



# Community Discussion Guide for Maternal and Newborn Health Care

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**A TRAINING MANUAL FOR SAFE MOTHERHOOD ACTION GROUPS**



Mobilising Access to Maternal  
Health Services in Zambia

Developed by the Mobilising Access to Maternal Health Services in Zambia Programme (MAMaZ) in Collaboration with the Ministry of Community Development and Mother and Child Health and District Health Management Teams in Chama, Choma, Kaoma, Mkushi, Mongu, and Serenje districts.

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# Preface

This *Community Discussion Guide for Maternal and Newborn Health Care* sets out a process for engaging with rural communities to increase awareness of and social approval to act on maternal and newborn health. The Discussion Guide was developed by the UKAid-funded Mobilizing Access to Maternal Health Services in Zambia programme (MAMaZ) and its district partners in support of the Ministry of Health's safe motherhood action group (SMAG) initiative, which is being rolled out across the country. The Discussion Guide contains detailed guidance on how to train SMAG volunteers in two key areas of their portfolio – maternal and newborn health care – and is intended to complement other maternal health and newborn care training resources.

The topics contained in the *Community Discussion Guide*, and the participatory techniques used to introduce these at community level, have been extensively 'road-tested', and refinements have been made along the way. The training approach outlined in the *Discussion Guide* has proved to be a very effective way to train core trainers and SMAG volunteers: volunteers trained in the approach have excellent recall of the core content of the training manual, and the facilitation skills to work effectively with communities.

Putting communities at the centre of their own development, and empowering them to take action in support of improved health, is essential if improvements in health indicators are to be made in Zambia. Communities also have a right to play a part in defining how health services should be provided. The community engagement approach outlined in the *Community Discussion Guide* is appropriate to the rural Zambian context, has proved to be an effective way of mobilising communities around a maternal and newborn health agenda, and has helped strengthen community voices on health issues.

We hereby recommend this *Discussion Guide* as a practical and effective example of how to operationalise policy commitments to demand creation and to community involvement in health.

*Signed*



**Dr. Elwyn Chomba**

*Permanent Secretary*

Ministry of Community Development, Mother and Child Health

# Acknowledgements



The maternal health content of the *Community Discussion Guide* was originally developed under the auspices of the United Kingdom Department for International Development (DFID) supported Partnership for Transforming Health Systems in Nigeria Programme (PATHS 1). The consultants responsible for conceptualising and developing the maternal health module were Susan B. Aradeon and Mini Soyoola. Susan B. Aradeon later led the process of drafting a newborn health module when the *Community Discussion Guide* was adapted for use within another DFID-funded health programme in Nigeria (PRRINN-MNCH).

This version of the *Community Discussion Guide* was adapted for use within the Mobilising Access to Maternal Health Services in Zambia Programme (MAMaZ) in 2010. The adaptation process took into account the findings of a series of demand-side rapid qualitative social assessments of maternal and newborn health issues undertaken in the three first phase MAMaZ-supported districts of Choma, Mongu and Serenje. These provided detailed information on the barriers and delays affecting timely uptake of maternal and newborn health services, and on community perspectives on the steps needed to tackle these. Mini Soyoola and Cathy Green, both technical advisers to MAMaZ, led the adaptation process, and were supported by the MAMaZ technical team in Lusaka. Further refinements to the manual were made subsequently in response to implementation experience, and in order to reflect the findings of three further demand-side rapid qualitative social assessments undertaken in the programme's second phase districts.

MAMaZ's primary partners are the District Health Management Teams (DHMTs) in the six districts where the programme is operational and the Ministry of Community Development and Mother and Child Health. Members of the district health teams and ministry were trained as core trainers and supported the process of cascading the training down to SMAG volunteers in the districts. The core trainers have made many contributions to the development of the *Community Discussion Guide*, providing insights and perspectives that have ensured that the content is locally relevant and appropriate, and that the training approach is effective. These contributions, which have helped to ensure strong local ownership of the training approach, are greatly appreciated.

**MAMaZ Team, 2012**

# Introduction to the guide

## Introduction to the Community Discussion Guide

The *Community Discussion Guide on Maternal and Newborn Health Care* outlines an approach that can be used by trained Community Health Volunteers, including members of community Safe Motherhood Action Groups (SMAGs), to encourage safe pregnancy planning and appropriate newborn care. The *Community Discussion Guide* was developed by the UKAid-funded Mobilising Access to Maternal Health Services in Zambia programme (MAMaZ) and its Ministry of Health (MOH) and Ministry of Community Development, Mother and Child Health (MCDMCH) partners and has been used successfully in six rural districts of Zambia.

Community discussion groups are central to the approach outlined in this manual. The discussion groups are designed to empower people to adopt healthier and safer maternal and newborn care seeking behaviours. They promote the rapid infusion of new information along with opportunities for shared reflection about the need for and the benefits of new behaviours. Communities are encouraged to reflect in peer groups on the social, cultural, economic and other factors that prevent timely health-seeking behaviour, and to take action to address these barriers. Discussion group participants learn, remember, discuss and act on their knowledge of maternal and newborn health care.

The community discussion groups are one component of a comprehensive community engagement approach that aims to stimulate positive changes in maternal and newborn health-seeking behaviour in rural Zambia. Other aspects of the approach are: gaining entry at community level by involving key decision-makers in initial planning processes and promoting their involvement in key activities; continuous interaction with the community, including door-to-door visits to pregnant and newly-delivered women and their families, in order to reinforce the key themes discussed in the discussion groups; support for the establishment of community systems that will promote timely use of maternal and newborn health services; and the introduction of simple monitoring systems which allow communities to track their own progress. These activities are supported by district coaching and mentoring support teams who visit participating communities intermittently to offer advice, support and encouragement.



## Why is the Community Discussion Guide Needed?

Many unnecessary maternal and newborn deaths occur in Zambia, and the numbers are particularly high in rural areas. Although improvements in the supply and quality of health services can help to increase communities' use of and trust in services, in many rural locations demand for services is low because of the multiple barriers that exist at household and community levels. Common problems within households are: lack of awareness of the benefits of key services or of maternal and newborn danger signs; poverty, which makes travelling to or using health services unaffordable; and lack of social support within the family, which can mean that some women lack the permission, confidence or motivation to take care of their own or their children's health. At community level, common problems are long distances to the health facility, poor terrain, and lack of affordable transport options; lack of community cohesion for taking life-saving actions; and lack of support structures to assist women and children in need.

Because the barriers – or the way they manifest – differ from place to place, solutions that are tailored to suit the specific context are needed. The approach outlined in this *Community Discussion Guide* has been designed to allow a flexible and appropriate response by Community Health Volunteers to locally-defined concerns and needs.

## Who Are the Audiences for the Community Discussion Guide?

The Community Health Volunteers in the six districts supported by MAMaZ are called 'Mama SMAGs', a term chosen by community members. The training approach used in the *Community Discussion Guide* aims to build the knowledge and training capacity of the Mama SMAGs in such a way that they do not have to rely on having a paper version of the *Community Discussion Guide* to hand. This is important for several reasons. First, Mama SMAGs may have poor literacy, in which case written documentation is unlikely to be used. Second, if trainers internalise the content of and facilitation techniques used in the *Community Discussion Guide*, they are more likely to be effective trainers. Lastly, it is important not to rely on the production of training manuals in a context where paper and printing capacity may be in short supply and where the dissemination of manuals can be challenging logistically.

The key audiences for the *Community Discussion Guide* are therefore the trainers of the Mama SMAGs and the teams responsible for mentoring and coaching the trainers and the Mama SMAGs.

## How is the Community Discussion Guide Structured?

There are two modules: maternal health and newborn health. Each module is divided into a number of sessions (see below).

The timing, objectives and list of topics to be covered are specified in the guidelines provided for each training session. Notes for trainers can be found throughout the manual, summaries of issues to be presented are contained in quick reference boxes, and detailed guidance is provided on how to run sessions involving demonstrations or mine. Examples of songs developed for use in the MAMaZ-implementation districts have been included.

MODULE 1: Safe Pregnancy and Delivery	MODULE 2: Newborn Care
<b>Session 1</b> Our Need and Right to Good Maternal Health Services	<b>Session 1</b> Immediate Newborn Care
<b>Session 2</b> Maternal Danger Signs and Care During Pregnancy	<b>Session 2</b> Caring for the Newborn in the First 30 Days
<b>Session 3</b> Planning for Safe Pregnancy and Delivery	<b>Session 3</b> Postnatal Care for Mother and Newborn
<b>Session 4</b> Community Systems for Increasing Access to MNH Care	

## What Topics Does the Community Discussion Guide Cover?

The manual covers a range of health and related topics (see Box below). The community mobilisation process begins with a focus on maternal health issues, and in particular, maternal emergencies. Experience has shown that this can be a very emotive issue due to the social and other impacts of maternal deaths at household and community levels. This is also an issue around which communities can be quickly mobilised.

Other topics that have an impact on women's health are also covered, including the impact of gender violence and of social problems such as alcoholism. Topics such as reaching the vulnerable and excluded and male involvement have been mainstreamed throughout the guide. The *Community Discussion Guide* also focuses on how communities can respond to the maternal and newborn health problems that they face by devising and implementing their own community-managed solutions.

The *Community Discussion Guide* has been designed in such a way that additional health topics (for example on malaria, child nutrition, or HIV/AIDS) can be added in future. However, it will be important to ensure that new health topics follow the participatory methodology and use the participatory communication tools that have proved so effective in the MAMaZ-supported districts.

### Content of the Community Discussion Guide

#### Health Topics

- Emergency maternal health care
- Care during pregnancy, including antenatal care
- Delivering with a skilled birth attendant
- Post-natal care
- Essential newborn health care
- Newborn emergencies

#### Other Topics

- Gender violence and women's health
- Social problems such as alcoholism and their effect on women's and children's health
- Reaching the vulnerable and socially excluded
- Importance of male involvement
- Establishing community systems that promote maternal and newborn health

## How Much Time Is Required to Implement the Community Discussion Groups?

Communities participate in seven facilitated discussion sessions. Most of the sessions last between 1.5 to 2 hours. There are four sessions in the maternal health module, and three sessions in the newborn health module. This translates into approximately 12 hours of direct contact time.

To ensure that participants can internalise the information discussed during each discussion group session, and to give participants time to discuss what they have learned with others in the community, the ideal scenario is to hold one discussion session per week. This may not be feasible in all cases, because communities have other demands on their time, and because of seasonal factors (i.e. poor weather, peak periods of agricultural activity, seasonal outmigration of shifting cultivators etc). The timing of the discussion groups therefore needs to be negotiated with participants.

Once they have 'graduated' from the discussion groups, members of the community decide how much time they wish to spend on community maternal and newborn health activities. Some may wish to train as an emergency transport scheme rider; others may wish to participate in the community groups established to sustain the community mobilisation process; others may volunteer their time to support the Mama SMAGs.



# How the approach works

## What is the Social Approval Community Engagement Approach?

The *Community Discussion Guide* is designed to support a community engagement approach that aims to stimulate wide social approval for positive behaviour change. The approach generates community ownership of communication about healthier behaviours thereby making it easier for each community member to adopt the healthier behaviours. The approach relies more on disseminating new health information and providing opportunities for group reflection during peer group discussion sessions than on teaching new health messages.

Efforts are made to include all segments of the community by training a large number of community health volunteers. Mama SMAGs, up to 30 in each community, lead discussions in different parts of the community for several weeks on each topic while encouraging participants to share and discuss the new information at home. Innovative communication body tools empower community volunteers to easily remember and share the new information (see below). Once the community discussion sessions have been completed, community members are supported by the Mama SMAGs to establish community-based and other systems to address MNCH-related barriers. The social approval community engagement approach therefore supports the transition from awareness to action.

## Why is a 'Whole Community Approach' Important?

Since most people are reluctant to initiate changes in their behaviour without the approval of their family, friends, peers, or community leaders, discussion group sessions are implemented simultaneously with many groups of people. All key decision-makers and actors within the community are reached through a community-wide approach, and discussion group participants are encouraged to share their new knowledge and attitudes with spouses, relatives and friends. This promotes shared responsibility for new lifesaving actions. The ultimate goal is to create a sense of collective responsibility in the community towards saving the lives of pregnant women and babies.

The whole community approach recognises the way in which decisions are made at household and community level. For instance, it is important to involve men as they play a key role in activating community response systems once a health emergency has been identified. In addition, their knowledge and behaviour can have important impacts on women's health, for example the extent to which they are willing to save in order to buy delivery items, or their attitudes towards wife beating.



Likewise, it is important to involve senior women since grandmothers, mothers and mothers-in-law often play an important role in the care of newborns. If senior women know the new behaviours for protecting their grandchildren, they will teach and encourage their married children to adopt the new healthier, newborn care practices. It will also be much easier for parents to adopt the new practices if the senior women in their family approve and guide them thereby ensuring smooth intergenerational transfer of appropriate newborn health information.

### **What Does ‘Saturating’ the Community with New Knowledge Involve?**

The Mama SMAGs recruit between 10-15 community members to their discussion group. Where communities are very scattered, smaller groups may work better. Participants ‘graduate’ from the community discussions if they complete all sessions. Because the aim is to ‘saturate’ communities with new knowledge on maternal and newborn health issues, cycles of community discussions continue until a large proportion of the community has been covered. The community is then ready to move on to new health-related issues.

In order to maintain momentum, it is important to saturate the community as quickly as possible. The more trained Mama SMAGs that are available to facilitate community discussion groups, the quicker saturation will be reached. In the MAMaZ-supported districts up to 30 Mama SMAGs per Neighbourhood Health Committee area or zone were trained. This includes four Lead Mama SMAGs who play a co-ordinating and support role.

### **How are Women and Men Reached?**

The aim of the community engagement approach is to promote more discussion and better interaction between men and women at home and within the community in general on maternal and newborn health issues. Hence mixed sex community discussion groups are promoted. However, in situations where despite the best efforts of the Mama SMAGs to encourage men to participate in the discussion groups poor male involvement remains an issue, men-only groups can be supported.

Discussion group sessions need to be held at a time that is convenient to the participants. Women have multiple responsibilities and generally work longer hours in an average day than men. Hence it is vital that women are consulted about the most convenient time to hold the meetings. Another issue to take into account in the scheduling of activities is the fact that farming activities take men or women away from the community at particular times of the year. This may be for long periods, in the case of shifting cultivators, or for short periods, such as during caterpillar collecting season.

Major events such as funerals or political rallies can also make it difficult to hold a discussion group. The Mama SMAGs are encouraged to use their discretion and reschedule a session if a major community event is due to take place.

### **What Community Systems Are Introduced and Supported?**

Communities need to decide for themselves what community systems are required in order to tackle household and community level barriers to timely use of maternal and newborn health services. In the MAMaZ-supported districts these have included the following:

- **Food banks:** these provide food on a grant basis to women using a mother’s shelter or a woman suffering a maternal complication who needs to be rushed to the health facility.
- **Childcare schemes:** communities organise themselves so that children can be cared for when a woman moves to a mother’s shelter, or if a woman suffers a complication.
- **Mother’s helpers:** communities prepare for delivery by identifying a mother’s helper who can support the woman undertake basic household tasks as she nears delivery, help identify danger signs (should these occur), and accompany her to the health facility.
- **Emergency transport scheme:** members of the community are trained as bicycle ambulance riders (or in some places ox or donkey cart riders) and to manage the emergency transport as a community resource.
- **Emergency savings and loan schemes:** communities save money which can be given to women with a complication (or vulnerable pregnant women) on a grant or loan basis.



## What Training Approach and Methods Are Used?

A cascade training approach is used. The first step is to train a core group of trainers. In the MAMaZ programme the core trainers were drawn from the MOH, Lusaka, from the respective District Health Management Teams and wider district health teams (e.g. from the district hospital or from the health facilities in the implementation sites), and from Lusaka-based NGOs. The core trainers then trained the Lead Mama SMAGs who were drawn from the intervention communities. The lead volunteers then trained the regular community volunteers, the Mama SMAGs. The Mama SMAGs then trained ordinary members of the community in community discussion groups. The training was structured as follows:

**First Training:** Core group of trainers (from Lusaka and the districts)

**Second Training:** Lead Mama SMAGs

**Third Training:** Mama SMAGs

**Fourth Training:** Community members in community discussion groups

The Lead Mama SMAGs co-ordinate the training efforts, support the Mama SMAGs, and play an oversight role in relation to the collection of data for the community monitoring system.

An innovative training tool, the Rapid Imitation Method, is used to train the core trainers and the Mama SMAGs to become competent facilitators of community health discussions regardless of prior experience. All activities in the *Community Discussion Guide* are expertly demonstrated by a senior trainer and then imitated by trainees who are then reviewed by their peers (i.e. other trainees). This enables the trainers and the Mama SMAGs to memorise with relative ease both the content and the methodology of the *Community Discussion Guide*. The emphasis on peer review allows trainees to get positive feedback or to learn from their mistakes in a constructive and supportive environment.

The Rapid Imitation Method has proved to be extremely effective in Zambia, and is especially appropriate in a low literacy context.

### Rapid Facilitation Method

The Rapid Facilitation Imitation Method is an effective method for training people to become competent facilitators of emergency maternal care issues despite no prior experience. The method involves expert modelling of facilitated sessions in very small sections, activity by activity, with each modelled activity followed immediately by imitation by three or four trainees and feedback. After each facilitated segment, the lead trainer guides the trainees to reflect on the facilitation methods and outcomes for that particular segment or activity. Several trainees then take turns facilitating the same activity with a focus on incorporating the identified facilitation techniques.

The other trainees serve as practice session participants who also observe the process and provide constructive feedback. This continues for each session segment until the agreed facilitation skills for the various sessions and activities have been learnt. Subdivision of the sessions into discrete segments focuses the trainees' attention on one or at most two facilitation techniques at a time making it easier for them to master each skill. Participatory analysis of each facilitated segment and immediate, repetitive practice enables the trainees to learn both the facilitation skills and the session content without additional training efforts. Groups of 5-7 trainees are ideal because they allow for considerable trainee practice. Nevertheless, the method is also effective with larger groups.

## How Are Community Discussion Sessions Facilitated and Structured?

Unlike other communication approaches that rely on use of written materials such as guidelines, picture cards, posters, or leaflets in order to impart information, the approach used in the *Community Discussion Guide* prioritises the use of small and large group discussions, and trainer demonstrations which are imitated by participants. Formal verbal presentations are short and used sparingly. Communication Body Tools such as the 'Finger Tip Memory Method', which allows participants to count out and remember the various steps in a safe pregnancy plan, or the use of words and mime to demonstrate the maternal and newborn danger signs using the 'Say and Do' method (see below), are used throughout the *Community Discussion Guide*. Songs, sometimes combined with mime, are also used to reinforce key issues.

The facilitation approaches used throughout the *Guide* are outlined in the Box below.

### Facilitation Tools Used Throughout the Community Discussion Guide

- **Participant Reviews:** Participants feed back on the information from the previous session, thereby reinforcing their new knowledge and the importance of discussing it with their spouses, friends and relatives.
- **Experiences:** At the beginning of a new topic participants are asked to remember experiences related to the topic. This reminds participants of what they already know.
- **Presentation:** Facilitators tell participants a small amount of information about a topic, mainly, although not only usually using communication body tools.
- **Discussion:** All participants discuss a topic together, sharing all the information the group knows, thereby increasing their knowledge and building consensus.
- **Small Groups Discuss:** Groups of three or four participants discuss together and a representative of each small group shares the group's thoughts with all the participants. This ensures that more people participate in the discussion.
- **Say & Do Practice:** Participants say the information to be remembered and do an action that helps them remember the information. This process is repeated many times so that participants remember the meaning of the action.
- **Songs With Key Information:** Participants learn and sing health songs for pleasure as well as for their content. For some of the songs, remembering the content is enhanced with the *Do* actions.
- **Summary:** Facilitators remind participants of the main points learned during an activity.
- **Commitment:** Participants are reminded of the existence of systems and services that have been established to increase access to and the affordability of maternal and newborn health services. Participants are encouraged to commit to supporting these.
- **Circular Review:** To review the session content, participants take turns stating one thing they learned during the session.
- **Share the New Information:** Facilitators encourage participants to share the new information with family and friends so that more people will discuss and agree on healthier behaviours, thereby making it easier for everyone to adopt the new behaviours.



Mama SMAGs need to be good facilitators. Characteristics of good facilitators can be found in the Box below.

### Characteristics of Good Facilitator

- Good listener
- Supportive of participants and encourages them
- Creates a non-judgemental environment for discussion
- Guides rather than leads
- Encourages the participation of everyone in the group – especially quiet individuals
- Thanks participants for their contributions
- Uses a range of techniques to keep activities fresh and interesting
- Asks many questions in order to 'get to the bottom' of a problem
- Supports participants to find solutions to problems
- Good at summarising what has been said and agreed
- Concerned that participants enjoy and benefit from the sessions
- Flexible – happy to change direction/review old topics/answer questions if requested

The training given to both the core trainers and Mama SMAGs places considerable emphasis on the development of strong facilitation skills.

Community discussion group sessions generally follow a set pattern. Participants report the discussions they had at home on the previous session's topic. Discussion of a new topic usually begins with participants recalling experiences, including sad memories, that provoke an emotional response and contribute to a willingness to consider the difficult social changes required to reduce the high rate of maternal and newborn death. The participants proceed to consider solutions for the failures or delays in dealing with maternal and newborn emergencies. The idea is to create a sense of shared responsibility for the health and well-being of women and newborns, by emphasising the need for joint problem-solving in a supportive and non-judgemental environment. Hence attention to group dynamics and psychology is extremely important in this approach.

The sharing of first-hand experiences of maternal delays, and linking these to a discussion about how the community can work together in future to reduce these delays, has proved to be very effective in the MAMaZ-supported districts. Fatalistic attitudes about maternal deaths are giving way to a sense that the community can work together to save women's lives.

The Mama SMAGs use communication body tools (see below) and song to demonstrate new ideas. These highly participatory sessions are interspersed with short presentations of essential decision-making information. The Mama SMAG closes each topic with a summary. At the end of each session, the participants each share one thing they learned, thereby reviewing the session content. Finally, the Mama SMAG reminds participants to go away and discuss what they have learnt with other members of the community.

The discussion group sessions provide ample opportunity for the participants to learn and reflect on the new information and recommended behaviours. The preliminary and closing steps used in every session are essential for generating community ownership of the new health information. The key steps are outlined in the Box overleaf.

## Basic Pattern For Community Discussion Sessions

### Step 1: Opening

### Step 2: Review

- **Report back on discussions with others:** Participants feed back on what they discussed with their spouses, friends and relatives since the last session.
- **Discuss successes and challenges:** Participants discuss examples of successes and challenges they and others in the community have faced since the last meeting (e.g. what happened when someone attempted to access a particular health service).
- **Practice 'Say and Do' from previous discussion** (where applicable).

### Step 3: Introduce Topic for this Session

#### Step 4: Discuss Experiences/Share Knowledge:

Participants reflect on what they know about the new health issue.

#### Step 5: Use Say & Do/Mime/Demonstration/Song:

Session facilitator uses one of these techniques to communicate new information in a memorable way.

**Step 6: Summarise:** Session facilitator reminds participants of the key points.

**Step 7: Circular Review:** Today I learned that...

**Facilitator's Note.** Participants stand in a circle taking turns to recall the main points of the session.

- “We will go around the circle sharing with each other what we learned today.”
- Facilitator demonstrates by announcing:
  - “Today, I learned that everyone, not just pregnant women, needs to know about how to support women to access maternal health care services.”
- Facilitator asks the participant to her/his right to imitate her/him by saying:
  - Today, I learned that ...”
- Facilitator asks the next person in the circle to follow the example.
- Each participant takes her/his turn.

**Step 8: Closing – Promoting Discussion:** Facilitator reminds participants to:

- Discuss what they have learnt with their husband or wife
- Discuss what they have learnt with two friends and family members
- Encourage people to use services
- Discuss inequalities in access to services within the community and think of potential solutions
- Make arrangements for next meeting: place, date and time

## **What are Communication Body Tools?**

Two types of communication body tools are used: 'Say and Do' and 'Sing and Do'. Both approaches ensure that new health information is easy to understand and remember. For Say and Do activities, participants' bodies are used to help them recall the new health information easily. We SAY the information we want to recall while we DO an action to help us remember the information. For example, we say FEVER, while we fold our hands over our chest and pretend to shiver. We also say PROLONGED LABOUR while we kneel in the birthing position. Or we count out the five actions in a safe pregnancy and delivery plan on our finger tips. With 'Sing and Do' Mama SMAGs are encouraged to compile songs on key topics, such as the maternal danger signs, or 'Zero Tolerance for Wife Beating', using the local language. Mime can be used to act out key issues and actions while the song is sung.

Regardless of their gender, ethnicity, socio-economic status, experience, education and literacy, core trainers and Mama SMAGs can effectively use Say and Do and Sing and Do activities as an easy way to remember the information they want to communicate, even in sites lacking electricity, multimedia projectors or chalkboards. Moreover, because they are enjoyable to watch and to learn, members of the community usually find it easy to pass on what they have learnt to their families and peers.

## **What Steps Need to be Taken Before the Community Discussions Begin?**

Advocacy visits to traditional leaders at district and community level, as well as awareness-raising events at community level, are needed to introduce communities to the community engagement approach. These visits and events are essential first steps in the community mobilization approach since they help create and sustain volunteer and community commitment to improving the maternal and newborn health situation. They also provide an opportunity for communities to nominate Mama SMAGs and volunteer emergency transport scheme riders.

## **What Ongoing Support is Provided to Participating Communities?**

In the MAMaZ-supported intervention sites, teams made up of staff from the District Health Management Teams, from the health facilities in the intervention areas, and from the MAMaZ district teams, provide ongoing coaching and mentoring support to communities as they participate in the community discussion groups. Communities are also supported to establish community systems to tackle maternal and newborn health related barriers. At first, the level of support needs to be intensive, with support visits to communities ideally taking place every week. After four weeks, these visits can shift to being monthly, and after 12 months (or as soon as the community discussion process has been completed and community emergency systems are functioning) these visits can switch to being quarterly. To ensure that the community engagement work is sustained, the idea is that the DHMTs gradually take over responsibility for providing ongoing support to the intervention communities.

## **What Other Support is Required From the District Health Management Teams?**

It is possible to intervene effectively at community level and create significant demand for maternal and newborn health services. However, unless services are available when needed and are of good quality, these efforts may be in vain. Health facilities that do not have skilled birth attendants, or that lack essential supplies and equipment, will have a negative effect on demand, while rude or unhelpful health staff will scare clients away. In addition, unofficial fines (such as those introduced for home delivery in many of the MAMaZ-supported districts) can have a damaging effect on community willingness and ability to use health services. It is therefore essential that community level efforts to create demand for and to build trust in health services are supported by other efforts at district level to improve the supply and quality of services.



# MODULE 1: Safe Pregnancy and Delivery



# Session 1: Our Need and Right to Good Maternal Health Services

→ **Time:** 2 Hours

→ **Objectives**

At the end of this session participants will:

- Have an understanding of the objectives of the Community Group Discussion sessions and their content.
- Begin to feel comfortable as participants in the Community Group Discussions.
- Have felt the need to improve mothers' access to emergency maternal care and institutional delivery.

## Session 1 Topics

### Our Need and Right to Good Maternal Health Services

Topic	Method
1. Welcome to our Community Discussion Group	Presentation
2. Our Concerns About Maternal Health Care	Discussion
3. Group Rules	Discussion
4. Sad Memories – Reasons Why Mothers Didn't Get Emergency Maternal Care	Experiences/ Discussion
5. Our Need and Right to Good Maternal Health Services	Presentation
6. Reasons Why we Delay Taking Women to the Health Centre	Small group discussions
7. Learning about the Emergency Transport System	Presentation
8. Commitments for Reducing Maternal Delays	Reflection and commitment
9. Helping the Most Vulnerable Use the Emergency Transport System	Presentation/ Reflection and commitment
Circular review: "Today I learned that..."	Discussion
Closing: Encourage participants to discuss with friends and relatives. Topics for next session.	Presentation

## Topic 1: Welcome to our Community Discussion Group

### Positioning

Ask participants to sit in a circle so that everyone can see everyone else easily without any tables or desks. This will be the usual position for the sessions.

### Introduction

- My name is \_\_\_\_\_ and I live in (name your community or section of the community).
- I am a Mama SMAG – Mama SMAGs are the community volunteers helping pregnant women and women who are newly delivered in our communities.
- My role will be to facilitate our discussions.
- Introduce your co-facilitator.

### Presentation

We are meeting together to discuss:

- Ways we can help reduce maternal deaths in our community. A maternal death is death occurring when a women is pregnant, delivering a baby, or in the first 42 days following childbirth.

### QUICK REFERENCE FOR TRAINERS

#### What is Maternal Emergency?

A maternal emergency is when a woman who is

- Pregnant
- Delivering her baby or
- In the first 42 days after childbirth

experiences a problem or complication and must be rushed to the health centre immediately.

- Our delays in getting to the health centre for emergency maternal care (EMC). A maternal emergency is a medical emergency that requires hospital care for complications in women who are pregnant, delivering a baby or in the first 42 days following childbirth.
- Ways we can support women in our community to deliver their babies in a health centre.
- The efforts of the District Health Office to help us have good maternal health care services.
- We will meet together for four sessions to find ways to ensure that women in our community are supported to have a safe pregnancy and also to prepare for a safe delivery.

## Topic 2: Our Concerns About Maternal Health Care Services for Women in Our Community

- We will start by introducing ourselves. When you introduce yourself say the name you want us to call you and tell us one concern you have about our women receiving maternal health care services – that is health care services during pregnancy, childbirth and the first 42 days following childbirth.
- I will start with myself.
- My name is \_\_\_\_\_. One concern I have about women in this community receiving maternal health care services is \_\_\_\_\_.
- Just as I have done, we will all take turns to introduce ourselves and say one concern we have about women receiving maternal health care services during pregnancy, delivery and the first 42 days following delivery. The participant to my right will continue with the introductions and voice their concern until every one of us has introduced herself or himself.

### Topic 3: Group Rules

#### Discussion

To ensure that we all benefit from our group discussions, we have to agree on some rules.

**When our babies cry, what will we do?**

*Possible Response:* Put them to the breast or leave the group until the baby is quiet.

**When someone comes late, what should s/he do?**

*Desired Response:* Do not disturb the group. Join the group quickly and quietly without greeting people.

**When someone is talking, what will we do?**

*Desired Response:* Listen to the person talking and not talk to anyone else.

**What is our agreed time for meeting for our four discussion sessions?**

#### Summary

Summarise the agreed ground rules.

### Topic 4: Sad Memories: The Reasons Women Did Not Get Emergency Maternal Care



#### Positioning

Pairs sit in a circle and count off. Count off 1, 2; 1, 2; 1, 2, etc. Each person who called "1" turns to the person who called "2" on their right and asks her/him to form a pair by facing each other.

#### Pairs Discuss

Remember our sisters, mothers, daughters, and friends who died or were harmed during pregnancy, childbirth or after childbirth. Tell your partner what happened. We will discuss for 3 minutes.

#### Volunteers Share

Will some volunteers please share your sad memory with the group?

#### Question for Discussion

In our sad memories, what was it that prevented the women from getting emergency care at the health centre or hospital on time?

#### Instructions for Trainers

Allow participants to discuss what they remember and think are the causes of the delays. The participants will probably mention most of the "reasons we didn't rush" that are listed below. If the participants omit any of the reasons listed below, tell them that the group will discuss a few other "reasons we didn't rush" later in the session.

### Possible Responses

- No one knew that the woman was in serious danger.
- The family did not decide on time to take the woman to the health centre/hospital.
- Transport was not available, was too costly or took too long to arrange.
- Distance to the health centre or hospital was too far and the pregnant mother and her family did not start on time.
- They feared that the mother might die before reaching the health centre.
- The family sought emergency care first from the TBA or traditional healer.
- The mother and her family members didn't believe the health centre could save her life and the baby's life.

### Summary

- Our sad memories have reminded us of what can happen if we delay in rushing our wives, daughters, sisters and other women in our community who have maternal complications during pregnancy, delivery and in the first 42 days following childbirth to the health centre.
- The life of a woman suffering a maternal emergency, and also the life of her unborn baby, can be saved by getting timely medical care at the health centre.

## Topic 5: Our Need and Right to Good Maternal Health Care Services

### Presentation

- The **District Health Office** recognises our need and your right to good EMC. The district is improving services to ensure that women with complications/problems during pregnancy, delivery and in the first 42 days following delivery receive good health care in the following health facilities and hospitals in our district: **(Name the nearest EOC sites)**. These are some of the things the District Health Office has done and is still working on:
  - **Health staff:** Efforts are being made to ensure that the right health staff are in the right place at the right time.
  - **Special training:** In the health centres/hospitals that are equipped to deal with maternal emergencies (the BEOCs and CEOCs – see below) health staff have received special training on how to provide urgent care to women with a maternal emergency so that their lives and the lives of their unborn babies can be saved.
  - **Equipment:** The health facilities will be given equipment to help the health staff do their work better.
  - **Supplies:** Essential supplies to deal with emergency maternal cases are being provided.
  - **District ambulance service:** This moves women from a health centre to the hospital. Priority is given to emergency maternal care cases.



## QUICK REFERENCE FOR TRAINERS

### What is EOC, BEOC, CEOC?

EOC, or emergency obstetric care, is the care that women need when they suffer a maternal complication

In the district, at least one large hospital provides comprehensive emergency obstetric care (CEOC), in other words, all the care that a woman might need if a complication occurs. This includes caesarean section and blood transfusion.

Several other health centres in the district provide basic emergency obstetric care (BEOC), in other words life saving care that can make the difference to a woman's life. If the BEOC cannot deal fully with the complication, it can stabilise the patient while she is transferred to the CEOC.

### Health Centres and Hospitals Serving this Area

**Instructions:** Fill in the names of the health centres and hospitals that are equipped to deal with maternal emergencies in your catchment area

Health Centre/Hospital Name	Location
CEOC:	
BEOC:	
BEOC:	

- **Mama SMAG:** Some of our community members have volunteered to support safe motherhood work in the community. They will be liaising with the SMAGs, the Neighbourhood Health Committee and the District Health Office. They are commonly known as 'Mama SMAGs' :
  - There are x [state number] Mama SMAGs in this community and they work in groups in each section of the community
  - These are the names of the Mama SMAGs working in our section of the community

### Instructions for Trainers

Fill in the names of the Mama SMAG pairs working in this section of the community.

Name of Mama SMAG Pairs	Address

**Emergency Transport System:** The District Health Office is working hard to improve the transport system in order to reduce the delays caused by long distances and lack of transportation.

- A motorcycle ambulance has been placed at the health centre (mention this and name the BEOC if a motorcycle ambulance has been provided).
- Bicycle ambulances/oxcarts/donkeys and carts (delete where relevant) have been given to our communities.
- The Mama SMAGs will work with the health centre staff and community members to ensure that the emergency transport support provided by the District Health Office will help women get access to timely transportation for EMC cases.

## Topic 6: Reasons Why We Delay Taking a Woman to the Health Centre When There is a Maternal Complication

### Experience Sharing

We will now discuss the reasons we delay taking the woman to the health centre when there is a maternal emergency.

### Questions for Sharing Experiences

Who raises the alarm or calls for help when a woman has a maternal emergency?

*Possible Answers:*

- Female family members.
- A shout from the woman in danger.
- Woman in danger has been indoors for longer than usual.
- A small child comes out of the room calling for help.
- A distress call from the traditional birth attendant (TBA) or other women in the compound.
- Sometimes the husband raises the alarm.

Do we always raise the alarm/ call for help on time? Why not? What are the reasons for the delay?

### Positioning for Small Group Reflection

Follow the instructions below about appropriate positioning. Instruct participants to form groups.

Participants sit in a circle and form Small Groups of 3 participants. Form the groups of three the same way we formed our pairs. Count off 1, 2, 3; 1, 2, 3, etc. The number 1 participants turn to the right and ask the number 2s and 3s on their right to form a group. The group faces each other. Each group chooses a reporter who will share the group's responses with everyone.

### Question for Small Group Discussions and Report

Now we will discuss in our groups the reasons why family members do not always call for help on time and therefore delay taking the woman to the health centre or hospital when there is a maternal emergency.

*Possible Responses*

- People don't know the danger signs.
- The woman did not attend ANC and fears that she might be fined.
- Woman did not go to the health centre for delivery and fears that health providers will scold her.
- Some women delay disclosing that labour has started because they believe they need to be strong, or they do not want people to wait on them for long.
- The mother and her family call a TBA or the women who help with delivery for assistance.
- Some TBAs and other birth attendants delay telling that the woman is in serious danger and should be taken to the hospital/health centre quickly.
- People fear that they might not find transport and the woman will suffer too much discomfort and could die on the way to the health centre or hospital because the distance is far.

## Summary

- Together we have recalled from our various experiences that we do not always call for help on time when there is a maternal emergency.
- We have also recalled some of the reasons why we delay calling for help.
- These are some of the challenges we will be addressing in the safe motherhood community work so that maternal and newborn deaths and illnesses will be reduced in our communities.

## Topic 7: Learning About the Emergency Transport System

### Presentation

- We have learnt that there is now an emergency transport system at the health centre (**name the BEOC**) that could be used to transfer women having a maternal complication to the health centre.
- The emergency transport system is called the 'ETS'.
- We also know that we have a bicycle ambulance/ox cart/donkey cart/boat in our community to transfer women with a maternal complication to the health centre without delay.

### Instructions for Trainers

Explain the agreements reached with the community on how the emergency transport should be accessed. Explain the role of the Mama SMAGs in helping to manage the community emergency transport system. The notes in the box below may need to be adapted, depending on what has been agreed in individual communities.

## PRESENTATION

### How to Access the Community ETS In the Event of a Maternal Emergency

In this community there is a bicycle ambulance/ox cart/donkey and cart/boat *[delete as appropriate]* that can be used when a maternal emergency happens. The bicycle ambulance/ox cart/donkey and cart/boat is managed by the Mama SMAGs. All members of the community should know the following at all times:

- Where ETS riders live.
- Whether each of the ETS riders is present in the community.
- Who they should approach if their nearest ETS rider is away.

When a maternal emergency happens, community members should do the following:

- Go immediately to the home of an ETS rider and let them know that the ETS needs to be activated.
- Ask the ETS rider to quickly notify the Mama SMAG about the emergency and to get permission to use the bicycle ambulance/ox cart/donkey cart/boat.
- Ask the ETS rider to quickly notify other riders who will be accompanying the patient to the health centre.
- Urge the ETS rider to set out to the health centre without delay.



## Instructions for Trainers

Also explain the agreements reached with the health facility on how the motorcycle ambulance service should be accessed. Explain the role of the Officer in Charge and other key contact persons at the health facility in managing the motorcycle ambulance service.

### PRESENTATION

#### How to Access the Motorcycle Ambulance in the Event of a Maternal Emergency

Some local health centres have a motorcycle ambulance that can be used when a maternal emergency occurs. The motorcycle ambulance service is managed by the Officer In Charge of the Health Centre.

Members of the community can access the motorcycle ambulance service by:

- Going in person to the health facility and asking for the facility ETS to be activated.
- Phoning the contact person for the ETS at the health facility and asking for urgent attention [this is only possible in areas where there is mobile coverage].

The motorcycle ambulance service should only be activated in the following instances:

- When the patient cannot be moved – and requires urgent attention by a trained medic at community level.
- When the community is reasonably close to the health centre, and where it would be quicker to call the motorcycle ambulance rather than to use a bicycle ambulance or other forms of community-based ETS transport.
- When the motorcycle ambulance could meet the community ETS (ox cart, bicycle ambulance, donkey and cart or boat) part way to the health facility, therefore saving precious time in getting skilled care to the patient.

## Topic 8: Commitments to Ensure Women can be Transported to Health Centre Without Delay

### Presentation

We will now discuss how we can ensure that women are transported by the emergency transport system without any delay.

### Positioning

Form small groups with three participants by counting 1, 2, 3; 1, 2, 3 etc. Small groups of three sit in a circle facing each other.

### Groups Discuss for 20 minutes

As family members, what can we do to ensure that women having a maternal complication in our families can access the emergency transport system without delay?

As community members, what can we do to ensure that women having a maternal complication in our settlement can access the emergency transport system without delay?

### Volunteers Share

Will one volunteer from each group share with your suggestions with us?

### Instructions for Trainers

Allow participants to suggest how they can access emergency transport for women having a maternal complication in line with the guidelines agreed by the Mama SMAGs, the health centre, the district health office and the community.

Suggestions should include:

- Ways to reach a Mama SMAG in the settlement.
- Getting family members or community members to escort the woman to the health centre.
- Getting family members or community members to look after the other children in the absence of the mother.
- Identifying and supporting the most vulnerable and the socially excluded women in the settlement to access the emergency transport system.





## Topic 9: Helping Vulnerable Women to Access the Emergency Transport System

### Presentation

We will now discuss how we can help women who need the most help to access the emergency maternal care transport support system.

Are there women in our settlement who are less likely to have access to the emergency transport system? Why is this? Who are these individuals?

*Possible Responses:*

- Women living in hilly/remote/flooded parts of the settlement.
- Young unmarried adolescents.
- Women whose husbands do not live in the settlement.
- Women without female family members in the settlement.
- Women who lack the support of their families.

## PRESENTATION

### Vulnerability and Social Exclusion

Studies undertaken by MAMaZ and district health staff have identified some processes that lead or contribute to social exclusion or vulnerability among some women. These include:

- **Male drunkenness** and its links to **domestic violence**. This can affect a woman's capacity to care for herself and her children. It can lead to lack of self-confidence, depression, and also stigma and social exclusion.
- General **lack of support of women**. There may be other reasons why women lack the support of their husbands and wider family. This could be due to marital conflicts; jealousy; disputes over land; unreasonable behaviour; or women being punished for mistakes they have made in the past.
- The **fragmentation of communities** as a result of migration for farming purposes (e.g. in areas where Chitemene farming is practiced in Serenje, or on and off the plains in Mongu). This has the potential to separate women from important social and economic safety nets.
- Pregnancy among **unmarried mothers**.
- **Polygamy** and the possible neglect of selected co-wives.

As community members what can we do to help women in our settlement who are vulnerable or socially excluded to access the ETS without delay?

### Instructions for Trainers

Encourage discussion group participants to suggest practical and feasible ways to identify and support women who are likely to be socially excluded. The Mama SMAGs have an important role to play in organising this support. Suggestions agreed by the group should be noted and regularly reported on.

### Summary

- We can make it easier to rush our wives, sisters and women in our communities, including the vulnerable and the excluded, to the health centre so they will no longer die from pregnancy complications by working together as a community to put our recommendations into actions.
- We will be doing this in the course of these four group discussion sessions.

**Circular Review: Today I learned that...**

Participants recall the main points of the session.

### Positioning

Participants stand in a circle.

### Instructions for Trainers

- We will go around the circle sharing with each other what we learned today.
- Facilitator demonstrates by announcing: “Today, I learned that everyone, not just pregnant women, needs to know about how to access the ETS.”
- Facilitator asks the participant to her/his right to imitate her/him by saying: “Today, I learned that ...”
- Facilitator asks the next person in the circle to follow the example.
- Activity: Each participant takes her/his turn.
- Facilitator thanks everyone.

### Closing

Encourage participants to discuss the issues raised during this session with relatives and friends.

### Presentation

- **Date, Time, Place:** Remind participants of the date, time and place for the next Group Discussion.
- **Tell Participants the topic** for the next session.
- **Encourage Sharing:** Encourage participants to share with their relatives and friends some of our discussion.
- Share with at least two people.
- Share with many people.
- **Ask Participants to Be Prepared to Report:** Tell participants that you will ask them what they discussed with their relatives, friends and other people at the next session.

### Topics to Share

#### Topics to Share With Relatives and Friends

- Sad memories about the reasons our mothers did not get emergency maternal care
- What the district is doing to improve maternal health services
- The work of the Mama SMAGs
- The emergency maternal care transport support system and how to access it
- How we can ensure that no woman is left out of the emergency transport support system

#### Topics for Next Session

- Danger signs that mean we must rush the woman to the hospital
- Care during pregnancy



# Session 2: Maternal Danger Signs and Care During Pregnancy

→ **Time:** 2 Hours

→ **Objectives**

At the end of this session, participants will:

- Recognise how women can be supported better through pregnancy.
- Understand that knowing the maternal danger signs can speed decision-making when a maternal complication occurs.
- Feel confident that they know the maternal danger signs and begin to feel responsible for ending delays by planning for maternal emergencies.

## Session 2 Topics

### Maternal Danger Signs and Care During Pregnancy

Topic	Method
Our discussions with spouses, relatives and friends: share what was discussed	Review
1. Recalling Signs of Danger Before a Maternal Death	Experiences
2. Learning the Maternal Danger Signs	Presentation Say & Do poses
3. Responding to Mistaken Beliefs that are Causing Delays	Discussion Presentation
4. Benefits of ANC and Helping Pregnant Women and Their Families Overcome the Barriers to Use of ANC	Discussion Group discussion Say & Do poses
5. Helping Women Remain Well During Pregnancy	Presentation Sing & Do practice
Circular review: Today I learned that...	
Closing: Encourage participants to discuss with relatives and friends. Topics for next session	Presentation

## Presentation

Welcome to **Session 2** of our community discussion group.

In this session, we will:

- Learn the signs that will tell us that the life of a pregnant woman, a woman delivering a baby or a woman in the first 42 days after childbirth is in danger and she needs to be rushed to the hospital.
- Discuss the beliefs that prevent us from recognizing that the danger signs are really dangerous.
- Discuss the need for care during pregnancy and how we could use our new knowledge to support pregnant women and their families.
- But first, let's remind ourselves about what we learnt in our last emergency maternal care discussion session, the session on "Our need and right to good maternal health care services". We will also share what we discussed with our family members and friends, and members of our communities.

Let us review our discussions with spouses, family members, friends and members of our communities

## Instructions for Trainers

In each session encourage 3-4 volunteers to share their discussions. At each meeting, encourage new volunteers to share.

## Positioning

Participants sit in a circle.

- I hope you all shared our discussions with your spouses, relatives and friends. Please share with us your discussions. What did you tell them?
- **Let us recall the previous session:**
  - The reasons our mothers failed to get emergency maternal care in the health facility or hospital.
  - The reasons why women having a maternal emergency are not always taken to the health centre on time.
  - The emergency transport system and the work of the Mama SMAGs.
  - Ways to ensure that women in our families and in the community are transferred to the health centre without delay when there is a maternal emergency.
  - Ways to ensure that the most vulnerable and the excluded are supported to access the emergency maternal care transport system.

Summarise the main points made by the discussion group participants giving feedback.



## Topic 1: Recalling Signs of Danger Before a Maternal Death

### Experiences

Let's think of some experiences we have had and even some of the sad memories we shared earlier in this group discussion.

Let us think of those experiences, and what we have seen in women who had a maternal emergency during pregnancy or childbirth or in the first 42 days following childbirth.

**What happened that told you the woman had problems and her life and/or the life of her unborn child was in danger?**

#### *Possible Responses*

- Mother bled.
- Mother was still in labour after a whole day and night.
- Parts of the baby presented first, etc.
- Placenta did not come out.

## Topic 2: Maternal Danger Signs

### Presentation

- Together we have recalled from our various experiences some maternal danger signs. That is signs that tell us pregnant woman, a woman delivering a baby, or a woman who is in the first 42 days following childbirth is in danger and needs emergency care at the hospital.
- The doctors have identified 8 danger signs to watch out for during the maternal period from the beginning of pregnancy, during childbirth and after childbirth for the first 42 days.
- A woman who has any of these 8 signs before, during or after childbirth must be rushed to the health centre or hospital. The health staff can save her life and her baby's life.
- We will now learn the danger signs using demonstration. This will enable us to learn faster and also help us teach family members and friends.

### Instructions for Trainers

Use the rapid imitation method to teach the maternal danger signs.

The **rapid facilitation imitation method** described below ensures that each participant learns how to demonstrate each maternal danger sign. Repeating the demonstration of each sign makes it easier for participants to easily remember and recall the danger signs.

1. Facilitator says she/he will lead and asks participants to imitate her two times.
  - Facilitator demonstrates a sign.
  - Participants imitate facilitator 2 times.
2. Participant demonstrates:
  - Facilitator notes a participant who is doing a sign well and asks her/him to move one step into the circle in order to demonstrate the sign.
  - Facilitator asks participants to imitate the participant demonstrator 2 times.
  - Participant leads everyone 2 times.
3. Volunteers demonstrate each sign:
  - Facilitator asks for volunteers to demonstrate a sign.
  - Volunteer moves one step into the circle and demonstrates a sign.
  - Volunteer leads everyone 2 times.
4. Facilitator leads all the participants to demonstrate the key danger signs together.
  - Participants imitate her/him 2 times.
5. Practice each danger sign pose, one at a time.
  - Continue using this rapid imitation method until all the dangers signs poses have been learned.

## 'SAY AND DO' DEMONSTRATION

### The Eight Maternal Danger Signs Poses

#### *Instructions for Trainers*

- Trainers need to learn the 8 maternal danger sign poses in advance of this session.
- While the actions are being demonstrated, Mama SMAGs will say what the pose is several times e.g. "Fever. Fever with foul smelling discharge; Fever. Fever with foul smelling discharge; Fever. Fever with foul smelling discharge."

1. **Fitting:** Hold your hands up in the air and let your head fall to one side while shaking your hands and whole body.
2. **Swollen feet, hands and/or face:** Touch the places that will be swollen one after the other. Touch the top of your foot; hold one of your wrists; put your hands on the sides of your face and puff up your face.
3. **Severe headaches:** Hold the side of your hand on your forehead pretending to have a terrible headache.
4. **Fever/chills (with or without foul smelling discharge):** Cross your arms on your shoulders and shiver; then hold your hands flat, face down above your lap and push away from your body to show that there is flow away from the womb; wave your right hand down from your lap area with a facial expression of a foul smell to show that the flow from the womb has an offensive odour.
5. **Severe Bleeding:** Hold your hands flat, face down above your lap and push away from your body to remind us that the blood flows away from the womb.
6. **Prolonged labour (more than 12 hours):** Put your two knees on the floor, hold tightly to the right side of your waist, press your left hand on the floor and wriggle in pain.
7. **Hand, foot or cord comes out first:** Push your right hand out in front of you; push your foot out in front. Pull your hand out from your belly button.
8. **Placenta does not come out 30 minutes after childbirth:** Be on your two knees, hold out your two hands in a receiving position above your lap and open out with an expression on your face showing anxiety.



## QUICK REFERENCE FOR TRAINERS

### Maternal Danger Signs in Bemba<sup>1</sup>

- **Ukusamfula**  
Fitting
- **Ukufimba amolu, amaboko na kumenso**  
Swollen feet/hands and or face
- **Umutwe ukukalipa sana**  
Severe headache
- **Umubili ukukaba, ne filefuma ku bwanakashi filenunka sana**  
Fever with foul smelling discharge
- **Umulopa ukufuma sana**  
Bleeding
- **Ukukokola ukupapa papita nama hours ayali 12**  
Prolonged labour, labour lasting for more than 12 hours
- **Umwana atangisha ukulu, ukuboko, umutoto, ne filundwa fimbi ifya mubili ilyo umutwe taulafuma**  
Foot, hand, cord or any other part of the body coming out first before the head
- **Chinamala chakokola ukufuma apompapile papita nama mineti 30 tachilafuma**  
Delayed placenta. Placenta does not come out 30 minutes after delivery.

## QUICK REFERENCE FOR TRAINERS

### Maternal Danger Signs in Tonga<sup>2</sup>

- **Kuganyana**  
Fitting
- **Kuzimba mau, maanza, a ku busyu**  
Swollen feet, hands and/or face
- **Mutwe kucisa maningi**  
Severe headache
- **Mubili kupa a kuzwa bwema ku bukaintu**  
Fever with foul smelling discharge
- **Kuzwa bulowa maningi**  
Bleeding
- **Kumyongwa kwa ciindi cilamfu kwiindilila maoola a alikumi atubili**  
Prolonged labour, labour lasting for more than 12 hours
- **Cituta, janza, lukombokombo, na cibeela ciimbi ca mubili kusolola kuzwa, mutwe tauna zwa**  
Foot, hand, cord or any other part of the body coming out first before the head
- **Camachembele kumuuka kuzwa kwiindilila cisela caoola mukaintu katumbukide kale**  
Delayed placenta. Placenta does not come out 30 minutes after delivery.

<sup>1</sup>For audiences in Serenje and Mkushi Districts.

<sup>2</sup>For audiences in Choma District.

## QUICK REFERENCE FOR TRAINERS

### Maternal Danger Signs in Lozi<sup>3</sup>

- **Kunyakaula**  
Fitting
- **Kululuha mahutu, mazoho ni sifateho**  
Swollen feet, hands and or face
- **Kuopa ahulu toho**  
Severe headache
- **Kucisa mubili, ni kuzwa zenuka kwa busali**  
Fever with foul smelling discharge
- **Kuzwa ahulu mali**  
Bleeding
- **Kunyapisa ahulu nako ye telele kufitelela li hora ze 12**  
Prolonged labour, labour lasting for more than 12 hours
- **Lihutu, lizobo, mukubu silamasifikapasifi kuzwa pili kwanda toho**  
Foot, hand, cord or any other part of the body coming out first before the head
- **Kuliyeha kuzwa ndu ya mwana kufitelela mizuzu ye mashumi amalalu**  
Delayed placenta. Placenta does not come out 30 minutes after delivery.

### Summarise

- Today we have learnt about the 8 maternal danger signs. These are (mention signs).
- When any of these signs is identified, the woman must go immediately to the health facility.
- Everybody in the community should learn the danger signs. This includes community leaders, teachers, business persons, all men, women, young adults and even children.

## QUICK REFERENCE FOR TRAINERS

### Remember the 8 Maternal Danger Signs

1. Fitting
2. Swollen feet, hands and/or face (fitting may start soon)
3. Severe headache (fitting may start soon)
4. Severe bleeding
5. High fever after childbirth
6. Labour lasting more than 12 hours
7. Hand, foot or cord comes first
8. Placenta still has not come out after 30 minutes

<sup>3</sup>For audiences in Mongu and Kaoma Districts.



### Topic 3: Responding to Mistaken Beliefs that are Preventing People From Rushing a Woman with Danger Signs to the Health Centre

#### Discussion

Let's consider each danger sign one by one and discuss:

- What do people say about these signs? What do they believe?
- Now that we have learnt what the doctors say about these signs, how can we help to save lives?
- How can we respond to these mistaken beliefs?

#### Instructions for Trainers

The purpose of this discussion is to allow participants to bring forward local beliefs and to consider modern reasons why they should rush women to the health centre or hospital despite these beliefs. Let participants share their local beliefs and then present the modern perspectives.

#### Fitting:

What do people say about fitting?

*Possible Response: "Fitting is the result of witchcraft".*

*What do we, community members with new knowledge on maternal health, say in response to beliefs about fitting?*

*Fitting during pregnancy, delivery or after delivery is not the result of witchcraft. It is a serious but treatable problem that can be dealt with at a health facility if the woman is taken there quickly.*

#### Swollen hands and feet:

What do people say about swollen hands and feet?

*Possible Response: "Swollen feet are because a woman is pregnant with twins."*

*As community members with new knowledge on maternal health, what do we say in response to beliefs about swollen hands and feet?*

*Swollen feet are a reaction of the body to the pregnancy. Often it is a sign that the pregnant woman will begin fitting if they do not get special medicine from the health centre. So we should not delay. We should take the pregnant woman to the health facility quickly.*

#### Severe headache:

What do people say about severe headache?

*Possible Response: "Some people say it is caused by fever (malaria) and so it is nothing to worry about".*

*As community members with new knowledge on maternal health, what do we say in response to beliefs about severe headache?*

*In pregnancy severe headache is often a sign that the mother may start fitting soon. If she has fever, malaria may be the cause of her headache. Malaria can kill the baby in the womb even if the mother gets over the fever. Rush her to the health centre or hospital. The health worker will be able to determine if her headache means she will start fitting or if her headache is from malaria. Don't wait for fitting to start! Rush her to the health facility.*

#### Fever/chills (and/or foul smelling discharge) in the days after childbirth:

What do people say about fever/chills in the days after childbirth?

*Possible Responses:*

- "It is normal for a woman to have a fever/chill after delivery. This is a normal part of giving birth"
- "Fever after delivery is malaria."

As community members with new knowledge on maternal health, what do we say in response to beliefs about fever/chills in the days following childbirth?

*An infection in the birth canal and the womb causes this fever. It is very dangerous for the woman. The woman needs special medicine from a health centre or hospital to prevent the fever from causing death or sterility. A sterile man or woman can never have a baby again. Rush her to the hospital. Do not delay. The infection can spread to the narrow tube that carries the mother's egg to meet the man's sperm. If the infection blocks the tube, then the mother cannot become pregnant.*

### **Too much bleeding:**

What do people say about too much bleeding?

*Possible Responses:*

- “The heavy bleeding is good. She will give birth to a baby boy.”
- “The bad blood needs to get out of her body; otherwise she will have stomach pain.”
- “Women always bleed a lot when they deliver.”

As community members with new knowledge on maternal health, what do we say in response to beliefs about too much bleeding?

*A small amount of bleeding is normal during childbirth. However, any bleeding during pregnancy is abnormal. Too much bleeding during pregnancy, during delivery or after delivery can kill a woman in a few hours. Rush her to the health facility. The health staff can stop the bleeding and, if necessary, replace the lost blood.*

### **Labour lasts more than 12 hours:**

What do people say about prolonged labour?

*Possible Responses:*

- “The husband has been unfaithful when the wife is pregnant therefore labour goes on for a long time and she may die.”
- “The pregnant woman has been standing on the door way a lot.”

As community members with new knowledge on maternal health, what do we say in response to beliefs about prolonged labour?

*When labour lasts for more than 12 hours it usually means that the woman cannot give birth alone. Her body shape may be preventing the baby from coming out; she may be weak and unable to deliver without assistance; or the baby may be lying the wrong way, preventing its exit. Any labour lasting more than 12 hours is dangerous. Rush the woman to the health facility immediately. Do not delay.*



### Umbilical cord, a hand or feet come first before the baby's head:

What do people say about umbilical cord, hand or feet come first before the baby head?

*Possible Response:* "Community members are jealous and they want to punish you or your husband."

As community members with new knowledge on maternal health, what do we say in response to beliefs about umbilical cord, hand or feet coming first before the baby's head?

*Trained health staff can save the life of the mother and baby when the baby is lying in the wrong position. Rush her to the hospital.*



### Placenta does not come out within 30 minutes:

What do people say if the placenta does not come out within the first 30 minutes of birth?

*Possible Responses:*

– "This is normal. It can easily be dealt with by a TBA."

– "Push a wooden spoon down the woman's throat to force her to vomit and force the placenta out."

**As community members with new knowledge, what do we say in response to beliefs about placenta does not come out within 30 minutes of birth?**

*It is dangerous to leave the placenta or part of it inside the mother. Trained health staff can remove it safely without any danger to the mother. They can save the life of the mother. Rush her to the health facility.*

### Discussion & Commitment

We have come together to discuss these ideas, and learned more about how to help reduce deaths of mothers in our communities.

**With our new knowledge, what do we do if our wives, sisters and community members show any one of these signs during childbirth?**

*Desired Response:* "We rush them to the hospital without delay."

## Topic 4: The Benefits of ANC and Helping Pregnant Women and their Families Overcome Barriers to Use of ANC

### Discussion

What does the health worker do during ANC that protects the life of the mother and the newborn in the womb?

*Desired Responses:*

- The health worker checks the progress and position of the newborn; and estimates the delivery date.
- The health worker provides medicines to prevent anaemia and malaria.
- The health worker provides advice on food and rest.
- The health worker tests for HIV/AIDS and sexually transmitted diseases and provides counselling and advice.

## Presentation

### 'SAY AND DO' DEMONSTRATION

#### The Benefits of ANC

##### *Instructions for Trainers*

Use your fingers to count off the 5 items you want to discuss during your presentation.

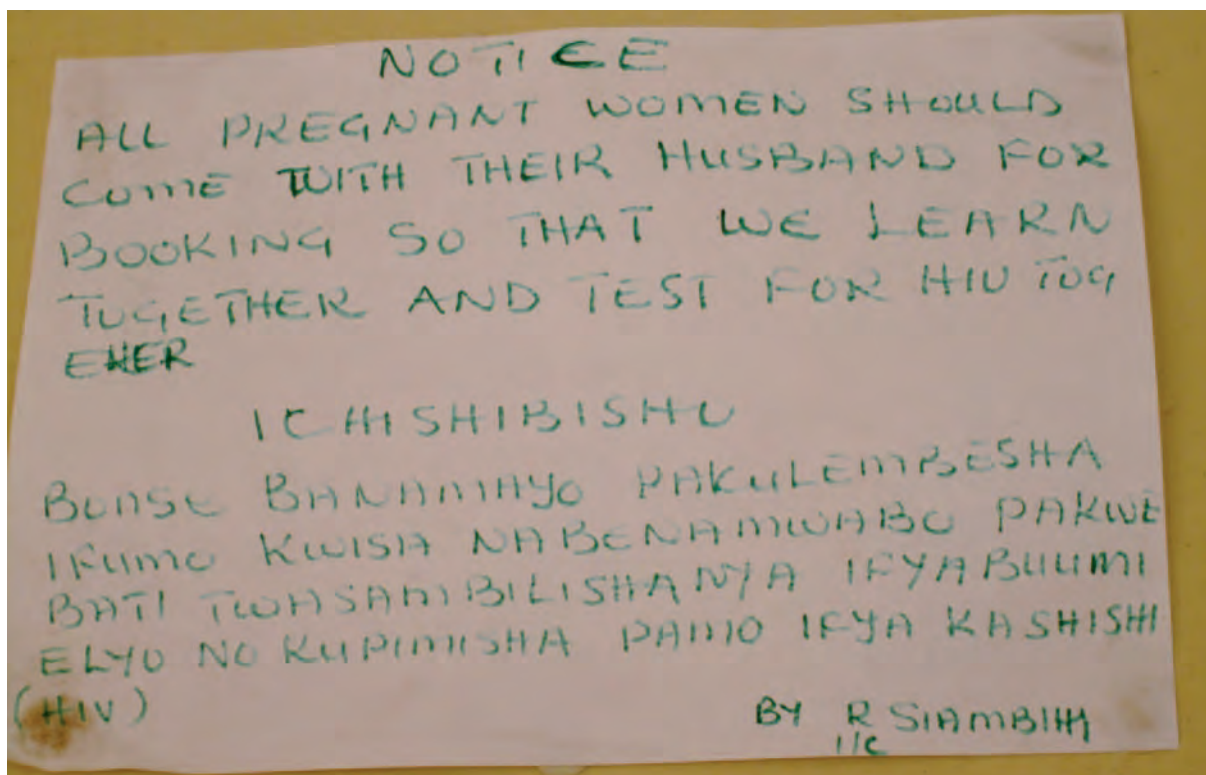
Health Worker Activities at ANC	Say & Do
<p><b>a) Checks the progress and position of the baby; ensures the baby is growing well</b></p> <ul style="list-style-type: none"> <li>• Weighs and palpates her</li> </ul>	<ul style="list-style-type: none"> <li>• Move your hands around the abdomen; hold your hand out in front of your abdomen in order to show the growing baby</li> </ul>
<p><b>b) Tests for diseases</b></p> <ul style="list-style-type: none"> <li>• Tests for high blood pressure</li> <li>• Tests her blood for sexually transmitted infections, including HIV</li> <li>• Tests her urine for diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• Hold hand around your arm at the blood pressure cuff site</li> <li>• Prick your finger with your fingernail for blood</li> <li>• Move your hand in the direction of urine flow</li> </ul>
<p><b>c) Gives medicine to prevent diseases</b></p> <ul style="list-style-type: none"> <li>• Immunization</li> <li>• Anti-malaria pills to prevent malaria</li> <li>• Pills to improve blood quality</li> </ul>	<ul style="list-style-type: none"> <li>• Jab your left arm</li> <li>• Shiver</li> <li>• Pull eyelid down to show paleness of anaemia</li> </ul>
<p><b>d) Diagnoses and treats problems before they get serious</b></p> <ul style="list-style-type: none"> <li>• Blood pressure test warns about fitting; the health worker can then give medicine and if necessary refer to hospital</li> <li>• Palpations warns about breech presentation; the health worker can then help move the baby</li> <li>• Diabetes makes the baby big; the women might need medicine, to change her diet, or require a hospital birth</li> </ul>	<ul style="list-style-type: none"> <li>• Hold hand around part of arm where blood pressure taken</li> <li>• Move hands back and forth across the abdomen</li> <li>• Hold hands up to show big baby</li> </ul>
<p><b>e) Gives health talks on:</b></p> <ul style="list-style-type: none"> <li>• Foods to eat</li> <li>• Need for rest</li> <li>• Avoid all drugs except those given by a health worker. Some drugs can harm the growing baby.</li> <li>• Danger signs and planning for maternal emergencies.</li> <li>• Birth spacing benefits and methods – avoid a pregnancy while feeding a baby.</li> <li>• Deliver at the health facility for the safest delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• Put your hand to your mouth</li> <li>• Rest your head on your hands</li> <li>• Shake your head to show “No”</li> <li>• Do severe headache, fever and severe bleeding Danger Signs quickly</li> <li>• Hold your big abdomen and touch your back</li> <li>• Point to the health facility</li> </ul>

## Discussion

Why is it important to have HIV/AIDS and STDs counselling and advise?

### *Possible Responses:*

- When we know our status we will be able to look after ourselves better.
- The baby can be given treatment to prevent HIV transmission if the mother is found positive.
- If we are found to be positive the health worker can provide advice and care.
- If people are found positive they will be stigmatized.
- It is better for people not to know they are positive because they will be miserable and sad.
- Husbands react badly to being asked to go for voluntary testing and counselling.



### Discussion

Why is it important to go four times to ANC?

### Presentation

- A pregnant woman needs a minimum of four ANC visits throughout the pregnancy.
- A pregnant woman should go for ANC as soon as she misses her period for the third time.
- The health worker will tell her about her future ANC visits.

### Demonstration

#### 'SAY AND DO' DEMONSTRATION

##### Importance of Going Four Times to ANC

###### Instructions for Trainers

Use your fingers to count out the four visits. Repeat the schedule several times. Then ask for a couple of volunteers to repeat the schedule by counting out the visits on one hand.

First visit	After two missed periods (before 4 months)
Second visit	Health worker will tell you when to return (at 5-6 months)
Third visit	Health worker will tell you when to return (at 7-8 months)
Fourth visit	During the last month of pregnancy: health worker will tell you

### Group Discussion and Report

What can we do to make it easier for women in our communities to begin ANC on time and make all the visits as advised by the health worker?

### Small Group Reflection

- Let us discuss ways to address the reasons why women do not begin ANC on time or do not complete all the visits as advised by the health worker.
  - Each group will consider reasons related to one of the following: family, community or health centre.
  - Each group should be prepared to report the outcome of their deliberations.

### Group 1

What can we do to help families overcome the reasons within the family that prevent pregnant women from going on time for their first ANC visit and completing all four ANC visits?

### Group 2

What can we do to help our community members overcome the reasons within the community that prevent women from going on time for their first ANC visit and completing all four ANC visits?

### Group 3

What are the most pressing problems related to health centre that we would want our district health office to address to enable our women go on time for their first ANC visit and complete all four ANC visits?

Groups report on their deliberations.

### Presentation

- We will share our suggestions with other community members including other Mama SMAGs in our settlement and catchment area.
- We will then agree as a community how to progress with our suggestions.

### Summarise

- If the mother suffers from anaemia, malaria, overwork and/or poor nutrition, the baby is likely to be a low birth-weight baby.
- Low birth-weight babies are more likely to die in the first days and weeks of life.
- ANC therefore protects the health of pregnant mothers and the life of newborns.
- It is important to begin ANC early and to go four times during pregnancy.
- As a community we can make it easier for women to go four times to ANC.

## QUICK REFERENCE FOR TRAINERS

### Benefits of ANC and Going Four Times

A pregnant woman should go for ANC as soon as she misses her period for the second time. The health worker will tell her about her future ANC visits. A pregnant woman will need a minimum of 4 ANC visits throughout the pregnancy.

#### What does the health worker do during ANC that protects the life of the mother and the newborn in the womb?

- The health worker checks the progress and position of the newborn; and estimates the delivery date.
- The health worker provides medicines to prevent anaemia and malaria.
- The health worker provides de-worming medicines.
- The health worker tests for danger signs for both the mother and the newborn and finds them before we can.
- The health worker teaches us how to prepare a Safe Delivery Plan.
- The health worker provides advice on food and rest.

#### What are some of the dangers that the health worker can identify or help to prevent during ANC?

- Mal-presentation
- Low birth weight; foetal death; weak blood
- Fitting; prolonged labour; infertility; infection

#### Why is Voluntary Counselling and Testing for HIV/AIDS and Sexually Transmitted Diseases Important?

- Provides information on transmission and prevention.
- Provides information on living with HIV/AIDS and care of people with HIV/AIDS.
- Can protect the newborn against being infected with HIV/AIDS.

## Topic 5: Helping Women Remain Well During Pregnancy

### Discussion

What are the problems that women in our communities face that could prevent them from staying well during pregnancy and put their health and the health of their unborn babies at risk?

*Possible Responses:*

- No food/not enough food during pregnancy.
- Women doing too much heavy work.
- Women who do not make their ANC visits.
- Men don't look after pregnant women.

### Presentation

#### PRESENTATION

##### Important Ways for Women to Stay Healthy during Pregnancy

- **Diet:** pregnant women need to make some changes in their diet. Women need the following:
  - Protective food:** bean or pumpkin leaves, sweet potato leaves, cassava leaves
  - Body building food:** beans, groundnuts, village chicken, eggs, goat meat
  - Energy food:** Cassava, maize meal, millet, sorghum, rice
- **Rest:** pregnant women need to rest well, particularly during the later stages of pregnancy and should avoid lifting and carrying heavy items.
- **Free from physical harm:** domestic violence is bad for every woman and even worse for pregnant women. Domestic violence can result in physical harm to the mother and the unborn child. For example, a heavy fall or blows from wife beating can endanger the life of both mother and child.
- We have also discussed the need for pregnant women to begin ANC on time and complete their visits.



## Discussion

Who are the women in our communities who will likely lack the care we have discussed?

*Possible Responses:*

- Young unmarried adolescents.
- Women who live in the remote areas in the settlement.
- Women whose husbands get drunk and beat them even during pregnancy.
- Women in polygamous marriages, particularly the elder wives.
- Women who are not supported by their husbands or their families.
- Women whose families are socially isolated from the rest of the community.

## Group Discussion and Report

What can we do to help women who need the most help to remain well during pregnancy?

### Instructions for Trainers

Discussion group participants need to divide into male and female groups for this exercise. It is advised that participants split into groups of 4 to discuss the questions below.

Who are the women in our settlements that need the most help to remain well during pregnancy?

- As female community members how can we help them?
- As male community members, how can we help them?
- What support do we need from the Mama SMAGs?
- What support do we need from our community leaders?

- Each group should be prepared to report the outcome of their deliberation:

Groups report their deliberation.

### Presentation

- We will share our suggestions with other community members including other Mama SMAGs in our settlement, section and health post area.
- We will then agree as a community how to progress with our suggestions.
- We will now learn a song about care during pregnancy and zero tolerance for wife beating.

### Instructions for Trainers: 'Sing and Do'

- Facilitator introduces the song. This is a song about the care that women need in order to have a successful pregnancy and delivery. It is also about the need for the community to do something about wife beating, since this can affect a woman's mental and physical health.
- Some of the messages in the songs can be acted out. For example, in the case of wife beating, mine a quarrel or a physical fight between a man and a woman; for the maternal danger signs, do some of the danger sign poses.
- Facilitator sings through the song once. The song is then repeated.
- Facilitator then asks participants to sing the song with them.
- The song is repeated several times.
- The facilitator asks for a volunteer to sing the song on their own.
- Volunteers continue to be selected, until the song has been sung through many times.
- Tell participants to sing the song at home, and to share it with relatives, friends and peers.



## BEMBA SONG

### Care During Pregnancy and Zero Tolerance for Wife Beating

*Nshakaleke bu MAMaZ, pantu nasangam ocimo*  
I won't stop being a MAMaZ member because I have learnt a lot

*Kubombela pamo, nasambilila muli MAMaZ*  
Working together I have learnt from MAMaZ

*Kwikatana pamo nasambilila muli MAMaZ*  
Working in harmony I have learnt from MAMaZ

*Ukwafwako banamayo nasambilila muli MAMaZ*  
Helping women I have learnt from MAMaZ

*Banamayo abamafumo nasambilila muli MAMaZ*  
Helping pregnant women I have learnt from MAMaZ

*Batuletela myendele nasambilila muli MAMaZ*  
Have brought transport I have learnt from MAMaZ

*Myendele iyisuma nasambilila muli MAMaZ*  
Good transport I have learnt from MAMaZ

*Nshakaleke bu SMAG pantu nasangamo cimo*  
I won't stop being a SMAG member because I have learnt something

*Ukusunga banamayo, nasambilila muli SMAG*  
Caring for women I have learnt from SMAG

*Banamayo abamafumo nasambilila muli SMAG*  
Caring for pregnant women I have learnt from SMAG

*Abalesamfula tubatwale ku chipatala*  
Those fitting, we take them to the hospital

*Abalefimba amolu tubatwale ku chipatala*  
Those with swollen feet, we take them to the hospital

*Umutwe ubukali tubatwale ku chipatala*  
Those with severe headache, we take them to the hospital

*Abafilwa ukupapa tubatwale ku chipatala*  
Those with prolonged labour, we take them to the hospital

*Chinamala chakokola tubatwale ku chipatala*  
Those with delayed placenta, we take them to the hospital

*Ba chipatala baleta ababomfi abengi*  
The hospital has brought many workers

*Bakutubombela bwino muno mushi wesu*  
To work with us in the community

*Ba SMAG balabila, nshikofwayapo ulubuli*  
SMAGs have declared no fights

*Muno mu mushi wesu, sombi buyantanshi*  
In our community, no fights

*Kupuma banamayo twakana bashi tata twafweni*  
Men help us against wife battering





## TONGA SONG – CHOMA

### Zero Tolerance for Wife Beating

*Tatuyandi bauma bamakaintu babo*  
We don't want those who beat their wives

*Tuyanda balilemeka*  
We want men who have respect

#### Chorus

*Sena mavwa*  
Have you understood

*Tatuyandi bauma bamakaintu babo*  
We don't want men who beat their wives

*Tuyanda balilemeka*  
We want those who have respect

*Tatuyandi bauma batumbu balabula, tuyanda balilemeka*  
We don't want those who beat pregnant women

*Mu Jembo mwavwa, Sikalongo mwavwa*  
In Jembo, Sikalongo have you understood

*Tatuyandi batundulula bamakaintu balabula, tuyanda balilemeka*  
We don't want abuse of pregnant women, we want men who have respect

## LOZI SONG

### Care During Pregnancy and Zero Tolerance for Wife Beating

#### MUSALI WA MUPEPI

*Aye kwa sipimo, musali wa mupepi aye kwa sipimo*

Pregnant woman needs antenatal care

*Utokwa kuca hande, musali wa mupepi utokwa ku cahande*

Pregnant woman needs good nutrition

*Utokwa kupumula, musali wa mupepi utokwa kupumula*

Pregnant woman needs enough rest

*Musike mwamunata, musali wa mupepi musike mwamunata*

Pregnant woman must not be beaten

*Amubona musali anyakaula kikutata*  
If you see a pregnant woman fitting

*Amubona kululuha mubili kikutata*  
If you see a pregnant woman with swollen feet, hands and face

*Amu utwa kuopa ahulu toho kikutata*  
If you see a pregnant woman bleeding severely

*Kucisa mubili nikuzwa zenunka kikutata*  
If you see a pregnant woman fitting

*Amubona kuzwa ahulu mali kikutata*  
If you see a pregnant woman having fever and foul smelling discharge

*Kunyapisa nako yetelele kikutata*  
If you see a woman with prolonged labour

*Amu bona ze kaufela muye kwa sipatela*  
If you see these, rush her to the hospital

## Circular Review: Today I learned that...

Participants recall the main points of the session.

### Positioning

Participants stand in a circle.

### Instructions for Trainers

- We will go around the circle sharing with each other what we learned today.
- Facilitator demonstrates by announcing, "Today, I learned that the community as a whole has the responsibility for promoting zero tolerance for wife beating."
- Facilitator asks the participant to her/his right to imitate her/him by saying, "Today, I learned that..."
- Facilitator asks the next person in the circle to follow the example.
- Activity: Each participant takes her/his turn.
- Facilitator thanks everyone.

### Closing

Please discuss the issues raised during the day with relatives and friends.

### Presentation

- **Date, time and place:** Remind participants of the date, time and place for the next Group Discussion.
- **Tell participants the topic** for the next session.
- **Encourage sharing:** Encourage participants to share with their relatives and friends some of our discussion. Share with at least two people.
- **Ask participants to be prepared to report:** Tell participants that you will ask them what they discussed with relatives, friends and others at the next session.

## Topics to Share

### Topics to Share With Relatives and Friends

- The care that women need when pregnant
- The importance of the community promoting zero tolerance for wife beating
- Song: the special care that women need when pregnant
- Importance of ANC
- The maternal danger signs

### Topics for the Next Session

- Benefits of Delivering with a Skilled Birth Attendant
- How We Can Make it Easier for Women in our Communities to Deliver their Babies with a Skilled Birth Attendant
- Safe Pregnancy and Delivery Plan Actions

# Session 3: Planning for Safe Pregnancy and Delivery

→ **Time:** 1 Hour 30 Minutes

→ **Objectives**

By the end of the session participants will:

- Know the benefits of skilled birth delivery.
- Realise that they can use their knowledge and social pressure to support pregnant women and their husbands to use emergency maternal care services and skilled birth delivery.
- Begin to feel responsible for ending the barriers to accessing skilled birth care.

## Session 3 Topics

### Planning for Safe Pregnancy and Delivery

Topic	Method
Our discussions with spouses, relatives and friends: share what was	Review discussed
1. All Pregnant Women are at Risk	Presentation Discussion
2. Benefits of Delivering With a Skilled Attendant	Discussion Presentation
3. Preparing a Safe Pregnancy and Delivery Plan	Discussion Presentation
4. Finger Tips Method for Learning the Safe Pregnancy and Delivery Plan	Presentation Say & Do Practice
Circular review: Today I learned that...	Review
Closing: Encourage participants to discuss with relatives and friends. Present topics for next session.	Presentation

## Presentation

Welcome to **Session 3** of our community group discussion.

In this session, we will:

- Practice demonstrating the maternal danger signs.
- Review the discussions we have had with family members, friends and others on maternal health care preparedness.
- Discuss the importance of delivery with a skilled birth attendant and ways we can help remove the barriers to accessing skilled delivery care.
- Discuss the actions households and the community can take to ensure that women who have complications go to hospital on time and receive the care they need.
- Discuss how we can use our new knowledge to support all pregnant women and their families, even those who are excluded or otherwise vulnerable, to benefit from skilled birth attendance and emergency maternal care.

Let us review our discussions with spouses, family members, friends and neighbours.

## Instructions for Trainers

Encourage 3-4 volunteers to share their discussions. Make sure that different members of the group feed back every week.

## Positioning

Participants sit in a circle.

- I hope you all shared our discussions with your spouses, relatives and friends. Please share with us your discussions? What did you tell them?
- **Let us recall the previous session. We talked about:**
  - The maternal danger signs
  - The benefits of focused antenatal care
  - How we can ensure that women in our families and in the community get focused ANC
- Summarise the main points.
- Ask for volunteers to demonstrate the maternal danger signs.
- Ensure that all participants demonstrate the maternal danger signs.



## Topic 1: All Pregnant Women are at Risk

### Presentation

- The doctors have proved that every pregnancy can have a complication.
- Most pregnancy complications occur suddenly and unexpectedly.
- We have traditional sayings that remind us that every pregnancy can have a complication.

### What are these sayings?

*Possible Response:*

In Bemba: “*Uwe fumo taba mu pendela pamulongo*” (Translation: you don’t count the pregnant cow because you don’t know what will happen to it).

### Discussion

#### What are the sayings in the languages of other ethnic groups?

### Presentation

Last time we learnt that it is important for every pregnant woman to attend ANC four times beginning from the third month of her pregnancy. The health worker can detect if some complications might occur and can also help prevent these. However, ANC is not enough, because every woman, even a woman who attends ANC, can suddenly have a maternal complication. To help save women’s lives, there are two things we must do:

1. We must plan for a delivery with a skilled birth attendant
2. We must plan for a maternal emergency

## Topic 2: Benefits of Delivering with a Skilled Birth Attendant

### Discussion

#### In our community, where do we like to deliver our babies?

*Possible Answers:*

- Our homes.
- Health centre/hospital.
- It depends on whether the pregnant woman has complications.
- It depends on whether the pregnant woman is in a good state of health.

#### Why do many mothers deliver their babies at home instead of in the clinic or hospital?

*Possible Answers:*

- The health centre is too far and transport is not available.
- Tradition/common practice/we have always given birth at home.
- Family members assist us; we will be better cared for.
- We avoid exposing ourselves to people.
- No male health worker will be present.
- We avoid expenditure on transport, drugs, and food.
- Not sure of the expected delivery date – “I was caught out by labour.”
- Do not want to go wait at the mother’s shelter because of lack of food and people to look after other children at home.

#### Under what circumstances do pregnant women and their families choose the hospital or health centre for delivering their babies?

*Possible Answers:*

- The health worker advised that she should deliver at the health facility because of her health condition.
- The pregnant woman chooses to wait at the mother’s shelter because she has people to assist her and food to live on.

- The mother has had problems with previous deliveries.
- The pregnant woman has a danger sign.

**Why do health workers tell you that women need to give birth with a skilled birth attendant?**

*Desired Responses:*

- Skilled birth attendants test for danger signs for both the mother and the newborn and find them before we can see them.
  - Skilled birth attendants use their skills and medicines to prevent dangers and to make them less dangerous.
  - Skilled birth attendants rush mothers and/or newborns to the hospital without any delay if they need hospital care.
  - Skilled birth attendants give some treatment as soon as they see the danger so that the mother/newborn is safer while being transported to the hospital.
- Skilled birth attendants can help us avoid ragged tears that take longer to heal and that leave ugly scars.

**What does the pregnant woman and her family need to do to prepare for delivery by a skilled birth attendant?**

*Desired responses:*

- Get the delivery items ready.
- Get ready clothes for herself and the baby.
- Plan to have a family member or a friend accompany her to the health centre.
- Ensure she attends ANC and knows the estimated delivery date (EDD).

## Presentation

### PRESENTATION

#### The Importance of Delivering with a Skilled Birth Attendant

- The doctors strongly advise that every woman should have her delivery attended by a skilled attendant. This is the safest delivery for a mother and newborn.
    - During delivery skilled birth attendants can identify dangers before we can identify them.
    - They can treat the dangers before they are too serious.
    - If necessary, they will rush the woman to a bigger hospital sooner than we can.
- “Uwe fumo taba mu pendela pamulongo” (you don’t count the pregnant cow because you don’t know what will happen to it)*
- Worldwide 1-2 women in every 10 pregnant women have serious complications.
  - Most pregnancy complications occur suddenly and unexpectedly. Every pregnancy can have a complication even if:
    - The mother has had easy deliveries before.
    - She has attended ANC.
    - A well-planned pregnancy and delivery is much safer than not preparing.
    - Delivering with a Skilled Birth Attendant is much, much safer than delivering at home for both the mother and the newborn because:
      - The skilled attendant uses their medical knowledge, skill and equipment to test for danger signs so they see dangers before we can see them and before they become too dangerous.
      - The skilled attendant can treat and prevent many dangers:
        - They know how to help the placenta come out.
        - They can give a severely bleeding woman an injection to prevent further bleeding.
        - They can give a woman who is fitting medicine to stop this.
        - They know when a danger is beyond their skill and will rush the woman or the newborn to the hospital without delay.

## Topic 3: Preparing a Safe Pregnancy and Delivery Plan

### Presentation

Together we are going to discuss preparing a Safe Pregnancy Delivery Plan.

#### PRESENTATION

##### What is a Safe Pregnancy and Delivery Plan?

The Safe Pregnancy and Delivery Plan is a plan that pregnant women and their families as well the community need to make to prepare for a maternal emergency so that the women can be rushed to the health facility without any delay.

We will remind ourselves of the experiences we have had with maternal complications in our families and in our communities, including the sad memories we have discussed in our community group discussion sessions.

### Positioning for Small Group Reflection

Follow the instructions below about appropriate positioning. Instruct participants to form groups.

- **Small Group Positioning:** Participants sit in a circle and form Small Groups of 3 participants. Form groups of three the same way we formed our pairs. Count off 1, 2, 3; 1, 2, 3, etc. The number 1 participants turn to the right and ask the number 2's and 3's on their right to form a group. The group faces each other. Each group chooses a reporter who will share the group's responses with everyone.

### Question for Small Group Discussions

Now we will discuss in our groups the reasons we fail to rush our mothers, sisters community members with a maternal complication to the health centre on time? What are the reasons for the delays?

### Instructions for Trainers

- Each group should identify the seven most common reasons for the delay.
- Ask each group to agree on a member who will present the group's response and others could fill in whatever he/she leaves out.
- Ask everyone to listen attentively to the responses from each group in order to agree whether the seven reasons provided are "real and true" for their community.

### Volunteers Share

Will one volunteer from each group share with your suggestions with us?

*Possible Responses:*

- The mother and her family members did not know she was in danger.
- The family members who would make the decision to take the woman to the health centre were not around.
- The mother and her family members did not decide on time; they called for the TBA.
- The distance was too far, the terrain was difficult and there was no transport.
- There was no female family member to accompany the woman to the health centre and no one to look after the small children.
- There was no food to take to the health centre.
- The mother did not prepare her delivery items because there was no money.

### Participants Reflect on the Seven Reasons for the Delay

Are any of the seven reasons given by the groups not true for your community? What are the seven most common reasons?

### Question for Second Group Discussion

What do we need to as a family and as a community in order to be able to rush a woman with a maternal emergency to the health centre?



## Instructions for Trainers

- Each group should identify five actions that families and the community need to take in order to be able to rush a woman with a maternal emergency to the health centre.
- Ask each group to agree on a member who will present the group's response.

## Volunteers Share

Will one volunteer from each group share with your suggestions with us?

*Possible Responses:*

- Community members should be educated on the danger signs.
- Community should work together to put in place an emergency transport system.
- Families of pregnant women should plan for oxcarts or bicycles.
- Community should construct a mothers' shelter.
- Pregnant women should go and stay at the mothers' shelter before their EDD.
- Community leadership should organise for transport to help women in emergency.
- Families should identify mothers' helpers to look after the small children or accompany the mother to the health centre.
- Community should organise to save money or food.
- Families should save money and food.
- Husbands should support wives to prepare the delivery items.
- Families should identify people who will decide to take the woman to health centre.

## Presentation

- We have identified actions we could take in our families and in the community to help women deliver at the health centre and also to save mothers lives when there is an emergency.
- The actions we have identified will enable us act quickly to rush maternal emergencies in our families and in our community to the health facility without any delay so that their lives and the lives of their unborn child can be saved.
- These actions are called **Safe Pregnancy and Delivery Plan Actions**.
- There are 5 important **Safe Pregnancy and Delivery Plan Actions**:

### PRESENTATION

#### Safe Pregnancy and Delivery Plan Actions

- **Know the danger signs:** Pregnant mothers and their families and all community members must know the maternal danger signs.
- **Law to take pregnant women with a maternal emergency to the health centre** should become a community responsibility.
- **Family decides:** Family prepares delivery items and identifies mothers' helpers.
- **Prepare for transport:**
  - All community members should know about the Emergency Transport System.
  - Male community members should join the emergency bicycle riders/emergency transport volunteers.
  - Pregnant mothers and their families should know the bicycle riders/emergency transport volunteers.
- **Save money and food:**
  - Pregnant woman and her family save money and food.
  - Husband of pregnant woman and his family save money and food.
  - Community establishes an emergency maternal care savings scheme.
  - Community establishes a "Food Bank".
  - Husbands of pregnant women join the community emergency maternal care savings scheme.
  - Pregnant women join the community emergency maternal care savings scheme.

## Topic 4: Finger Tips “Say & Do” Reminder Method for Recalling the 5 Safe Pregnancy and Delivery Plan Actions

### Presentation

To make it easier to remember the Safe Pregnancy and Delivery Plan actions let us use our finger tips as reminders. We will repeat each part of the activity two times so it will be easier to remember.

### ‘SAY AND DO’ DEMONSTRATION

#### Finger Tips Reminder Method, For Recalling the Safe Pregnancy and Delivery Plan Actions

##### *Instructions for Trainers*

1. Use your left hand raised up with the back of your palm turned towards you.
2. Spread your fingers with all four fingers pointing upwards and the thumb pointing downwards.
3. Start touching your finger tips from the back of your palm beginning with your small “pinky” finger and ending with your thumb.

1	Pinky finger	Everyone must know the danger signs
2	Ring finger	Community sets a law that every woman with a maternal emergency must be rushed to the health centre
3	Middle finger	Family decides: prepares delivery items and mother’s helpers
4	Pointer finger	Prepare to get transport
5	Thumb	Save money; save food





### Positioning

- Participants stand in a circle. The facilitator should ensure that each participant can easily see all other participants. If the participants prefer to remain seated, re-arrange the participants so that they are seated in a circle.
- Facilitator introduces the finger tips *Say & Do* reminder in stages: first showing the left hand raised up with four fingers pointing up and the thumb pointing downwards. Then counting them off and finally associating them with the Safe Pregnancy and Delivery Plan actions:
  - Holds up his/her left hand first showing the left hand raised up four fingers pointing up and the thumb pointing downwards.
  - Points to her/his finger tips from the back of her left hand starting from the small “pinky” finger and ending with the thumb.
  - Says “now watch me start with the finger tips *Say & Do* to help us remember the 5 Safe Pregnancy and Delivery Plan actions.”
  - Introduces the *Say & Do* names of the signs.
  - Asks all participants to repeat with her two times.

### Second Time Demonstration

- Facilitator calls each Safe Pregnancy and Delivery Plan (SPDP) Action while touching the finger tips in order, starting with the small “pinky” finger and ending with the thumb.
- Facilitator repeats the process and asks participants to imitate him/her.

### **Participants' Demonstration**

- Facilitator notes a participant who is saying the SPDP and doing the finger tip reminder well and asks her/him to demonstrate.
- Participant moves one step into the circle and demonstrates two times. Facilitator asks participants to imitate the participant demonstrator two times.
- Participant demonstrator leads all the participants who imitate her/him twice.
- Facilitator demonstrates finger tip reminders again.
- Participants imitate her/him two times.
- Facilitator ensures that every participant takes turns to say the SPDP one at a time and touches the appropriate finger tip.

We will repeat this process for all SPDP actions until all participants are comfortable with the finger tip reminder method.

### **Summary and Affirmation**

- Every woman should go to ANC to protect herself and the baby.
- Every woman must plan for maternal emergencies.
- The safest childbirth is in a hospital or health centre.
- Women at high risk of an emergency must go to the health facility to deliver.
- The finger tip reminder method will help us remember the safe pregnancy and delivery plan actions and help us teach family members and friends.
- In our community we will progress with the 5 Safe Pregnancy and Delivery Plan Actions that we have learnt today in the following ways:
  - We will share the danger signs with everyone.
  - The Mama SMAGs will be working with the community and our leaders to ensure that the law to rush maternal emergency to the health facility becomes a reality.
  - The Mama SMAGs will be helping families of pregnant women to be prepared to act quickly in case of a maternal emergency.
  - The Mama SMAGs will be sharing information about the community and facility ETS with all members of the community.
  - The Mama SMAGs will be working with the community and with families of pregnant women to prepare for mother's helpers and saving food and money in case these are needed.

### **Circular Review: Today I learned...**

#### **Note for Trainers**

Participants bring out the main points of the session themselves.

#### **Positioning**

Participants stand in a circle.

#### **Instructions for Trainers**

- We will go around the circle sharing with each other what we learned today.
- Facilitator asks the participant to his/her right to say, "Today, I learned that ..."
- Facilitator asks the next person in the circle to follow the example.

#### **Activity**

Each participant takes her/his turn.

Thank everyone.

#### **Closing**

Encourage participants to discuss with relatives and friends.

## Presentation

- **Date, time and place:** Remind participants of the date, time and place for the next Group Discussion.
- **Tell participants the topic** for the next session
- **Encourage sharing:** Encourage participants to share with their relatives and friends some of our discussion
  - Share with at least two people.
  - Share with many people.
- **Ask participants to be prepared to report:** Tell participants that you will ask them what they discussed with relatives, friends and others at the next session.

## Topics to Share

### Topics to Share with Relatives and Friends

- Every pregnancy carries a risk
- Importance of facility delivery
- Importance of a Safe Pregnancy and Delivery Plan to avoid the delays that lead to maternal deaths

### Topic for Next Session

- How to plan as a family and as a community for maternal health



# Session 4: Community Systems for Increasing Access to Care

→ **Time:** 1 Hour 30 Minutes

→ **Objectives**

By the end of the session participants will have:

- Identified the community systems that need to be established to support women to have a safe delivery.
- Realised that they have a responsibility to establish and actively support community systems that will enable pregnant women to access safe delivery services.

Session 4 Topics	
Community Systems for Increasing Access to Care	
Topic	Method
Our discussions with spouses, relatives and friends: share what was	Review discussed
Review:	Review
<ul style="list-style-type: none"> <li>• Practice recalling the maternal danger signs using the poses</li> <li>• Practice recalling the Safe Pregnancy and Delivery Plan using the finger tips reminder method</li> </ul>	
1. Addressing Difficulties That Families and Communities Face When Preparing for a Safe Pregnancy and Delivery	Small group discussion
2. Being Prepared by Establishing Group Savings Schemes and Food Banks	Small group discussion
3. Ensuring Mother’s Helpers are Available	Small group discussion
4. Celebrating Maternal Preparedness	Discussion
Circular review: Today I learned that... Commitment to action	Review & Commitment
Closing: Encourage participants to discuss with relatives and friends. Topics for next session.	Presentation

## Presentation

Welcome to **Session 4** of our safe pregnancy and delivery group discussions. In this session we will be discussing and learning about saving money and food. We will also identify the community and family support that is needed to ensure that women can have their babies with a skilled birth attendant or that they are able to respond to a maternal complication without delay.

**First, let's remind ourselves** about what we learnt in the last session. We will also share what we discussed with our spouses, families, friends and neighbours.

### Review of discussions with spouses, relatives, friends and neighbours

*Note:* Encourage 3-4 volunteers share their discussions. Encourage new volunteers to share.

## Positioning

Participants sit in a circle.

## Reporting

Ask the volunteers to:

- Say how many people they talked with.
- Describe their discussions with spouses, relatives and friends.

### Review of Danger Signs Poses and Safe Pregnancy and Delivery Plan

- Ask for volunteers to lead the demonstration of the danger signs.
- All participants then do the demonstrations of each danger sign two times.
- The facilitator recalls the Safe Pregnancy and Delivery Plan with the finger tip reminders.
- All participants demonstrate the Safe Pregnancy and Delivery Plan using the finger tip reminder method.

Recall the main points and add any points omitted.

## Topic 1: Addressing Difficulties People May Face When Preparing for Safe Pregnancy and Delivery

### Note

This topic provides an opportunity to reflect on the challenges participants may face in carrying out the Safe Pregnancy and Delivery Plan Actions.

## Positioning

Form 5 small groups (Count off 1, 2, 3, 4, and 5)

*Note:* Start counting off from half-way around the circle so that new groups are formed. Assign to each group one Safe Pregnancy and Delivery Plan action to discuss.

## Instructions for Trainers

Discuss the difficulties people may face when carrying out the Safe Pregnancy and Delivery Plan Action assigned to your group. Use the challenges and solutions in the table below to guide the discussions.

## QUICK REFERENCE FOR TRAINERS

### Safe Pregnancy and Delivery Plan Actions: Challenges and Solutions

#### Know the maternal danger signs

Challenges	Solutions
<ul style="list-style-type: none"> <li>Men may not be interested in knowing the danger signs.</li> </ul>	<ul style="list-style-type: none"> <li>All adult members of the community need to learn the danger signs.</li> <li>Get the support of the headmen for men's involvement.</li> <li>Negotiate with men so that discussion groups can be held at a suitable time.</li> <li>Male volunteers go door to door to speak to men who say they won't or can't participate.</li> </ul>
<ul style="list-style-type: none"> <li>People may forget the danger signs.</li> </ul>	<ul style="list-style-type: none"> <li>If everybody learns the danger signs, it will be difficult to forget.</li> </ul>
<ul style="list-style-type: none"> <li>People may not believe the danger signs, and prefer to use local remedies.</li> </ul>	<ul style="list-style-type: none"> <li>Now that the community has learned the danger signs, we know not to rely on local remedies.</li> </ul>
<ul style="list-style-type: none"> <li>People usually go fishing and stay in the fishing camps for a long time and as a result they miss the lessons on danger signs.</li> <li>People usually go harvesting caterpillars and as such may miss out on the lessons on danger signs.</li> </ul>	<ul style="list-style-type: none"> <li>Teach the danger signs when people are not fishing especially when there is fish ban and when it is not time for harvesting caterpillars.</li> </ul>
<ul style="list-style-type: none"> <li>Because of the geographical location, people live far apart from each other especially in the southern province, the families of herdsmen usually stay far from the main villages.</li> </ul>	<ul style="list-style-type: none"> <li>Select Mama SMAGs from the areas of the herdsmen.</li> </ul>
<ul style="list-style-type: none"> <li>Communities may frown at young children learning the danger signs.</li> </ul>	<ul style="list-style-type: none"> <li>Through the headmen advocate for teachers to join the discussion groups and organise classes within school periods to teach the danger signs to children 7-12 years since they could raise the alarm when maternal emergencies happen.</li> </ul>

#### Community sets law that every woman with a maternal emergency must be rushed to the health centre

Challenges	Solutions
<ul style="list-style-type: none"> <li>Men or mothers-in-law might insist on being around when a decision is made.</li> </ul>	<ul style="list-style-type: none"> <li>All decision-makers in the community will be advised that the law that allows action to be taken is vital.</li> </ul>
<ul style="list-style-type: none"> <li>A community elder or the wider community might be reluctant.</li> </ul>	<ul style="list-style-type: none"> <li>Hold community meetings to agree a way forward.</li> <li>Sensitise community on a continuous basis.</li> </ul>
<ul style="list-style-type: none"> <li>No law enforcers.</li> </ul>	<ul style="list-style-type: none"> <li>Ask the headmen to monitor the situation.</li> </ul>



<b>Family decides</b>	
<b>Challenges</b>	<b>Solutions</b>
<ul style="list-style-type: none"> <li>• Women may not tell others what is going on.</li> </ul>	<ul style="list-style-type: none"> <li>• The community volunteers will be promoting better communication between men and women.</li> </ul>
<ul style="list-style-type: none"> <li>• SMAG members may be away when a decision needs to be made.</li> </ul>	<ul style="list-style-type: none"> <li>• There are many SMAG members. Not all will be away when a decision needs to be made.</li> <li>• All members of the community will know the importance of acting quickly.</li> </ul>
<ul style="list-style-type: none"> <li>• Family is reluctant to leave children with other women.</li> </ul>	<ul style="list-style-type: none"> <li>• Child minding groups can be established at community level.</li> <li>• The work of mothers' helpers will be recognised.</li> </ul>
<ul style="list-style-type: none"> <li>• Families may not be able to afford to buy delivery items.</li> </ul>	<ul style="list-style-type: none"> <li>• Essential delivery items need to be saved for. Saving should start as soon as the pregnancy is confirmed.</li> </ul>
<ul style="list-style-type: none"> <li>• Health providers insist on too many items.</li> </ul>	<ul style="list-style-type: none"> <li>• Health providers will be encouraged to promote only essential delivery items. They will be sensitised about the challenges faced by the community.</li> </ul>
<ul style="list-style-type: none"> <li>• Extreme poverty prevents good planning.</li> </ul>	<ul style="list-style-type: none"> <li>• Community emergency savings and loans schemes will be established to help the very poor.</li> <li>• Community food banks will be established to help the very poor.</li> <li>• Women in the community will establish childcare groups.</li> <li>• Communities will be supported to plan for how they can help the very poor.</li> </ul>
<ul style="list-style-type: none"> <li>• Family disintegration prevents good planning.</li> </ul>	<ul style="list-style-type: none"> <li>• Mama SMAGs will identify and support women with the least support.</li> <li>• The community as a whole will be supported to plan for how they can help families needing social support.</li> </ul>
<ul style="list-style-type: none"> <li>• Socially excluded and vulnerable may be left out.</li> </ul>	<ul style="list-style-type: none"> <li>• Mama SMAGs will identify and support women or families with the least support.</li> <li>• The community as a whole will be supported to plan for how they can help the vulnerable and socially excluded.</li> </ul>
<b>Prepare to get transport</b>	
<b>Challenges</b>	<b>Solutions</b>
<ul style="list-style-type: none"> <li>• The ETS riders may not be around.</li> </ul>	<ul style="list-style-type: none"> <li>• Everyone will know the ETS riders. There will be several riders in each section of the community.</li> </ul>
<ul style="list-style-type: none"> <li>• Not everyone in the community has access to the ETS transport.</li> </ul>	<ul style="list-style-type: none"> <li>• ETS transport will be placed in a central part of the NHC/zone so that everyone who needs to use it can get access.</li> </ul>

## Save money, save food

Challenges	Solutions
<ul style="list-style-type: none"> <li>• People don't have enough money to save.</li> <li>• People don't have enough food to save, especially in the hungry season.</li> </ul>	<ul style="list-style-type: none"> <li>• It will be possible to save money/food at certain times of the year.</li> <li>• The community will be supported to establish food banks.</li> <li>• The community will be supported to establish emergency savings and loan schemes.</li> <li>• Preserve seeds for locally available foods to be planted by community members.</li> </ul>
<ul style="list-style-type: none"> <li>• There is no tradition of saving money.</li> </ul>	<ul style="list-style-type: none"> <li>• There is now strong social pressure in the community for men to help their wives and for communities to take responsibility for helping all women in the community.</li> </ul>
<ul style="list-style-type: none"> <li>• Inadequate knowledge on saving.</li> </ul>	<ul style="list-style-type: none"> <li>• Mama SMAGs will be training the community on how to establish a savings and loans scheme.</li> </ul>
<ul style="list-style-type: none"> <li>• Men do not help their wives – they leave everything to the women.</li> </ul>	<ul style="list-style-type: none"> <li>• Men will be learning about the need for early preparation during pregnancy.</li> <li>• The community as a whole will know the importance of early preparation and will use social pressure to ensure that men comply.</li> <li>• If money or food is saved communally, the demands on individual families will be less.</li> </ul>
<ul style="list-style-type: none"> <li>• Most income is used on alcohol.</li> </ul>	<ul style="list-style-type: none"> <li>• Now that the community know the importance of early and proper preparation for pregnancy, men will be encouraged to save.</li> <li>• The problem of excessive alcohol consumption is being discussed more at community level.</li> </ul>
<ul style="list-style-type: none"> <li>• Inadequate knowledge on how to preserve foods, fruits and vegetables.</li> </ul>	<ul style="list-style-type: none"> <li>• Community can identify people who could share knowledge on food preservation. This could include basic and available fruits and vegetable such as paw-paw, mangoes, pumpkin leaves and sweet potatoes.</li> </ul>

### Reporting

One person in each small group reports on the difficulties related to carrying out the SPDP action assigned to the group.

- The facilitator summarises the difficulties
- We will now go into groups again and suggest solutions to the problems and challenges that we have identified

### Instructions for Trainers

Ask participants to go back into their groups. This time they will discuss the potential solutions to the difficulties that people may face when carrying out the SPDP action. As before, each group will look at one SPDP actions.

### Reporting

One person in each small group reports on the potential solutions to the difficulties discussed during the earlier small group session.

### Are these solutions practical and relevant in your community?

*Note:* If potential solutions to challenges are not presented by the small groups, the facilitator will raise these in the discussion.

## Topic 2: Being Prepared by Establishing Group Savings Schemes or Food Banks

### Note for Trainers

The purpose of this group exercise is to get community members interested in forming a group savings scheme for maternal health or a food bank. If participants are interested in forming a group, the Mama SMAGs should call them to a separate meeting to discuss how they would like their group to work. Separate guidelines have been produced to guide these discussions.

### Instructions

Ask participants to form small groups of 4 participants.

### Questions for Small Group Discussions

1. What group savings and loan schemes exist in our communities?
2. What schemes for savings and sharing food exist in our communities?
3. Can any of these existing schemes be used for maternal preparedness? If yes, what actions need to be taken to include savings for maternal preparedness?
4. If no savings schemes or food sharing schemes exist, can these be set up?
5. What actions need to be taken? How do we start?
6. How can we begin to discuss the actions that need to be taken?
  - Where do we meet?
  - When do we meet?
  - Who should we invite?
  - Which other members of our community need to be invited?

### Reporting

Small groups report back their ideas about what can be done.

### Commitment

If participants are interested in establishing a group savings scheme or a food bank for maternal health care, the Mama SMAG should agree a time and place to meet with the likely group members to discuss how these schemes will work. If desired, participants can continue with the discussions in this session (see Box below for topics that need to be discussed).

### QUICK REFERENCE FOR TRAINERS

#### Establishing an Emergency Savings or Loan Scheme

**Membership:** Who will be in the emergency savings or loan scheme? Men only? Women only? Men and women?

**Executive:** Who will play the part of treasurer and secretary? What experience/expertise should these key people have? How will they be nominated?

**Cover:** What will the savings/loans schemes cover? The costs associated with dealing with a maternal complication? The cost of feeding when at a mother's shelter? The costs associated with having a facility delivery? Will the scheme provide money to deal with maternal complications or facility delivery, or will it also operate as a food bank?

**Contributions:** What contributions should the members make, and how? A fixed sum weekly/monthly/quarterly, or should members contribute what and when they can afford to? Will members contribute only cash, or also food (if the scheme is going to operate as a food bank – see box overleaf)?

**Access:** What are the procedures for getting access to the savings/loan scheme?

**Reaching the least supported:** What procedures will there be for ensuring that the least supported can benefit from the savings/loans scheme, even if they are unable to contribute?

## QUICK REFERENCE FOR TRAINERS

### Establishing a Food Bank

Some women say that they cannot use a mother's shelter because they do not have enough food to feed themselves and their carers while at the shelter, in addition to the family left at home. In some districts, failed harvests over several years have contributed to the food shortages.

Food is more abundant at certain times of the year, for example immediately after harvest. It may be possible for the community to set up a food bank, where members contribute small amounts of dried food, which can be accessed when a mother needs to use a mother's shelter. Contributors to the food bank may not necessarily have a pregnant woman in their family – they may in fact be older people who are interested in and willing to help other members of the community.

Decisions that will have to be made include:

- Who will support/contribute to the food bank?
- How will the bank be administered?
- What will be the agreed method of contributing food?
- Where and how will the food be stored?
- How will families of pregnant women get access to the food bank?
- How can families who do not have women of reproductive age contribute to the food bank?





### Topic 3: Ensuring Mothers' Helpers are Available

#### Note for Trainers

This topic is to encourage women in the community who are willing to help with child minding when a woman goes to deliver at the health facility, to escort the woman to the health centre/mothers' shelter, or to provide other practical support to pregnant women, or women who have recently delivered.

#### Instructions

Ask participants to form small groups of 3 participants.

#### Questions for Small Group Discussions

Ask participants to discuss the following:

What can we do to help pregnant women have mothers' helpers to help with child minding and also help as escorts to the health centres and mother's shelters?

What can we do to ensure that the volunteer mothers' helpers can make their contributions without any delay?

How can we ensure that families on the periphery of the settlements and women who need help the most, become part of this community support system?

What role should the Mama SMAGs play in this community support system?

What role should the leadership of the settlement play in this community support system?

- How can we begin to discuss the actions?
- Where do we meet?
- When do we meet?
- Who should we invite?

#### Reporting

Small groups report back their ideas about what can be done.

#### Commitment

If participants are interested in volunteering as mothers' helpers or speaking with other community members who could volunteer as mothers' helpers the facilitator should agree a time and place to meet with the volunteers to discuss the formation of a group of mothers' helpers.

## Topic 4: Celebrating Being Ready for Safe Pregnancy and Delivery

### Note for Trainers

Use this opportunity to discuss the idea of holding a graduation ceremony for discussion group participants who have completed all four sessions.

### Discussion

What should we do to celebrate the graduation of participants from this community discussion group?

Some options include:

- Testimonies and thanks from women who have been saved because of the changed knowledge and behaviours in the community.
- Testimonies and thanks from women who benefited from skilled birth attendance.
- Testimonies and thanks from husbands.
- Success stories from the Mama SMAGs.
- Skits showing positive changes.
- Thanks from some of the discussion group participants.
- Sharing of information from the DHMT on health services improvements.
- Opening and closing prayers.

Agree on the following:

- Date of the celebration.
- Venue for the ceremony.
- Names of any speakers for the celebration.
- Invited guests.
- Each discussion group selects two participants willing to help in arranging the graduation.

### Circular Review/Commitment

Let's make a commitment to action. One way I will assist a husband and/or a pregnant wife to "Be Prepared" is...

### Closing

Encourage participants to discuss with relatives and friends.

### Presentation

- **Date, time and place:** Remind participants that this is the last session in the safe pregnancy and delivery discussion group.
- **Tell participants what will happen next** with the discussion group. The group will meet again in a few months to discuss newborn health care.
- **Encourage sharing:** Encourage participants to share with their relatives and friends some of the discussion that took place in this session.
- **Thank the participants for their participation.**

## Topics to Share

### Topics to Share with Relatives and Friends

- Challenges the community might face in implementing SPDP actions, and solutions
- Community plans for establishing savings groups, food banks and mother's helpers
- The date for the end of discussion group celebration

### Topic for Next Session

- **Newborn care** (to start in a few months)



## **MODULE 2:** Newborn Care

# Session 1: Immediate Newborn Care

→ **Time:** 2 Hours

→ **Objectives**

By the end of the session participants will:

- Have reviewed the steps being taken in the community to address maternal delays.
- Begin to feel comfortable discussing issues relating to newborn care.
- Have the felt need to improve home based care of newborns in the period immediately after delivery.

Session 1 Topics	
Immediate Newborn Care	
Topic	Method
1. Welcome to Part 2 of our Community Group Discussion	Presentation
2. Feedback on Maternal Health Care Plans in our Community	Discussion in pairs
3. Our Sad Experiences with Newborns	Presentation Experience sharing
4. Caring for the Newborn Immediately After Delivery	Experience sharing Presentation
5. Why and How We Keep the Newborn Warm	Presentation Experience sharing
6. Cleanliness Protects the Newborn From Disease	Experience sharing Presentation
7. Cutting and Caring for the Cord	Experience sharing
Circular review: "Today I learned that..."	Discussion
Closing: Encourage participants to discuss with friends and relatives. Present topics in next session.	Presentation



## Topic 1: Welcome to our Community Group Discussions – Caring For Our Newborns

### Positioning

Ask participants to sit in a circle so that everyone can see everyone else easily without out any tables or desks. This will be the usual position for the sessions.

### QUICK REFERENCE FOR TRAINERS

#### What is a newborn?

A newborn is a baby that is less than 6 weeks old. The period immediately following delivery up to 6 weeks old is critical for babies. Many infant deaths occur in this period. Effective and appropriate newborn care can make a difference.

### Introduction

- My name is \_\_\_\_\_ and I live in (mention the name of your community or section of the community).
- I am a Mama SMAG member in our community.
- My role will be to facilitate our discussions.
- Introduce your co-facilitator.

### Presentation

We are meeting together to discuss:

- Ways we can help reduce newborn deaths in our community (a newborn death is a death occurring from the immediate period following delivery to the first 6 weeks of life).
- The best home based care practices for our newborns.
- Our delays in taking our newborns to the health centre for care.
- How we can support families in our community to take their newborns to the health centre for the care that is needed to keep the newborns healthy and free from illness.
- How to recognise newborn danger signs and the need to take immediate action.
- We will meet together for three sessions.



## Topic 2: Our New Experiences with Maternal Health Care Preparedness in Our Communities

### Positioning

Pairs sit in a circle and count off. Count off 1, 2; 1, 2; 1, 2, etc. Each person who called "1" turns to the person who called "2" on their right and asks her/him to form a pair by facing each other.

### Pairs Discuss

Remember the past 4-5 months in our community and also remember our experiences with our sisters, mothers, daughters, and friends who were pregnant or delivering a baby. What happened to them? Please share your experiences with your partner. Discussions should last for 3 minutes.

### Volunteers Share

Will some volunteers please share your experiences with the group?

### Question for Discussion

In the experiences we have shared:

- What is happened that was different from what was happening in our families and in the community previously (i.e. 4-5 months ago)?
- What are the reasons for the changes?

## Topic 3: Our Sad Experiences with Newborns

### Pairs Discuss

Many of us have had sad experiences with newborns.

What were your experiences with newborns that were not doing well any time from birth until the first 6 weeks after birth?

What happened that told you the newborn had problems and his/her life was in danger?

What did you/family members do?

What happened to the newborn?

Discussions will be for 3 minutes.

### Volunteers Share

Will some volunteers please share your stories with the group?

### Summarise

- We have shared our experiences with our newborns that were not doing well.
- Now I will describe some of the actions taken to care for newborns with problems [describe....].
- Now we will learn about the best way to care for our newborns.

## Topic 4: Caring for the Newborn Immediately After Delivery

### Experience Sharing

In this session we are going to look at our traditional ways of caring for newborns.

**When our babies are born what are the first things we do for the newborn?**

### Instructions for Trainers

Ask the questions below. Make a mental note of any good practices and any harmful practices mentioned by participants and summarise at the end of the discussion.

**When and how do we cover/clothe the newborn?**

*Possible responses:*

- We do not cover the newborn.
- Immediately after the baby is born.
- Wrap in a cloth/blanket.
- Put on hat.
- Give to mother to keep warm.

*Desired response:*

- We wrap the baby in a clean cloth and give it to the mother to keep warm immediately after birth. We put a hat on the baby.

**When and how do we clean the newborn?**

*Possible responses:*

- Immediately after the baby is born.
- With warm water.
- With cold water.
- With dry cloth.
- Not at all.

*Desired response:*

- We clean the baby in warm water, but only after 24 hours.

**When do we give the newborn breast milk?**

*Possible responses:*

- After the placenta is expelled.
- After the mother has been attended to – in an hour or two.
- Once the mother has rested.
- The following day.

*Desired response:*

- We give the baby breast milk as soon as possible after birth.

**Do we give the newborn anything else? What? When?**

*Possible responses:*

- Water.
- Herbal drinks.
- Cow's milk.
- Groundnut solution.
- Sugar solution.

*Desired response:*

- We only give the baby breast milk.

## Why do we give the newborn other foods/liquids apart from breast milk?

*Possible responses:*

- The mother does not produce milk until the second day after delivery.
- Baby is too weak to suck.
- The breasts are to be cleaned first.

*Desired response:*

- We do not give the baby anything other than breast milk.

## How do we take care of the cord?

*Possible responses:*

- Compress with heated cloth (with herbs/stones wrapped in the cloth).
- Burn the stump.
- Apply powder/ointment to aid drying.
- Nothing; we leave it until it drops off.

*Desired response:*

- We do nothing. We try to keep it clean and dry. We leave it until it drops off.

## Summary

We have discussed our traditional practices for caring for the newborn immediately after birth. Some of our traditional practices are good, and help to promote the health of the newborn. For example, wrapping the newborn in a clean cloth is good because the newborn should be kept warm. Now we are going to learn the safest ways to care for our newborns.

## Presentation

Immediate newborn care means giving warmth, protection, breast milk and love without delay.

'SAY AND DO' DEMONSTRATION	
Immediate Newborn Care	
<p><i>Trainers' Notes:</i></p> <ul style="list-style-type: none"> <li>• Hold your hand up and count the actions on your fingers: 1, 2, 3.</li> <li>• Do an action to accompany each step.</li> </ul>	
Say	Do
1st: check the baby's breathing. Is the baby crying?	<ul style="list-style-type: none"> <li>• Put your hand to your ear and bend down, to show that you are listening for the baby's breath or crying.</li> </ul>
2nd: cut the cord with a new razor to protect from germs and tie the cord with clean thread (or use clamp, if one available)	<ul style="list-style-type: none"> <li>• Mime cutting and tying the cord.</li> </ul>
3rd: wipe the newborn, cover the newborn, place skin to skin and breastfeed immediately	<ul style="list-style-type: none"> <li>• Hold your left arm to show that you are cradling a baby. Move your right hand over the baby to show that you are wiping and then covering the baby.</li> <li>• Move the baby close to your chest to show that you are breastfeeding.</li> </ul>

## Instructions for trainers

Add in the appropriate local language expressions that can be used to explain the steps in the left hand column.

## Topic 5: Why and How We Keep the Newborn Warm

### Presentation

- A newborn needs to be warm – especially for the first few weeks of life. The newborn's body is small and not able to stay warm on its own. If the newborn gets too cold, he/she can die.

### Discussion

What can we do to keep the newborn warm for the first few weeks?

*Desired responses:*

- Keep the newborn in a warm room.
- Cover the baby's head.
- Dress the baby in warm loose clothing/covers (1-2 more layers than are comfortable for you).
- Keep the newborn with the mother for warmth and breastfeeding.
- Keep the newborn skin-to-skin with the mother. Cover them together with a warm cloth or blanket. Don't cover the newborn's face (s/he needs to breathe freely).

## Topic 6: Cleanliness Protects the Newborn from Germs

### Experience Sharing

What do we do to protect the newborn from germs every day?

*Note the responses that are omitted and ensure that they are included in the participants' summary.*

*Desired Responses:*

- Wash hands before touching the newborn and after cleaning stool and urine.
- Bathe.
- Keep the cord clean; use a new razor.
- Breastfeed.

How do we clean the newborn and how often?

*Possible Responses:*

- The newborn is bathed with warm water and soap, once a day.
- The newborn's penis/vagina and anus are rinsed after stooling.

*Desired Response:*

- We can't wash a newborn without getting the newborn too cold. Remember a newborn can die from being too cold. Doctors tell us to **wait 24 hours before bathing the newborn**. Babies need to stay very warm while their bodies adjust to the world outside the womb. Even a small amount of washing and rinsing can cool the newborn's body and make the newborn more likely to get sick. After 24 hours, it is fine to wash the baby with warm water and soap once a day.

### Presentation

- Wait 24 hours before bathing the newborn.
- In the meantime, clean the newborn by wiping with a clean cloth.
  - Wipe the newborn's body with a clean, warm cloth.
  - Cover the newborn's body and wipe the head well. Wipe the head last and put a cap on the newborn.
  - Do not rub off the creamy, white substance. It protects the newborn's skin, which is still very delicate.
  - Place the newborn skin to skin with the mother. The newborn will stay warmer if you put the newborn's body on the mother's breast without any clothing and cover the newborn and mother with the same wrapper.
- Check for any abnormalities while you are wiping the newborn. If you see abnormalities, take the newborn to the health centre where the health staff may be able to help you.

## Topic 7: Cutting and Caring for the Cord

### Experience Sharing

When and how do people cut the cord?

*Note:* Let participants discuss cord care practices used in their community.

### Presentation

We have shared our experiences on when and how we cut the cord in our communities. In this session, we will learn the best practices of cutting and caring for the newborn's cord. We will now demonstrate how to cut the cord.

## DEMONSTRATION

### Cutting and Tying the Cord

#### *Instructions for Trainers*

The following items will be needed for this demonstration: a new razor blade; a big piece of dried fibre; a long piece of dried fibre; 3 small strings of dried fibre; a piece of chitenge.

#### **Demonstration**

- Ask for two participants to volunteer – one as the mother and the second as the newborn.
- Ask both participants to step forward and stand facing each other.
- Inform participants that the mother is on the left while the newborn is on the right.
- Lift up each of the five items above and tell participants what they represent:
  - The **new razor blade** will be used to cut the cord – it must be new. Nothing else should be used to avoid germs and protect the newborn from diseases.
  - The **big piece of dried fibre** represents the placenta. In real life the placenta is not seen until it is expelled. It is inside the mother's womb. At this point do the following action: Tuck the "mock placenta" inside the dress of the mother, just at the point of the lower abdomen.
  - The **long piece of dried fibre** represents the cord. Tell participants that it is attached to the baby and to the mother. Then do the following action: tuck one end of the cord on to the placenta; tuck the second end of the cord on to the newborn, in the area just around the navel of the participant representing the newborn.
  - The **three small strings of dried fibre** represent pieces of thread that will be used to tie the cord. Tell participants that only clean pieces of thread should be used to tie the cord.
  - Lift up the **chitenge** and tell participants that it will be used to tie the cord and that you will get to the explanation (when and how it will be used) later on in the discussion.
- Tell participants that the process/demonstration of tying and cutting of the cord begins now. In the following steps:
  - Tie the cord on the side of the mother
  - Tie the cord in two places on the side of the newborn
  - Measure 2 fingers from the belly button and tie
  - Measure 4 fingers from the belly button and tie
  - Cut the cord with a new razor. Note cut the fibre representing the cord away from the newborn's belly button.

#### **Presentation**

- Always cut the cord with a new razor blade.
- Wait for the cord stump to fall off naturally. The cord will fall off in 5-10 days.
  - Do not try to make the cord fall off
  - Do not put anything on the cord
  - Keep the cord dry
  - Give the newborn sponge baths until the cord falls off
- Watch for signs of infection: delay in falling off, swelling, redness, pus, foul smell at the belly button.
- Go to the health centre for treatment if you identify any of these signs.

#### **Presentation**

If the placenta does not come out and there is an emergency, we should use a clean cloth to tie the cord to the mother's thigh so that the cord will not withdraw inside the mother. Then follow the directions for cutting the cord.

#### **Demonstration**

- Use the chitenge to tie the cord around the mother's thigh.

## Discussion

- Ask participants – have we learnt any new knowledge on cutting the newborn’s cord?
- If so, what is the new knowledge?
- How does this differ from how we have cut and newborn’s cord in the past?
- What do you think is the reason for this practice – tying the cord in two places and cutting with a new razor blade?
- Will there be any problems in following the new practice?
- What are the problems?
- How could the problems be overcome?

Circular Review: Today I learned that...

## Closing

Encourage participants to discuss with relatives and friends.

## Presentation

- **Date, time and place:** Tell participants the date, time and place of the next discussion group session.
- **Encourage sharing:** Encourage participants to share with their relatives and friends some of the discussion that took place in this session.
- **Thank the participants for their participation.**

## Topics to Share

### Topics to Share with Relatives and Friends

- Importance of keeping the baby warm
- How and when to bathe the baby
- Protecting the baby from germs

### Topic for Next Session

- Immediate and Exclusive Breastfeeding
- Newborn Danger Signs



# Session 2: Caring for the Newborn in the First 30 Days

→ **Time:** 1 Hour 30 Minutes

→ **Objectives**

By the end of the session participants will:

- Recognise the delays that prevent early action in response to newborn danger signs.
- Have some clear ideas about how these delays can be avoided.
- Begin to feel responsible for ending delays by planning to support families to adopt positive newborn care practices.

## Session 2 Topics

Caring for the Newborn in the First 30 Days

Topic	Method
Our discussions with spouses, relatives, friends	Experience sharing
1. Immediate and Exclusive Breastfeeding	Experience sharing Presentation
2. What We Can Do To Promote Immediate and Exclusive Breastfeeding	Discussion
3. How We Can Support Vulnerable Women to Take Care of Their Newborns	Presentation Discussion
4. Learning the Newborn Danger Signs	Say and Do
Circular review: "Today I learned that..."	Discussion
Closing: Encourage participants to discuss with friends and relatives. Present topics of next session.	Presentation



## Introduction and Review

Welcome. In this session, we will learn more about:

- Breastfeeding the newborn.
- Caring for the newborn in the first 30 days after delivery.
- Helping vulnerable women/families take care of their newborns.
- Newborn Danger Signs.

## Review

First, let's think about the discussions that we had with spouses, relatives and friends.

## Positioning

Participants sit in a circle.

- I hope you all shared our discussions with your spouses, relatives and friends. Please share with us your discussions. What did you tell them?
- **Let us recall the previous session:**
  - Keeping the newborn warm.
  - Don't put anything on the cord.
  - Cleanliness protects the newborn from germs.

## Instructions for Trainers

In each session encourage 3-4 volunteers to share their discussions. Make sure that new people feed back every week.

Summarise the main points.

## Topic 1: Putting the Newborn to the Breast Immediately After Delivery (within 30 minutes) and Breastfeeding Exclusively

### Sharing Experience

What experiences did we share last session about feeding our newborns?

- Foods and drinks that are commonly given to the newborn include water, herbal drinks, groundnut solution, cow's milk.
- Some of us do not give our newborn breast milk until the second day because the mother's milk has not started to flow/ the mother does not have enough milk/or because we think the first milk is dirty or harmful.

Why don't we breastfeed our newborns immediately after delivery (in the first 30 minutes)?

*Possible Responses:*

- The mother does not have enough milk.
- The newborn cannot suck immediately after delivery.
- The mother needs to be attended to first.
- The first milk is dirty.

Are there any women in the community who gave breast milk to the newborn immediately after delivery – in other words, within 30 minutes? Share their experience with us.

- What were the reasons?
- Who influenced the woman to give breast milk immediately?
- What was the reaction of friends and family members?

Summarise the main points

## Presentation

Breastfeeding immediately is good for the growth and health of the baby.

- **Immediate breastfeeding:** Put the newborn to the breast immediately after birth (within 30 minutes) even before the mother is cleaned.
  - The newborn’s sucking sends a message to the placenta to contract faster so that the placenta comes out faster.
  - Immediate breastfeeding helps the mother and baby bond.
  - Immediate breastfeeding keeps the baby warm.
- **Give all the colostrum (the first thick yellow milk):** All mothers have the first yellow liquid from the mother’s breast (colostrum):
  - Colostrum is a natural part of life.
  - Colostrum gives the newborn protection against diseases; it is very good milk. The colour comes from the natural medicines in the milk.
- **Do not give the newborn anything except breast milk for the first six months**
  - Breast milk has plenty of water in it, and does not make the baby feel thirsty.
  - Breast milk contains all the baby needs in the right proportions.
  - Babies are supposed to feed on their mothers’ milk, not on cow’s milk.
  - Babies are not strong enough to protect themselves from germs. Many babies get diarrhoea from drinking and eating food and liquids that we give them even though these foods and liquids do not make us sick.
  - Do this for the first six months.
  - Do not allow other family members (e.g. mother-in-law or mother) to feed the baby anything else.

## Summarise

Summarise the key points made in this topic (use information in the Box on next page).



## PRESENTATION

Benefits of Immediate Breastfeeding	Benefits of Exclusive Breastfeeding (for 6 months)
Makes placenta come out faster	Breast milk is made for our babies; it has all the nutrients the baby needs
Gives baby colostrum	Breast milk has enough water for thirsty babies
Provides natural protection/medicine	Other food and drink can cause serious diarrhoea
Keeps baby warm and helps with mother baby bonding	Breast milk is free; by breastfeeding exclusively families can save other foods and drinks for other members of the family

### Topic 2: What We Can Do To Make it Easier for Women to Breastfeed Immediately and Exclusively

#### Instructions

Encourage participants to form groups of 3 persons.

#### Small Group Reflection

Each group will consider actions community members can take to make it easier for women to breastfeed their newborns immediately after delivery and to keep breastfeeding exclusively for at least six months.

Each group should prepare to report their responses to the following questions:

What should fathers do to make it easier?

What should pregnant women do?

What should older women do?<sup>4</sup>

What should the community do?

#### Reporting

Groups report their responses.

Summarise the key points and tell participants that they should meet with the larger community to discuss these issues. Ask for a volunteer to represent the discussion group at this meeting with the wider community.



<sup>4</sup> This is particularly important because older women sometimes feed the baby other drinks or foods in the absence of the mother.

## Topic 3: How We Can Help the Least Supported Women Take Care of their Newborns

### Presentation

In many countries newborn deaths tend to cluster in certain families: in other words, a small number of families have a large number of newborn deaths. We as a community need to be aware of this. We can help the families where this happens.

### Discussion

Who are the women/families in this community who may face great challenges caring for their newborns?

*Possible Responses:*

- Young, unmarried women.
- Women who lack the support of a husband.
- Women who are depressed or stressed because their husband is violent.
- The poorest women/families in the community.
- Women with many young children, who lack support of other family members.

### Small Group Discussion

Encourage participants to discuss the following:

What can the community do to identify families that have a high number of newborn deaths?

How can the community do this without stigmatising these families?

What practical things can the community do to help these families ensure that their newborns have the best chance of survival?

What specific actions can the community take to ensure that vulnerable women and families are supported?

### Reporting

Ask one member of each small group to report back their ideas.

### Commitment

Let us commit to taking the following actions so that we can help vulnerable women/families in our community to care for their newborns. These actions are (summarise)...

## QUICK REFERENCE FOR TRAINERS

### Immediate Newborn Care

1. Check breathing	<ul style="list-style-type: none"> <li>• Check that the newborn is breathing.</li> <li>• Check that the newborn has pink lips.</li> </ul>
2. Dry the newborn immediately	<ul style="list-style-type: none"> <li>• Wipe the newborn's body with a clean, warm cloth.</li> <li>• Wipe the head well. Do not rub off the creamy, white substance. It protects the newborn's skin.</li> <li>• Wrap the newborn in clean cloth or preferably place skin to skin with the mother.</li> </ul>
3. Cut cord and keep dry and clean	<ul style="list-style-type: none"> <li>• Tie the cord in two places near the newborn: 2 fingers from the belly button and 4 fingers from the belly button.</li> <li>• Cut the cord with a new razor blade (or boil a used razor blade for 10 minutes).</li> <li>• Do not put anything on the cord.</li> <li>• Give the newborn sponge baths until the cord falls off by itself.</li> <li>• The cord will fall off in 5-10 days.</li> <li>• Watch for signs of infection: delay in cord stump falling off, swelling, redness, pus, foul smell at the belly button. Go to the health centre for treatment.</li> </ul> <p><i>Note: if the placenta does not come out and there is an emergency, use a clean cloth to tie the cord to the mother's thigh so that the cord will not withdraw inside the mother. Then follow the directions for cutting the cord.</i></p>
4. Place baby in skin-to-skin contact with mother	<ul style="list-style-type: none"> <li>• Put the newborn on the mother's chest.</li> <li>• Cover the mother and newborn together with a warm cloth/blanket.</li> <li>• Cover the newborn's head.</li> <li>• Low birth weight babies should be taken to the health centre.</li> </ul>
5. Breastfeed	<ul style="list-style-type: none"> <li>• Start breastfeeding <b>within one hour</b>.</li> <li>• The newborn needs the yellow liquid. It has medicine in it.</li> <li>• Feed newborn on demand (every 2 ½ to 3 hours).</li> <li>• Make sure the newborn finishes one breast and then move it to the next breast. The newborn's sucking tells the mother's body to make more milk. If the baby doesn't finish the milk, the mother's body doesn't make as much milk.</li> <li>• Don't give any other liquid or food. Give the mother the food and liquid so she has plenty of milk. Babies do not need water. If the newborn is hot and thirsty, give her/him breast milk; it is as thin as water but has special medicines and foods.</li> </ul>
6. Immunize	<ul style="list-style-type: none"> <li>• Immunise the baby at birth (on the first day) or as soon as possible.</li> </ul>

## Topic 4: Say & Do the Newborn Danger Signs

### Presentation

- The doctors have told us that there are **nine main danger signs** to watch out for in our newborns from the period of delivery up to 30 days:
  - 4 signs in the head
  - 3 signs in the body
  - 2 signs in the bottom
- If we see any of these signs we should take the newborn to the health centre immediately.
- We will now learn the nine Newborn Danger Signs.

### Instructions for Trainers

The facilitator needs to learn how to demonstrate the newborn danger sign poses. See the description in the Box below next to the names of each of the danger signs.

As you say '4 signs', lift up your right hand and stretch out four of your fingers beginning with the index finger; as you say "head", touch your head with both hands; as you say 3 signs, lift up your right hand and stretch out three of your fingers beginning with the middle finger; as you say 'body' touch from the top of your chest down to the portion just above your hips; as you say 2 signs, lift up your right hand, stretch out two of your fingers beginning with the index finger and as you say 'bottom' turn around and touch your bottom also with both hands.



**'SAY AND DO' DEMONSTRATION****Newborn Danger Signs****HEAD SIGNS (4 SIGNS)***Note for Trainers*

Touch your head with both hands and say: **"there are 4 signs to watch out for in the head"**

<b>Sunken soft spot</b>	<ol style="list-style-type: none"> <li>1. Lower down your head allowing your chin to rest on your upper chest.</li> <li>2. Touch the soft of your head with both hands using the four fingers in both hands to press downwards.</li> <li>3. Say "Sunken soft spot" .</li> <li>4. Remove your fingers from your soft spot but still keeping your head down.</li> <li>5. Repeat steps b and c twice more (sunken soft spot X 2).</li> </ol>
<b>Sunken eyes, no tears when crying</b>	<ol style="list-style-type: none"> <li>1. Lift up your head.</li> <li>2. Touch both eyes with the first two fingers following the thumb on both hands – the left fingers resting on the left eyes and the right fingers resting on the right eyes.</li> <li>3. Say "Sunken eyes no tears when crying three times.</li> </ol>
<b>Fever</b>	<ol style="list-style-type: none"> <li>1. Use your right palm to touch the right side of your head.</li> <li>2. Quickly repeat the first step above, but this time using the back of your right hand instead of your palm.</li> <li>3. Say "Newborn has fever X 2" .</li> </ol>
<b>Refusing to feed</b>	<ol style="list-style-type: none"> <li>1. Hold both your hands under your left breast and turn your face to the right side.</li> <li>2. Say "Newborn is not feeding X 2" .</li> </ol>

**WHOLE BODY SIGNS (3 SIGNS)**

Use both hands to touch your body making sweeping movements from your throat to just above your hips and say **"there are three signs to watch out for in the body"**

<b>Difficult breathing; fast and noisy breathing</b>	<ol style="list-style-type: none"> <li>1. Lift up your chest cavity and breathe in and out fast. Then wait a little and while and repeat the same process 2 times.</li> <li>2. Say "Breathing is difficult" X 2.</li> </ol>
<b>Stiff neck and body</b>	<ol style="list-style-type: none"> <li>1. Stretch your neck and your body. Also stretch both hands down on both sides of your body.</li> <li>2. Say "Say newborn's neck is stiff, body is stiff" X 2.</li> </ol>
<b>Fitting</b>	<ol style="list-style-type: none"> <li>1. Hold your hands up in the air and let your head fall to one side while shaking your hands and whole body at the same time.</li> <li>2. Say "Newborn is fitting" X 2.</li> </ol>

**BOTTOM SIGNS (2 SIGNS)**

Use both hands to touch your bottom making a downward sweeping movement saying **"there are two signs to watch out for in the bottom"**

<b>Not passing urine</b>	<ol style="list-style-type: none"> <li>1. Hold both hands in-between your legs tightly squeezing your legs together.</li> <li>2. Say "Newborn is not passing urine" X 2 times.</li> </ol>
<b>Diarrhoea for more than three days or diarrhoea with blood or mucus</b>	<ol style="list-style-type: none"> <li>1. Use your right hand making fast sweeping movements away from the right side of your bottom.</li> <li>2. Say "Newborn has had diarrhoea for more than 3 days or there is blood or mucus in the stool" . Repeat this X 2.</li> </ol>

## Instructions

Use the rapid imitation method to learn and recall the newborn danger signs.

The rapid imitation method described below ensures that each participant learns how to demonstrate each newborn danger sign. Repeating the demonstration of each sign makes it easier for participants to remember and recall the danger signs.

### Facilitator demonstrates a sign.

Facilitator says she/he will lead and asks participants to imitate her two times.

–Participants imitate facilitator 2 times.

### Participant demonstrates:

–Facilitator notes a participant who is doing a sign well and asks her/him to move one step into the circle and demonstrate the sign.

–Facilitator asks participants to imitate the participant demonstrator 2 times.

–Participant leads everyone 2 times.

### Volunteers demonstrate each sign:

–Facilitator asks for volunteers to demonstrate a sign.

–Volunteer moves one step into the circle and demonstrates a sign.

–Volunteer leads everyone 2 times.

### Facilitator leads all the participants to demonstrate the key danger signs together.

–Participants imitate her/him 2 times.

Practice each danger sign pose, one at a time. Continue using the rapid imitation method until all the dangers signs poses have been learned.

### Circular Review: Today I learned that...

## Closing

Encourage participants to discuss with relatives and friends.

## Presentation

- **Date, time and place:** Tell participants the date, time and place of the next discussion group session.
- **Encourage sharing:** Encourage participants to share with their relatives and friends some of the discussion that took place in this session.
- **Thank the participants for their participation.**

## Topics to Share

### Topics to Share with Relatives and Friends

- Importance of immediate and exclusive breastfeeding
- What families and communities can do to support immediate/exclusive breastfeeding
- How we can support vulnerable women/families to look after their newborns
- Newborn danger signs

### Topic for Next Session

- Importance of postnatal care



# Session 3: Postnatal Care for Mother and Newborn

→ **Time:** 1 Hour 30 Minutes

→ **Objectives**

By the end of the session participants will:

- Recognise the barriers of access to postnatal care, and begin to share solutions.
- Feel confident that postnatal care is important for both the mother and the newborn.
- Begin to feel responsible for ending barriers by planning to support families to use postnatal services.

## Session 3 Topics

Postnatal Care for Mother and Newborn

Topic	Method
Our discussions with spouses, relatives, friends	Experience sharing
1. Care for the Mother and Newborn	Experience sharing
2. Helping Families Overcome the Barriers to Attending Postnatal Care Services at the Health Centre	Group discussion
Circular review: "Today I learned that..."	Discussion
Closing: Encourage participants to discuss with friends and relatives Presentation	

## Introduction and Review

Welcome. In this session, we will learn more about postnatal care for the mother and the newborn.

First, we will review the discussions that we had with spouses, relatives and friends on the topics from last week.

## Positioning

Participants sit in a circle.

## Presentation

- I hope you all shared our discussions with your spouses, relatives and friends. Please share with us your discussions. What did you tell them?
- Let us recall the topics from the previous session:
- Importance of immediate and exclusive breastfeeding.
- What families and communities can do to support immediate/exclusive breastfeeding.
- How we can support vulnerable women/families to look after their newborns.
- Newborn danger signs.

## Instructions for Trainers

Encourage 3-4 volunteers to share the discussions that they had with other people. Make sure that the same people do not feed back every week.

Summarise the main points.

## Topic 1: Care of the Mother and the Newborn

### Positioning

Pairs sit in a circle and count off. Count off 1, 2, 3; 1, 2, 3; 1, 2, 3; etc. Groups of three sit facing each other.

### Small Group Discussion

How is the new mother cared for from the period immediately after birth up to 6 weeks?

- What are the family practices?
- What are the common practices in the community?
- Apart from the cord care and the breastfeeding practices for the newborn that we have already discussed, what other care does the newborn receive?
- Who are the family members and community members that play a key role in these practices?
- What role do they play?

### Volunteers Share

Will some volunteers please share your experiences with the group?

### Presentation

- In addition to this important care in the family and in the community, new mothers and their babies also need support from the health centre.
- We are now going to look at why postnatal care at the health centre is important (make a short presentation of the facts in the box below).

## PRESENTATION

### Postnatal Care Is Important

- Postnatal care is the care that both mother and newborn receive in the first 6 weeks after delivery.
- We have discussed the common postnatal care practices in our families and in our communities.
- Some of these practices are **good** for the health of the mother and newborn, for example keeping the newborn warm; good core care practices; and allowing the mother to rest after delivery.
- Apart from home based care, the mother and her newborn also need the very important postnatal care provided in the health centre.
- The Ministry of Health recommends a total of three postnatal care visits for the mother and the newborn:
  - 6 hours after delivery
  - 6 days after delivery
  - 6 weeks after delivery

Important services for the **newborn** include:

- Educate mother on recognition of newborn danger signs and what to do.
- Promote birth registration and timely vaccination.
- Identify and care for newborns who need additional care, for example small babies, those whose mothers are HIV positive etc.

Important services for the **new mother**:

- Advice and support for birth spacing/family planning.
- Identification of mothers with delivery-related injuries.
- Identify and support for mothers having problems with breastfeeding.
- Identify and care for mothers who need additional care e.g. HIV positive.

### Demonstration

Demonstrate using 'say and do' the MOH advice on the timing of postnatal care visits.

## SAY AND DO PRESENTATION

### Timing of Postnatal Care Visits

Say	Do
After 6 hours	Hold six fingers up as you say 'hours'
After 6 days	Hold six fingers up as you say 'days'
After 6 weeks	Hold six fingers up as you say 'weeks'



## Topic 2: What We Can Do To Make it Easier for Women in Our Community to Attend Postnatal Care Services

### Small Group Reflection

What are the reasons why women do not attend postnatal care at the health centre? How can these barriers be addressed?

- Each group will consider reasons related to one of the following: family, community or health centre
- Each group should be prepared to report the outcome of their deliberation:

### Group 1

What can we do to help families overcome the reasons within the family that prevent pregnant women from attending the three postnatal care visits at the health centre (one after 6 hours; one after 6 days; one after 6 weeks?)

*Desired responses:*

- We can encourage our women to attend postnatal care, now that we know it is important.
- We can ask the Mama SMAG if they can support us with transport.
- We can ask relatives, friends or others to look after our children when we trek to the health centre.

### Group 2

What can we do to help overcome the reasons within the community that prevent women attending postnatal care visits (one after 6 hours; one after 6 days; one after 6 weeks?)

*Desired responses:*

- We can encourage women to deliver at the health centre – this means that they will be able to get postnatal care after 6 hours.
- We can make the ETS available to transport women to postnatal care after six days and six weeks.
- We can organise child care for women who need someone to look after their children when they attend postnatal care.



### Group 3

What are the most pressing problems relating to the health centre or outreach services that we would want our District Health Office to address to enable our women receive all three postnatal care services?

*Possible responses:*

- If outreach was more regular, women would be able to get postnatal care this way.
- Health centres are not currently encouraging women to come for postnatal care – they need to do more to promote this.
- The District Health Office could offer incentives for women to come for postnatal care.

### Reporting

Groups report on their deliberations.

### Presentation

- We will share our suggestions with other community members including other Mama SMAG members in our settlement and health post catchment area.
- We will then agree as a community how to take forward our suggestions and proposals.

### Circular Review: Today I learned that...

Participants recall the main points of the session.

### Positioning

Participants stand in a circle.

### Instructions for Trainers

- We will go around the circle sharing with each other what we learned today.
- Facilitator demonstrates by announcing: "Today, I learned about the importance of going for three postnatal care visits: one after 6 hours, one after 6 days, and one after 6 weeks."
- Facilitator asks the participant to her/his right to imitate her/him by saying, "Today, I learned that ..."
- Facilitator asks the next person in the circle to follow the example.
- Activity: Each participant takes her/his turn.
- Facilitator thanks everyone.

### Closing

Encourage participants to discuss with relatives and friends.

### Presentation

- This is the last session in the community discussions.
- However, the work that is underway within the community to improve the maternal and newborn health problem will continue.
- The Mama SMAG volunteers are working hard to support the establishment of community systems that will help tackle the barriers of access and affordability to maternal and newborn health services.
- Members of the community are working hard to run these important systems – and we can already see the difference.
- We must continue this good work far into the future!
- District health staff and other members of the mentoring and coaching support team will continue to visit the community to offer support to the Mama SMAG volunteers and to check on progress.

### Topics to Share with Relatives and Friends

- Importance of three postnatal care visits: 6 hours; 6 days; 6 weeks
- Why postnatal care is important for the mother and the baby

# Notes

**“Mama SMAGs keep records of women who have been supported by the community emergency maternal care systems, such as the emergency transport scheme, the food banks and the emergency savings scheme. This allows them to track their own performance.”**





# Community Discussion Guide

for Maternal and Newborn Health Care

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A TRAINING MANUAL FOR SAFE MOTHERHOOD ACTION GROUPS