groups:

Group	Target #	Description	Identification (explained in more detail in section below)
Women of child-bearing age	3-4	Should include those who have given birth in the past year at a health facility; those who have given birth in the past year at home; women who are currently pregnant	• Household survey observation • Health care worker referral • Facilitator observation during community meetings (if possible)
Older women	2	Women who are not child-bearing age (but may be mother in law, etc.)	Referrals from community leaders or group leaders
Men	3	Fathers and husbands not related to other women attendees	Referrals from community leaders or group leaders
Informal Leaders	4+ (however many are able to attend)	Religious leaders, heads of community groups, Maasai leaders, etc.	• Referrals from community leaders or group leaders • Observation during community meetings
Village Health Committee member	2	Non-health care workers who sit on the village health committee; these people will be engaged if the VHC is actively operating in the village or has active members	Referrals from community leaders or group leaders

Table 5.1.2
CR target group and numbers

5.2 Identification and Recruitment of Community Representatives

5.2.1 Timing

The active recruitment of CRs will be conducted only during the identification period; however CHAI intends to utilize household surveys as an opportunity to earmark potential CRs who will be revisited during the CR identification visit.

5.2.2 Identification Strategy

The following combination of methods will be used to identify potential CRs:

- The facilitator will approach village leadership as well as leaders of active community groups to ask for referrals of people who should be approached to participate;
- Facilitators may observe potential participants during the household survey;
- Health workers may identify women who are active in the community or in matters related to MNH; and,

- The facilitator will conduct group discussions with mothers attending reproductive child health clinics, at the water collecting points, at the free market, and at milling machines to get recommendations for suitable persons to be CRs

5.2.3 Recruitment of Community Representatives

Once an individual has been identified as a potential CR, the facilitator should have a conversation with the individual to discuss the following:

1) Overview of the project including brief versions of social action stories
2) Timing for the first Community Scorecard Meeting;
3) Expectations of the CRs meeting attendance:
   - CRs should discuss issues of MNH in the community with their friends and neighbours;
   - CRs should be prepared to share their personal experience or experience(s) of someone in their community (specifically, neighbours, friends, etc.) around problems they have had with maternal and newborn care, or about social actions that people in the community have taken to improve things in the community–to foster a deeper understanding during community discussions in the meetings.

The facilitator should reinforce the importance of the CRs' participation in the meeting and how it will impact their communities.

5.3   How to set up Logistics for the meetings

Soon after the identification process, the facilitator should begin arranging logistics for the meetings. The following things should be done:

- Inform the VEO and CRs of the date for the meeting one week before by calling and texting them. This should be done in accordance with the schedule for each community.
- During the identification visit, the facilitator should book the venue for the Community Scorecard Meeting by arranging with the head teacher to use a room at the school. The facilitator should remind the head teacher again a week before the meeting.
- During identification the facilitator should find a caterer and inform him/her of the date for the upcoming meetings (do not forget to take his/her contact information for the reminder a week before the meeting).
- Looking forward to the Open Meeting: The facilitator should inform the village head about the Open Meeting, the aim of the meeting, and who should attend. The facilitator should also ask the village head to announce the Open Meeting to the village. The facilitator can speak to the village head either before or after the CSC meeting. It is important that the village head is given enough time to announce the meeting so that as many people as possible are able to attend.

Community representation recruitment script

1. Self-Introduction

"Hello, my name is _ _ _ _ _ _ _ _. I am working on a project with the Clinton Health Access Initiative (based in Dar es Salaam) that aims to improve maternal and newborn health through community-owned initiatives in Tanga/Dodoma region."

2. Referral

"We have been asking members of your community to recommend active people in the community who may have an interest in improving maternal and newborn health. [specify person(s) name] recommended that we speak to you to hear a little bit more about you and to share more information about our project, which might be of interest to you.

"Do you have some time to tell me a little bit more about yourself and to hear more about this project?"

3. Potential participants introduction / questions

3.1 Questions to ask potential participants:
- How long have you lived at this community?
- Are you aware of any groups that exist in your community? If yes, which groups?
- Are you involved with any community groups? If yes, which ones?
- What are some of the challenges this community is facing (both health and non-health related)?
- Are you aware of any community led projects that have been undertaken to improve the conditions of this community? If yes, have you been involved in any efforts to improve the conditions of this community?
- Do you have any children? If yes, were they born at home or in a health facility?
- Do you remember the reasons why you chose to have your children at home/facility?
- As a community member at this area, can you tell me what do you think are some of the factors that that influence people in your community decide where they give birth?

3.2 Facilitators should use their discretion and ask other relevant questions, if necessary, to determine the person's suitability as a CR.

3.3 If it becomes clear the potential CR does not meet the criteria, the facilitator should thank him/her for his/her time and move to the next potential CR

3.4 If the potential CR appears to meet the criteria the facilitator should continue with the explanation of the project.

4. Project purpose

"In recent years Tanzania has made a lot of progress towards improving the health and wellbeing of mothers and newborns but there is still a lot of work to be done and communities have an important role to play.

"In (month) we will be having a series of meetings where we would like to discuss some of the challenges that this community faces around maternal and newborn health.

"For example, challenges around:
- Delivery at a health facility (many women in your community deliver at home)
- ANC within the first 12 weeks at pregnancy (many women in your community seek antenatal care after 12 weeks)
- Postnatal care during the first week of the baby's life."

5. Expectations of a Community Representative

"Before coming to the meeting, we would like you to have a few conversations with neighbours and friends to better understand some of the challenges they face with maternal and newborn health – specifically around:
- Health facility delivery
- ANC
- Postnatal check-ups in the first week of life."

The facilitator should reinforce the importance of the CRs' participation in the meeting and how it will impact their communities. Explain when you will be returning and how you contact them regarding the meetings."

Community Scorecard Meeting (Day 1)

Project Timeline
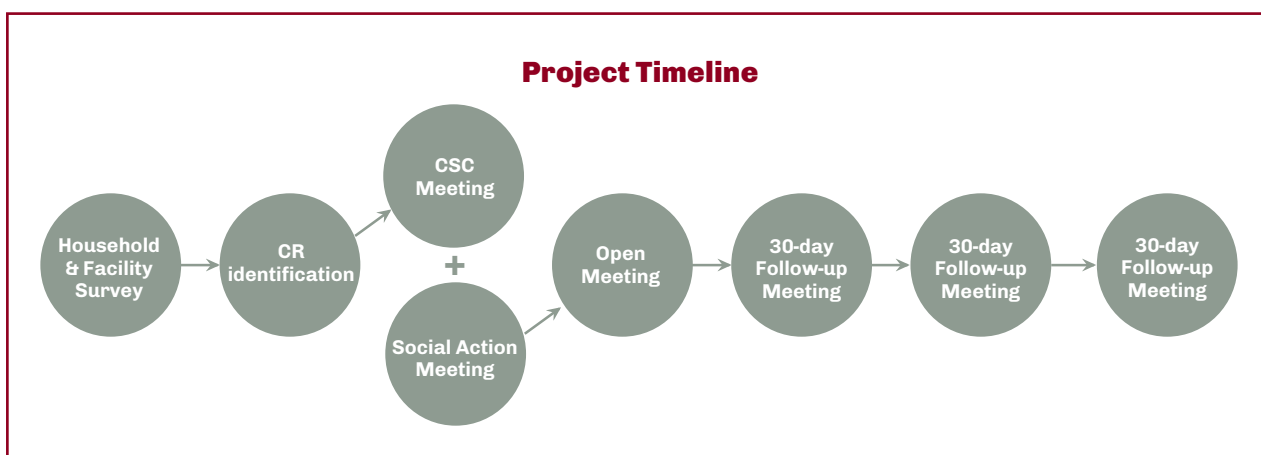
6.1   Overview of the Community Scorecard Meeting

In the Community Scorecard Meeting, the CRs will get a chance to see the MNH issues that their community faces by being involved in a presentation of the levers and data from the CSC. They will then discuss the barriers that contribute to those challenges and how to address those barriers. During this meeting they will also see the statistics (national, regional/district, and community), listen to different social action stories from other communities, and brainstorm possible actions to be taken by their community.

6.2   Community Scorecard Meeting Script

The facilitator should follow the meeting script when facilitating the Community Scorecard meeting to ensure uniformity in the way the meeting is conducted across different communities.

In this chapter, the facilitator will learn -

1   How to conduct Community Scorecard Meetings

Facilitating Tips	• Be energetic, lively, and excited! • Help the community feel like they have the power within them to make changes • If someone tells a long story, quickly reiterate the point so the group understands and move on • If something comes up prematurely, tell the person this is an excellent idea and let's save it for later! • Take a break or conduct an ice-breaker when people look tired or lose focus • Stick to the script – even if it does not seem like this is the best way to present the information! • Have fun!

Table 6.1 Overview of Community Scorecard Meeting

Location	Local primary school
Objectives	• Present visual scorecard to community • Provide opportunity for meeting attendees to react to scorecard and to share stories and experiences around indicators presented • Discuss barriers/what drives poor performance around each indicator • Identify barriers to address with social action • Brainstorm ideas for a Social Action Plan • Learn about different types of social actions that other communities have undertaken
Participants	• Facilitator/s, CRs (15) • One teacher from the school where the meeting is conducted
Duration	1 day
Equipment	• Flip chart • Masking tape • Marker/pen • Manila sheet • Notebooks • Pens for facilitators • Copies of CSC script (1 copy for each facilitator) • Copies of lever cards (National, Regional and community/village) – to hang and to hand out to CRs • Barrier cards
Agenda	• Overview of the project • Role of the community & facilitator • Discuss the problem of Maternal and Newborn Health • Discuss the MNH situation in the village • Discuss the barriers to MNH in the village • Brainstorm actions that can be taken to improve MNH • Share stories of social actions that other nearby communities have taken to improve health, services, or other challenges in their villages • Agree on the next steps • End of the meeting

Before the Meeting Begins

The facilitators should set up the following on the wall: indicators cards for national, regional, and community statistics; blank posters on which to hang the three types of barriers (knowledge, culture and awareness of best practices; access or cost barriers; and barriers related to the quality of the facility or service provider). The wall should look like this [Fig 6.2].

Facilitators should start with a sheet of paper covering all of the levers (the cards for ANC, Facility Birth and Postnatal Care on the left side of the wall). Facilitators will move this sheet down to reveal the cards when discussing each indicator.

Facilitators should also have the barrier cards sorted into piles (i.e, accessibility, knowledge and quality barrier groups) and sitting in front of him or her to be able to find them easily during the barrier discussion.
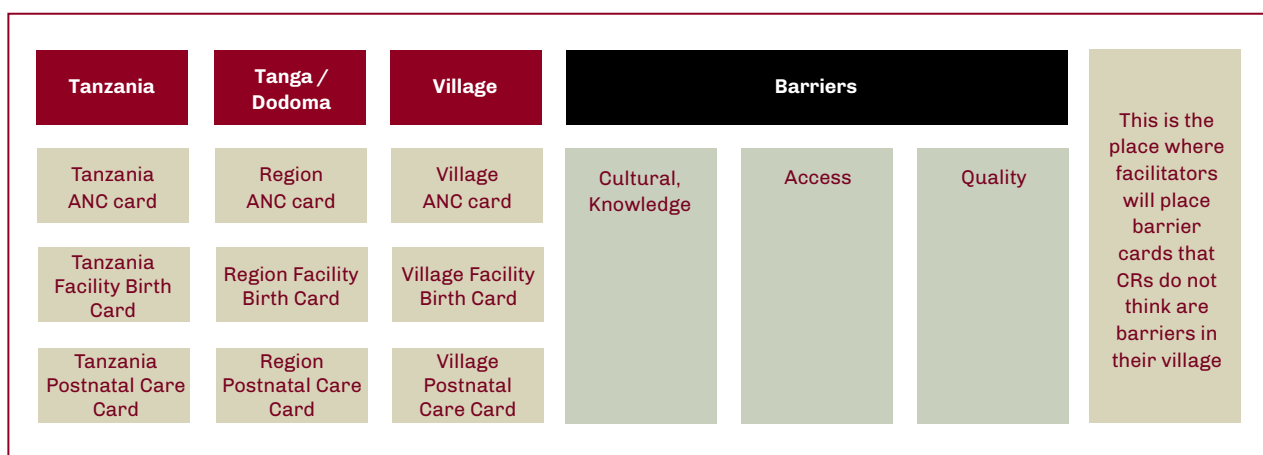
Tanzania	Tanga / Dodoma	Village	Barriers			This is the place where facilitators will place barrier cards that CRs do not think are barriers in their village
Tanzania ANC card	Region ANC card	Village ANC card	Cultural, Knowledge	Access	Quality	
Tanzania Facility Birth Card	Region Facility Birth Card	Village Facility Birth Card				
Tanzania Postnatal Care Card	Region Postnatal Care Card	Village Postnatal Care Card				

Fig 6.2 Data presentation at Community Scorecard Meeting

6.2.1 Overview of the Project

6.2.1.1 Introduction of all attendees

The facilitator will start and will ask attendees to mention their name and best attribute/quality -or some other icebreaker.

6.2.1.2 Establish norms

The group will designate a secretary/note taker who will write meeting minutes while the facilitator writes on the board (if there is a teacher present suggest he/she be the secretary/note taker). The group will also establish norms for the meeting. Ask participants to add and agree on additional norms.

6.2.1.3 Meeting agenda

The facilitator will provide the agenda for the day:
- Overview of the project
- Role of the community and facilitator
- Discuss the problem of MNH
- Discuss the MNH situation in the village
- Discuss the challenges to MNH in the village
- Brainstorm actions that can be taken to improve maternal and newborn health
- Share stories of social actions that other nearby communities have taken to improve health, services, or other challenges in their villages
- Agree on the next steps

6.2.1.4 Provide overview

The facilitator will provide a program overview including the project intervention steps and the role of the Community Representatives in each step.

Script: "We're all here because we know that Maternal and Newborn Health is a challenge in this community. Over the next two days we're going to discuss some of the MNH challenges that exist in this community, and some of the actions you can take as a community to address these challenges."

"I am not from this community, so I do not know the best solutions to the challenges you face. You, as community members, know best about the specific challenges and what can be done to overcome them."

"I'm here today to help you think about these challenges and how you can solve them. You don't need to wait for someone else (NGO, government) to come help you – I'm here to assist you in thinking about the specific actions you as a community can take on your own!"

"The ultimate objective is to create and carry out a Social Action Plan aimed at improving MNH in the community."

"The program is also part of a research study, involving researchers who are evaluating the effectiveness of the intervention in improving maternal and newborn health."

"What is a social action? A social action is something members of the community do to help themselves. Other communities are already taking actions."

"Take, for example, Mgera village in Kilindi district in Tanga. The closest health dispensary did not have a placenta pit. Women did not like to deliver in the dispensary because their placentas were not handled properly. The community pooled their own resources to dig and build the pit themselves to encourage more health facility deliveries. Shortly after these efforts, facility births increased."

"The social action will be carried out by the community, using community resources. CHAI/the facilitators will not be providing money for the implementation of the social actions. We trust that the community will be able to implement the plans well and will have the ability to gather resources that are needed for changing MNH in the village.

"The project has five main stages," the facilitator gives an overview for each step of the program (refer to graphic below). The diagram is for facilitator reference only and doesn't need to be shown to the CRs.
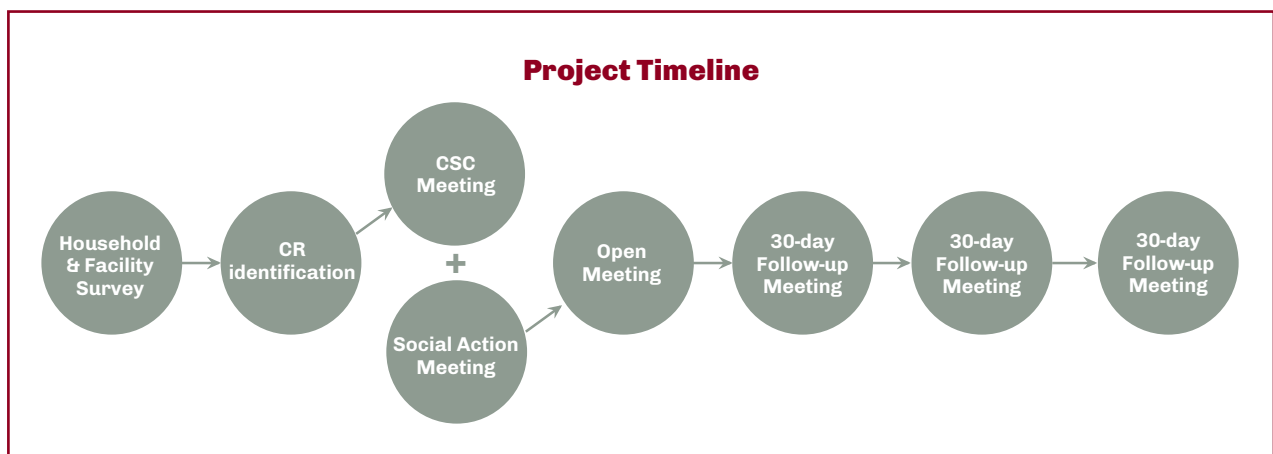
6.2.2 Role of Community and Facilitator

6.2.2.1 Community role

The facilitator will define the role of the community, emphasizing that the plans developed will be carried out exclusively by the community using community resources.

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

Role of CRs will be defined.

Script: "You are here because someone recommended you based on your interest, active role in the community and/or ability to create change!

"Your role as a CR includes:
- to actively participate in the Community Scorecard Meeting, Social Action Meeting, Open Meeting and Follow-up Meetings,
- to help devise and carry out the Social Action Plan,
- to help make information more understandable to the community using local experience/examples/local language."

6.2.2.2 Facilitator role

The facilitator will explain his/her role in the project:
- To help CRs uncover and explore some of the challenges the MNH challenges in the community.
- To serve as a resource person or a discussion partner, but NOT to carry out the social actions
- Facilitators will emphasize that he/she is not a health professional and should consult with experts if specific questions arise

6.2.3 Discuss the Problem of Maternal and Newborn Health

The facilitator will start by asking the community the following questions. Remember this is still the introduction, so keep this discussion under 10 minutes
- Who knows someone who has given birth?
- Who knows someone who has given birth at home?
- Can someone share a story about home birth? Were there any complications? (after the story has been shared the facilitator should discuss the size of the problem or effect)
- Who knows someone who has had complications when giving birth at home?
- Can someone share a story about this? (after the story has been shared the facilitator should discuss the size of the problem or effect)
- Who agrees it's important that mothers and their newborns are kept as safe as possible during pregnancy, delivery, and after the child is born?
- How many of you believe that the community has a critical role in bringing change to the current MNH status within your area/village?

Script: "In summary, we all have a mother, know mothers, and may even be mothers ourselves. Likewise, we all know babies and may have our own. The health of these mothers and babies is integral to our communities, yet pregnant women, women in labor, and newborn babies are all at increased risk of sickness, infection and death. In Tanzania, nearly 7,900 women die each year due to pregnancy complications, and there were 21 neonatal deaths per 1000 live births in 2013[5]. We're here today to try to change things and improve health in our community.

"Any questions? Let's get started!"

6.2.4   Discuss MNH in the Village

The facilitator can use the following script:

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

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

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

"The information we are sharing with you today comes from a few different sources:
- *Ministry of Health and Social Welfare (Tanzania data).*
- *Demographic Health Survey (Tanzania data),*
- *Household surveys with women from your village, and*
- *Survey of [insert name of health facility].*

"Now we will discuss three indicators for better maternal and newborn health."

6.2.4.1 Indicator 1: Antenatal care within first 12 weeks and 4 total visits

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

Facilitator should remove the sheet from the first lever on the wall,
"The first indicator represents the percentage of women who said they received antenatal care within the first 12 weeks of pregnancy. Antenatal care refers to health services that are provided to women during the course of their pregnancy to ensure their pregnancy is healthy and safe.

"According to the national strategic plan, 90% of women should receive ANC care within the first 12 weeks of pregnancy.

"In Tanzania, approximately 20%, or '2 out of 10,' women are getting antenatal care within the first 12 weeks. The government's goal is 90%, which is equivalent to 9 out of 10 women.

"In your village, we found that XX% or 'X out of 10 women' are getting antenatal care within the first 12 weeks, as you can see in the picture. (Fill in statistics from the community scorecard). The remaining women received care after 12 weeks or not at all.

"Let me show you what 'X out of 10' means. If you had 10 women in this room who have babies, only X of them had antenatal care in the first 12 weeks of their pregnancy[6]."

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?*

6 Ministry of Health and Social Welfare (MOHSW) 2008: The National Road Map Strategic plan to Accelerate reduction of Maternal New born and Child Death in Tanzania, 2008-2015. MOHSW: Dar Es Salaam.

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

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

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

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

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

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

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

6.2.4.2 Indicator 2: Delivery at a health facility with a skilled provider

Facilitators should remove the sheet from the second lever on the wall,
"*The second indicator represents the percentage of women who said they gave birth at a health facility. The remaining women gave birth at home or in another location, like on the way to the health facility.*

"According to the national strategic plan, 80% of women (or 8 out of 10) should give birth in a health facility[7].

"In Tanzania, approximately 60% or '6 out of 10' women give birth in a health facility." The National Road Map Strategic plan to Accelerate reduction of Maternal New born and Child Death in Tanzania has set the national goal is 80%. So there is still a long way to go to reach this goal!

"In your village, we found that xx% or 'x out of 10 women' deliver in a health facility. The remaining women deliver at home or in another location."

Facilitators should then ask the CRs the following questions:
- Is this surprising to you?
- What is your personal experience with this or the experience you know of others?
- Can someone share their own story or that of someone else who delivered at a health facility?
- Can someone share their own story or that of someone else who delivered at home?
- Why is it important for women to deliver at health facilities?

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

Script:

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 is a question about the TBAs, facilitators should use the following response: "For many years, TBAs assisted in giving birth, and some of these TBAs were even trained. However, the government has recently revised guidelines to advise women to give birth in the facility, for the reasons I just mentioned. Now, I realize there are some TBAs in this room. TBAs have access to women and there are certainly ways they could play a role in safe delivery – we can discuss these solutions later."

Note: Because the dispensary level is anticipated to conduct normal deliveries, these equipment/medications will not be found at the dispensary level but rather from the health center upwards

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

"As you can see, giving birth in a health facility is very important for the health of the mother and baby. Any questions?"

6.2.4.3 Indicator 3: Postnatal check-up for mother and baby

Facilitators should remove the sheet from the third lever on the wall,
"The third indicator represents the percentage of babies and mothers in your village who received a check-up by a health worker within the first week of the baby's life.

"In Tanzania, approximately 50% or '5 out of 10' babies receive a check-up with a health worker within 7 days after birth. The Ministry of Health has set the national goal to 80%. So there is still a long way to go!

"In your village, we found that xx% or 'x out of 10 babies and mothers' both received a check-up with a health worker within seven days after 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 of others that you know?*
- *How many of you know of babies who did not receive a check-up from a health worker within first seven days of life?*
- *Why is it important for babies to have a check-up with a health worker within the first week of life?*
- *Why is it important for mothers to have a check-up with a health worker within a week of giving birth?*

After the community has given their input, the facilitator should read the following information about the importance of postnatal care.

Script: *"Almost half of all under-5 deaths occur within the first month of the baby's life from things like infection and suffocation. Postnatal care can help prevent these deaths.*

"It's important for health workers to have the opportunity to examine both the mother and the baby after birth to make sure both are healthy and provide appropriate advice to the mother.

"For the baby, some of the services that are provided during these check-ups may include:
- *Detection and management of local infections, diarrhea, and feeding problems*
- *Growth monitoring and follow-up interventions*
- *Promotion, protection and support for exclusive breast-feeding*
- *Eye care*
- *Cord care and hygiene*
- *Promotion of insecticide treated nets to prevent malaria*
- *Provision of OPV0 and BCG vaccinations*

"For the mother, some of the services that are provided during these check-ups may include:
- *Checking the mother's body for abnormal bleeding or other danger signs*
- *Providing counseling on danger signs for the baby*
- *Promotion, protection and support for exclusive breast-feeding.*
- *Promotion of insecticide treated nets to prevent malaria*
- *Provision of important supplementation, such as vitamin A*
- *Providing advice on family planning*

"As you can see, getting postnatal care is very important for the health of the mother and baby. Any questions?"

6.2.5   Discuss the Barriers to MNH in the Village

Script:

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

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

"Barriers are the reasons why proper antenatal care, postnatal care, and giving birth in a facility aren't happening. For example, maybe babies are not receiving vaccinations because the vaccine is out of stock at the health facility.

"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."

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

Note to Facilitators

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

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

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

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2) **The facilitator will ask each group to discuss / record the following:**
   As evidenced by the indicators/levers, why aren't women getting the MNH care they are entitled to?
   - Small groups should list and discuss reasons
   - Facilitator should spend 5-10 minutes with each group to probe and ensure they are on track

3) **Small groups to regroup into large group for presentations (after 45 minutes)**
   Start with the first lever. The facilitator should ask the first group to describe the barriers they came up with, one at a time. For each barrier named, the facilitator will place a picture representation on the board (if the facilitator does not have a picture representation, he/she will write the response on a blank piece of paper

and place it on the board).

For each barrier, the facilitator will ask the large group:
- Do you agree?
- Can you give examples of why or why not?

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

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

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

Once the community can no longer think of additional barriers, the facilitator goes through each one and reads the paragraph about the barrier (on the back of the picture) and puts the corresponding statistic on the wall. Ask if people agree. If they don't think it is a barrier, the cards should be placed on the wall, but on the side. (Note: you will know if there is information on the back of the card if there is an asterisk [*] on the front).

Then the facilitator adds (and discusses) any scorecard barriers that did not come up in discussion: "*We know there are many barriers that prevent people from receiving the MNH services they are entitled to. We collected information on a few more barriers in addition to those barriers you came up with as a group.*"

4) The larger group will identify the top five barriers from the 'master list' (top six if there is a tie). Each participant will be asked to vote during a coffee/lunch break. The facilitator can ask each CR privately to vote for what he/she thinks are the top three barriers and tally these barriers.

After the coffee/lunch break, the representatives can have a final discussion to agree that the main five 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?*

6.2.6 Brainstorm Actions That Can Be Taken to Improve MNH

For this part of the meeting, the facilitator will lead the group through an exercise about what actions can be taken by the community using their own resources to improve ANC attendance, health facility deliveries, and postnatal check-ups within seven days, focusing on the top barriers that they selected.

Script:
"*The reason why we decided on the top barriers is that there are things that you as a community can do using your own resources to improve ANC care, postnatal care, and birth in a facility. Undertaking Social Action Plans will help overcome the barriers*

you voted as most important! Your actions can make a big difference in improving maternal and newborn health!

"We will spend a lot of time in tomorrow's meeting discussing these actions, but we would like to start discussing them today. We will break you up into small groups to do some brainstorming.

"The actions that you discuss in your groups can address multiple barriers. During your brainstorming, try to think of many different types of actions, including:
- *Actions that can be completed within 90 days*
- *Longer-term actions (more than 90 days)*
- *Actions other than socialization/sensitization/an info campaign."*

The facilitator should break everyone up into small groups. Each small group will be asked to do an initial brainstorm of actions (approx 15) that they think will improve maternal and newborn health in their community, while reflecting on the following questions as they think through each proposed action:
- *"Do you think this will improve the uptake of maternal and newborn services (health facility deliveries, ANC attendance, postnatal/postpartum check-ups)?"*
- *"Will this action overcome the challenges you have identified? Which ones?"*
- *"Can this be accomplished with existing resources (people, tools, materials, money)? If no, are you realistically going to be able to mobilize the necessary resources?"*

A secretary should be assigned to each group to take notes on the actions.

Note to facilitators

As with the earlier small group work, 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 and all the others in an additional group, all talkative CRs in the same group, and those who seem to be passive alone, this will make those who are passive talk.

6.2.7   Share Social Action Stories

After 15 minutes of discussion, the facilitator asks the group to come back together. The ideas discussed in the small groups will not be discussed in the main group at this stage.

Instead, immediately after the small group discussion, the facilitator will present the social action stories from other villages. The facilitator must read the complete versions of all stories (copies of the stories will be provided to the facilitators, and they can be found in Annexes 1.1 and 1.2).

Once the stories are read, the facilitator quickly recaps the list:
- Individual choice to visit a different health facility when the assigned facility is not satisfactory
- Individual complaint about poor services
- Collaborative problem solving to address negative attitudes of facility staff
- Using a 'broker' who can take community demands to the authorities
- Highlighting a high performing midwife as 'employee of the week'
- Working together with others to obtain a bed and private room for examination of pregnant women

- Examining and sharing best practices of other health facilities
- Talking to the local media about lack of toilets at the school, and
- A group of people assembling together to ask a factory to stop polluting

## 6.2.8 Conclusion and Agree on Schedule for Tomorrow

At the end of the meeting, the facilitator will thank the CRs for being a part of the meeting and will:
- Hand out the levers handout
- Make sure that all CRs have understood the barriers and levers
- Reiterate the importance of the CRs' involvement and the importance of coming again for the following day's meeting
- Confirm the time for the meeting the following day.
- Inform participants that the following day they will put together an action plan based on the barriers and proposed actions

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Additional information (if needed)

- The maternal mortality rate in Tanzania is 454 per 100,000 live births. The Millennium Development Goal (MDG) for maternal mortality is 133 by 2015... We still have a long way to go. Maternal mortality is mostly due to hemorrhages, infections and obstructed labor – most of which are preventable/treatable with proper care
- The infant mortality rate is 54 babies per 1,000. The MDG target is 40 per 1,000.

Social Action Meeting (Day 2)

Project Timeline
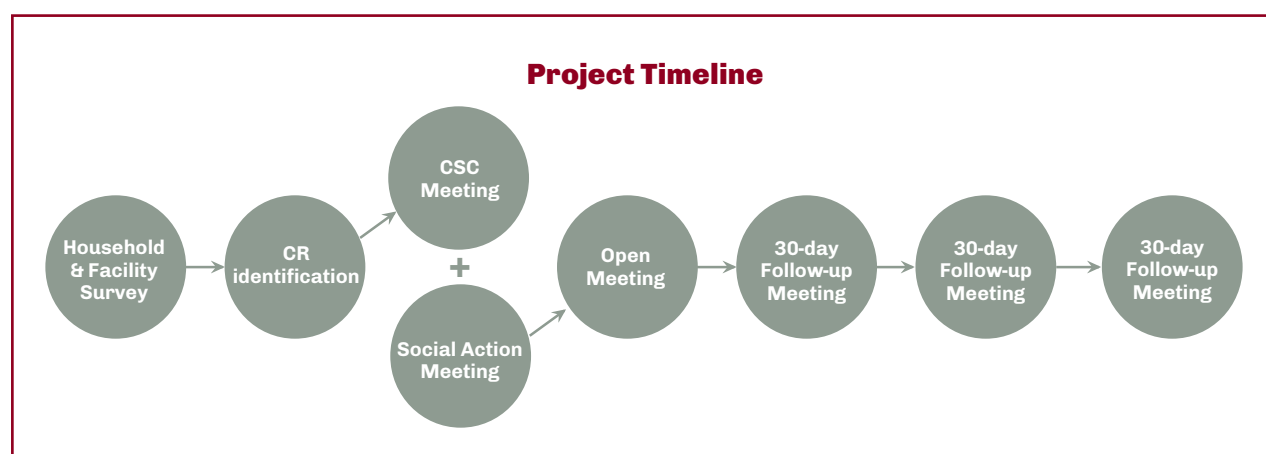
7.1 Overview of the Social Action Meeting

This meeting brings the CRs together for a second day. CRs will consider ways to turn the MNH situation in their community around through the development of a Social Action Plan.

The social action meeting is an extremely important part of the program. It is therefore critical that the facilitator handles the meeting very carefully, follows all of the instructions from the manual and training, and pays careful attention to everything that happens. The facilitator should make sure that the participants are on board with the process and that they participate fully. The facilitator should try to encourage everyone to contribute during the meeting.

7.2 Social Action Meeting Script

The facilitator should follow this script to ensure uniformity across Social Action Meetings conducted in different communities.

Prior to the meeting, facilitators will put the following up on the wall:
- Agenda
- Norms
- Top barriers
- Secretariat of the meeting
- Levers/indicators cards (national, regional and community) identify and mentor communities to continue the process

**In this chapter,
the facilitator will learn -**

1   How to conduct the Social Action Meeting

Location	Local primary school or other free, indoor space
Objectives	• Help the community think through actions that they can undertake to make improvements on the three levers/indicators keeping the barriers in mind (to be later prioritized by level of impact; short term-90 days vs. longer-term +90 days) • Reach an agreement upon an action plan that includes: activity, timeline, responsible persons, etc • Vote for CR leaders and define CR responsibilities during the open public meeting
Participants	• Facilitator/s • CRs (15) • One teacher from the school where this meeting is conducted
Duration	1 day
Equipment	• Flip chart • Masking tape • Marker/pen • Manila sheet • Copies of Social Action Script (1 copy for each facilitator • Social action matrix (blank) • Copies of CSC (National, Regional and community)
Agenda	• Recap of yesterday's meeting • Share small group brainstorms of actions and vote on which actions to take forward • Create action plans • Discuss next steps for after this meeting • Closing the meeting

Table 7.1
Overview of Social
Action Meeting

The facilitator serves three main functions:

1) First, to collect primary and secondary data to promote information transparency in MNH and to help the community identify MNH problems in their villages

2) Second, to build awareness in the community through facilitated community discussions. A large part of this includes identifying potential Community Activists (CAs) who will formulate and implement Social Action Plans

3) Third, to encourage, facilitate and follow-up on the development and implementation of a Social Action Plan aimed at improving MNH. The facilitator does not actually decide upon or undertake any social actions him/herself

7.2.1   Recap of Scorecard Meeting

1) Introduction
  • Welcome the participants to the meeting and thank them for attending
  • Remind the participants about the purpose of the project
  • Share the meeting agenda and goals for the end of the meeting

2) **Agenda**

Script: *"We are first going to recap our discussion from yesterday. Then we will share small group proposals of actions, and we will vote on which actions you would like to take forward.*

"Keeping the barriers we discussed yesterday in mind, we will create a plan of how you will carry out the agreed upon actions. Finally, we will discuss the next steps for after the Social Action meeting."

3) **Recap and discussion of barriers**

The faciliator will recap the high-level points from the previous day's Community Scorecard Meeting, *"Yesterday, we discussed maternal and newborn health challenges in your community.*

"Specifically, we discussed the reasons why you think ANC visits within the first 12 weeks of pregnancy, health facility devlieries, and postnatal check-ups in 7 days remain low.

"Some of the challenges to the uptake of these services included: [list while probing the barriers discussed in the previous meeting]

"We brainstormed actions that will be taken to solve our problems using our own resources.

"Does anyone else have anything to add?"

4) **Small group brainstorms of actions and sharing with large group**

Facilitators should start by recapping the social action stories from the day before:
- Individual choice to visit a different health facility when the assigned facility is not satisfactory
- Individual complaint about poor services
- Collaborative problem solving to address negative attitudes of facility staff
- Using a 'broker' who can take community demands to the authorities
- Highlighting a high performing midwife as 'employee of the week'
- Working together with others to obtain a bed and private room for examination of pregnant women
- Examining sharing best practices in other health facilities
- Talking to the local media about lack of toilets at the school, and
- A group of people assembling together to ask a factory to stop polluting

The CRs should then be divided back into the small groups from the end of the previous day. The facilitator will inform CRs that they will be going back to their groups to discuss their social action ideas and their proposed activities to address with the barriers discussed yesterday (30-45 minutes). The facilitator will go around to each group and will ask the participants if they remember the example solutions that were read out. He/she will tell the groups:
- *After hearing the stories from other communities, consider that they might have different ideas or a clearer picture of what their actions might involve;*
- *You should still take into consideration your own community's barriers and environment;*
- *You can decide to follow the examples in the stories but should also feel free to include other ideas*

The small groups will have another 30 to 45 minutes today to discuss actions. As they discuss, the facilitator will walk around and ask the participants to consider if

any of the stories would be a good way for the community to address the barriers. The facilitator will ask the CRs to write down their suggested social actions under each barrier. An example of this is given in Annex 3.

After 30-45 minutes, the facilitator will reconvene the participants into a large group. The facilitator will ask a presenter from each small group to present the actions they brainstormed. While each group is presenting, the facilitator will be making a list of all actions on the flipchart as the participants present the actions. Groups should not present actions that have been previously presented by another group. Once each group has had a chance to present on each lever, any additional actions identified can be read/identified.

After each group has shared their actions, the facilitator will call for a break. During the break the facilitator should do several things:
- Facilitators should first categorize the actions together by action type (e.g. education/sensitization, construction, and fundraising). The facilitator will then write the activity in the table (see table below) which will be hung on the wall (the facilitator should start by filling out column A)
- After the facilitators have all of the groups, they will write the action group onto Column A of the social action matrix (shown below) that will be hung on a wall. Each action group should have a separate line
- The facilitators can also fill out Column B for each action group. Column B should include the indicator/lever for which that action was discussed (ANC, birth in facility, or postnatal care). Actions may have more than one indicator; in this case, each indicator should be written down
- The facilitators can also fill out Column C for each action group. Column C should include the barrier for which that action was discussed. Actions may have more than one barrier; in this case, each indicator should be written down

When the group returns from the break, the facilitator should show the group the social action matrix. Facilitators should ask the group if anyone else has a great idea that was not yet mentioned (it is okay if the person who mentions the idea was in a group that was discussing something different – e.g, if someone in the facility delivery group has an idea to improve uptake of ANC services). Any additional ideas should be added to the board.

Next the facilitator will ask the following questions in the matrix that will be hung on a wall (see table below), going row by row. The facilitator should go through each action one at a time (across the matrix, not down the columns):
- **Column A:** Skip column A – already filled out
- **Column B:** Do you think this will improve any indicators other than the one(s) already listed? Which ones?
- **Column C:** Skip column C – already filled out
- **Column D:** *"Can this be accomplished with existing resources (people, tools, materials)?"* (Y/N)
- **Column E:** *"If no, are you realistically going to be able to mobilize the necessary resources? How long will it take to mobilize the resources?"* (Time in days/ weeks/months)
- **Column F:** *"How long will it take to implement the action?" (This means time to complete the action, not time to start the action – CRs should be encouraged to come up with broad timelines rather than very specific amounts of time)"*
- **Column G:** Skip column G – we will come back to this later

(A) List of Actions	(B) Which indicators/ levers will this action overcome?	(C) Which challenges/ barriers will this action overcome?	(D) Can this be accomplished with existing resources (people, tools, materials, money)?	(E) If this action cannot be accomplished with existing resources, approximately how long will it take to mobilize the necessary resources? (specify days, weeks, months)	(F) How long will it take to implement this action? (specify days, weeks, months)	(G) Which actions do you want to commit to?
Community sensitization	Facility delivery	Awareness	Yes	N/A	2 months	Yes
Talking to health worker	ANC	Health worker attitude	Yes	N/A	1 week	Yes
Building a dispensary	Facility delivery	Distance	No	2 years	2-3 years	No

Table 7.4
Example of Social Action Matrix

The facilitator will guide the CRs through the priortiziation of actions by level of impact, ability to accomplish within 90 days and mobilize necessary resources.

The larger group will agree on the action(s) they would like to carry out through a vote/consensus. When guiding the discussion with the CRs, the facilitator should ensure that a minimum of three actions are agreed upon (one should take less than 90 days, one should be more than 90 days, one should not be a sensitization campaign). However it is very likely the group will chose to undertake more than three actions, and this should be encouraged.

In order to decide what social actions to carry out, the facilitator will lead the CRs through a discussion: *"Now we will agree on the action(s) you would like to carry out. When deciding, think about the answers you gave to the questions in the matrix."*

Facilitators should go through each potential action and ask the community if they agree to commit (or not). Put a checkmark in column H (*"Which actions do you want to commit to?"*) for each agreed upon action.

A minimum of three actions should be chosen (ideally more), and there should be a mix of longer-term (more than 90 days) and short-term (90 days or less) actions. There should also be a mix of types of action - the community should not focus exclusively on information campaigns.

7.2.2   Create a Plan for How to Carry Out Agreed Upon Action (the Social Action Plan)

After the CRs have decided what actions to carry out, the group should now be split into two (one group per facilitator) to create the plan for each action they have committed to (listing the key activities, identifying repsonsible people, tools/ community resources that will be used, establishing a timeline/deadline, etc.). The facilitators should use the Social Action Plan template (included below; refer to Annex 5 for an example). Each group is assigned half of the agreed-upon actions. The facilitator leads each group, using the probing questions below to help formulate the plan. Each group is given a few pieces of flipchart paper so they can write down the plans.

Reasons communities may decide not to commit: too complicated, requires too much money, no enthusiasm, etc.

7.2.2.1 Digging deeper into creating the Social Action Plan
(in each small group)

The facilitator should help his/her group work through each action one by one and make sure that each action mentioned by the participants is clarified in depth so that after the meeting the participants are clear on how they will proceed to carry out the action.

The facilitator will use the following template for each action:

Table 7.2.3.1 Template for Step-by-Step Social Action Plan

List Steps	Responsible Person	What tools, community resources are needed? How will they be mobilized?	Timeline/ Deadline	How is success measured?
(1)				
(2)				
(3)				
(4)				
(5)				

Important points to remember when creating the Social Action Plan

• This is the most important piece of the intervention. Plenty of time should be dedicated to creating a solid, comprehensive plan

• The facilitator is responsible for making sure participants come up with a good plan. Make sure to probe and ask questions

• When you've listed all the steps you may find they are out of order. When complete, write the steps in the correct order on a new sheet of paper

• Once the final plan is together, read through it and make sure nothing is missing. If something is missing, work with the group to add the missing steps so the plan can be executed

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For each action, the facilitator should ask the CRs which steps they plan to take, who will be responsible for each step, when each step will be completed, which resources they will need, how they plan to mobilize resources, and how they will measure the success of their action.

Some of the actions may be related to:
• Information/awareness campaigns
• Meeting with health providers
• Meeting with local authorities (village, district, region, etc.)
• Community self-help (pass a by-law, build something with community resources)
• Individual actions, such as choosing to seek services as a better performing facility

The facilitator will ask, "What is the action? What are the steps required to carry out the action?"

Below is a list of probing questions and statements that facilitators may want to use for different types actions. These questions/statements will help the CRs discuss all important aspects of common types of actions.

1) **Information and awareness campaign**
   If the village chooses an information and awareness campaign, the facilitator will help the community members think through the following when developing their

plan:
- Who is the target audience?
- What is the message?
- If someone gave you this information, would it change your behavior?
- Who is going to carry it out and within what timeframe?
- Is this an ongoing campaign or will it only take place once?
- What resources (time, money, materials, and tools) are required?
- How are these resources going to be mobilized?
- How will success of this effort be measured?

2) **Meeting with Local Authorities**

If the village chooses to have an interface with local authorities, the facilitator will 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 are you going to meet 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?

For an example of a Social Action Plan developed by a community, please see Annex 5.

7.2.2.2 Sharing the Social Action Plan

After completion of the Social Action Plan, the small groups will come back into the larger group and the facilitator will present all actions and steps discussed in each group.

7.2.2.3 Voting for Community Representative leaders

Once the action plan is developed, the CRs will nominate three to five individuals who will be in charge of overseeing the implementation and follow-up of the Social Action Plan. The participants can agree on the rules for carrying out this activity (e.g. A blind vote or nomination and then consensus/voting around the nominees, etc.)

As stated above, the role of the CR leaders is:
- to participate in the development and ownership of the program and to drive the implementation of the Social Action Plan. In this way, they can help to ensure the sustainability of the program
- to help make information more accessible and easily understood to members of the community by helping to explain information using local terminology, language, or with local examples during the open public meeting and during the implementation of the Social Action Plan

7.2.2.4 Wrap-up and next steps

Before adjourning the meeting the facilitator will:
- Ensure the CRs understand their responsibilities during the Open Meeting and beyond

- Confirm a date and time for the Open Meeting and ask the CRs to invite as many people as possible to the open meeting
- Give the CR leaders 2 to 3 copies of follow up checklist (see Annex 2)
- Tell CRs what they will be responsible for at the Open Meeting (summarizing the challenges, presenting the action plans, etc.). The facilitator will decide on the role of the CR leaders
- Tell the CRs that the facilitator should be viewed as a resource and may be there to help troubleshoot challenges they face in implementing the action plan
- Thank the participants for their time, commitment and eagerness to improve MNH
- Reinforce that the CRs are the main drivers of the change in their respective communities
- Ask the CRs to help announce/create buzz about the upcoming Open Meeting, which they should also attend

Open Meeting

Project Timeline
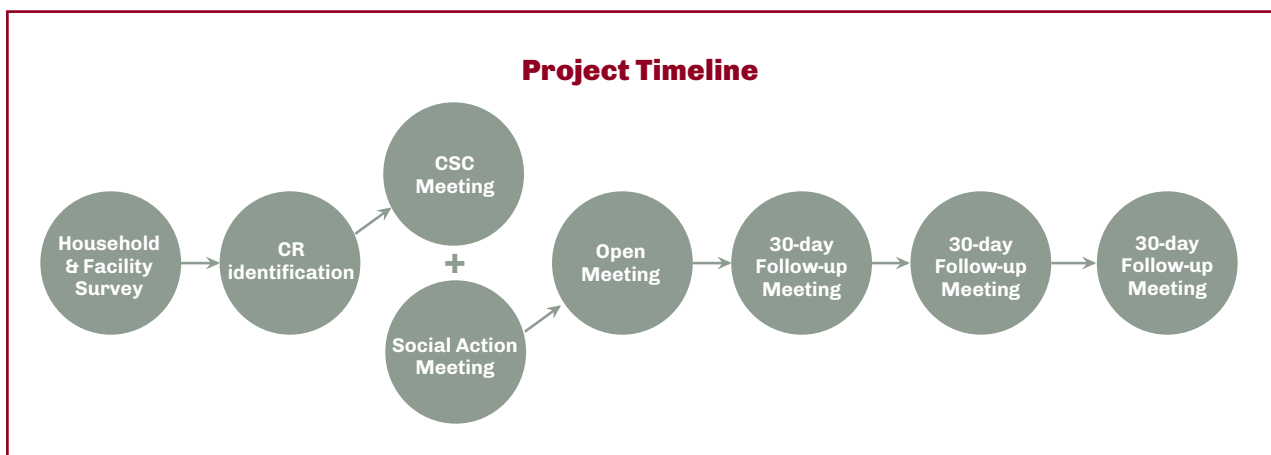
8.1   Before the Open Meeting

The facilitator will inform the village head about the Open Meeting, the aim of the meeting, and who should attend. They will also ask the village head to announce the Open Meeting to the village. The facilitator can speak to the village head either before or after the CSC meeting. It is important that the village head is given enough time to announce the meeting so that as many people as possible are able to attend.

In this chapter, the facilitator will learn -

1   How to conduct the Open Meeting

8.2   Overview of the Open Meeting

The Open Meeting is conducted a day or more after the Social Action Meeting. The aim of the meeting is to introduce the CRs to the community, to share with the community the Social Action Plan which was developed during Social Action Meeting and to ask for the community's support in the execution of the Social Action Plan.

8.3   Open Meeting Script

Facilitators should follow this script when conducting the Open Meeting to ensure uniformity across the Open Meetings conducted in different communities.

Location	An available open space in the community (for example, a playing ground)
Objectives	• Introduce the CRs to the community • Share the social action with the community • Ask for the community's support in the execution of the Social Action Plan
Participants	At a minimum, the Open Meeting should include: • Facilitator • CRs • Community leaders • VHC members • As many community members as can be mobilized
Duration	1 hour (plus waiting time)
Equipment	• National statistics and regional statistics cards • Meeting script • Social Action Plan

Agenda	• Opening remarks
	• Introduction of CRs and facilitators
	• Presentation of the barriers
	• Presentation of the Social Action Plan
	• Invite community members to participate and request input
	• During the Community Scorecard and Social Action Meetings
	  – Present the Social Action Plan
	  – The CRs will seek support from other community members to carry out activities
	    laid out in the Social Action Plan
	• Closing remarks

Table 8.2 Overview of Open Meeting

1) **VEO opens the meeting**

   The VEO opens the meeting by welcoming the participants and introducing the facilitators.

2) **Introductions of CRs and facilitators**

   • The facilitator should introduce each CR or have each CR introduce himself or herself

   • The facilitator should explain the basic recruitment process and explain why the CRs were chosen

   • The facilitator should also explain the CRs roles in their community. During this part of the discussion, the facilitator should explain the importance of social action and the potential of community members like the CRs to improve maternal and newborn health in the community. During this time, the facilitator should also emphasize that the social action will be undertaken by the CRs and the community, <u>not</u> the facilitator.

By the end of this part of the meeting, the facilitator should help legitimize the role of the CRs to the wider community.

3) Present the barriers

This part of the meeting does not have a formal prescribed script; however, there are several issues/ points that the facilitator should discuss during this point in the meeting:

- The facilitator should discuss the importance and challenges of MNH in the community. This discussion could include a presentation of MNH statistics or information, such as:
    - *"The health of mothers and babies is integral to our communities, yet pregnant women, women in labor, and newborn babies are all at increased risk of sickness, infection and death. In Tanzania, nearly 7,900 women die each year due to pregnancy complications (2013), and 38 in 1000 under five children die per year (2012)2 and there were 21 neonatal deaths per 1000 live births in 2013[8]."*
    - Information on the challenges to MNH in the community, citing the indicators for the project (women not receiving proper antenatal care, not giving birth in facilities, and women and babies not receiving proper postnatal care)
- The facilitator should talk generally about the barriers ("most women"). He/she should explain that there are a lot of barriers, but that the CRs have identified these barriers specifically to work on. The facilitator should explain which barriers were selected by the CRs

4) Present the Social Action Plan

The chosen CRs will work together with the facilitator to present the Social Action Plan. In this session the facilitator can add on or clarify if needed. This discussion should include:

- CRs and facilitator providing a brief overview of what was discussed during the Community Scorecard and Social Action Meetings
- CRs present the Social Action Plan
- CRs will seek support from other community members in carrying out activities laid out in the Social Action Plan

5) Invite participation from community members

The facilitator will welcome the participation of meeting attendees in carrying out the Social Action Plan. He/she should encourage them to cooperate with the CRs in carrying out the action plan.

6) Request input

The facilitator will ask the meeting participants if they would like to give any input, such as any additional actions to be taken. The facilitators will ask community members who would like to help (or are nominated to help) to come and see them after the meeting.

7) Close the meeting
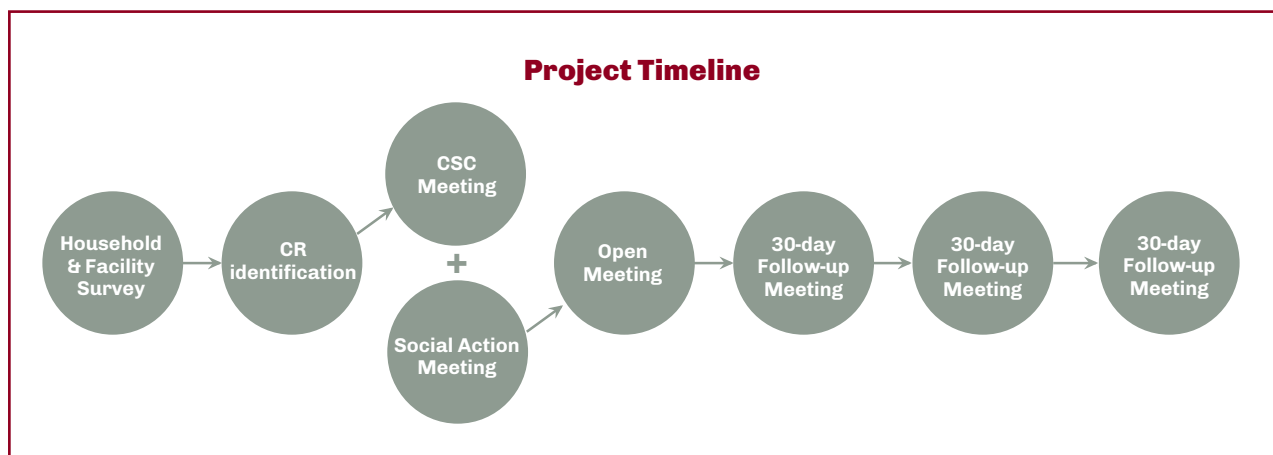
The VEO will close the meeting.

8 TDHS, 2004/05 &2010; Countdown to 2015 Report, 2014

Follow-up Meetings, Sustainability and Wrap-up

Project Timeline

9.1   Overview of Follow-up Meetings

Follow-up Meetings are conducted at intervals of approximately every 30 days for three months after the Social Action Meetings. The aim of these meetings is to observe the progress of implementation of the Social Action Plan and to help the CRs revise the plan if necessary. There are three Follow-up Meetings before wrapping up with the community: Follow-up Meeting 1, Follow-up Meeting 2 and Follow-up Meeting 3. At each meeting the facilitator will inform the CRs of the approximate date of the next meeting. Approximately one week before the meeting date the facilitator will call or send messages to the CRs and VEO to remind them of the meeting date.

**In this chapter,
the facilitator will learn -**

1 How to conduct Follow-up Meetings

2 How to help develop a sustainability plan

3 How to wrap up with the village and district

In advance of the meeting

- The facilitator should try to learn about some of the challenges the CRs are facing in implementing their Social Action Plans so they can come equipped to help problem solve.
- The facilitator should call VEO to inform him/her of the meeting date.
- The facilitator should call all contactable CRs and send them text messages to inform their fellows about the upcoming meeting (1 week prior the meeting).
- The facilitator should call the Chairman from the community meetings in each village (1 week prior the meeting) to:
  - Inform them about the purpose of the Follow-up Meeting (to report on the progress of the Social Action Plans— specifically, successes, challenges, modifications they have made to the plan, etc.);
  - Inform them about their role in leading the discussions/updates on the Social Action Plan; and,
  - Ask them to inform other CRs about the meeting

Location	Local primary school
Objectives	• Review progress on the Social Action Plan with the CRs • Stimulate discussion around any success or challenges they have faced in implementing the plan • Brainstorm around any challenges they are facing • Update/revise Social Action Plans accordingly • Devise sustainability plan
Participants	• Facilitator/s • CRs (15) • One teacher from the school where this meeting is conducted • Any other leader suggested by the CRs
Duration	Half day each meeting
Equipment	• Flip chart • Masking tape • Marker / pen • Manila sheet • Pens for facilitators • Copies of follow up meeting script (1 copy for each facilitator) • Copy of Social Action Plan (National, Regional and community) • Rim of papers for each community
Agenda	• Recap project purpose • Discuss progress on the Social Action Plans, including challenges with the Social Action Plans and revisions to the plan • Devise sustainability plan • 'Wrap-up' with CRs (Follow-up Meeting 3 only) • Close the meeting

Table 9.1 Overview of Follow-up Meeting

9.2 Follow-up Meeting script

Facilitators should follow this script when conducting Follow-up Meetings, to ensure uniformity across the meetings conducted in different communities.

At the start of the meeting, the facilitator should post the Social Action Plans, including blank columns for successes, challenges, and other notes (see figure below). The facilitator should also post a large blank sheet that can be used to make notes about the sustainability plan.

9.2.1 Recap Meeting Purpose

1) **Introduction**
   Welcome the participants to the meeting and thank them for attending.

2) **Establish norms**
   The group will designate a chairperson, secretary/note taker (or agree to continue with previous chairperson and secretary), and time keeper and establish norms

for the meeting.

3) Agenda

The facilitator will provide the agenda for the day:
- Recap project purpose
- Discuss progress on the Social Action Plans
- Discuss/brainstorm challenges that have arisen during the Social Action Plan implementation
- Revise the Social Action Plans accoordingly
- Devise sustainability plan
- Discuss any next steps/next meeting time, etc.
- Close the meeting

4) Recap project purpose

"We're all here because we know that MNH is a challenge in this community. A month ago, we were here and discussed challenges to MNH, specifically around early ANC for pregnant women in your community, health facility deliveries and postnatal check-ups within seven days.

"The top barriers you mentioned were: [facilitator to recite the top barriers mentioned during the community meeting]."

5) Recapping roles of community, Community Representatives, and Facilitator

"You, as a community, have an important role to play in solving problems because you are in a position to better understand context specific challenges and to offer and execute solutions the appropriate solutions.

"Your role as a Community Representative is:
- *To actively participate in the meeting;*
- *To help devise and support carrying out the Social Action Plan;*
- *To help make information more understandable to the community using local experience/examples/local language (in meetings and during implementation of the Social Action Plans).*

"Our purpose as facilitators is to equip you with the skills to problem solve solutions in your community using your own resources to execute solutions that make sense in the local context. Together we have gone through a process of:
- *Identifying a problem in the community;*
- *Discussing the reasons why this problem exists; and,*
- *Creating plans to improve the health and well-being of the community keeping the main reasons why the problems exist in mind.*

"We hope that you will be able to continue to use these skills/methods as you come across other challenges in your community both health and non-health related after we are gone."

6) Goal of today's meeting

"During the social action meeting in [MONTH], you came up with a plan using community resources to overcome the top MNH barriers in your community. Today, we will review your progress on these plans to understand your successes and challenges and to see if there are any addiitional actions that you think are important to carry out in order to improve MNH in your community."

9.2.2 Discussing Progress on the Social Action Plan

During this part of the meeting, the facilitator will review progress on each step of the Social Action Plans with the CRs.

The facilitator will ask the chairperson to lead the process of going through the step-by-step Social Action Plan (see Table below). CRs should refer to their paper copies of the Social Action Plan.

While the CRs are discussing all of the points and questions below, the facilitator should take notes on the reports given by community members (see Table below) with attention to capturing:
- Successes
- Challenges
- Any changes/modifications they may have made or want to make to the plan (they will add additional rows to the existing Social Action Plans for any additional activities that are added, and will fill out the columns accordingly with the CRs)

ACTION: TALKING TO THE HEALTH WORKER							
List Steps	Responsible Person	What tools, community resources are needed? How will they be mobilized?	Timeline/ Deadline & Frequency	How is success measured?	Successes	Challenges	Other Notes
Meeting with health facility staff	• Mama John • Mzee Luanda	None	30/9/2014	The health worker changed the attitude towards pregnant women/ clients	Meeting conducted	The health worker denied to meet with the CRs	CR to reach out to VEO seeking support to convince health worker to meet with CRs (updated action)

Table 9.2.2.
Example of Completed Updates to Social Action Plan

To start the discussion, for each step the chairperson will report on (or ask the CR in-charge to report on) the following:
- Progress/successes towards carrying out the activity
  - Was action taken on this step?
  - If no, why not?
  - If yes, what action was taken?
  - Is this step complete?

Facilitators should ask specific questions about successful actions:
- Why do people feel like certain things worked?
- Are there people that really worked hard to push this forward?
- What lessons can we learn from these successes?

Facilitators should ask specific questions about challenges the CRs faced in carrying out any activity:
- Are there any lessons that can be learned from implementing any activities successfully that can be applied to things that did not work as well?

- What is the objective of this activity (the one that did not work)? Are there other paths to achieving this objective which might help overcome the challenge?
  - Do you need to talk to someone else?
  - Is there an additional step/additional activity we need to add to the plan in order to overcome this challenge?

Table 9.2.3 Template for Step-by-Step Social Action Plan

List Steps	Responsible Person	What tools, community resources are needed? How will they be mobilized?	Timeline/ Deadline	How is success measured?
(1)				
(2)				
(3)				
(4)				
(5)				

9.2.3 Updating the Step-by-step Social Action Plan

The facilitator should now explain that the CRs will work to update the Social Action Plan. This involves the facilitators walking through the action plan step-by-step, and asking the following probing questions:

1) For any activities that are not clear (detail is missing in the Social Action Plan, etc.) the facilitator will ask questions to ensure the updated plans are clear:
   - What is the activity?
   - Who are the people (groups of people) involved?
   - Where/When is the activity taking place?
   - How often is it taking place (one time or conducting activity multiple times)?

2) To identify if there are additional activities that the CRs want to implement the facilitator will ask questions about adding activities:
   - *"Are there any additional actions that are important and should be added to the list?"*
   - *"I see here that most of the actions try to improve the community's behaviors, knowledge, or use of health services. Are there any other actions we should add to this list to improve the services offered at the health facility? This could be, for example, the quality of services delivered at the facility, the friendliness of health workers, the availability of free medicines, or the reduction in paying for ANC cards, Under-5 cards, etc."*

3) The facilitator will write down the things that the CRs report (see table) in order to follow-up:
   - Successes
   - Challenges
   - Changes or improvements to the Social Action Plan. These will be put in additional rows added to the original Social Action Plan. For every activity that is added the facilitator will fill the row in accordance with the columns and what has been said by the CRs).

9.2.4   Sustainability Plan

The sustainability plan should be introduced in Follow-up Meeting 1 and then discussed again in each of the remaining follow up meetings to ensure that a comprehensive plan is in place.

The facilitator will lead the community through the questions below as a means to arrive at a sustainability plan for carrying the work forward. Responses to the questions will be written on the board and later typed, printed and distributed to the CRs by the facilitator, to ensure continuity.

- *"Will you continue to meet as a group?"*
- *"Who is invited? (Original 15 CRs, or are others being added?)"*
- *"Where are you going meet?"*
- *"How often are you going to meet? Is this a set date (e.g., first Monday of every month, or on ad hoc basis)?"*
- *"Who is going to notify everyone of meeting dates, times, and locations? (i.e. roles of leadership going forward)?"*
- *"If you face challenges, who are you going to contact?"*

After the CRs discuss all of the points above, the facilitator will ensure that the group agrees on the responses to the above questions.

9.2.5   Next Steps

1) The facilitator will provide encouragement to the CRs to continue with their good work

2) The facilitator will give an approximate timeframe for the next Follow-up Meeting and will provide the purpose for that meeting:
   - To continue assessing progress on the Social Action Plan
   - To share stories of successes and challenges on Social Action Plans from other communities

3) The facilitator will ask the CRs:
   - *"Is there anyone else who should be invited to the next Follow-up Meeting?"*
   - *"Is it ok if we share some of the successes and challenges from your community with other communities in the next Follow-up Meeting?"*

9.2.6   Conclusion (Follow-up Meeting 3 only)

The facilitator will provide encouragement to the CRs to continue with their good work.

Provide an explanation in the way of a story. For example, helping someone carry their bucket of water home, and your path diverges and you let them carry it the rest of the way.

9.3   Village and District Wrap-up Meetings

9.3.1   Wrap Up with Village

The Village Wrap-up Meeting is conducted during the same visit as the Follow-up 3 Meeting.

Location	Meeting at the VEO office
Objectives	• Summarize the project and what transpired • Explain the types of actions the CRs have been taking • Thank them and ask them for their continued support
Participants	• Facilitator(s) • VEO/village chairman
Duration	30 minutes

Table 9.3.1 Wrap-up with village - overview

9.3.2   Wrap Up at the District

Wrap-up with the district will be done when all communities in a particular district have completed all three Follow-up Meetings. However, during the intervention the facilitator can give the updates to the DRCHCo on progress (for example, how many communities have been completed so far in the district and how many communities are remaining).

Location	Meeting at the VEO office
Objectives	• Summarize the project and what transpired • Explain the types of actions the CRs have been taking • Thank them and ask them for their continued support
Participants	• Facilitator(s) • DMO, DRCHCo
Duration	1 hour maximum
Agenda	PowerPoint printed on paper (provided by CHAI)

Table 9.3.2 Wrap-up at the district - overview

Follow up Meetings - Frequently Asked Questions

The CRs may have many questions during the Follow-up Meetings (especially the last meeting) about the facilitator and continued work. Below are some frequently asked questions (Q) and suggested responses (R) for facilitators.

Q. Will you be checking in with us in the future?

R. No. The point was always to catalyze a process and turn over ownership to the community. CHAI will be using this experience to work with other communities in the region to help other villages improve their MNH outcomes

Q. Can you provide us with any more resources to implement our plans?

R. No. Communities should be continuing with their own resources.

Q. Can you help us approach the district/region, etc. to request X?

R. No. We want to encourage you to do this on your own. Not only are you able to, but you're much more likely to get real, lasting X if you do this without us. We are not permanent members of the community like you.

Q. Can we contact you for help in the future?

R. Yes, you can contact us if you have challenges you need to think through. We can help you problem solve and share experiences from other villages. However, we cannot provide you with any additional resources.

ANNEXES

1A.1   Individual Choice

In some communities people were not pleased with the health service they were getting. For example, people in areas of Kilindi said that their local dispensary was sometimes closed because the staff were travelling, and the dispensary was left without any staff present. Even when the dispensary was open important medicines were often out of stock. After becoming tired of this, villagers decided to travel a longer distance to seek services at a different dispensary. Some villagers also shared information about the quality of the different dispensaries to help their neighbors choose the best dispensary to go to. Even though the other dispensary was further away it offered much better services, it was usually open and it had medicine in stock at all times. By doing this, villagers were always satisfied.

1A.2   Individual Complaint

In some communities, people who are unhappy with the health care they are receiving complain to the providers or to officials and ask them to make improvements. For example, in Lindi region, patients were unhappy with the services at a health facility and the health facility wanted to be more responsive to the needs of its patients. The health facility set up a suggestion box where patients could anonymously write comments about quality of services at the health facility and provided recommendations on how the situation could be rectified. At the end of every month, the health facility governing committee would empty the box, sit together to discuss the comments and find solutions. While not all of the patients' comments could be easily addressed, the patients did notice that the health facility was at least making an effort to improve some of the services. For example, general cleanliness at the facility and the patients' satisfaction with the services provided by the health facility increased.

1A.3   Collaborative Problem Solving and Implementing Solutions

In some communities in which people were dissatisfied with the health services provided, they organized a meeting with local doctors, nurses or facility leadership to find a solution. For example, in Tanga region, only a small number of mothers gave birth in the facility because a staff member was using bad language and had a negative attitude (using bad language, speaking angrily to women without reason and slandering pregnant women when they went to give birth). Some of the community members in this village, while they were advocating for MNH, received complaints about the negative attitude of the staff at the dispensary.

They discussed this together and chose representatives to speak with this staff member, where she also put forward her complaints and they reached an agreement. She changed her ideas and began treating mothers and other patients politely. The number of women who went to deliver at the facility has increased.

1A.4   Using a 'Broker' Who Can Take Community Demands to Authorities

One community called Tuliza Moyo in Mara region was not satisfied with the services that were being provided by their local dispensary. They were treated with a negative attitude

by the health care providers and there were delays for pregnant women receiving care when going to deliver at the facility, especially during the night. This challenge had been going on for a long time and had resulted in low attendance at the health facility and high maternal and infant mortality rates.

The community decided to find a person who could connect them to the dispensary board so that their challenges could be discussed. The intermediary organized a meeting with the dispensary board and the health worker. The board looked for a way to solve the problems.

The meeting had big results in that the health care providers have changed their attitude and have started providing women and other patients with quality services. Attendance of mothers has been good since this action.

1A.5   Highlighting High-Performing Providers

In some places in Tanzania, high-performing staff (recognized by clients or their supervisors) are voted "Employee of the Week/Month". Their picture is put on a wall in a public area with "Employee of the Month" so clients can see, and so that other employees are motivated to improve services so they too can be recognized. Patrons of these businesses have noted that worker motivation and services improved as the employees compete against each other for this coveted position of employee of the week/month.

1A.6   Developing and Working Together to Improve Health Care
(citizens could try to work on their own or work with civil society)

Some communities in Tanzania are working to ensure that the number of women going to the antenatal clinic or delivering at a facility is increasing. For example, one village in Tanga didn't have a private room for attending to pregnant women or an examination bed for examining them. To be examined, pregnant women would lie on the bench used for diagnosis in the village office, where people come and go without a door to prevent people from seeing inside. Many women didn't go there to be examined as a result of this lack of privacy. When community members discovered this, they went to the village leadership to ask for help motivating the community to contribute so they could obtain a private place and an examination bed, which could be used when attending to and examining pregnant women. After the village leadership made a public announcement to mobilize community contributions for this cause, other community members worked to educate people in the community on the importance of expectant mothers' clinic attendance for their health and the health of their new babies. Following the joint efforts between village leadership and the members of the community enough contributions were made to rent a room and to buy an examination bed. Because expectant mothers could now have privacy during their examinations the number of women attending the clinic has significantly increased.

1A.7   Examining better-performing services

In some communities, people who were unhappy with the health care they were receiving visited places where health care was working better, so they could learn what they could do to improve their own health services. For example, in one district in Uganda, community members noticed that the clinic in their village was very poor, while the clinic

in the neighboring district was much better. At the time their clinic was operating under unhygienic conditions in a house rented by the community with only two staff members serving around 4000 patients, while the clinic in the neighboring district had 5 staff members and better equipment. So they asked to meet with the medical officer in charge of the clinic about why the quality of their clinic was lower than in the neighboring district. During the meeting the health care workers learned about the community's concerns and the community members also came to better understand the problems facing the clinic. After better understanding the challenges faced at the community and health facility level, the community decided they needed to take action and successfully lobbied the district for funds to construct a new health clinic. The efforts were successful and a new clinic was built, four new members of staff were recruited, and new equipment was purchased. The clinic now serves 11,000 people. Of the women who have received antenatal services, 70 percent have returned to the clinic to give birth and to receive more services, far surpassing the government target of 50 percent.

1A.8   Talking to Journalists/Local Media to Publicize Problems

In some communities, people who were unhappy with the available services engaged the media to publicize problems. For example, there was a school in Iringa region that had no toilets for their students. The teachers had been lobbying the local government to release funds to have toilets built- but nothing happened. Tired of the lack of responsiveness, the teachers were able to relay their story to a newspaper and an article was written. After the media brought attention to the issue, the authorities were embarrassed by the situation and funds were provided to build a toilet.

1A.9   A Group of People Assembling Together to Express a Demand

In some communities, people who are unhappy with a situation freely gather to express a desire or demand to someone who is in a position to help resolve the issue. For example, there was a factory in Arusha region that was polluting the local community by spilling sewage, creating a smelly and unclean environment. The residents decided to gather together at the factory to ask the President of the company to make changes. Realizing the unhealthy impact of the pollution the President listened and promised to improve the situation by building sewage ponds to contain the waste. The residents were happy with this solution.

1B.1   Uamuzi Binafsi/ Maamuzi Binafsi

Kwa baadhi ya jamii watu ambao hawakufurahishwa na haduma za afya walizokuwa wakipata. Mfano; Baadhi ya watu maeneo ya Kilindi waliona kuwa zahanati yao ya jirani mara kwa mara ilikuwa imefungwa kwa sababu wahudumu walikuwa wakisafiri mara kwa mara na hukukuwa na mhudumu yeyote kituoni. Wakati zahanati ilipokuwa wazi, mara nyingi ilikuwa haina dawa muhimu. Baada ya kuchoshwa na hali hii, wanakikijiji waliamua kusafiri umbali mrefu zaidi kwenda zahanati nyingine. Wanakijiji wengine waliwasimulia wenzao kuhusu ubora wa zahanati mbalimbali ili kuwasaidia waweze kuchagua zahanati bora ya kwenda kupata huduma. Pamoja na kwamba zahanati hiyo ilikuwa mbali lakini ilikuwa inatoa huduma bora zaidi na madawa yalikuwepo muda wote na ilifunguliwa kwa wakati. Hivyo wanakiji walikuwa na furaha muda wote.

1B.2   Malalamiko Binafsi/ Chachu za Kero Binafsi

Baadhi ya ya jamii, ambazo hawakuridhika   na huduma za Afya zinazotolewa hivyo wakalalamika kwa uongozi ili kufanya maboresho. Mfano; Mkoa wa Lindi wagonjwa hawakuridhika na huduma za afya walizokuwa wanapata na zahanati ilihitaji mwitikio toka kwa wagonjwa juu ya mahitaji yao. Hivyo zahanati ilitengeneza boksi la mapendekezo ambalo wakijiji wangeweka mapendekezo yao kuhusu ubora wa huduma .ni kwa jisi gani matatizo yao yangeza kutatuliwa. Mwisho wa mwezi Wajumbe wa kamati ya Afya walifungua lile boksi, na kujadili na kutafuta suluhisho la matatizo yaliyowekwa na kuyatafutia ufumbuzi. Kwa kuwa haikuwezekana kufanyia kazi kila maoni yaliyotolewa Wanakiji waligundua angalau zahanati ilijaribu kufanya jitihada za kuboresha baadhi ya hudumama mfano: usafi wa zahanati na kuridhika na huduma za watoa huduma. Mwishoni mahudhurio yaliongezeka.

1B.3   Ushirikishanaji kwa utatuzi wa matatizo na utekelezaji wa maazimio

Baadhi ya jamii ambazo watu hawaridhiki a na huduma zitolewazo walifanya kikao na waganga ,nesi au uongozi wa kituo kupata suluhisho. Mfano, katika mkoa wa Tanga, idadi ndogo ya wakina mama waliojifungulia zahanati kwa kuwa muhudumu alikuwa na lugha mbaya na alikuwa na mtazamo hasi (lugha mbaya, aliwafokea kina mama bila sababu na kuwakashifu wakina mama wajawazito na wanaokwenda kujifungua) baadhi ya wanajamii wa kijiji hicho walipokuwa wanahamasisha wanakijiji juu ya umuhimu wa afya ya mama na mtoto walipata malalamiko juu ya mtazamo hasi wa muhudumu wa zahanati yao. walijadiliana na kuchagua baadhi ya wanajamii wa kijiji hicho ambao walikwenda kuongea na muhudumu huyo ambapo yeye pia alitoa malalamiko yake na wakafikia muafaka na muhudumu Yule alibadilisha mtazamo wake na kuwahudumia kinamama na wagonjwa wengine kwa ukarimu, na idadi ya kina mama waliowenda kujifungua hapo na kupeleka watoto iliongezeka.

1B.4   Kumtumia mtu ambaye anaweza kuunganisha jamii yake na watu wenye mamlaka

Wanakijiji wa kijiji cha Tuliza Moyo mkoani Mara, hawakuridhishwa na huduma walizokuwa wakizipata katika zahanati yao. Majibu mabaya toka kwa muhudumu wa afya, wakina mama kuchelewa kupata huduma ya kujifungua hasa nyakati za usiku.

Kero hii ilidumu kwa muda mrefu na kusababisha idadi ya wakina mama wanaojifungulia hospitali kupungua siku hadi siku ilipelekea kuongezeka kwa vifo vya wakina mama na watoto.

Baada ya kuona hali inazidi kuwa mbaya wanajiji waliamua kumtafuta mtu ambaye angewaunganisha na bodi ya zahanati ili matatizo haya yajadiliwe na ngazi ya juu. Mzee huyo alifanya mkutano na bodi hiyo na muhudumu aliitwa. Bodi hiyo iliangalia jinsi ya kutatua matatizo yao.

Kikao hiki kilikuwa na mafanikio makubwa kwani hali ya wahudu na zahanati ilibadilika kwani walianza kuwahudumia wakinamama na wagonjwa wengine vizuri kabisa. Mahudhurio ya Wakina mama na watoto yalikuwa mazuri.

1B.5   Kuwatambua wafanyakazi wa afya wanaofanya vizuri

Katika jamii nyingine wafanyakazi wa afya ambao wanafanya vizuri (wanaotambuliwa na jamii yao au wasimamizi/ wakaguzi wao) wanapigiwa kura na kupata wafanyakazi bora wa wiki/ mwezi halafu picha zao zinabandikwa katika ukuta kwenye sehemu ya wazi ambayo kila mtu anayefika katika zahanati hiyo ataweza kuiona vizuri ikiwa imeandikwa "muhudumu wa wiki/muhudumu wa mwezi huu". Kufanya hivyo kunasidia kuwafanya wahudumu wengine kupata ari na kuwa wawajibikaji ili nao watambuliwe na jamii. Wasimamizi wa afya wameona kwamba njia hii inasaidia kwa kiwango kikubwa katika kuwafanya wahudumu wa afya kuwajibika kutokana na ushindani unaokuwepo kati yao wa kila mmoja kutaka awe muhudumu wa wiki/ mwezi na hivyo kuboresha huduma kwa kiasi kikubwa sana. Kufanya hivyo kumesaidia kwa kiwango kikubwa kuboresha huduma.

1B.6   Kwakushirikiana twaweza kuboresha huduma za Afya (wananchi wanaweza, hata kwakushirikiana)

Kwa baadhi ya jamii nchini Tanzania inafanya kazi ili kuhakikisha idadi ya wakina mama wanaokwenda kuhudhuria kliniki ya ujauzito au kujifungulia zahanati inaongezeka. Mfano, Kijiji kimoja huko Tanga kilikuwa hakina chumba cha kupimia wajawazito ambacho kina usiri, wala hakukuwa na kitanda cha kupimia wakina mama wajawazito. Wajawazito walikuwa wanalala kwenye benchi/fomu ya kukalia wakati wa kupimwa na chumba walichokuwa wanatumia ilikuwa ni ofisi ya kijiji ambapo watu waliingia na kutoka na hakukuwa na mlango wa kuzuia mtu asione ndani. Wakinamama wengi hawakwenda hapo kupimwa kutokakana na hali hiyo. Wanajamii walipogundua hilo walikwenda uongozi wa kijiji kuomba usaidie katika kuhamasisha wanakijiji wachangie ili ipatikane sehemu yenye usiri na kitanda ambacho kingetumika kwaajili ya kupimia wajawazito, baada ya uongozi wa kijiji kutangaza harambee hiyo, baadhi ya wanakijiji walihamasisha wanakijiji wengine wachangie kwa kutoa elimu juu ya umuhimu wa mama mjamzito kuhudhuria kliniki kwa ajili ya afya ya mama na mtoto. Kutokana na juhudi ya uongozi wa kijiji na baadhi ya wanakijiji hatimaye michango ya kutosha ikapatikana na chumba kikakodiwa na kitanda kununuliwa. Idadi ya wakinamama wanaohudhuria kliniki sasa imeongezeka kutokana na usiri kuwepo.

1B.7 Kuchunguza huduma bora ya kufanya

Katika jamii nyingine , watu ambao hawana furaha na huduma za afya zinazotolewa katika jamii yao huenda kutembelea zahanati nyingine na kuangalia ubora wa huduma zinazotolewa huko ili waweze kujifunza ili waweze kuboresha huduma katika zahanati ya kijiji chao. Mfano: katika wilaya moja huko Uganda, wanakijiji waliona kwamba zahanati yao ni duni ukilinganisha na zahanati za wilaya nyingine. Pia waligundua kwamba zahanati yao ni chafu kulinganisha na zahanati nyingine na pia wahudumu walikuwa wawili tu wakati wanakijiji wanaohudumiwa katika zahanati hiyo walikuwa zaidi ya 4000 wakati kwenye wilaya jirani wahudumu walikuwa 5 na vifaa vilikuwa vya kutosha. Walipanga kukutana na mganga mfawidhi wa zahanati yao na kumuhoji kwanini huduma katika zahanati yao ni duni kulinganisha na zahanati za wilaya jirani? Wakati wa kikao hicho mganga mfawidhi alibaini wasiwasi ambao wanakijiji walikuwa nao juu ya ubora wa huduma zitolewazo katika zahanati yao na wanakijiji pia waliweza kuelewa juu ya matatizo mengi yanayoikabili zahanati yao. Wanakijiji waliamua kwamba walitahitaji maboresho na waliweza kuishawishi wilaya kutoa hela kwaajili ya ujenzi wa zahanati mpya. Juhudi zao ziliweza kufanikiwa , zahanati mpya ilijengwa, vifaa vilinunuliwa na wahudumu wa afya waliongezwa katika zahanati yao. Zahanati yao sasa inahudumia zaidi ya watu 11,000. Kwasasa 70% wanawake wajawazito wote wanaokuja kupata huduma za kliniki katika zahanati yao wanarudi kuja kujifungulia katika zahanati na kupata huduma nyinginezo zaidi ya makadirio ya serikali ambayo ilikuwa 50% tu.

1B.8 Kuongea na waandishi wa habari/ vyombo vya habari kutangaza matatizo yanayoikabili jamii

Katika jamii nyingine, watu ambao hawana furaha juu ya huduma ambazo zinatolewa katika zahanati yao huvihusisha vyombo vya habari kutangaza matatizo yao. Mfano: shule moja huko Iringa haikuwa na vyoo kwaajili ya wanafunzi. Walimu walijaribu kushawishi serikali ya mkoa ili wajengewe choo lakini hawakujengewa. Baada ya kusubiri kwa muda mrefu b ila serikali kuwajibika, waliamua kuitangaza tatizo lao katika gazeti na habari iliandikwa. Baada ya vyombo vya habari kutangaza habari ile , mamlaka husika waliaibika sana kwa hali iliyopo shuleni pale na hela za kujengea choo zilitolewa, na sasa shule hiyo imejengewa vyoo tayari.

1B.9 Kundi la watu kukusanyika pamoja kudai hitaji lao

Katika jamii nyingine, watu ambao hawana furaha na hali halisi katika jamii yao hukusanyika pamoja na kuonyesha hitaji lao kwa mtu ambaye wanajua anaweza kuwasaidia matatizo yao yaliyopo katika jamii yao. Mfano: kuna kiwanda huko Arusha kilikuwa kinachafua mazingira kwa kumwaga takataka zake hovyo na kusababisha harufu mbaya katika jamii iliyokuwa inaishi jirani na kiwanda hicho. Wakazi wa eneo hilo waliamua kukusanyika na kuomba kuongea na mmiliki wa kiwanda hicho ili aweze kufanya mabadiliko katika mfumo wa takataka katika kiwanda chake. Mmiliki wa kiwanda kwa kutambua madhara yatokanayo na uchafuzi wa hali ya hewa aliahidi kufanya mabadiliko ya mfumo wa utoaji taka wa kiwanda chake. Baada ya hapo mmiliki wa kiwanda hicho alijenga mfumo mpya wa takataka ambao ulikuwa haumwagi takataka hovyo kwenye makazi ya watu na hauruhusu harufu kusambaa kwenye makazi ya watu. Wanakijiji hao walifurahi sana kutokana na suluhisho hili.

Tool for Community Representative Follow-up						
Action						
Number of people reached						
Summary of Key Achievements						
No	**Activity**	**Responsible person**	**# people involved with carrying out activity**	**Deadline date**	**Activity completed? Y/N**	**Challenges / comments**

Barrier: Presence of TBAs	
Actions	
1	Educating TBAs on the effects of delivering babies at home
2	Developing by-laws preventing TBAs from conducting deliveries at home
3	Building the dispensary

Barrier: Health worker attitude	
Actions	
1	Talking to health facility worker about his/her attitude
2	Reach out to the DMO

Key Activities	Description	Involved Parties
Step 1. Meet with Village Executive Officer, Village Chairman	• Project description • Identify women who gave birth in the past year • Identify active community groups/leaders/meeting times • Identify potential CRs	• VEO • Village Chairman
Step 2. Conduct household survey and health facility surveys	To be conducted as indicated in the facilitator manual	Households with women who gave birth in the past year
Step 3. Recruit Community Representatives		See manual for guidance on target groups and numbers
Step 4. Plan/prepare for CSC and Social Action meetings		Facilitator
Step 5. Conduct CSC and Social Action meetings		Facilitator
Step 6. Identify CR Leaders	• During the social action meeting identify CR leaders as indicated in manual • Assign responsibilities for the Open Meeting	CRs (see manual for guidance)
Step 7. Prepare for Open Meeting	• Ensure that announcements are being made to publicize the event • CRs understand their responsibility to create buzz to encourage community to attend	
Step 8. Hold Open Meeting		
Step 9. Follow-up Meetings		

List Steps	Responsible Person	What tools, community resources are needed? How will they be mobilized?	Timeline/ Deadline	How is success measured?
Traditional birth attendants (TBAs) are the target group Identify all TBAs and other women who carry out deliveries here in the village	All CRs	Notebooks and pens - CRs already have these and will bring them	20/10/2014	All TBAs and other women carrying out deliveries identified
Inform the leaders of the village	CR leaders	None	23/10/2014	Leaders of the village informed
Hold a meeting of all CRs to put together a message to motivate TBAs to escort pregnant women to deliver at the dispensary or hospital	All CRs	None	23/10/2014	Meeting happens
Meet with TBAs and all women who are carrying out deliveries in each sub-village to explain the norms/by-law about escorting women to deliver at the dispensary or hospital	• Mariam Kasidi • Zaina Mbuji • Iddi Abdallah • Samwel Moto • CR leaders	None	5/11/2014 to 15/11/2014	Meeting happens
Extend invitation to TBAs and other women who are carrying out deliveries to join the regular CR meetings	All CRs	None	18/11/2014	TBAs and other women who carry out deliveries invited

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3 UNICEF 'Committing to Child Survival: A Promise Renewed'. Progress Report September 2014

4 TDHS, 2004/05 &2010; Countdown to 2015 Report, 2014