

# **MIRA Makwanpur**

Mother Infant Research Activities

(MIRA)



Mother's group meeting manual

(For VDC Facilitators)

Facilitation and training division

Hetauda

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## 1. Introduction

### i. Introduction to the manual

This manual is for VDC facilitators to be used when working in MIRA Makwanpur, Mother and Newborn Care Programme, as a guideline for conducting meetings with women's groups. The manual is a tool to guide facilitators through the first meetings of the action cycle and includes methods on how to identify and prioritise maternal and neonatal problems locally. The last meeting in this manual involves the women's group presenting their priority problems to the rest of the community and developing strategies together. The content of the following meetings will depend upon what action and strategies are made at the local level.

### ii. Manual Objectives

The objectives of the manual are:

- To make the VDC facilitators aware of their responsibilities
- To provide guidelines to conduct women's group meetings
- To assess maternal and neonatal problems and prioritise them
- To provide skills and guidelines for the future planning process in the community

### iii. How to use the manual

- Conduct meetings and discussion as given in the manual
- At the beginning of every session make the objectives of the meeting clear
- Use the methodology given in the manual, but adapt it according to the local situation
- Try to complete the discussion within the given time
- Try to motivate the women in between the discussion
- Try to make the discussion easy and participatory
- Refer to the appendix before the meeting to decide if the appendices are appropriate or useful in your context.

### iv. Formatting guideline

*Objectives are written in this style.*

**Instructions are written in this style.**

Inside this type of box is an important message or a story for you to use during the meeting.

Inside this type of box is an example to guide the manual's instructions.

Inside this type of box is a saying or a proverb

## 2. Aim of MIRA Makwanpur

MIRA Makwanpur is a research collaboration between Her Majesty's Government of Nepal, MIRA (Mother, Infant, Research Activities) and ICH, (Institute of Child Health), London. The aim is to improve maternal and neonatal health through sustainable interventions.

### i. The objectives of MIRA Makwanpur

- Increased awareness of maternal and neonatal problems and ways of approaching this in the community.
- Increased number deliveries attended by a trained person in a clean environment.
- Improved knowledge and skills of health workers.
- Improved availability and use of antenatal care, safe delivery kits and referral systems.

## 3. VDC facilitator main responsibilities

The role and responsibilities of the VDCf are as follows:

1. to assess and select mothers group for the programme
2. activate and strengthen the selected groups
3. where there is no group to form another one
4. conduct regular discussion and meetings with the mothers
5. to support the group in identification of maternal and neonatal problems
6. to help the group in prioritising those problems
7. to facilitate the group to identify possible ways to address those problems
8. to support the group in the community planning process

## 4. Role of the mother's group

The role of the ward mothers groups:

- regular meeting
- identify maternal and neonatal problems and prioritise them
- identify possible strategies to address the problems
- to plan, implement and monitor these strategies in the community
- information discussed in the meeting should be shared with other women
- to participate actively in health related activities in the community

### REMEMBER

**Rapport is not built once at the first contact, but is a continual process.**

### REMEMBER

To informally chat before each meeting begins and finishes.

## 5. Guideline for conducting mothers group meeting

### Meeting 1

(with community members)

#### Purpose

a) to introduce the group and community members to MIRA Makwanpur's work

#### Methodology

Presentation, discussion

Appendix 1 piggy back game

#### Materials needed

Newsprint, markers, MIRA's logo, MIRA map, chart of results

#### Time taken

2 hours

#### Activities

a) to introduce work of MIRA Makwanpur

**Discuss what the participants have heard about MIRA and what they think are it's activities.**

**List the answers on newsprint.**

**Show the women MIRA's logo and clarify the meaning of MIRA and its work.**

MIRA started in 1994 in Kathmandu.  
MIRA has been working in Makwanpur since 2001.  
It is a Nepali NGO.  
MIRA is a research organisation.  
MIRA does not work in TB, ulcers or cancer but only works with mother and newborn's health.

**Discuss what other organisations work in the VDC.**

**Discuss how MIRA is different from these organisations.**

**Play Appendix 1 "piggy back game"**

MIRA aims to do sustainable work (can exist when MIRA has gone)  
MIRA aims to be local (hires local staff, wants to understand local situations)  
MIRA aims to work in a participatory way

**Clarify the work of MIRA Makwanpur Mother and Newborn Care Programme.**

Research about mother and newborn, not a big project.  
MIRA will work in Makwanpur district until (add date)  
MIRA does not build infrastructure.  
MIRA does not give money  
MIRA works with mothers groups to try and prevent maternal and newborn illness and death.  
MIRA works with the local health facility and health staff

**MIRA asks every married woman about her pregnancy, birth and newborn baby****Discuss: What has MIRA done in the past?****Clarify what MIRA has done:**

MIRA has given training and basic equipment to health staff including FCHV and TBA in Makwanpur District  
 This has been done by the Health Service Strengthening Team  
 MIRA has collected information on women who got pregnant and gave birth in 24 VDCs in Makwanpur District.  
 This has been done by the Monitoring Team  
 MIRA has been working with mothers groups to help them address problems of mother and babies.  
 This has been done by the Facilitation Team

Intervention	Control changing to intervention	New VDCs without intervention
Daman	Namtar	Bajarbarahi
Dardakharka	Khulekhani	Chitlang
Bhimpheedi	Sukaura	Budhichaur
Fakhel	Sikharpur	Palung
Nibuwater	Chhatiwon	
Bhaise	Dhiyal	
Ambanyjang	Hatiya	
Churemai	Sisneri	
Podampokhari	Bharta	
Harnamadi	Gogane	
Betini	Kogate	Monahari
Manthali	Markhu	Basamadi

MIRA has found out that working with mothers groups helps reduce the number of mothers and babies dying. MIRA would like to work with mothers groups in your VDC to help you prevent mothers and babies dying.

**Show the results chart****Explain MIRA Makwanpur's work with mothers groups.**

Mothers groups:  
 Meet monthly to identify together the maternal and neonatal problems in the community.  
 Work together to prioritise these problems.  
 With the rest of the community develop local strategies to address these problems and implement them.

**Explain what a group in (neighbouring VDC) has done and is doing:**

- **Meet once a month**
- **Collect information from their ward about problems of mothers and babies**
- **Prioritised and discussed these problems (can give examples of which problems they prioritised)**
- **Discussed and presented to their ward the problems and strategies to address these problems using local resources**
- **Implemented strategies (Describe strategies of a neighbouring group)**
- **Evaluated the impact of the strategies (present the results of the evaluation)**
- **Played the picture card game in the group**
- **Played the picture card game in their ward with non group members.**

**Discuss MIRAs work in other VDCs using family relations to help participants locate these places. Show the map.**

Sometimes when you speak no-one is listening.  
If they are listening, they may not understand.  
If they understand, they may not put this into practice.



**Meeting 2**

(with group members)

## Purpose

- a) to discuss why mothers and newborn's die
- b) to introduce how MIRA will work in the community

## Methodology

Story telling, discussion

See Appendix 2 "Flow diagrams" is another tool to use in this meeting

See Appendix 3 "working together"

## Materials needed

Newsprint, markers, story card

## Time taken

2 hours

## Activities

- a) to discuss why mothers and newborn's die

**Tell the women the story of Sani Kanchhi's son.**

## Story of Sani Kanchhi son

There was mother called Sani Kanchhi who lived in a village in Makwanpur. She already had two daughters and was pregnant for the third time. Sani Kanchhi did not have any problems during pregnancy, but went to visit the health post, as her mother-in-law heard that every mother should have an injection during pregnancy. Sani Kanchhi walked for an hour and reached the health post. When she arrived, there was no one but the peon and he told her to come back another day. So Sani Kanchhi walked back home.

She did not go to the health post again, it was time to sow soya bean and millet in the fields.

One day, when returning from working in the fields, Sani Kanchhi felt the pains of labour, she could hardly move the pain was so strong. She started to prepare food, but soon after her waters broke. Sani Kanchhi sent her little daughter to fetch her mother-in-law from the fields. But by the time her mother-in-law came Sani Kanchhi had already given birth to a baby son. Sani Kanchhi used an old razor blade that was kept on the shelf to cut the umbilical cord.

Sani Kanchhi and her husband were very happy, as they had a son. They need not worry about their future now.

Four or five days after birth, Sani Kanchhi was sitting in the corner when her son seemed to find it difficult to suck at the breast. He also felt a bit hot. Sani Kanchhi was scared and did not say anything in the hope that he would get better. By the next morning, her son was not feeding at all and his body felt a bit stiff. She spoke to her mother-in-law, who in turn spoke to Sani Kanchhi's husband and he brought the dhami jankheri. The dhami jankheri performed a blessing for a whole day but by now Sani Kanchhi's son kept having spasms where his body tightened and his back and neck bent backwards. The dhami jankheri said that he could do no more and so Sani Kanchhi's husband borrowed Rs. 500 from his neighbours and they went straight to the district hospital.

At the hospital Sani Kanchhi and her husband had to wait for 2 hours before seeing a doctor. When they finally saw the doctor, he told them that the illness was called tetanus and was very serious. Their son needed injections, which were very expensive, but he did not have them in this hospital. They would need to take their son to Kathmandu, which was 4 hours away by bus. Sani Kanchhi and her husband despaired, they only just had enough money for the bus fare, what about money for medicine? They did not know anyone in Kathmandu, where would they stay?

They thanked the doctor and paid his fee and went to the bus stop to get the bus back to their village and think about what to do. Two days later their son died.

**Discuss what were the causes of Sani Kanchhi's sons death by playing the 'but why...?' game.**

The 'but why...?' game

Q: Why did Sani Kanchhi's son die?  
A: Tetanus

Q: But why did the tetanus bacteria attack Sani Kanchhi's son and not someone else?  
A: Because Sani Kanchhi did not have a TT injection.

Q: But why did Sani Kanchhi not have a TT injection?  
A: Because only the peon was at the health post.

Q: But why was the peon alone in the health post?  
A: Because the doctors are absent.

Q: So what are the other reasons why Sani Kanchhi's son died?  
A: Because Sani Kanchhi used an old blade to cut the cord

Q: But why did Sani Kanchhi use an old blade?  
A: Because she did not have a new one

Q: But why did Sani Kanchhi not buy one?  
A: Because she was busy working in the fields

Q: But why was Sani Kanchhi busy working in the fields?  
A: Because they need food to eat

Q: So what are the other reasons why Sani Kanchhi's son died?  
A: The hospital did not have the medicines

Q: Why did the hospital not have the medicine?  
A: Because it is expensive

Q: But why are life saving drugs so expensive?  
A: Because it has taken a long time to make them

Q: Let's go back again for a minute. Are there any other reasons why Sani Kanchhi's son died?  
A: Because they did not go straight to Kathmandu

Q: But why did Sani Kanchhi and her husband not go straight to Kathmandu?  
A: Because they did not have the money.

**Continue with the game until you have at least 3-4 causes of Sani Kanchhi's son's death**

**Write the causes of death on a sheet of newsprint.**

**Read through all the answers on the newsprint.**

**See Appendix 2 for flow diagram**

There are many reasons why Sani Kanchhi's son died.  
The reasons are not always medical.  
A chain of events led to the death of Sani Kanchhi's son.  
The causes of death here are social, economic, political etc.

*b) to introduce how MIRA will work in the community*

**Ask, are there any of the reasons why Sani Kanchhi's son died, which we could have helped with?**

**Look at the example in the box below.**

Cause of death	Possible solution	Better solution
Tetanus	Establish MIRA clinics.	MIRA is working with the health post staff to try and improve this situation. Find out when and where TT injections are available? During NID and ANC? Take TT injection during pregnancy.
Old blade	MIRA supplies blades to pregnant women.	Are razor blades available in the bazaar? Make sure pregnant women buy one. Are CHDKs available in the bazaar, SHP? If no, how do we ensure a supply?
Lack of knowledge	MIRA organises training for the women's group.	MIRA and women's group organise mass communication activities.

**Explain, how MIRA Makwanpur will work.**

MIRA will work with you to identify the biggest maternal and neonatal problems in the community which lead to death.

**This is operational research, which gives us an opportunity to analyse the situation with the community and plan accordingly at the local level.**

**Show appendix 3 "working together" and "goat picture" These pictures refer to the benefits that can be found by working together as a group.**

**If the women of the group want more information on tetanus, link up with the health post staff, (ANM, MCHW or TBA) to arrange a session.**

**Meeting 3**

(with group members)

**Purpose***a) to find out how women understand maternal and neonatal problems***Methodology**

Open questions, story telling

See Appendix 3 for a pictorial illustration of “we are going to change you” “and goat picture”

**Materials needed**

Newsprint, markers, story cards

**Time taken**

1.5 - 2 hours

**Activities***a) to find out how women understand maternal and neonatal problems***Tell the story of Ful Maya****The story of Ful Maya**

Not so long ago there was a young health worker named Ful Maya, who lived in a small village in the Terai. After making a list of the health problems in her village, Ful Maya realised that one of the biggest problems was that women did not eat well during pregnancy. They ate very little and were very thin. Many of their babies were born small and thin and many died. Some mothers also died when giving birth as they were so weak and lost lots of blood.

Ful Maya began to call women together on Tuesday afternoons to teach them about eating good food during pregnancy. She told them about vitamins and minerals and which foods contained iron. She used pictures and drawings and asked the mothers to bring different vegetables from the bazaar.

As the months went by, nothing changed. Mothers came to the meetings but when they were pregnant they did not eat more.

One night one of the mothers who came regularly to the meetings did not come as she was giving birth. She lost a lot of blood during childbirth, her baby was born dead and she died aswell.

Ful Maya felt terrible, she thought she was teaching well, so why did this woman die? She went to speak to a wise old woman, who everyone went to for advice. The wise old woman told Ful Maya: *'You have been telling women that eating more during pregnancy will make their babies big. But mothers here, do not want big babies, if a baby is too big, it will be difficult to give birth. In our community we like to give birth to babies who are strong (dhatu) not big.'*

So Ful Maya thought, which foods give strength to a women during pregnancy? When a mother is pregnant, she needs to be twice as strong, as she has to share her strength with her baby in her stomach. If a mother is not strong, then she will find birth difficult. So we must eat foods, which give us lots of strength.

Next time Ful Maya sat with the women she spoke of foods which make your baby strong, not about foods which make your baby big and her class was very successful.

**Discuss the following:**

- What was Ful Maya trying to do?
- What was she doing wrong?
- Why did the mothers not follow her advice?
- What did the old woman tell her?
- Do we also feel the same about having big babies?
- Is it better to have a baby that is strong, than big?

**Discuss 'learning together'**

There are many different ways of learning. We can learn from the TV, from posters, from books, from the radio.  
MIRA wants to work with women's groups in the community.  
Ful Maya was also trying to work with women's groups.  
But she did not understand the women's problems and she did not listen.  
We want to listen. We want to understand what the local problems are.  
An outsider has to listen before understanding.

**Show Appendix 3 "we are going to change you"**



**Meeting 5**

(with group members)

## Purpose

- a) *To find out what kind of **neonatal** problems there are in the community*
- b) *To identify strategies to collect information from other women in the community on their **maternal and neonatal** problems*

## Methodology

Open questions, discussion, problem picture cards

## Materials needed

Newsprint, markers, picture cards

## Time taken

2 hours

## Activities

- a) *to find out what kind of neonatal problems are in the community*

**Ask the group what problems they, their family, and their friends have had with their newborn baby. Give the corresponding picture talked about to the women who said it. If the problem is not represented by the picture cards, then the facilitator should write/draw the problem.**

**Ask each woman in turn to show her problem card, and ask the group, to describe the problem which they see in the picture, what it is called (if it has a particular name), what causes this problem, what to do when this happens, if you don't do anything what happens and is it common here?**

**Write down the descriptions in a table on newsprint (see example in the box).**

**Ask, how many young babies in your ward have died in the past year? Ask the women to think about areas further from where they live. Ask how many babies have been born in your ward in the past year? Ask the women to estimate if they are not sure. Record these answers in the meeting minutes.**

Problem	What is it called locally?	What causes this problem?	What to do when this happens?	If you don't do anything, what happens?	Does this problem occur here?

- b) *to identify ways to collect information from other women in the community on their **maternal and neonatal** problems*

**Remind the women of the list of problems from the last meeting and from this meeting.**

**Ask the women to think about and discuss the problems experienced by other families.**

**List any other problems.**

**Discuss the following:**

**Would it be useful to find out about experiences of maternal and newborn problems from neighbours and friends?**

**What information do we need? For the past 1-2 years?**

**How can we collect this information?**

**What material can help us to collect this information?**

**Collect the ideas from the women.**

**Select the appropriate idea.**

**If needed, practice.**

**Organise home visits or meetings.**

**Arrange time limit on collecting information (2-4 weeks) and supervision during this time.**

**Discuss how the women will remember the information they collect.**

**VDCf should collect data from the local health institution about which maternal and neonatal problems are most commonly treated.**

You can lead a horse to water, but you can't make it drink



**Meeting 6**

(with group members)

## Purpose

- a) to share the information collected from other women in the community  
 b) to decide what are the three most important maternal and neonatal health problems that need to be addressed in the community

## Methodology

Picture cards, presentation, discussion

## Materials needed

Newsprint, markers, tape, maize/stones for prioritisation exercise

## Time taken

2-3 hours

## Activities

- a) to share the information collected from other women in the community

**Attach each picture card to a sheet of newsprint.**

**Ask each woman in turn to talk about her interview/s and if a maternal and/or neonatal problem was identified to write a tick on the newsprint under the picture, which represents this problem.**

**If the problem is not represented by the picture cards, then the facilitator should write/draw the problem on a separate sheet of newsprint and the women can tick underneath this**

**If there are any problem cards that have not been identified previously they should be shown to the group and discussed. Fill in the table below.**

Problem	What is it called locally?	What causes this problem?	What to do when this happens?	If you don't do anything, what happens?	Does this problem occur here?

- b) to decide what are the three most important maternal and neonatal health problems that need to be addressed in the community

**Discuss the results shown on the newsprint.**

**Ask which three are the most important maternal and neonatal problems, to try to deal with in the community?**

**Discuss and arrive at a consensus of the three priority problems.**

During discussion, problems can be prioritised by women placing stones or maize on the picture cards or by placing ticks on or underneath the picture.

**Discussion points:**

**What are the most frequent problems that we see on the newsprint?**

**What are the most serious problems that we see on the newsprint?**

**What problems are directly related to maternal and neonatal health?**

**Can we deal with these problems in the community?**

**REMEMBER**

A problem should be:  
frequent, severe and feasible

**Meeting 7**

(with group members and FCHV TBA and MCHW if possible)

Purpose

- a) to discuss the role and responsibility of FCHV and TBA
- b) to discuss the local health facilities and meet the staff
- c) to introduce the picture card game and the meaning of the shapes of cards

Methods:

Discussion

Materials needed:

Picture card game,

Appendix 4 of roles and responsibilities of FCHV and TBA,

FCHV and TBA equipment given by MIRA

Appendix 5 Venn diagram and appendix 6 mood charts and pictorial questionnaires can also be used.

FCHV, TBA, and MCHW (or health institution representative) should be invited to attend this meeting by the VDCf, and should bring their equipment bags given during training and during MIRA training. If they refuse to come to the meeting, use appendix 4 “roles and responsibility of FCHV” and “roles and responsibility of TBA” to discuss. VDCf can borrow the equipment that MIRA has given during training and show this to the group.

Activities

- a) *to discuss the role and responsibility of FCHV and TBA*

**Introduce FCHV, TBA and MCHW discussing where they live and where they work**

**Ask the FCHV and TBA to demonstrate their equipment.**

**Ask the FCHV about the training they have received in the past year, and skills developed.**

**Discuss about the radio programme Gani Sukti 2.45 on Sunday. Discuss who has a radio in the ward and discuss about listening together.**

***b) to discuss the local health facilities***

**Ask the FCHV, TBA, MCHW which neonatal and maternal problems she thinks are the most dangerous and most common.**

**Show the picture cards of maternal and neonatal problems, ask the FCHV and TBA what they do if they see this problem.**

**Discuss referral to appropriate facility.**

**Introduce the picture cards of referral centres.**

**Discuss what kind of health institutions there are in the VDC.**

**Discuss what kind of services are available at this health institution.**

**Discuss where the nearest PHC or hospital is.**

**Discuss how people usually get to these facilities.**

**Ask if the group would like to visit the health facility to meet the staff and find out where it is, see what services are available and see what day there is specific activities.**

**(VDCf should co-ordinate with health facilities to arrange this)**

*c) to introduce the picture card game*

**Explain that we are going to use these cards to discuss the problems that were prioritised. Remind the women which problems they prioritised.**

**Introduce the problem cards, prevention cards and home care cards. The cards have different shapes and the shape of the cards means different things (whilst showing the cards).**

**This shape illustrates a problem**

**This shape illustrates a preventative activity**

**This shape always illustrates a home care activity**

**This shape always illustrates where the MCHW/FCHV/TBA would send the sick person if they did not get better.**

**Explain: In the next meeting we will use these cards to talk about our first prioritised problem**

Appendix 5, 6 and 2 can be introduced to this meeting if you want to encourage the group to think about exploring the community's views about the health services and health institutions. This could enable the group and health service to work together to improve services. Appendix 6 could be used at any point onwards when the VDCf feels is appropriate.

(After this meeting it is possible to use appendix 13 communication skills to introduce the picture card game).

**Meeting 8, 9,10**

(with group members)

Purpose

*a) to discuss what can be done about the prioritised problems*

*b) to play the picture card game of 3 prioritised problems, 1 meeting per problem.*

Methodology

Discussion and card game playing

Time taken: 1-2 hours.

Materials needed: Picture card game, picture card game manual, Plastic sheet.

**Remind the women of what the different shaped cards mean.**

**Play the picture card game.**

Refer to picture card manual from page 7 onwards regarding how to play the game.

Note to facilitator: The picture card games have been designed as a tool to promote discussion. These meetings are designed to help the mothers group link problems to prevention activities and local solutions. In the past we have found that women find it difficult to do this. After 3 prioritised problems games have been played the group should think about strategies. After the community meeting (meeting 13) the group can play other problem games.

**Meeting 11**

## Purpose

- a) *to discuss possible strategies for addressing the priority problems.*
- b) *to do a resource mapping exercise or discuss resources through another exercise.*

## Methodology:

Discussion using appendix 2 flow diagrams, appendix 7 resource mapping, and appendix 9 and 10 problem solving games

Or

Appendix 8 can be used to manage the discussion (it covers barriers, resources, and future planning)

## Materials needed:

Newsprint, markers

## Time

1-2 hours

## Activities

- a) *to discuss possible strategies for addressing the priority problems.*

**Remind the women of the three priority problems.**

**With the first problem, ask, what could we do when this problem arises?**

**Remind them of the referral and home care cards.**

**What could we do to prevent this problem?**

**Remind them of the prevention cards.**

**What are the barriers/preventing factors to doing these actions?**

**Remind them of Sani Kanchhi meeting 2.**

**Women and babies die because of social, political, economic and medical reasons.**

**What can we do to help families in this ward prevent and deal with problems and barriers?**

**Discuss the different strategies for each problem and barrier. Probing maybe needed.**

**List the different strategies, and the barriers/preventing factors.**

**Draw flow diagram of problems and barriers (see appendix 2) or make a diagram (appendix 8).**

**Explore what resources the community has to help address the problems.**

See appendix 7 for the resource mapping exercise.

See appendix 9 and 10 for problem solving game

(If resource mapping and problem solving are carried out, the meeting may take longer and therefore the formulation of strategies may need to be discussed in the next meeting)

**List the resources** (see box of possible resources – this is not relevant if a resource mapping exercise has been done, appendix 7).

**Discuss, the strategies and the resources and make realistic strategies.**

**List the realistic strategies**

**Repeat these steps for the second and third priority problems.**

**Fill out the table provided (see example box).**

Possible resources	What can they do
Mother's group	<ul style="list-style-type: none"> <li>Inform</li> <li>Create awareness – video shows, playing the picture card game in their community</li> <li>Demand</li> <li>Create pressure</li> <li>Contribute labour</li> <li>Provide local equipments</li> <li>Generate income to spend on health</li> <li>Plan, implement, monitor and evaluate the activities (attendance and participation)</li> <li>Provide a link between the health institution and families</li> <li>Work with family members who often take decisions, like husbands and mother-in-law, dhama jhankari</li> <li>Play the picture card game in the community, with pregnant women, husbands and mothers in law</li> </ul>
MIRA	<ul style="list-style-type: none"> <li>Facilitate</li> <li>Create awareness</li> <li>Provide tea money</li> <li>Mobilise group</li> <li>Co-ordinate and liaise with other organisations</li> <li>Strengthen the health institutions (training, essential drugs and equipment through DHO)</li> <li>Give training.</li> </ul>
Community	<ul style="list-style-type: none"> <li>Participate in the different strategies</li> <li>Support</li> <li>Suggest</li> <li>Provide public property, such as a stretcher, building, furniture, equipment, utensils</li> <li>Demand and create pressure</li> </ul>
S/HP/PHC	<ul style="list-style-type: none"> <li>Provide health service and treatment</li> <li>Provide medicine</li> <li>Refer</li> <li>Suggest and counsel</li> <li>Run outreach and immunisation clinic</li> <li>Mobilise group through FCHV</li> <li>Create awareness</li> <li>Organise health camp</li> <li>Provide training</li> <li>Co-ordinate and mediate</li> </ul>
VDC	<ul style="list-style-type: none"> <li>Create awareness</li> <li>Support economically</li> <li>Provide leadership</li> <li>Design and monitor strategies</li> <li>Suggest and provide feedback</li> <li>Strengthen the health committee</li> </ul>
Other organisations	<ul style="list-style-type: none"> <li>Construct physical infrastructure</li> <li>Provide medicines and equipment</li> <li>Mobilise group</li> <li>Organise health camp and clinics</li> <li>Support economically</li> <li>Provide training</li> </ul>

**Example**

Prioritised problems	Possible strategies	Resources available	Realistic strategies
1. Retained placenta	<ul style="list-style-type: none"> <li>- Immediately take the mother to nearest health facility</li> <li>- Get a stretcher</li> <li>- Street drama to create community awareness</li> </ul>	<ul style="list-style-type: none"> <li>- Health facility</li> <li>- Mothers group</li> <li>- MIRA</li> <li>- MIRA</li> <li>- Families of mother's group members</li> <li>- MIRA</li> <li>- women's group</li> </ul>	<ul style="list-style-type: none"> <li>- training of ANM</li> <li>- mother's group teaches other women about the danger of a retained placenta</li> <li>- MIRA provides seed money. With this the mother group buys a stretcher and starts an emergency fund.</li> <li>- MIRA organises street drama</li> <li>- Mother's group provides food and accommodation</li> </ul>
2. cold baby	<ul style="list-style-type: none"> <li>- Information for mother's about caring for a cold baby</li> <li>- FCHV training</li> </ul>	<ul style="list-style-type: none"> <li>- MCHW and FCHV</li> <li>- S/HP</li> <li>- MIRA</li> </ul>	<ul style="list-style-type: none"> <li>- ask FCHV or MCHW to inform mothers about cold babies at the regular meeting</li> <li>- MIRA gives additional FCHV training</li> </ul>
3. vaginal discharge during pregnancy	<ul style="list-style-type: none"> <li>- Information to mother's about vaginal discharge and related disorders</li> <li>- Health camp for women</li> <li>- Checkup and medicine</li> </ul>	<ul style="list-style-type: none"> <li>- MCHW and FCHV</li> <li>- Other organisations working in the health sector</li> <li>- S/HP</li> <li>- FPAN</li> </ul>	<ul style="list-style-type: none"> <li>- ask FCHV or MCHW to inform mothers about vaginal discharge at the regular meeting</li> <li>- Mother's group and local leaders lobby all health organisations to provide these services</li> <li>- attend FPAN clinic</li> <li>- attend ANC at the outreach clinic, S/HP or hospital.</li> </ul>
4. Lack of awareness	<ul style="list-style-type: none"> <li>- Use picture card game with pregnant women</li> <li>- Play picture card game with men and mothers in law</li> <li>- Invite men to group meeting</li> </ul>	<ul style="list-style-type: none"> <li>- MIRA mothers group</li> <li>- FCHV and TBA</li> <li>- Community members</li> </ul>	

The problems and their corresponding 'realistic' strategies will be discussed further and decisions made with the rest of the community in the 13<sup>th</sup> meeting

If needed this meeting can be repeated

The supervisors should try and attend this meeting



**Meeting 12**

## Purpose

- a) to discuss which other community members should be involved in developing strategies.*  
*b) to discuss how the women could present their three maternal and neonatal problems to the other community members*

## Methodology

Discussion

## Materials needed

Newsprint, markers

## Time

1-2 hours

## Activities

- a) To discuss which other community members should be involved in developing strategies*

**Ask, who should be involved in addressing these problems? (husbands, SHP staff, ward chairman etc)**

**Refer to the flow chart or bridge game and the resource map.**

See appendix 7 for resource mapping, appendix 8 for bridge game.

**Write a list on newsprint.**

**Ask, the women if they all agree with the list of people.**

- b) To discuss how the women could present their three maternal and neonatal problems to the other community members*

**Ask, what information do we need to present to the other community?**

**How the women selected the three problems.**

**What are the three problems.**

**What are the possible strategies to address these three problems.**

**Ask, what are the best ways of presenting this to other community members?**

**Verbal presentation of how the problems were selected?**

**Make charts of prioritisation exercise?**

**Sociodrama to demonstrate barriers to solving one of the priority problems?**

**Discussion points:**

Who can explain what the group did?

Who can explain about the three problems?

Who can explain about the strategies,?

What is the best way of presenting this information? (charts, drawings, verbal presentation?

Sociodrama? Using the picture cards and the game?)

Should one woman explain all or should different women explain different things?

**If a community meeting is planned discuss:**

When will the community meeting take place?

Where will it take place?

Who will invite the participants?

How will they be invited? (verbally, by letter)

Who will be responsible for this? What should the drama be about?

Who will write the story?

Who will perform as actors?

**Make a list of materials needed and respective responsibilities for what.**

**Discuss about preparing the logistic details and verbal/sociodrama presentations.**

**REMEMBER FOR THE SOCIO-DRAMA**

The main theme must be the priority problems.

The scenario presented to illustrate the problems must be a real one.

The women do not have to be the only actors. The VDCf must consider participating.

**REMEMBER**

Practice makes perfect!

**Meeting 13**

(note, the supervisor should be present for this community meeting)

Seating should be arranged informally, on the floor. If possible newborn and maternal health related posters from S/HP should be used to decorate the surroundings.

If possible some meetings should be filmed or photographed.

**Purpose**

- a) *the community members will learn about what the women have been doing*
- b) *the community members will learn about the three problems identified by the women*
- c) *the community members will learn about the possible strategies that the women have suggested to address the three problems*
- d) *to reach a consensus about the strategies*

**Methodology**

Presentation, sociodrama, picture card playing, discussion

**Materials needed**

Presentation materials, picture cards, posters (to decorate surroundings), Appendix 11, diagrams from previous meetings

**Time**

3 hours

**Activities**

- a) *the community members will learn about what the women have been doing*

**The VDCf should open the meeting, briefly introduce MIRA Makwanpur, and introduce the women, their work and the purpose of this meeting to the community members.**

MIRA is a small Nepali research organisation, not a big project.  
 MIRA works on mother and baby health  
 MIRA is supporting this mothers group, but does not have large amounts of money to distribute.  
 MIRA hopes to enable people to use their own resources to help the families of this community.

- b) *the community members will learn about the three problems identified by the women*

**The women present how the information on the problems was collected.**

**The women need to present their three priority problems (verbal presentations OR socio-drama OR both). They should show the problem cards clearly to the audience, and pass them around.**

**The women can demonstrate the picture card game, asking for volunteers from the audience to participate.**

**The women can play “voting with your feet” with the community members. See appendix 11**

**When presenting problems, barriers to addressing these problems can also be discussed.**

- c) *the community members will learn about the possible strategies that the women have suggested to address the three problems*

**The women should present their three problems and the possible strategies to address these problems. Present one problem at a time, and discuss strategies for that particular problem. If the ward is large different strategies may be needed for different parts of the ward.**

(The group can present appendix 7, resource mapping, or appendix 8 bridge the gap, or any other appendix they used when identifying resources and strategies)

The community meeting can be facilitated using appendix 8, by splitting into smaller groups, or in a group participatory way.

### Example

Prioritised problems	Realistic strategies
1. Retained placenta	<ul style="list-style-type: none"> <li>- training of ANM</li> <li>- set up perinatal emergency fund</li> <li>- MIRA organises street drama</li> <li>- Local club provide actors</li> <li>- Mother's group provides food and accommodation</li> </ul>
2. cold baby	<ul style="list-style-type: none"> <li>- ask FCHV or MCHW to inform mothers about cold babies at the regular meeting</li> <li>- MIRA gives additional FCHV training</li> </ul>
3. vaginal discharge	<ul style="list-style-type: none"> <li>- attend FPAN camps</li> <li>- Mother's group and local leaders lobby all health organisations to provide these services</li> <li>- ask FCHV or MCHW to inform mothers about vaginal discharge at the regular meeting</li> </ul>

*d) For each problem agree on a strategy*

**The VDCf needs to show the table of strategies on newsprint (such as the one in the box below).**

**Add any strategies that have been developed from the meeting and remove any strategies that are not considered suitable.**

**Reach a consensus on the strategies.**

**Develop a plan for each strategy. When will the strategy be implemented? Who will be responsible for each strategy?**

### Example

Prioritised problems	Realistic strategies	When the strategies will be implemented	Person responsible
1. Retained placenta	- training of ANM	- January	- MIRA, DHO, ANM
	- set up perinatal emergency fund	- next mother's group meeting	- VDCf, mother's group
	- MIRA organises street drama	- December	- MIRA
	- Local club provide some actors	- December	- Local club
	- Mother's group provides food and accommodation	- December	- Mother's group

2. cold baby	<ul style="list-style-type: none"> <li>- ask FCHV or MCHW to inform mothers about cold babies at the regular meeting</li> <li>- MIRA gives additional FCHV training</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- October mother's group meeting</li> <li>- MIRA and DHO confirm date, VDCf informs mother's group</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- VDCf, FCHV, mother's group</li> <li>- MIRA, DHO</li> <li>-</li> </ul>
3. vaginal discharge	<ul style="list-style-type: none"> <li>- attend FPAN camps or clinic</li> <li>- Mother's group and local leaders lobby all health organisations to provide these services</li> <li>- ask FCHV or MCHW to inform mothers about vaginal discharge at the regular meeting</li> </ul>	<ul style="list-style-type: none"> <li>- VDCf finds out time and venue of clinic</li> <li>- discuss how to take this strategy further in the next mother's group meeting</li> <li>- September mother's group meeting</li> </ul>	<ul style="list-style-type: none"> <li>- VDCf</li> <li>- VDCf, mother's group, local leaders</li> <li>- Women's group, FCHV, VDCf</li> </ul>

**Thank the participants for their contribution and participation.**

**Close the meeting.**

If the mothers are not confident conducting activities, the VDCf or supervisor should present.

**REMEMBER** The first few series of meetings are about strengthening the group and its capacity. Listen to the women's needs. If there is a need for literacy classes, link up with a literacy organisation, if there is a need for savings and credit, link up with a savings and credit organisation.

## 6. Appendices to use with meetings

### Appendix 1 Piggy back

Game to help realise the role of external organisations in helping women and communities with their problems. Can be used when introducing MIRA to the community.

Materials needed: none

Ask for 3 pairs of volunteers. They will have a race. The first pair must race with one woman carrying the other one in the front with 2 arms. The second pair must race with one woman carrying the other piggy back style. The third pair will race holding one hand.

At the end of the race discuss who won, and ask the participants how they felt, and which was easiest.

Explain how each pair represents the different ways in which external organisations work with communities. The first pair explains how the community is just carried and is passive and receiving help and cannot function without the other. One person is doing all the work and the other is totally dependent on them, and the person being carried does not have a clear view ahead. They feel awkward and uncomfortable.

The second pair is more like working together, but there is still passiveness and dependence.

The third pair are working together, and it is easy for them to move forward. They are using the skills of both people, and one is not dependent on the other.

MIRA wants to work with the community, like the 3<sup>rd</sup> pair.

## Appendix 2 Flow diagrams

This is similar to 'but why?' story and helps groups to think beyond the medical reasons behind mothers and babies dying and getting ill. It helps them visualise social, economic and political reasons for death and illness. This can lead groups into action. This can be used as well as the 'but why story'. It uses more writing, so therefore the facilitator needs to draw pictures or use this tool with literate groups.

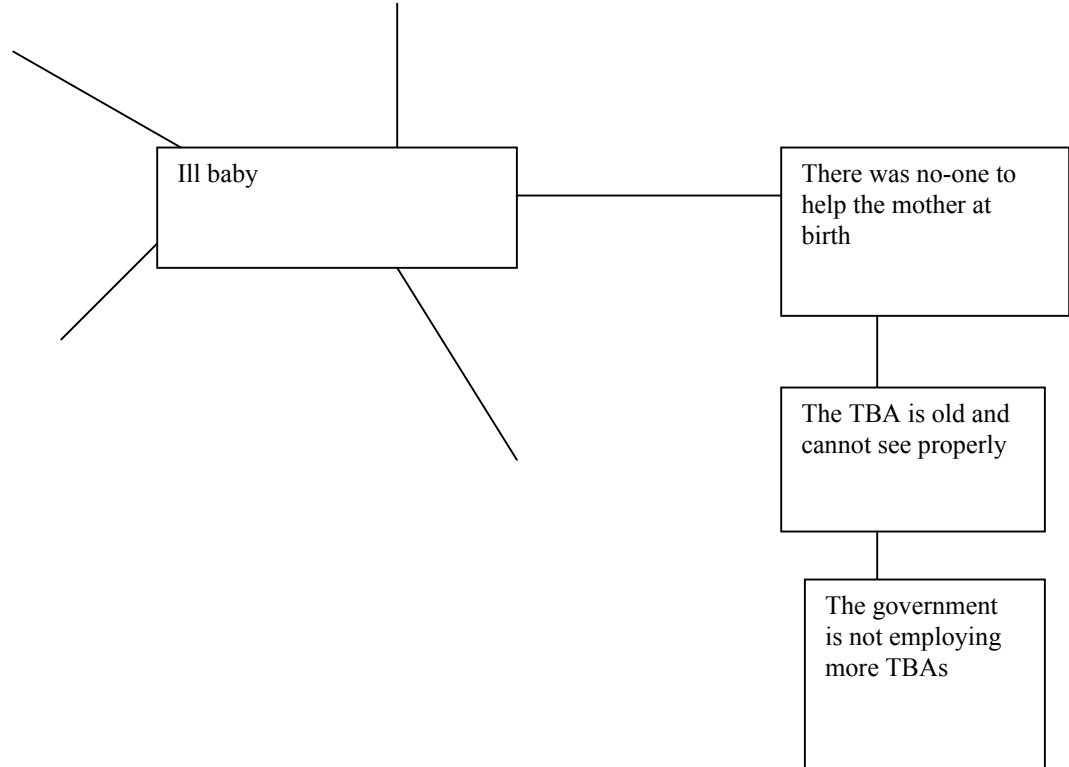
Materials needed: picture of ill mother or ill baby, large piece of paper, pens

Place a picture of a ill mother or a ill baby in the middle of a piece of paper. From this picture draw lines to indicate reasons for this. Discuss these reasons further and draw other reasons for example see below.

Discuss the issues the group feels are most common/important in their community. Discuss how they could address these issues.

This could also be used to enable the group to work with the health institution to encourage more women to come for care during illness of themselves and their family.

The facilitator should approach the health institution and ask if she can find out how many maternal and newborn health problems were encountered in the past 2 months, and how many antenatal checkups there were. She should explain that the mothers group would like to support women and babies in seeking help at the health institution, and invite them to the meeting. Place a picture of the health institution in the middle of a page, draw lines from the health institution to indicate the reasons why people use the health institution, and the reasons why people don't. Ask, but why, and draw further lines with further explanations. Discuss with the health personnel how the mothers group work with the health institution to encourage more people to use the services.



**Appendix 3**  
**Pictorial demonstrations**

Detailed in the book 'Health Care together' P54

Working together with each other and with other organisations. Pictorial demonstration.  
Good for meeting 1. Introduce MIRA and encourage women to work together.

P 76 Picture 'we are going to change you' to use in Ful Maya story



## **Appendix 4**

### **Roles and responsibilities of FCHV and TBA in regard to newborn and maternal health**

#### **Roles and responsibilities of FCHV**

- Be involved in any health activities in the ward
- Conduct mothers group meeting once a month in every ward
- Give health education, in meetings in women's homes
- Keep records of pregnant women, and advise them to have Tetanus toxoid injections and advise on a healthy diet
- Advise pregnant women to visit TTBA
- Refer high risk pregnant women to Health Post
- Keep records of birth
- Advise women to seek postnatal services of TTBA and give information regarding immunisation of baby, breastfeeding and postnatal diet
- Advise pregnant and postpartum women about immunization and inform where and when the immunisation clinic is held.
- Raise awareness about the benefits of immunization
- Give information regarding dose, type and duration of immunisation plan
- Encourage families to bring their newborn baby for postnatal checkup
- Help conduct immunisation clinic.
- Give advice and information about breastfeeding and feeding complementary food after 6 months
- Identify malnourished children using anthropometric tape
- Give advice about nutritious food and appropriate food for babies
- Teach families how to prepare food for baby

## **TTBA roles and responsibilities**

### *Antenatal care*

- Perform antenatal checkups
- Promote of family planning, small family size, and advise on the danger of pregnancy after the age of 30
- Identify pregnancies and calculate expected date of delivery
- Promptly identify danger signs in pregnancy, and danger signs during delivery
- Check maternal history of pregnant women to ascertain if the woman is in the high risk category
- Antenatal physical examination
- Give counselling regarding safe and clean delivery
- Motivate and refer pregnant women for tetanus toxoid immunisation
- Encourage families to purchase clean home delivery kit
- Give iron tablets to pregnant women

### *Delivery care*

- Conduct safe and clean delivery to prevent infection
- Follow the 6 cleans: clean hands, clean nails, clean surface, clean perineum, clean cord tie, clean blade,
- Refer delivering woman to appropriate health facility if she has any complications
- Provide immediate care to mother and newborn to prevent hypothermia, establish respiration, and immediately initiate breast feeding.

### *Postnatal care*

- Provide postnatal care to prevent infection and other emergency conditions
- Provide postnatal counselling on breast feeding, nutrition, and provide postnatal care to both mother and baby
- Teach mother about care of low birthweight baby through the use of Kangaroo method of care
- Refer baby for immunisation
- Counsel families about postnatal family planning and distribute condom

### *Role and responsibility in the community*

- Advise to prevent asphyxia and hypothermia
- Encourage exclusive breast feeding up to six months, immunization, the 6 cleans, and advise on the prevention of HIV and sexually transmitted diseases.
- Work with other health personnel, FCHV and any other health volunteers
- Keep records of newborn and maternal mortality

## **Appendix 5**

### **Venn diagram – consists of a series of circles of different sizes.**

Can be used in deciding who should be the target group of MIRA, or awareness raising campaigns.

Can be used to help group members think of why working with men or mothers in law is important.

Shows the key institutions organisations and people that are responsible for decisions affecting mothers and babies.

Materials needed: coloured paper, scissors, pens (or can draw on ground)

Ask the participants to cut out circles of different sizes. Ask them to put a medium sized circle in the middle of a sheet of paper to represent mothers and babies. Now ask the participants to choose circles of different sizes from those they have cut out depending on the relative importance of the individual institution represented. A big circle represents a very important person or organisation, a smaller circle represents a less important one.

Explain that if the circles are separate this means that there is not contact between the individuals/institutions. If the circles are touching then information is shared between them. If there is a small overlap there is some co-operation in decision making and if there is a large overlap then there is lots of cooperation.

After they have finished, ask if things have changed over the past 10 or 20 years?

Ask what kind of improvements they would like to see regarding the institutions and individuals represented?

## **Appendix 6**

### **Mood charts and Pictorial questionnaires**

In preparation for the meeting with health staff suggested in appendix 2, or as a separate activity, the mothers group members can do a pictorial questionnaire or a mood chart to find out why women do not use the services, and what they think of the services..

Mothers group members can wait outside a health institution and ask people what they thought of the services and why using a mood chart, and pictorial questionnaire. Permission should be sought from the health staff before carrying out this work. How many and who should be asked needs to be discussed and the group can decide which questions need to be asked.

The pictorial questionnaire should be prepared by first deciding what to be asked, and who and how many. After questions are decided the group should decide what pictures represent the question, and how they will record the answer. Pictures can also be used to represent different answers and the group can draw a line beside the picture for every person who answers. VDCf and FC can help group members collate and analyse the data, and the group can present it to the health institution. The group can then work with the health institution to identify resources and strategies to enable/encourage more people to use the services.