WAYS TO RAISE AWARENESS AND CHANGE BEHAVIOUR TO INCREASE CHOICE FOR SAFER MATERNAL HEALTH

The Safe Motherhood Initiative Demand and Rapid Awareness Raising (North) Community Outreach Events (South)

paths2
Partnership for Transforming Health Systems II

UKaid
from the British people

Contents

Introduction

‘Mini surveys conducted in communities in the catchment areas of PATHS2-supported health facilities show a high level of knowledge of maternal health issues among women of reproductive age.’

Introduction

Health status indicators for Nigeria show that progress towards achieving the Millennium Development Goals (MDGs) has been unimpressive, necessitating appropriate health system strengthening interventions for positive change.

PATHS2 is a six year DFID funded programme designed to support the strengthening and transformation process of the Nigerian health system. The PATHS2 programme collaborates with and supports Nigerian ministries, departments and agencies in five states (Jigawa, Kaduna, Kano, Enugu and Lagos) to improve the performance of its health system to deliver sustainable and high quality health care that meets the needs of its people, especially the poor, and to empower citizens to demand a responsive and accountable government at all levels.

PATHS2 behaviour change communication unit was charged with strengthening the capacity of citizens to make informed choices about prevention, treatment and care related to maternal and child health issues. This task has been addressed through three communication models and supported by regular broadcasts of public service announcements on state and privately owned radio stations.

This guide outlines different ways of approaching safe motherhood. As a result of regional differences in culture and religion between the northern and southern States the Safe Motherhood Initiative Demand (SMID) and the Rapid Awareness Raising (RAR) models were adapted for the northern states and a Community

Outreach model has been used in southern states.

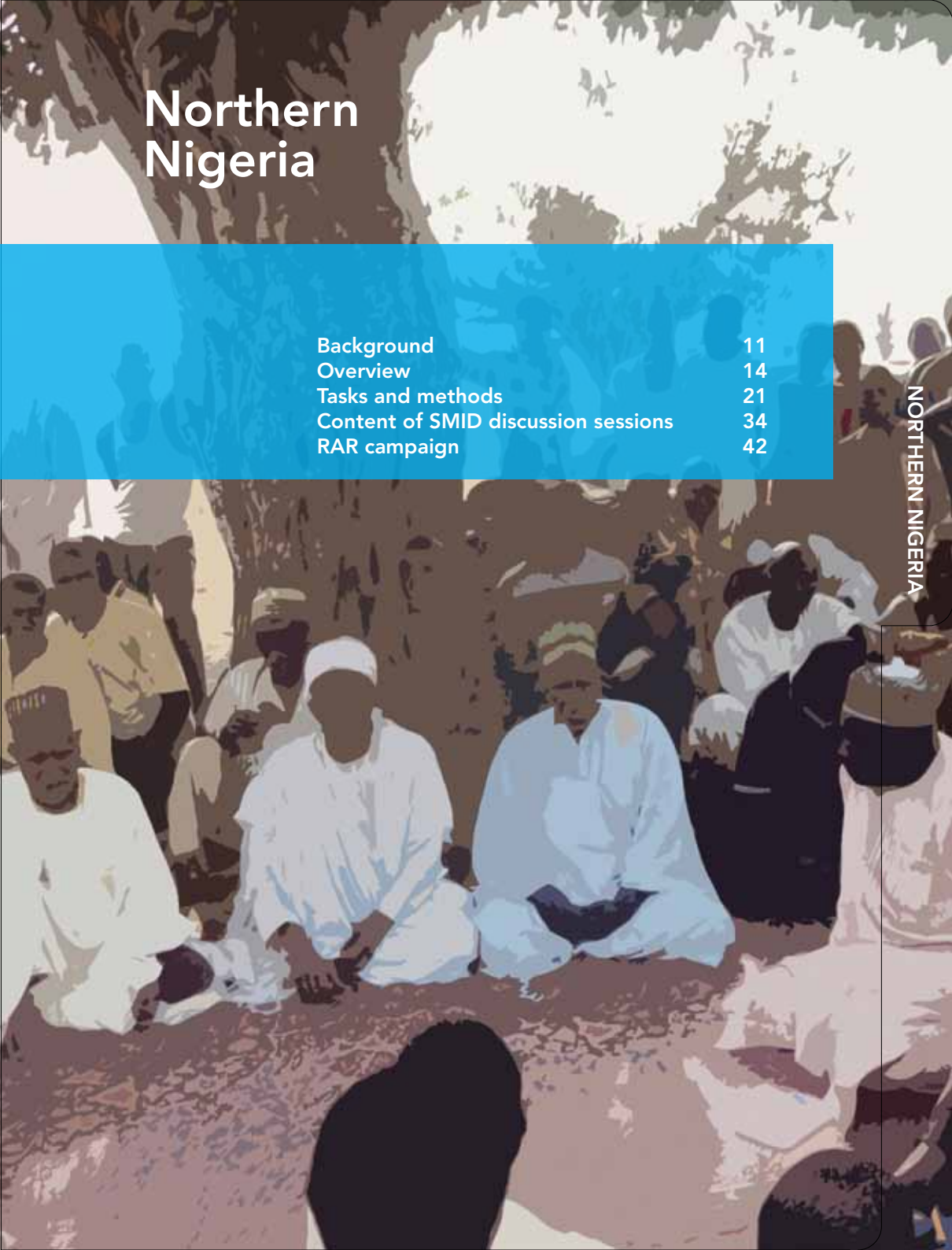
Mini surveys conducted in communities in the catchment areas of PATHS2-supported health facilities show a high level of knowledge of maternal health issues among women of reproductive age.

The How To Guide outlines the three different models used by PATHS2 to raise awareness of maternal health issues and to change behaviour.

"I have seen the importance of the training; three days after the training my wife gave birth and started bleeding, I took her to Sumaila General Hospital. The health worker said they wanted two pints of blood and my brother and I donated the blood. If not for the education, we would not have taken her to the hospital but we would have taken herbs."

Kwas Community, Garko LGA, Kano State (male community volunteer).

Northern Nigeria



“The service provider requested two pints of blood. We rushed back to the village to enquire for volunteer blood donors and fortunately found seven people that joined us at the hospital. In the past we did not have volunteer blood donors in this community. We might have lost Maryam, and the baby, since the family could not afford the medical costs. We are grateful for SMID.”

Nasiru Musa

Background

An innovative approach to implementing the demand side of the Strategy was started by PATHS2 in poor, low literate communities of the three Northern States of Kaduna, Kano and Jigawa. The approach is based on activities to provide the community with health information and, importantly, gives an opportunity to discuss, decide and take action. In this way community social approval for behaviour change and increasing the rate of both ante-natal care and facility delivery are increased.

The two methods are:

- The Safe Motherhood Initiative Demand (SMID) in rural areas
- Rapid Awareness Raising (RAR) in the catchment areas of health facilities in urban and semi urban areas

Both SMID and RAR used simple, low cost methods and techniques, that are enjoyable and can be easily applied and practised by low literate members of the community.

The content covered in SMID includes:

- The maternal danger signs
- Making a safe pregnancy plan
- The benefits of ante-natal care (ANC) and facility delivery (FD)
- Ensuring a clean delivery

The content covered in RAR includes:

- The benefits of ante-natal care (ANC) and facility delivery (FD)
- The maternal danger signs
- Promotion of local facilities

There is time in both SMID and RAR for important issues to be raised such as recognising and treating diarrhoea, routine immunisation and other topics as chosen by the community.

These approaches empower the community to build institutional structures and sustain them as well as keeping simple records.

Both SMID and RAR aim to save lives and reduce maternal mortality. They do this by raising awareness about the maternal danger signs and reduce community level barriers and delays to accessing emergency maternal health care. They link communities with health facilities for safe delivery by a skilled attendant. The two approaches mobilise communities to ensure that everyone knows and understands the danger signs, recognises that a delivery in a health facility is safer and gives approval to women who want to access both ante-natal care and facility delivery.

To be effective in saving the lives of both mothers and babies it is necessary to:

- Saturate the community with health information
- Hold discussions to facilitate decisions and take action
- Give social approval to women who want to use a health facility
- Increase ANC attendance and facility delivery
- Save women's lives by reducing the delays in getting emergency maternal care for women with complications

The two approaches compared:

Safe Motherhood Initiative – Demand (SMID)	Rapid Awareness Raising (RAR)
For poor and low literate rural communities	For urban and semi-urban communities near health facilities
Aims to saturate the community with health information and provide an opportunity to discuss, decide and act	Aimed at raising awareness and mobilising communities near health facilities and linking them to it
Involves establishment of community structures, forming discussion groups and conducting four cycles of maternal health care discussions	One-off activity or campaign
Volunteers need not be literate	Team drawn from retired teachers, health workers and other literate community members
Advocacy and community dialogue necessary before the start of maternal care discussions	Advocacy necessary

An overview to implementing the Safe Motherhood Initiative Demand (SMID) and Rapid Awareness Raising (RAR)

WHAT IS SMID?

SMID is a community based initiative addressing the demand side of safe motherhood using community volunteers to raise awareness and mobilise communities on the danger signs of pregnancy, delivery and the 40 days following birth. It aims to increase access to timely emergency maternal care and the uptake of ANC and facility delivery services that can prevent and reduce maternal emergencies and deaths. SMID is implemented in rural areas.

WHY IMPLEMENT SMID?

A number of social and financial factors within the community are barriers to accessing emergency maternal care. These include:

- Ignorance or misconceptions about the danger signs of pregnancy
- Inadequate arrangements for emergencies that are often related to money, transport, absence of husband's permission, absence of helpers for pregnant mothers and lack of blood donors
- Ignorance of the health benefits of attending ANC and for delivery in a health facility
- Lack of social approval for women who may be willing to access emergency maternal care services

SMID prepares volunteers to mobilise communities to learn important, potentially life-saving information, discuss maternal health issues and develop community structures. Removing the community-level barriers to accessing emergency maternal health care services ensures that more women are able to access the services they need.

WHERE IS SMID IMPLEMENTED?

SMID is implemented in communities with high maternal mortality indicators, low facility delivery rates and poor ANC service uptake despite the availability of health facilities.

WHAT STEPS ARE NEEDED TO IMPLEMENT SMID?

Implementing SMID involves the following steps:

- Planning for SMID
- Training of Trainers
- Advocacy with State/LGA Health authorities
- Identification of communities for SMID implementation
- Advocacy with community gatekeepers
- Holding a community forum
- Lead Volunteers' training
- Community Volunteers' training
- Identification of discussion groups
- Conducting community discussions on maternal health
- Coaching of LCVs and CVs
- Keeping simple records

WHAT INFORMATION IS PROVIDED DURING SMID SESSIONS?

The content of SMID is provided in four sessions; one session per week

Session	Content of session
One	The nine danger signs in pregnancy, childbirth and the first 40 days after childbirth
Two	Making a Safe Pregnancy Plan
Three	Benefits of ANC and Facility Delivery Clean delivery
Four	Add-on topics such as treating diarrhoea and routine immunisation

HOW LONG DOES IT TAKE TO IMPLEMENT SMID?

It takes three months to implement SMID

Month One	Planning Training Of Trainers Advocacy Community forum Lead Community Volunteer (LCV) training
Month Two	Training for community volunteers Identification and running of discussion groups Coaching
Month Three	Community discussions Recording maternal and community discussion events Community review meetings

An overview to implementing the Safe Motherhood Initiative Demand (SMID) and Rapid Awareness Raising (RAR)

WHAT IS RAPID AWARENESS RAISING?

RAR is a Safe Motherhood campaign that targets the residents of a catchment area of urban and semi-urban health facilities. RAR focuses on public participatory sessions to give local people maternal health information, provide an opportunity for discussion and action and link them to their nearest health facility.

WHY IMPLEMENT RAR?

To provide information to the community in the catchment areas of urban and semi-urban health facilities on accessing safe motherhood services (ANC, facility delivery and emergency maternal health care). This approach is implemented in communities covered by a cluster of health facilities as defined by the World Health Organisation.

WHAT STEPS ARE NEEDED TO IMPLEMENT RAR?

- Planning for RAR
- Training of trainers
- Advocacy with stakeholders
- Identification of RAR sites and local facilitators
- Training of facilitators
- Mobilising for fieldwork
- Conducting RAR sessions
- Team debriefing
- Stakeholders' debriefing

WHAT INFORMATION IS PROVIDED DURING RAR SESSIONS?

RAR content is covered in one session, usually of one to one and half hours and includes:

- Community level delays to accessing emergency obstetric care
- Nine danger signs in pregnancy
- Safe pregnancy plan
- Benefits of ante-natal care and facility delivery
- Knowing your health facility

HOW LONG DOES IT TAKE TO IMPLEMENT RAR?

RAR requires up to 7 days' preparation for implementation

1 day	Planning by the RAR team
1 day	Mapping communities
2 - 3 days	State Facilitator Training
1 - 2 days	RAR Facilitator Training
Number of days depends on size of catchment area	Conducting RAR sessions

An overview to implementing the Safe Motherhood Initiative Demand (SMID) and Rapid Awareness Raising (RAR)

EFFECTIVE TRAINING METHODS FOR BOTH SMID AND RAR IMPLEMENTATION

The training and facilitation methods used in both SMID and RAR include:

- Rapid Imitation Method (RIM)
- 'Say and Do' Communication Body Tools
- Small Group Discussion
- Experience Sharing
- Reflection
- Presentation
- Use of songs and chants
- Review
- Assignments
- Coaching

Facilitating community discussion sessions includes:

- Opening formalities (welcome, prayer, recognition)
- Introduction of maternal health topics
- Experience sharing of real life stories
- Reflection
- Sharing knowledge
- Presentation using the communication body tools – Rapid Imitation Method (RIM)
- Songs and chants
- Reviewing
- Commitment to sharing information with family members and friends and giving feedback at the next session

RECORDS TO TRACK SMID AND RAR

Simple records are kept of maternal health events; childbirth, women transported to a health facility by the Emergency Transport Scheme (ETS), confirmed cases of birth transported by ETS, maternal outcome, blood donations, community savings, number of community discussion sessions completed.

RAR records baseline facility service data before and after the campaign, assessing knowledge and post-implementation health facility service data after three months.

‘I thought only deliveries with complications are supposed to go to Hospital, but I now understand the benefit of facility delivery. And whenever I am due for delivery I will come to Hospital.’

Malama Azumi Bawada Kampala Malam Madori

Conducting Safe Motherhood Initiative Demand and Rapid Awareness Raising: tasks and methods

PLANNING FOR SMID AND RAR

The planning for SMID and RAR require similar steps:

- Identifying a team (the composition of which should include representatives of the State Ministry Of Health/ Women’s Affairs and LGA Health Department and of the Primary Health Care Agency)
- Holding a planning meeting to discuss the objectives of the activity and the roles and responsibilities of team members
- Identifying and selecting a cluster for intervention
- Training trainers – determine the time, venue, agenda and training logistics (mats, soap, buckets) required
- Identify local facilitators
- For SMID: mapping the community to identify community gatekeepers, noting local culture, market days and identify locations for community discussions
- For RAR: mapping the community to identify locations, community resources and assess the capacity and service records of Health Facilities (baseline)

ROLES AND RESPONSIBILITIES

SMID team

- Developing a plan for SMID implementation
- Conducting advocacy with gatekeepers
- Mapping proposed communities for implementation
- Planning and leading Community Forums
- Training of LCVs
- Providing technical support and quality assurance during CV training
- Developing a work plan for community discussions

Local Technical Assistant

- Ensuring start-up of SMID (mapping, advocacy, running the Community Forum)
- Coaching LCVs to support community structures
- Implementing the work plan developed during the community forum
- Attending community level monthly meetings
- Supporting LCVs to collect and compile data from community discussions and maternal health events

Community Facilitators

- Mobilising support to sustain community structures (community savings, obtaining standing permission, blood donor group and ETS/local drivers)
- Supporting the community forum
- Coaching Community Volunteers
- Attending monthly meetings

Community Volunteers (CV)

- Conducting community discsussions
- Collecting data

Conducting Safe Motherhood Initiative Demand and Rapid Awareness Raising: tasks and methods

TRAINING FOR SMID AND RAR TAKES PLACE AT DIFFERENT LEVELS

SMID	RAR
State level Participants are 2 LTA, 6 CF, WFP Residents of the proposed community	**State level** Participants are 2 State Facilitators, LTAs and WFPs
Local Government 3 day training course for LCD conducted after selection of volunteers at a community forum. Facilitated by State and LGA trained staff	**Local Government** 2 day training course of Community RAR facilitators
Community Level 3 day training facilitated by LCVs for CVs Supported by LGA, Health Educator and Reproductive Health Coordinator	**No training**

TRAINING METHODS FOR BOTH SMID AND RAR

Rapid Imitation Method (RIM)

Trainees learn by modeling the methods used during their training. Trainees reflect on both the method and outcomes.

Trainees sit in circles and practise in small groups. In turn each trainee imitates the facilitator.

Communication body tools: 'SAY & DO'

Participants are trained to Say the new information and Do something to help them remember it, for example

- Say "Fever" while folding hands over shoulders pretending to shiver
- Say "lack of blood/anaemia" while showing palms of hands and drawing down the lower lids of eyes

Participants use their bodies as communication tools. It is fun and enables people to learn and remember new information.

This can also be used with songs to reinforce learning and aid recall.

Small group discussion

This is used to facilitate all training and for community maternal health discussions. It promotes social interaction and learning.

The facilitator guides discussion and provides information in a simple and easy way by using the communication body tools. Discussion can take place simultaneously.

Experience sharing

This activity allows pairs to share experiences about maternal issues. This highlights the advantages of health service use and the consequences of delays in seeking help.

Paired groups are invited to share experiences in a plenary session.

Conducting Safe Motherhood Initiative Demand and Rapid Awareness Raising: tasks and methods

Reflection

This follows experience sharing and participants are asked to consider the consequences of actions and inaction in the experiences they shared, providing an emotional aspect to the discussion. This helps to explore how things could have been done differently. It can help to develop the skills of critical thinking and problem-solving.

Responding to audience statements and difficult questions

Training should prepare facilitators to

- Prepare responses to key questions ahead of time to make it easier to respond with clear, concise answers
- Acknowledge and appreciate the questioner
- Paraphrase questions to ensure that everyone has heard and understood the question
- Clarify and summarise responses

Use of songs and chants with 'Say and Do'

Songs and chants can be used effectively to increase knowledge. Participants learn to sing them for pleasure as well as for content. For some of the songs, remembering the content is enhanced with the 'Do' actions.

Only use songs with groups that are likely to enjoy singing; some men and/or some men's groups may prefer to learn the information without using songs.

TO ENSURE SUCCESS THE IMPLEMENTATION OF SMID REQUIRES SEVEN FURTHER STEPS:

Advocacy	Advocacy highlights the problems of maternal health in the community and requests the commitment of the leadership to support strategies to change behaviour
Community Forum	This is a participatory dialogue held to start the process of talking with the community about maternal health issues
Selection of EMC volunteers	EMC teams are selected during the community forum. They are residents willing to offer service on a voluntary basis
Establishing Community Structures	The establishment of six supportive community structures helps to overcome barriers at accessing maternal health services
Community Discussion	Peer discussions on maternal health issues to increase knowledge on safer pregnancy and delivery
Coaching	This is used to improve the quality of discussions
Recording	This is used to monitor and evaluate the effectiveness of SMID

‘Now my wife will be attending ANC since I now understand its benefits.’

Iliyasu Musa (AIYO) Tudun gana Malam Madori

Conducting Safe Motherhood Initiative Demand and Rapid Awareness Raising: tasks and methods

ADVOCACY

High level advocacy with:

- The State Ministry of Health
- State Primary Health Care Development Agency/ Board/Gunduma Board
- Local Government Chairman
- Community gatekeepers (such as traditional and religious leaders)

Advocacy with Gatekeepers:

- Traditional leaders
- Opinion leaders
- National Union of Road Transport Workers (NURTW)
- Community Based Organisations (CBOs) and
- Health workers from the local area

Notes for conducting Gatekeeper Advocacy:

- Use formal entry mechanisms into the community and respect traditions
- Use data on maternal health to show the extent of the problem and possible solutions
- Inform gatekeepers about the activities involved in SMID
- Obtain commitment of the senior traditional leader to chair the Forum, choose date and venue and send invitations
- Define the criteria for selection of volunteers
- Identify invitees

Community mapping takes place alongside advocacy to collect baseline information on health facility services and identify community resources.

COMMUNITY FORUM

This is a meeting held with members of the community to discuss maternal care issues, select EMC teams and develop a community plan for action before the start of community discussion sessions.

The objectives are to:

- Identify maternal health issues and the problems women face when giving birth
- Identify the causes and solutions to these problems
- Select EMC teams, blood donors, ETS drivers
- Plan a community saving scheme
- Promote the use of helpers for pregnant women
- Develop an action plan for the community

Participants come from a cross section of the community and represent all interests, associations and groups.

The Forum is chaired by a senior traditional leader assisted by:

- SMID Consultant
- SMID Local Technical Assistants
- Community Health Worker (Ward Focal person, officer in charge of local health facility)
- Facility Health Committee member
- LGA Health Educator
- LGA Reproductive Health coordinator
- NURTW representatives.

Conducting Safe Motherhood Initiative Demand and Rapid Awareness Raising: tasks and methods

Planning the Community Forum

- Obtain adequate information about the community from the mapping exercise
- SMID team meets to decide who to visit/interview

Community Forum Session (chaired by a senior traditional leader)

- Arrange seats in a circle
- Opening formalities by the senior traditional leaders such as an opening prayer, recognition of dignitaries, LGA team
- The facilitator introduces the forum: may start with appropriate common sayings from custom or beliefs "A pregnant woman has one foot on earth and one foot in heaven" and references from experts such as "doctors have proved that one out of every 15 pregnant women will face a maternal emergency that requires emergency care in a hospital and that special skills and equipment can save the lives of women and are available in our Heath Facility"
- State in clear terms that the intervention is in the spirit of helping one another
- Identify maternal health care problems – note that the major causes of death of pregnant mothers are two delays: making a decision to access OEC and in transporting women to the facility for OEC. Share experience with participants of women in their community who have suffered maternal complication and what caused it
- Identify actions the community can take to solve the problems identified
- Ask participants what community actions need to be taken to solve problems

COMMUNITY VOLUNTEERS

The recommended number of Community Volunteers is 15 women and 15 men. Two women and two men are selected to be LCVs who must be literate and able to keep records, in 24 hour telephone contact, respected by peers and willing to be trained and train others.

Role and responsibility of the selected volunteers:

LCVs

- Train CVs
- Identify and form groups for discussion
- Collect and collate data on, for example, number of discussion cycles completed, women transported to a health facility
- Attend monthly meetings

CVs

- Form and facilitate community group discussions on safe motherhood and the danger signs of pregnancy, making a safe pregnancy plan, importance of ANC attendance, importance of facility delivery
- Record maternal health events such as the number of women transported for EOC, the number of women and newborns who die/survive, the balance of savings and the amount of blood donated
- Support the establishment and use of safe motherhood community support systems including: standing permission, Helper, ETS, Community Savings, Blood donors
- Conduct home visits by female CVs

Conducting Safe Motherhood Initiative Demand and Rapid Awareness Raising: tasks and methods

ESTABLISHMENT OF COMMUNITY STRUCTURES

Six community structures must be established to ensure that the programme works well:

- Emergency Transport Scheme – Drivers volunteer and undertake to transport women with a maternal emergency to the health facility. Selected drivers must be willing to move at any time and keep their vehicles in a state of readiness in case of an emergency.
- Community Savings Scheme – Community members establish and maintain a fund from contributions by community members for use in maternal emergencies. The community discusses and adopts how to collect, keep and expand the fund in a transparent way.
- Providing 'standing permission' – the community establishes a policy giving standing permission for wives to leave their home to seek help in obstetric emergencies.
- Use of 'mother's helper' – the community promotes the use of a helper for pregnant women to ensure that no woman is left alone in the event of obstetric emergency.
- Community Blood Donor Group – healthy and willing community members are selected, their telephone numbers shared and are called upon to donate blood in an obstetric emergencies.
- Development of an action plan – Made with all participants who identify and record steps for SMID

rollout and define responsibilities and timelines. They set time for training, formation of discussion groups, community discussion and monthly meetings.

CONDUCTING COMMUNITY DISCUSSIONS

Identifying groups

- Identify 10 established groups by settlement with a maximum population of 3000 persons. It is better to identify and work with existing groups first e.g. Majalisa, a compound where a large number of women live, a compound where there are influential, non-political leaders, Aid groups, CBOs, prayer groups, Islamiyya schools
- Bring together minorities and nomads such as Fulani
- Form new groups after completing discussions
- Segregate men and women

Timing of Discussions

- Avoid scheduling meetings on market days or at the peak of daily activities
- The rainy season may require rescheduling of meetings

Agenda for discussion session

- Opening formalities
- Review participants' knowledge/experience on maternal health during first contact (or feedback from previous session)

Conducting Safe Motherhood Initiative Demand and Rapid Awareness Raising: tasks and methods

- Introduction and presentation on a new topic
- Present new information, demonstrate using communication body tools and songs
- Form small groups to discuss and practise using 'Say and Do' until each participant can recall
- In a circle, groups summarise the main activities and issues, each person gives one thing they learned that day. Nobody should repeat what has already been said
- Participants share new information with family and friends and will give feedback at the next session
- Closing formalities and date of next meeting

COACHING

This is to support volunteers before they facilitate discussions about maternal health. The Community Facilitator or LTA meets with CVs regularly in the first months and coaches them before the community discussion.

RECORDING MATERNAL HEALTH EVENTS AND COMMUNITY DISCUSSION

Volunteers are trained to record maternal health events and these are discussed at the monthly team meeting and submitted to the LGA through the CF/LTA. A form should be completed during monthly CV meetings. The main issues and outcomes of Community Discussions should be recorded.

Content of SMID discussion sessions

1ST SESSION
MATERNAL DANGER SIGNS

This session discusses how to reduce maternal mortality by helping participants to recognise the nine danger signs in pregnancy, who to contact for support and where to take women with an obstetric emergency.

- Participants sit in a circle or u-shape
- Open with a prayer; the CV welcomes the group and says what the session is about
- CV reviews participants' knowledge and experience on danger signs before a maternal death
- CV lists the nine signs, explains each one and demonstrates using 'Say and Do' methods
  - The danger signs are discussed and misconceptions are corrected
  - Using the 'say and do' method demonstrate each danger sign once and ask participants to repeat it twice
  - Small groups practise until each participant can do it correctly
  - CV introduces the 'Ciwon Ladi' song to reinforce learning
  - CV repeats the song using the communication body tools
  - Participants are invited to share what they have learned
  - Participants are asked to share the new information with their close associates and give feedback at the next session
  - Give the date of the next session
  - Close with a prayer

Maternal Danger Signs

1. Severe headache (fitting may start soon)
2. Lack of blood or anaemia
3. Fitting (often preceded by severe headache and swollen feet, face & hands)
4. Severe bleeding
5. High fever after childbirth; or fever during pregnancy, sometimes with foul smelling discharge
6. Prolonged labour lasting more than 12 hours
7. Hand, foot, buttocks or cord comes first
8. Retained placenta; not delivered within 30 minutes
9. Severe abdominal pain during pregnancy

2ND SESSION
SAFE PREGNANCY PLAN

This session is for a pregnant woman, her family and the community on how to prevent life threatening delays in the event of an emergency.

- Participants sit in a circle or u-shape
- Open with a prayer
- Ask for feedback from participants on what they have shared with others since the first session
- Ask participants to state the nine maternal danger signs
- Ask some participants to demonstrate the signs using the communication body tool
- Ask one participant to sing the 'Ciwon Ladi' song with the communication body tool
- Ask participants to share sad memories of maternal death or suffering and reasons why the mothers didn't receive emergency care
- Introduce the Safe Pregnancy Plan

- Use the knuckles and grooves of your left hand to name the seven component of the plan
- Practise with the group
- Ask smaller groups to practise naming the parts of the plan
- Invite each participant to share what they have learned in that session
- Ask participants to share new information with their close associates and give feedback at the next session
- Give the date of the next session
- Close with a prayer

KNUCKLE AND GROOVE SAY & DO REMINDER METHOD FOR RECALLING THE SAFE PREGNANCY PLAN

Knuckles and Grooves (Use your left hand. Start with knuckle nearest to the thumb)		**Safe Pregnancy Plan**
1	Knuckle	Know the Danger Signs
2	Groove	Save Money
3	Knuckle	Know About and Contribute to Community Savings
4	Groove	Give/get Husband's Standing Permission
5	Knuckle	Identify a Mother's Helper
6	Groove	Arrange for Transport
7	Knuckle	Arrange for Blood Donors

3RD SESSION
BENEFITS OF ANC AND FACILITY DELIVERY

The benefits of ANC are to:

- Prevent or reduce maternal emergencies
- Prepare a pregnant woman for safe delivery
- Provide medication to treat and prevent life threatening diseases
- Ensure that both baby and mother are healthy

Session plan:

- Participants sit in a circle or u-shape
- Open with a prayer
- Get feedback from participants on what they shared with others
- Review the safe pregnancy plan
- Ask a participant to sing the 'Ciwon Ladi' song
- Introduce the five benefits of ANC
- Demonstrate using the 'Say and Do' method, then rehearse with participants
- Small groups RIM to practice until they can recall the benefits
- Introduce and discuss facility delivery
- Ask a participant to sing the 'Ciwon Ladi' song
- Ask participants to share what they have learned
- Ask participants to share new information with their close associates and give feedback at next session
- Give the date of the next session
- Session closed with a prayer

Say	Do	Discuss
When women go for ANC the health workers:		
Check baby's position and growth	• Hold hands in front and place on the abdomen • Move hand away from the abdomen and back	Growth of the baby causes increase in abdominal size. Babies in the Malposition require an intervention to prevent serious complications during delivery
Check blood pressure Check blood quality Check urine	• Hold hand around your arm at the blood pressure cuff site • Prick your finger for blood • Put your right hand below your umbilicus and sweep down towards the thigh	• Raised BP is an early signal that fitting may occur • Anaemia causes the baby to be underweight and both mother and child are at risk • Urine test may reveal diabetes or other problems
Give oral medication for protection against malarial fever, improve blood by diet and medication and an injection to protect mother and baby against tetanus	• Attempt to put three fingers of each hand in your mouth • Jab your left upper arm to show 'giving injection'	Malaria and anaemia cause low birth weight and may cause serious health problems for the mother. Tetanus causes both maternal and child death
Provide advice on:- • Food • Need for rest • Not taking drugs unless prescribed by a health worker. Teach mothers to rush to the HF on signs of any of the maternal danger signs or labour	• Put your hand to your mouth • Rest your head on your hands • Shake your head, "No" • Do severe headache, fever and severe bleeding signs quickly • Hold your abdomen, touch your back and point to the direction of the health facility	A pregnant woman needs good food for herself and the growing baby, she also requires rest and must avoid drugs as many cause harm to the unborn child. She needs to rush to the health facility on seeing any danger sign or sign of labour

Content of SMID discussion sessions

The benefits of facility delivery are that staff:

- Will recognise dangers to both mother and baby
- Can avoid dangers
- Help avoid ragged tears
- Help the placenta to deliver
- Inject a severely bleeding woman to prevent further bleeding
- Give medicine to a woman who is fitting
- Know when a danger is beyond their skill and will quickly rush the woman or her newborn to a bigger health facility

4TH SESSION
CLEAN DELIVERY

About 87 per cent of all deliveries in the North take place at home and only 11 per cent of babies are delivered by a skilled birth attendant. Every woman, irrespective of where they deliver, needs to know the importance of giving birth in a clean environment and using clean utensils and apparel to reduce harm and possible death from germs.

- Ensure that participants sit in a circle or u-shape
- Open with a prayer
- Feedback from participant on what they shared with others
- Review the benefits of ANC and FD with participants using 'Say and Do'
- Ask participants to demonstrate the benefits of ANC and FD
- Introduce the interaction between invisible germs and disease
- Demonstrate the interaction using hot pepper
- Discuss preparation for clean delivery

- Each participant is invited to share what they learned in the session
- Participants are asked to share new information with their close associates
- Session ends with a prayer

How is hot pepper like the germs that cause diseases?

Facilitator demonstrates how hot pepper, if it gets on our hands or into our eyes or on our skin, can burn.
Ask a volunteer to help you do an experiment. Tell the volunteer to:

- Break the pepper with their hands
- Rub their eyes with their hands
  Response: The volunteer refuses to rub his eyes
- Ask in an irritated tone pretending not to understand the volunteer's fear: *Why are you refusing?*
  Response: *The pepper will sting my eyes*
- Ask the other participants in your irritated tone: *But do you see anything on the volunteer's hands?*
- Ask the volunteer to wash hands with water and rub his/her eyes
- Volunteer refuses until the hands are washed with soap and water

Summarise

- Germs are like the invisible thing in pepper that burns. We can't see the germs with our naked eyes but they still hurt us
- The pepper demonstration reminds us that invisible germs cause diseases so we must protect our newborns and children and ourselves from the invisible germs

A RAR Campaign

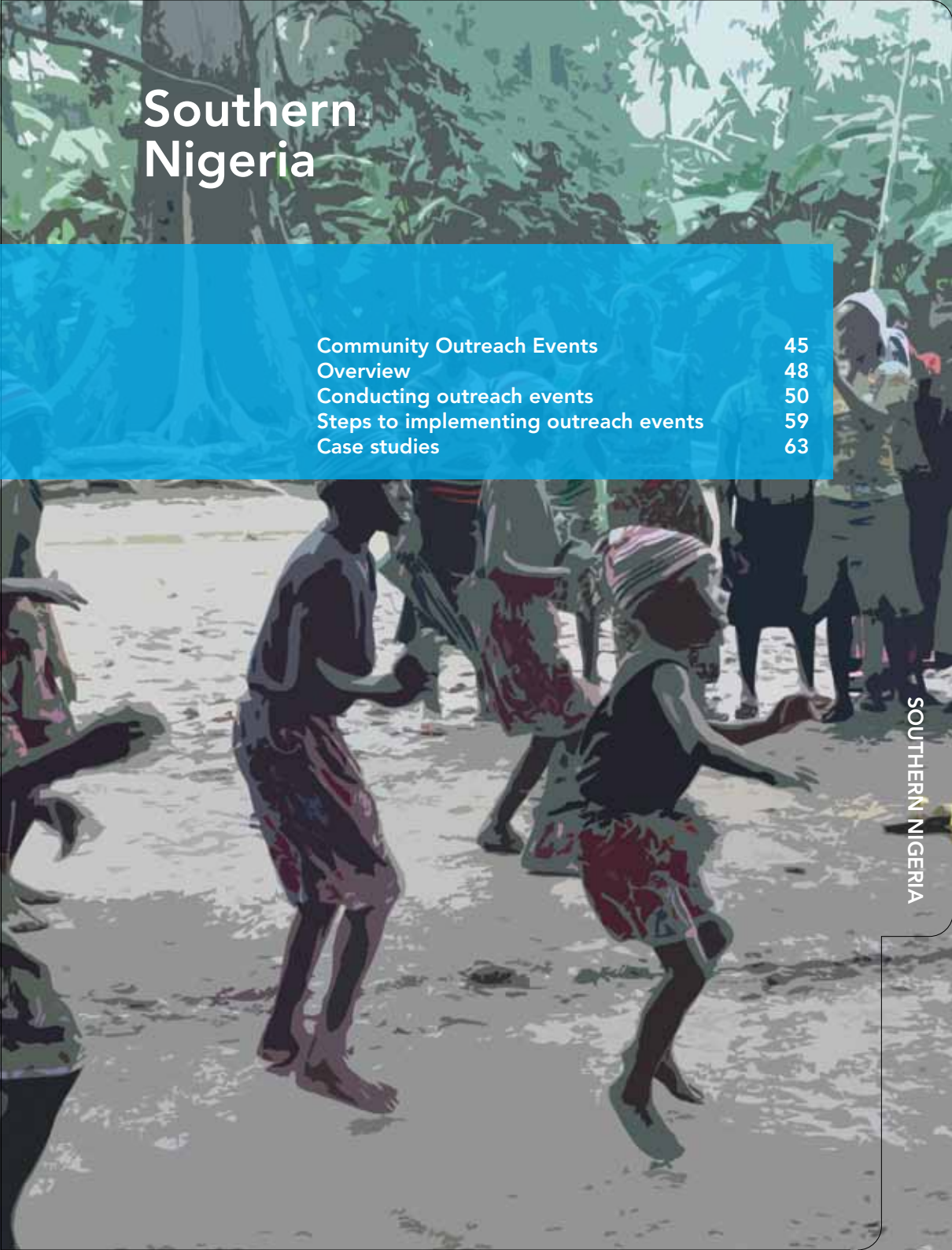
RAR is conducted in one community at a time. The campaign in each community normally consists of running two sessions per day, each run by two facilitators. The session may involve one or a combination of methods described in the training for SMID.

CONDUCTING A RAR SESSION

Split participants into separate male and female groups

- Open with a prayer, recognise community leader/ influencer, introduce your team and state the objectives of the session
- Introduce the session as a joint effort by the community to ensure safer motherhood
- Share information and experiences of maternal events that have occurred in the community
- Present new information on maternal danger signs, safe pregnancy plan (saving money for maternal emergency, arrange for transport and blood donation (if necessary) blood and secure standing permission), benefits of ANC and Facility Delivery and location of the nearest health facility
- The officer in charge of the health facility provides an update on the location and service hours
- Review the session with participants and collect testimonies
- Thank participants and close with a prayer
- Facilitator completes a session report form

Southern Nigeria



“Most importantly, I learnt a lot from the diarrhoea home management demonstrations, as I have a lot of young children and have always been at a loss on how to manage it when they have diarrhoea. From this outreach programme, I have learnt a lot, including the danger signs in pregnancy. I like this outreach.”

Eucharia Agu, the Assistant Officer-in-Charge at the Nara Community Health Centre

Ways to raise awareness and change behaviour using Community Events

BACKGROUND

In the two Southern states of Enugu and Lagos, PATHS2 uses a Community Outreach model to address maternal and newborn health issues. It uses communication and participatory techniques to move beyond increasing awareness to creating ownership of new health information to generate learning, discussion and action with family and friends.

Communication 'body tools', narrated mimes, songs and drama make it easy for community members to recall and share information as they practise saying, singing and demonstrating the information themselves.

There are five types of the community outreach events implemented by PATHS2:

Facility Community Outreach (FCO)	One large event held in the main towns of a functional health facility	Public gatherings of 200 - 400 persons	Facilitated by a health worker and Facility Health Committee representative/Ward Health Committee representative
Mini-Outreach (MO)	Held in villages, communities or neighbourhoods and hard to reach parts of the Primary Health Centre (PHC). 2 MOs are recommended per FCO	Gatherings of 50 - 100 persons	Facilitated by a health worker and Facility Health Committee representative/Ward Health Committee representative
Follow-up Outreach	Held in the neighbourhoods of health facilities	Number of persons varies according to location	Facilitated by a health worker with help from a volunteer
Community Champions Outreach (CC)	Held in major markets, motor-parks, churches and mosques in both urban and rural areas	Number of persons varies according to location	Facilitated by a community champion supported by a health worker
Pregnant Women Support Groups (WSGs)	Held in churches, mosques or public venues for pregnant women in both urban and rural areas	Gathering of pregnant women into Support Groups of 10 - 15 women	Facilitated by a health worker or a trained volunteer

Ways to raise awareness and change behaviour using Community Events

An overview of outreach events

WHAT IS THE OUTREACH MODEL?

The outreach model brings together community volunteers, health sector workers and stakeholders to organise events focusing on maternal health issues in the catchment areas of selected health facilities. Outreach events can also be used to raise awareness of health issues such as the prevention and treatment of diarrhoea and the prevention of malaria.

WHY IMPLEMENT AN OUTREACH EVENT?

Community-specific barriers exist that hinder women and their families from accessing health care when needed. These include:

- Ignorance or misconceptions of maternal danger signs
- Perceived negative attitude of health workers
- Ignorance of the health benefits of attending ante-natal care (ANC) and facility delivery
- Ignorance of available services and costs in health facilities

The outreach model helps health workers to improve their interpersonal skills and build capacity to facilitate public outreach events. It provides a forum for community members to learn new health information and corrects maternal health misconceptions. The outreach model provides an opportunity for health workers to receive comments and complaints which are then followed up by the Facility Health Committee or Ward Health Committee representative.

WHERE ARE OUTREACH EVENTS IMPLEMENTED?

- Open spaces, fields and parks
- Markets, garages and motor-parks
- Churches and mosques

WHAT STEPS ARE NEEDED TO IMPLEMENT AN OUTREACH EVENT?

- Assessment: conversations with stakeholders
- Dissemination of findings
- Advocacy with community gatekeepers and relevant stakeholders
- Selection of outreach drama and song team
- Training of outreach team
- Conducting the outreach event
- Keeping simple records
- Taking issues from the community dialogue to the WHC
- Mentoring trained health workers and volunteers

WHAT IS THE CONTENT OF AN OUTREACH EVENT?

- Demonstration of the nine maternal danger signs
- Singing the danger signs song
- Advantages of ANC
- Benefits of facility delivery
- Short drama on the danger signs and need to access health services
- Question and answer session
- Public commitment by gatekeepers, government representatives

Conducting outreach events

The primary aim of the community outreach events is to increase knowledge, create demand and increase community uptake of MNCH services. The outreach events are conducted by health workers trained to communicate the nine maternal health issues effectively, together with community volunteers demonstrate the maternal danger signs, sing the song and act in a short drama.

To ensure that concerns raised by community members are effectively tracked for improvement, government representatives at the LGA and State levels must be involved. Members of the Ward Health Committee record issues to continue to advocate with appropriate authorities for improved health outcomes.

The five types of outreach events are:

1 **FACILITY COMMUNITY OUTREACH (FCO)**
Large public gatherings of 200 - 400 people where messages are presented through songs, drama, music and dancing. Community dialogue takes place where barriers to accessing MNCH services are discussed and solutions explored.

2 **MINI-OUTREACH (MO)**
Smaller gatherings of 50 - 100 people conducted in villages, hamlets and hard to reach places within the catchment area of the PHC.

3 **FOLLOW-UP OUTREACH**
Health workers are mentored to present health talks that incorporate new messages and organise follow up outreach events at least once a month within their catchment area.

4 **OUTREACH BY COMMUNITY CHAMPIONS**
Recruitment, orientation and deployment of Community Champions to organise outreach events in major markets, motor-parks, churches and mosques, encourage OICs and staff to identify and refer and remind pregnant women to attend ANC and deliver at a health facility.

5 **WOMEN'S SUPPORT GROUPS**
Recruitment, training and organising pregnant women into support groups to encourage them to access and use services for safe delivery at PHCs. Using the platform of the WSGs women are informed, educated and influenced to act on the life-saving MNCH messages for improved pregnancy care. Members of the WSGs may learn income generating skills to run small businesses to pay medical bills.

THE OUTREACH TEAMS are multi-level with members from state, local government and PHC

Levels	Facility Community Outreach(FCO)	Mini-Outreach (MO)	Follow-up Outreach	Community Champions Outreach (CC)	Pregnant Women Support Groups (WSGS)
State Government level	Medical Officer of Health, MOH Apex Nurse Officer in Charge (OIC)				
Local Government level	LGA health educator Officer in Charge, (OIC) PHC				
Community level	Chair, Ward Health Committee (WHC) Deputy Chair, WHC Secretary, WHC. Traditional Leader or representative Town Announcers/ Community Mobilisers Pastor/Imam or their representative Community Drama Volunteers Community Singers	Officer in Charge of local PHC Chair, Ward Health Committee Deputy Chair, WHC Baale, chief Clan-head Iyaloja/ Babaloja Pastor/Imam or their representative Volunteer dramatist and singers Nurses Community Mobilisers	Officer in Charge of local PHC Chair, Ward Health Committee Volunteer dramatist and singers Nurses Community Mobilisers	Iyaloja / Babaloja Pastor/Imam or their representatives Women's Fellowship leaders Chair and deputy of garages/motor-parks OICs of the local PHC staff Community entertainers	Pregnant women Pastors or deputies Women's fellowship leaders Male church volunteers Female church volunteers Traditional leader's representative OICs from local PHC Nurses

Conducting outreach events

1 FACILITY COMMUNITY OUTREACH (FCO)

The FCO Team's role is to:

- Oversee, supervise, monitor and ensure the success of the community outreach events at every level

Its responsibilities are to:

- Visit traditional and religious leaders, community-based associations, market and motor-park leaders and other stakeholders in catchment communities to inform them about maternal health and plans for outreach events
- Determine venue, date and time of the community outreach events
- Facilitate the training of health workers, WHC executives and dramatists
- Mobilise community members to attend outreach events
- Mobilise resources and logistics for events
- Rehearse the drama and song presentations
- Implement the outreach programme
  - Make the opening speech
  - Present the MNCH messages in songs, drama and body tools
  - Demonstrate hand-washing and ORS preparation with information on diarrhoea prevention and treatment
  - Conduct audience feedback about issues raised in the songs and drama messages
  - Facilitate the community dialogue
  - Document and report the event
- Provide feedback from the community dialogue to LGA health policy makers and staff to consider remedial action

2 MINI-OUTREACH (MO)

An example of a detailed FCO is in Annex 1
The MO Team's role is to:

- Conduct, document and produce a report on two mini-outreach events in remote villages and hamlets in the catchment area of each PHC

Its responsibilities are to:

- Agree with the OIC, the WHC chairman and the village or clan head on the venue, date and time of the outreach events
- Source logistics for the session
- Shorten the drama and body tool presentations to suit the length of the mini-outreach event
- Conduct the event
- Write a report on the outreach event
- Provide feedback to the OIC and the Apex nurse

An example of a detailed MO is in Annex 1

3 FOLLOW-UP OUTREACH

The follow-up outreach team's role is to:

- Monitor, mentor and quality-assure the replication of outreach events by a trained health worker

Its responsibilities are:

- Visit PHCs and monitor health workers' delivery of MNCH messages on the nine maternal danger signs, the benefits of ANC attendance, facility delivery and diarrhoea management
- Mentor health workers to conduct outreach events
- Provide CDs of the messages to OICs and health workers to use in ante-natal sessions, well-baby and immunisation clinics

An example of a detailed follow up outreach event is in Annex 1

4 COMMUNITY CHAMPIONS TEAM:

The community champions role is to:

- Contact pregnant women in their catchment area and direct them to register, attend and deliver in their nearest facility

Their responsibilities are to:

- Contact and inform pregnant women on the nine maternal danger signs and other MNCH messages
- Refer pregnant women to the nearest facility and explain why delivery there is best for them and their baby
- Provide the OICs with the names and contact information of women to reminder them to attend ANC and for facility delivery
- Obtain and play the CD on maternal danger signs at least four times a day
- Conduct mini-outreach for their churches, mosques, markets and motor-parks
- Ensure announcement of ANC days during church and mosque services and encourage women to uptake facility delivery
- Encourage discussion on MNCH issues during trade association meetings

An example of detailed work in the community is in Annex 1

5 WOMEN'S SUPPORT GROUP TEAM

The women's support group team's role is to:

- Recruit, mobilise and support pregnant women to increase ante-natal class attendance and deliver in a health facility

Their responsibilities are to:

- Contact pregnant women and educate them on the nine maternal danger signs
- Arrange and attend monthly meetings to share positive experiences of ANC and facility delivery
- Encourage skill building
- Make announcements in churches and public forums to encourage pregnant women to register and attend for ANC and deliver in a facility
- Training church or community volunteer recruits and organising regular meetings of pregnant women in the community or within the church or mosque
- Asking Pastors and Imams to endorse ANC attendance, facility delivery and urge husbands' support for pregnant wives
- Making announcements in churches (and mosques) about MNCH issues and the need to access maternal health services
- Facilitating discussions on MNCH issues during WSG meetings
- Facilitating the teaching of simple income generating skills
- Encouraging 'isusu' thrift savings among the members of WSG
- Encouraging members to give testimonies to church or mosque congregations

An example of detailed work in a women's support group is in Annex 1

Steps to implementing outreach events

These steps are recommended to ensure a successful outreach event:

1 ASSESSMENT OF THE MATERNAL HEALTH ISSUES IN THE PROPOSED COMMUNITY

- The purpose of the assessment is to identify and prioritise MNCH issues based on local understanding
- The assessment asks a series of questions to assess the knowledge, attitudes and practices of women and men of child-bearing age, concerning MNCH issues, the nine maternal danger signs, ANC attendance and delivery at a health facility
- It examines clinic records to assess the uptake of PHC services

2 DISSEMINATION OF ASSESSMENT FINDINGS WITH THE COMMUNITY AND STAKEHOLDERS

- The MOH presents findings gathered from the assessment
- S/He leads discussion with pregnant women and other community members
- The community recognises the partnership needed to improve the health of pregnant women and babies and provides suggestions for improvement
- Stakeholders commit to support with money and/or community work

3 ADVOCACY WITH COMMUNITY GATEKEEPERS AND INFLUENCERS

- The outreach team leads advocacy visits
- Advocacy with community gatekeepers includes briefing them about outreach events, provides maternal and child health information from the assessment and requests support in both money and commitment to mobilising community members to attend events
- Discuss the roles and responsibilities to ensure successful implementation of the outreach event
  - Community gatekeepers lead the outreach event by attending, speaking/welcoming and encouraging people to put into practice the new information given at the outreach event
  - Gatekeepers name the relevant community influencers to invite and make pledges of donations of logistics, equipment and refreshments
  - A date, venue and time for the outreach event is agreed

4 ADVOCACY WITH RELIGIOUS LEADERS AND PROMINENT WOMEN LEADERS

- The outreach team leads this advocacy visit
- Maternal and child health information gathered during the assessment is outlined and the need to mobilise the entire community to take action is emphasised
- Discuss the roles and responsibilities of religious institutions to the successful implementation of the outreach
  - Nominate a volunteer from the religious institution to be trained (as a safe motherhood promoter) to liaise with both the outreach team and followers

  - Get support for the formation of a support group for pregnant women in their catchment area
  - Ask the church/mosque/women's group to organise follow-up outreach events for their members
  - Choose a date, venue and time for the outreach events and mobilise members through announcements. Ensure that chairs, canopies, public address systems and refreshments are available

5 ADVOCACY WITH LEADERS OF MARKET AND MOTOR-PARKS

- The outreach team leads this advocacy visit
- Market and motor-park leaders are informed about the maternal danger signs, the need for ANC services, facility delivery
- Discuss the need to run outreach events for pregnant women working in their markets and motor-parks
- Agree a date, venue and time for the events
- Ask them to identify pregnant women in their market or motor-park and get their contact details
- Introduce them to the OIC of the nearest health facility and agree that the OIC will remind the pregnant women about ANC classes and the need to deliver at the facility
- Negotiate how many announcements of the nine danger signs of pregnancy, the benefits of ANC and the advantages of facility delivery will be made in the markets and motor-parks
- Request that the nine danger signs song is played at least four times a day in motor-parks and markets

TRAINING

Training may be necessary before running an outreach event for:

- OICs of selected health facilities
- Community Champions
- Women's Support Groups
- Facility Health Committee representatives
- Dramatists
- LGA Health Educators

Interactive training is conducted in local languages. The focus of the training is interpersonal communication and outreach facilitation skills.

Training topics should include:

- The nine maternal danger signs
- The benefits of ANC and advantages of facility delivery
- Prevention of and home management of diarrhoea
- Use of drama and songs for promoting health
- Use of the body tool
- Interpersonal skills
- Advocacy and community mobilisation
- Facilitating outreach events

COMMUNITY OUTREACH SESSIONS BOOSTS ATTENDANCE AT ENUGU HEALTH CENTRE

"Attendance for antenatal care has increased," said Eucharia Agu, the Assistant Officer-in-Charge at the Nara Community Health Centre. *"More women now come to the health centre for delivery instead of going to traditional birth attendants."*

Mrs. Agu is delighted that more women are now using the Nara health facility after the facility community outreach events. Data from a survey conducted after the outreach event showed that 80 per cent of the Nara community now know at least four of the danger signs of pregnancy compared with zero understanding before the session.

Dramas and health promotion songs raised awareness of the danger signs in pregnancy and delivery and the benefits of antenatal care and the importance of giving birth in a health facility in the Nara, a rural community in the Nkanu East Local Government Area of Enugu State.

For the first time in Nkanu's history a community-wide outreach session was held, attended by over 250 community members, both women and men. A visit to Nkanu a month later learned from Nurse Victoria Kalu, that the session encouraged more people to visit the facility for medical attention. The session helped people understand that a traditional birth attendant is not the best option for childbirth. The facility now runs a 24-hour service to provide medical care for residents of the community.

One of the beneficiaries of the outreach session and improved facility, Mrs. Chibueze Nnenna Anne, said the session was educational and encouraged more people to visit the health facility and have better knowledge of ANC as well as danger signs. Mrs. Chibueze 33, visited the health facility during her pregnancy and found the ANC very useful by helping her to know about the danger signs of pregnancy, such as swollen legs, or the baby presenting for delivery in any other way than head first. This information is contrary to the traditionally held belief that when a baby comes out legs first, he or she is destined to be a chief.

One of the main things mother of two, Modesta Onyeabu learned from the session was the importance of ANC to ensure safe motherhood. When she goes to the health centre, she said, staff treat her well and she has learned from the ANC sessions. She explained, *"Dem teach breastfeeding and family planning. It make me know say I no suppose get plenty children."* In other words, the education on family planning made her understand that she doesn't have to have so many children.

CHANGES IN ATTITUDES IN OGUDU PHC, LAGOS

"I am fine here" said Mrs Mercy Okpara as she cuddled her baby four hours after giving birth in Ogudu PHC, Lagos having chosen to deliver at a public health centre.

Wincing slightly as she adjusted from one position to another, she presented a healthy picture of strength. Mrs. Okpara started using the PHC when she registered for ante-natal care (ANC). She had two other children in a private hospital. A friend at the beauty salon where she works told her that services at the Ogudu PHC had greatly improved after the PATHS2 Facility Community Outreach (FCO) had been held in Ogudu.

Ogudu PHC's Chief Nursing Officer, Mrs. Ganiu Ajasa was posted to the PHC. She said that during the facility outreach session people complained that staff talked to them rudely and wasted their time. There were complaints that they were asked to pay, although there was a common understanding that services were free.

Mrs Ajasa explained that ANC is free, but patients must register and bring the results of their scan, blood test and HIV test. After registering, they have a free tetanus injection, anti-malaria injection and mosquito net.

"Things have really changed at the Centre, the local government hired three more midwives and we have both National Youth Service doctors and resident doctors. We have a generator and no longer have to use candles when the electricity goes off".
Mrs Ajasa explained that that staff talk to both men and women about the maternal danger signs and stress the importance of getting to the clinic quickly if they recognise one of the signs.

Annex 1
Details for implementing outreach events

AN EXAMPLE STRUCTURE OF A FACILITY COMMUNITY OUTREACH EVENT

The facility community outreach event (FCO) is held outdoors usually attracting 200 - 400 participants. Government officials, traditional, religious, women leaders as well as TBAs attend. Singing, dancing, music and drama are used to promote MNCH messages.

- A Master of Ceremonies (OIC or chairman of the FHC) opens the event, introduces dignitaries and invites a religious leader to say an opening prayer
- The traditional ruler or his representative welcomes everyone to the event and urges them to pay close attention to the health messages and thanks the government for bringing the event to his community
- The Apex Nurse or OIC welcomes community members on behalf of the PHC, outlines the purpose of the outreach event and informs the community of the services available at the facility and especially those for pregnant women
- OIC demonstrates the nine maternal danger signs, the benefits of ANC, advantages of facility delivery and dangers of delay
- Local vocalists sing the nine danger signs song using the communication body tool to show the maternal danger signs
- The audience is encouraged to sing along and demonstrate the signs
- After the song, a drama on maternal emergencies and remedial actions is performed
- The audience is invited to share lessons they have learned from the songs and drama
- The Chair of the Ward Health Committee, supported by the OIC facilitates a community dialogue session

- Community members express their opinions and concerns on the quality of services provided by the facility and suggest ways to improve them.
- LGA Chair, MOH, Apex nurse, OIC, traditional leaders, TBA and other officials respond to the issues raised by community members
- Leaders, government officials and community members pledge and commit to improving maternal health services in the community
- Pregnant women commit to increased use of MNCH services
- Light refreshments are provided (if available)
- Document attendance, including a head count
- Ask a religious leader to say a closing prayer
- Play the nine danger signs song CD over the public address system

AN EXAMPLE STRUCTURE OF A MINI-OUTREACH EVENT

The mini-outreach is a smaller version of the FCO, targeting 60 - 100 persons living in hamlets, villages and other hard to reach areas within the catchment of the PHC.

- The OIC or Chair of the FHC introduces the event and welcomes a religious leader to say a prayer
- Local vocalists sing the nine danger signs song using the communication body tool to show the maternal danger signs
- Dramatists present a short drama
- OIC demonstrates the nine maternal danger signs, the benefits of ANC, advantages of facility delivery and dangers of delay and prompts recall from participants

Annex 1
Details for implementing outreach events

- The FHC Chair leads a community dialogue of questions and answers and notes issues for feedback to LGA
- Take a head count
- Close with a prayer

AN EXAMPLE STRUCTURE OF A FOLLOW-UP/ REPLICATION OUTREACH EVENT:

The follow-up outreach event is a replication of an MO in locations of the catchment area of PHCs in order to mop-up unreached populations and saturate the community with MNCH messages. It involves monitoring and mentoring of health workers to enable them to conduct outreach events by themselves. It consists of in-clinic and external outreach sessions.

- Health talks on ANC days include:
  - the nine maternal danger signs
  - remedial actions
  - benefits of ANC
  - advantages of facility delivery
  - location of the nearest hospital
  - the importance of support from husbands for ANC attendance

- Health talks on child welfare clinic days include:
  - demonstration of proper hand washing
  - prevention and home management of diarrhoea
  - preparation of ORS
  - complete routine immunisation

- Health Workers in each PHC are expected to conduct replication outreach events in their catchment area on a regular basis

AN EXAMPLE STRUCTURE OF COMMUNITY CHAMPIONS EVENTS

Social pressure is applied to convince pregnant women and their families to choose facility delivery, recognise the danger signs of pregnancy and take remedial action. The Messages are the same as the FCO events but they are given in a different way

- The community champion (CC) makes contact with pregnant women in markets and motor-parks in their catchment area, to get their contact details
- The CC tells them about the nine maternal danger signs and the need to register at the health facility for ANC and delivery
- The CC gives the pregnant women's contact details to the OICs of the nearest health facility who calls them to attend for ANC and delivery
- Holds mini outreach with the MNCH messages in churches and mosques
- The CC role includes
  - playing the recorded song on the nine maternal danger signs in markets and motor parks at least four times each day
  - recording the song on the phones of all health workers and mothers as their ring-tone
  - playing audio recordings of the nine maternal danger signs in mosques and churches during outreach sessions
  - facilitating MNCH focused discussions during weekly meetings of trade associations in markets and motor parks
  - making weekly announcements reminding women to use MNCH services
  - holding monthly meetings with OICs to collect data on confirmed ANC and facility delivery referrals

Annex 1
Details for implementing outreach events

AN EXAMPLE STRUCTURE OF WOMEN'S SUPPORT GROUP EVENTS

These events provide support to encourage pregnant women to access and use services for safe delivery at PHCs. Using the platform of the WSGs women are informed, educated and influenced to act on the life-saving MNCH messages for improved pregnancy care. Members of the WSGs may learn income generating skills to run small businesses to pay medical bills.

The WSGs bring women together in churches and health facilities to

- Announce the mini-outreach events in churches
- Recruit pregnant women to join the support group
- Play and sing the maternal danger sign song
- Teach income generating skills
- Encourage thrift and savings among members to pay medical expenses and buy materials for delivery

Annex 2
Message tools

KNUCKLE AND GROOVE SAY & DO REMINDER METHOD FOR RECALLING THE SAFE PREGNANCY PLAN

Knuckles and Grooves (Use your left hand. Start with knuckle nearest to the thumb)		**Safe Pregnancy Plan**
1	Knuckle	Know the Danger Signs
2	Groove	Save Money
3	Knuckle	Know About and Contribute to Community Savings
4	Groove	Give/get Husband's Standing Permission
5	Knuckle	Identify a Mother's Helper
6	Groove	Arrange for Transport
7	Knuckle	Arrange for Blood Donors

How is hot pepper like the germs that cause diseases?

Facilitator demonstrates how hot pepper, if it gets on our hands or into our eyes or on our skin, can burn.
Ask a volunteer to help you do an experiment. Tell the volunteer to:

- Break the pepper with their hands
- Rub their eyes with their hands
  Response: The volunteer refuses to rub his eyes
- Ask in an irritated tone pretending not to understand the volunteer's fear: *Why are you refusing?*
  Response: *The pepper will sting my eyes*
- Ask the other participants in your irritated tone: *But do you see anything on the volunteer's hands?*
- Ask the volunteer to wash hands with water and rub his/her eyes
- Volunteer refuses until the hands are washed with soap and water

Summarise

- Germs are like the invisible thing in pepper that burns. We can't see the germs with our naked eyes but they still hurt us
- The pepper demonstration reminds us that invisible germs cause diseases so we must protect our newborns and children and ourselves from the invisible germs

MATERNAL DANGER SIGNS SONG (CIWON LADI SONG)

Ciwon Kan Ladi × 2
Intai haka ta fara × 2
(Demonstrate Severe Headache)
Sai a garzaya asibiti

Rashin jinin Ladi
In tai haka ta fara x 2
(Demonstrate lack of blood/anemia)
Sai a garzaya asibiti

Ciwon Jijjigar Ladi × 2
Intai haka ta fara × 2
(Demonstrate Fitting)
Sai a garzaya asibiti

Ciwon Zazzabin Ladi × 2
Intai haka ta fara × 2
(Demonstrate Severe Fever)
Sai a garzaya asibiti

Rashin Jinin Ladi × 2
Intai Haka ta dashe × 2
(Demonstrate Anaemia – Lack of Blood)
Sai a garzaya asibiti

Annex 2
Message tools

Zubar Jinin Ladi × 2
Intai haka ta fara × 2
(Demonstrate Severe Bleeding)
Sai a garzaya asibiti

Doguwar Nakudar Ladi × 2
Intai haka ta fara × 2
(Demonstrate Prolonged Labour)
Sai a garzaya asibiti

Hannu Kafa Cibi × 2
In sun fito akwai Matsala × 2
(Demonstrate Hands, Feet or Cord Come First)
Sai a garzaya asibiti

Jinkirin Mabiyiyar Ladi × 2
Intai haka ta fara × 2
(Demonstrate Placenta Not Released)
Sai a garzaya asibiti

Ciwon Cikin Ladi x 2
Intai haka ta fara x 2
(Demonstrate Severe Abdominal Pain)
Sai a garzaya asibiti

Annex 2
Message tools

BODY TOOLS DEMONSTRATION OF NINE DANGER SIGNS

- **Severe headache**: holding the head with both hands and grimacing in pain
- **Fever**: holding/covering one's body and shivering with cold
- **Fitting, (Giri)**: Convulsing with hands extended, rigid and/or twitching
- **Anaemia**: show whites of eyes and pale palms to indicate shortage of blood
- **Severe Bleeding**: bend forward and show worry that blood is running down legs
- **Stomach ache**: rub stomach, frown like someone in pain
- **Prolonged labour lasting more up to 12 hours**: bend forward, hold your waist, frown, wave your hands, show weariness
- **Baby presenting with arm, leg, buttocks or umbilical**: touch and stretch out leg, arm, show buttocks and touch umbilical
- **Placenta not out 30mins after delivery**: look worried, indicate delayed movement by rubbing the legs downwards

Annex 3
PSAs

A CRITICAL ASPECT OF MESSAGE GIVING IS THE USE OF PUBLIC SERVICE ANNOUNCEMENTS

To be successful PSAs should;

- Be in the local language
- Have at least five airings per day on radio/TV
- Message content must be easy to recall

Expanding the reach of PSAs, songs and messages

- Mass produce CDs of the song/message and distribute to all PHCs
- Load as a ring-tone on the phones of all health workers in project PHCs and for mothers and clients attending the clinic
- Provide CDs to all Community Champions to play at least four times a day in all major markets, motor parks, churches and mosques
- Distribute CDs to bus drivers to play on journeys
- Up load the song/messages on relevant websites
- Develop a video version of the nine danger signs song

"A woman was about to deliver but she had problems. We went to visit and saw that she was swollen all over and she looked pale, one of us advised her husband to take her to the hospital. He was not agreeable at first but we got the Village Head to talk to him. We also took her in the Village Head's car to Sumaila Hospital, we spent N1,200 from our EMC savings, which we started 40 days ago to fuel the Village Head's car. One of the blood donors amongst us gave blood. She spent two days at the hospital. She delivered safely. This happened two weeks ago. The woman is Habiba Abdul."

Yaura Community, Albasu LGA, Kano State (male community volunteer)