COMMUNITY SENSITIZATION MEETING TOOL

PROMOTING COMMUNITY MATERNAL, PERINATAL DEATH SURVEILLANCE AND RESPONSE

DIRECTION FOR USE

This community sensitization meeting tool is to be used to support community engagement for the promotion of CMDSR aimed at maternal mortality reduction.

GETTING STARTED

1. In which communities is the community sensitization meeting holding?

The meetings are holding in the communities where the model CMPDSR is being implemented.

2. How many communities Sensitization Meeting are going to take place?

The plan is to conduct a community sensitization meeting for each community.

3. How many people should be invited for each meeting?

In each of the meetings, 100-200 people will be invited.

4. Who should be invited to the meetings?

Effort should be made to invite all the different stakeholders to the meetings – community leaders (formal and informal, religious, and traditional), representatives of women groups, youth groups, men's groups, traditional birth attendants, patent medicine vendors, health care providers working in the village, the rich, the poor, representatives from all the different community clusters The team should ensure adequate representation of the different stakeholders to the meeting.

5. How long should the meeting last?

Since we plan an ongoing sensitization and engagement with members of the community, make provisions for about three hours for the sessions.

6. Where will the sessions hold?

Arrange with the members of the community for suitable venues for the meetings. Try to find a venue where the meeting is not disrupted by rain, while ensuring social distancing. Also make sure the venue is easily accessible by everyone.

7. How should the meeting be facilitated?

One person should serve as facilitator. The team may want to share sections of the meeting, and different members of the team facilitate different sections or one team member could do all the facilitation.

The facilitator should try to ensure participation of everyone in the meeting as we want to capture the voices and opinions of everyone. Thus, the facilitator should find a way of drawing out people not talking to contribute and silencing persons that appear to dominate the meetings.

The sessions should be tape recorded and later transcribed. Additionally, have someone in the team take notes. It is recommended that flipcharts be used, and key issues and decisions put down on the flipchart.

OPENING ICE BREAKER

INTRODUCTION OF COMMUNITY PARTICIPANTS & OPENING REMARKS

Objectives: To get to know each other and brief overview of the purpose of the meeting and the agenda.

Method: Participatory

Introductions: Ask the participants to pair. Each should spend a few minutes discussing. After this, each person then introduces her/his pair telling the person's name, community cluster, profession/ constituency s/he represents and their favorite food. If there is no time, each person is to introduce himself/herself.

Take attendance

Establish norms for meeting: These could include:

• Everybody's contribution is important. All people are encouraged to contribute to the discussions and there is no right or wrong answers.

• Respect other people's contributions

• When someone talks, others should listen

• No strong language, blame or discriminatory language should be used.

• Telephones should be turned off or put on silent.

• One person should talk at a time. When a person wants to talk, s/he should raise her/his hands for recognition.

• There should be no side talks.

Overview of Objectives and agenda: The lead facilitator then gives the overview and objectives of the meeting.

SESSION ONE:

PREGNANCY AND OUR LIVES

Objective: Identify the main characteristics of being a woman and develop the life history of a woman through pregnancy.

Technique: Creating a life history.

Participants are divided into two groups. One group develops the life history of a woman, while the other develops the life history of a man. Create the Life History of an imaginary person (Give names) from the community in the different stages of their life:

- **Birth:** Putting most emphasis on birth (e.g., Who attended the birth? Where did the birth take place? How was the birth announced? When was the child put on the breast milk)
- **Childhood:** Putting most emphasis on the family setting, participation in household chores and schooling. For schooling - Was the child put in school? Which schools? Who decided on the schooling? Who took responsibility for the school? How many years was the child kept in school? Was school attendance regular? What factors determined school attendance? Etc.
- **Adolescence/Youth:** Putting emphasis on marriage – What determined when to marry/ age at marriage and age at first pregnancy. Who decided when and who to marry?

- **Adulthood:** Putting most emphasis on reproductive life. Number of pregnancies? Are pregnancies planned? Use of ANC, place of delivery and attendants at deliveries? Reasons for use or otherwise of ANC? Problems associated with the pregnancies. Social and economic problems? How are the men involved in their partners' pregnancies? Uptake of family planning?

Each group should brainstorm and come up with a life story of an imaginary person. Following the group activity, the groups come together, and each group presents the life story of the imaginary person. The facilitator guides the discussion to bring out the main characteristics of being a male or female and the differences in their life stages (highlight differences in value, power, access to opportunities, and resources that women and men have)

Also, bring out problems of women during the reproductive period that may come out (e.g. many pregnancies, lack of ANC, home deliveries, complications if any)

SESSION TWO:

PROBLEMS ASSOCIATED WITH PREGNANCY AND CHILDBIRTH

Objective: To make sure community members correctly understand complications that can occur during pregnancy and childbirth

Method: Group discussion

Introduction: Facilitator tells group that we are now taking a break from talking about general issues relating to being a woman or man in this community to focusing on issues relating to childbearing. Childbearing is a joyful thing. All of us desire to be fathers or mothers. However, while childbearing is a normal thing, sometimes problems can develop. Some of these problems or complications can even lead to the death of the woman.

Ask the group:

What are the complications that can occur during pregnancy? For each of the complications, probe to find out in which groups of women is it more common? How common is each of the complications mentioned in this community?

What are the complications that could occur during childbirth? For each complication, probe to find out in which groups of women is it more common? How common is each of the complications mentioned in this community?

What are the complications that could occur after childbirth? For each complication, probe to find out in which groups of women is it more common? How common is each of the complications mentioned in this community?

Ask the group, whether women have died during pregnancy or childbirth or within 40 days of childbirth in this community in the past year. If yes, can they recount who the women were and the causes of each of the deaths.

Ask them to recall, where did these deaths occur? What would they consider as some of the factors that contributed to the deaths of these women?

Are there things they consider that could have been done differently that perhaps could have enhanced the chances of the women surviving?

Objectives: To make sure community members discuss factors that contribute to maternal mortality

Method:, Group discussion

Materials: Narratives of 'What killed Hauwakuluwa? flipchart paper and stand, markers. Generator back up.

What Has Killed HAUWAKULUWA?

HAUWAKULUWA was a 30-year 0ld illiterate, who lived in Nano, village

She was married to a 45-year-old farmer at the age of 13, as the third wife.

She had 7 children, all born at home, under the supervision of a TBA. She never had ANC nor delivered in a health facility as she was told by her mother in-law that no woman in that house ever did such a thing.

When she was due to have her eight deliveries, she encountered problems. She laboured for 2 days without progress. The TBA gave her concoctions, without success. The Malam was called, who gave her rubutu to drink, all without relief.

Finally, at the end of day 2 of labour, the TBA advised that she be taken to the hospital. Initially, the husband refused, but later he gave his consent.

Getting transport was difficult as vehicles come that village only on market days. When they got one, the driver doubled the price.

The nearest health facility, the PHC, was 10km away. When they got there in the evening, the health workers had closed.

Eventually, they reached the general hospital, which was 35 km from their village. She was examined and diagnosed as having obstructed labour due to transverse lie. They were asked to pay 35, 000 before admission.

The husband went to the back to the village to raise the money. By the time he came back she had died.

Facilitator: Inform participants they should listen attentively and try to identify all the factors that may have contributed to the death of Hauwakuluwa. Read the narrative of

What Has Killed HAUWAKULUWAAsk group:

What do you think caused the death of Hauwakuluwa?

Facilitator: List all contributory factors on the flipchart paper. Guide the discussion to draw out additional factors if not mentioned:

- Maternal care seeking behaviour (lack of ANC and home delivery)
- Reproductive behaviour – early marriage, no birth spacing etc.
- Social conditions – no school, poverty, Hauwa could not take decision etc

Once complication set in, guide the discussion along the path of the 3 delays

- What were the factors at home that delayed recognition that there is a problem and delayed decision to taking Hauwakuluwa to the hospital?
- What are the factors associated with transportation and getting to the hospital after the decision to take the women to the hospital that could have contributed to the death?
- What are the factors associated with the services in the health facility that contributed to the death?

Facilitator discusses the direct causes of Maternal death but that there are many underlying factors that contribute to the death. Discuss the three delays and the social, cultural, behavioural and health care seeking behaviours that all contribute to the death.

Factors Contributing to maternal death after a complication has occurred

Phase 1: Delay: Delay in recognizing the need for maternal health services and deciding to seek treatment and advice

- Lack of knowledge about maternal health and danger signs of pregnancy
- Low perception of risks/complications
- Traditional beliefs, cultural norms and religious beliefs concerning pregnancy and childbirth (concealing pregnancy may make them not go for ANC or go later, traditional way of burying placenta may make them not want to deliver in a health facility, trust in TBA may discourage use of Skilled Birth Attendants etc.)
- Lack of decision-making power of women
- Bad previous experience of hospital delivery
- Lack of familiarity with hospital delivery setting
- Perceived lack of privacy of hospitals
- Perceived lack of female care providers to attend to women in hospital
- Lack of resources (money) to facilitate movement to the hospital.

Phase 2 Delay: Delay in reaching a health facility where appropriate care is provided

- Distance to the health facility
- Difficult roads
- Lack of transport /ambulance services
- Cost of transport

Phase 3 Delay: Delay in getting timely and appropriate care on getting to the health facility

- Cost of care
- Lack of equipment/drugs
- Attitude of health workers
- Lack of skilled health workers
- Absence of health workers in facility

Facilitator: Ask participants to share experiences as it relates to these factors

Other Factors

In addition to these factors, other important factors include:

- Reproductive behavior of women (early marriage and early onset of childbearing, too many children, lack of spacing of births)
- Maternal health care seeking behavior (lack of ANC, home delivery, lack of supervision of deliveries by trained health workers, lack of use of contraceptives to space deliveries etc.)
- Lack of female education, low status of the women
- Poverty etc.

Ask group:

Is there anything we can do to prevent some of these?

Facilitator wraps up the session by telling group that no woman should die while giving birth. The fact that women continue to die from childbirth means that of all us are failing women. There are things we can all do to prevent maternal deaths.