

Part 1 Module 4: Preliminary visits and Community Orientation meeting

Module 4: Preliminary visits and Community Orientation meeting

Session 1: Preliminary Visits: setting the stage

Session 2: Community Orientation Meeting

Appendices

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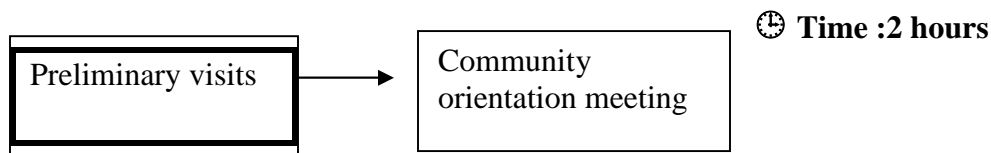
Appendix 3: Orientation Session for Activists

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Session 1: Preliminary Visits, Setting the Stage



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| Objectives | By the end of these sessions, participants will be able to: <ol style="list-style-type: none">1. Carry out pre-orientation visits2. Facilitate the first step in selection of Activists3. Facilitate community orientation meeting |
| Materials | Flip charts, handouts and markers, Flow chart |
| Methods | Brainstorming, role play |
| Process | Introduction: Have a participant lead the game of sustainability (See module 2 for details). <ol style="list-style-type: none">1. Trainer asks participants to share their field experiences with first meetings with a given community.2. Trainer asks participants what would be the purpose, agenda for first visit to village. Trainer presents sample agenda (Flip chart & handout). (See Appendix 1 for details).3. Trainer asks individual participants to practice through role play each item of the first visit agenda. Participants share tips and lessons learned in the feedback session. Issues of verbal and non-verbal communication |

are highlighted.

Helpful Hints

Tell participants that the agenda and contextual circumstances may require the PD facilitators to conduct more than one preliminary visit to the village (give some examples from your experience).

4. Trainer leads a discussion on activists selection criteria, who should select them and when selection processes take place. (See Appendix 2 for some criteria)

Helpful Hints

Use the overall diagram (flow chart) presented in Module 2 to show that new activists may emerge throughout the PD process, which is the result of good community mobilization and representation. Discuss some lessons learned for selection of female activists in very conservative communities.

Process

5. Trainer reviews the purpose and agenda of pre-orientation meeting with participants, handouts the description of this meeting and share his/her experience with this activity. (See Appendix 3 for details).

6. Trainer divides the participants in 3 groups for role plays.

Role play 1: Agenda points 1 & 2, Role play 2: Agenda point 3,4 & 5

Role play 3: practice the Focus Group Discussion on community mobilization through role play.

Helpful Hints

Make sure you set aside enough time for role play preparation, presentation and feedback session. Practicing the different steps is a critical activity. If time is running out, set up an evening session for role play and feedback .

7. Trainer introduces the first PLA tool which the PD facilitators will have to carry out with activists and villager leaders: the resource and social mapping of the village.

a. Trainer reviews the general format for PLA activities:

Steps to carry out a PLA activity (flip chart)

Step 1: Meet with a defined group of people

Step 2: Introduce yourself and have everybody do the same

Step 3 State the purpose of the meeting

Step 4: Explain the activity (clear task)

Step 5 Facilitate the activity/ take notes

Step 6: Review the findings with the group/further discussion

Step 7: Thank participants/conclusion

Step 8: Meet with team members as soon as possible to record all information

b. The trainer reviews the steps for the resource mapping exercise, give them the handout, and review the tips for PLA activity (See Module 3, Appendix. 6)

c. Trainer divides the participants into 2 groups and asks them to practice with the tool (role play), by selecting a facilitator and a recorder.

d. After practicing with the tool, trainer asks for feedback on the process and outcome of the activity.

8. Trainer reviews expected outcomes from these preliminary visits:

- Mobilization of participants for the first community wide orientation session.

- Identification of partners to form the “village PD team.” for the creation of two “ PD teams” (one male and one female) pairing 2 facilitators with the village PD team. The facilitators’ role is to support and advise the PD team throughout the PD process.

The village PD team’s role is to be the liaison between the facilitators and the community, to be in charge of logistics such as the proper place and time for the community orientation meetings. Activists mobilize community members (10 to 15 from their mohalla) to attend this event.

Session 2: Community Orientation Meeting

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| COMPETENCY | At the end of this session participants will be able to conduct the community orientation meeting successfully |
| METHODS | Brainstorming, practice through role play |
| PROCESS | <ol style="list-style-type: none"> 1. Trainer asks participants what is the purpose of this activity and proposed agenda 2. Trainer presents the standard information on this activity via flip chart and distribute handout. 3. Trainer divides participants in 3 groups for role play: PD facilitators (2) , community members including activists (2) and on-lookers. Trainer reviews the tasks for PD facilitators and activists (assigning tasks) 4. Participants practice the community orientation meeting. 5. On-lookers give their feedback as well as trainer. Trainer shares his/her experience with this activity and lessons learned 6. Trainer presents a reporting format and asks participants for feedback |
| Helpful Hints | Make sure you set aside enough time for role play preparation, presentation and feedback session. Practicing the different steps is a critical activity which should not be short changed. If time is running out, set up evening session for role play preparation, and plan the role play and feedback for the next day |

Appendix 1: First Community Visit Agenda with male and female leaders in the community

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| Purpose: | To get general information on the village and introduce the SC PD team. to assess the interest of leaders to partner for maternal & newborn health to assess the willingness of the leadership to work with the PD team to assess current community mobilization strengths and weaknesses |
| Method: | Official visit, informal individual and small group conversation |
| With whom: | Influential persons in the village : Male: <i>numberdars</i> , teachers, councilors, religious leaders; Female: LHWs, TBAs, lady counselors, some mohallah leaders |
| When; | First preliminary meeting, |
| Time frame: | : 2 ½ hours |

The agenda for this meeting includes but is not limited to:

- Introduction of PD facilitators and information about the NGO
- Exploration of geographical and demographic information from the village regarding, population, numbers of houses, numbers of mohalla, terrain, main occupation of the villagers, major caste system, spoken language(s), existence of public or private health facilities, schools, names of the activists from different mohallahs.
- Discussion on **community organization** (diagram) and existence of community projects, leaders' involvement, why or why not? (**Community involvement**)
- Securing possibility of working with existing mohalla based activists
- Explain purpose of meeting activists from each mohallah for next meeting, discussion on criteria for village selection of activists.
- Planning a second visit: when, where, with whom .

Expected outcome of first meeting:

- Community leaders' interest in partnering with NGO or other organization
- Documentation of basic information and data on the village
- Information on community mobilization status (awareness of maternal & newborn health issues, community organization, community participation/involvement, etc..)
- Invitation to come back and plan next visit with activists and leaders.

Appendix 2: Sample Criteria for Activists' Selection

Some criteria for activists' selection include:

- Interested in the issues regarding maternal & newborn care,
- Married and unmarried
- Some literacy (male activists only)
- Respected by other mohallah families
- Selected by mohallah members
- May include local dais, Lady Health Worker (LHW), Lady counselor

Appendix 3: Orientation Session for Activists (2nd preliminary visit)

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| <p>Purpose: To prepare for the community orientation meeting. To sensitize activists to maternal & newborn care issues</p> <p>Methods: Presentation, conceptual games, FGD</p> <p>With whom: PD activists, plus 2 or 3 individuals from each mohalla</p> <p>Time frame: : 2 ½ hours</p> |
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Note; Two meetings (males and females separately) take place with all the selected mohalla representatives

The agenda :

1. Explanation of the PD concept by the facilitators and examples of how the PD approach works with the community “to find the solution to their pervasive problem with them WITHIN the community TODAY”.
2. Village game
3. Sharing of some information on newborn health (mortality rate, common causes of illness and death and the likely reasons for them) from national and district level reports on the newborn.
4. Consensus building for process
5. Planning for the community orientation session
6. FGD on newborn and community mobilization.
7. Logistics for the up coming community orientation meeting, (who does what?)

Questions for Focus Group Discussion on community mobilization

On community awareness of maternal & newborn care issues

- How many of you have are married?, had a child in the last 3 years?
- What problems have you encountered?
- What are the problems women have before delivery, during delivery and post delivery? What problems do the newborn have (< 40 days)
- According to you what are the causes for these problems?

On Openness/Willingness to change (introduction with a traditional saying such as “like father, like son”.

- In the past 3 years what changes have occurred in the village? (good changes/bad changes)?
- What was community members’ reaction to these changes? (positive/negative)

Community organization & representation

- In our new group are all community groups represented?, Has it been the case in the past? When & how?.

Outcomes of the pre-community orientation meetings (on for women, one for men)

- Activists understand the PD concept
- Activists get information on situation of maternal & newborn care in their area
- Activists exchange information on current situation of maternal & newborn care in their community
- Baseline information on the 5 indicators of community organization
- Planning for the community orientation meeting

(Optional) Appendix 4: Participation of women/men in decision-making (PLA tool)

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| Purpose: | To learn about current and traditional decision making patterns regarding maternal and newborn care |
| Method: | Focus Group Discussion |
| With Whom: | Leaders, men, women (MIL & mothers separately) |
| Materials: | 2 flip chart paper, magic markers |

Steps:

1. Ask participants to list activities regarding maternal & newborn care which they have decision-making on at home
2. Draw a line in the middle of the flip chart to have on one side “at home” activities and on the other side community activities
3. Create an illustration for each home-based activity where the participants are decision-makers (female group) or have participants list activities (male group)
4. Repeat the same process for community activities for which the participants have decision-making on the other side of the flip chart.
5. Compare the two side with participants: where do you have most decision making?, why?
6. Repeat the same exercise on another flip chart but regarding the opposite gender, i.e. ; Ask the female group to list men’ s home activities regarding maternal & newborn care where they play the major role, and community activities which they partake in and have decision-making. And vice-versa with the male activist group
7. Ask participants to compare the other gender role in decision-making at home and in the community.
8. Ask participants for suggestions for change?
9. Write outcome of exercise in report on activity.
Keep the flip chart as baseline material (indicate date of activity on back of flip chart, # of participants)

Expected Outcome

- Participants’ understanding of who is the decision maker and his/her role concerning maternal & newborn care at home, and decision making patterns in the community.

Appendix 5: Steps to carry out a PLA activity (flip chart)

- Step 1: Meet with a defined group of people
- Step 2: Introduce yourself and have everybody do the same
- Step 3 State the purpose of the meeting
- Step 4: Explain the activity (clear task)
- Step 5 Facilitate the activity/ take notes
- Step 6: Review the findings with the group/further discussion
- Step 7: Thank participants/conclusion
- Step 8: Meet with team members as soon as possible to record all information

Appendix 6: Standard Agenda for Community Orientation Meeting

Preliminary steps: Plan a meeting with identified village partners to gather community members (mini-PD team). Discuss agenda, possible location and time of orientation meetings (one for men, one for women), role of local partners in meeting.

Purpose: To introduce the PD concept as a problem solving approach, purpose of inquiry, and to get villagers' cooperation to carry out the different activities for the PDI in the community

With Whom: Members of formal or informal networks, Decision makers, influential individuals (village & religious leaders & teachers) including Dais, and some parents and grandparents of infants <12 months.

When On a date and time decided upon by the village council leaders

Materials: Bricks or mud balls or different size stones, or leaves and flowers, images of healthy and malnourished children.

How Long: 1 to 1 ½ hour, sitting at same level in a circle

Steps:

1. Introduction: Local partners introduce the PD team and then all participants in an interactive culturally acceptable way
2. Brief review of NGO's involvement with district and local government
Partners, purpose of partnership, activities (training, forums, linkages, etc.)
3. Purpose of meeting and introduction of the PD approach to solve problems
 - Presentation of the issue to solve: review of statistics and information on situation of newborn in Pakistan and in specifically .
"We are together here today to discuss a special issue which has been a concern for parents and health providers throughout the district, i.e. the health of our small babies".
 - Common goals and PD concept: "We all want to have healthy babies. Unfortunately many of our newborns die or get sick easily. As part of working together, we would

like to try with you a new way of solving this problem. It consist of looking together inside the community **for ways to increase the chance of newborn survival** and better health for mother and newborn”.

4. Introduction of PD concept with different tools:

- Nasseruddin story other local proverbs illustrating self-reliance
- Use of the example of PD approach in malnutrition with stones and drawing (or leaves and flowers-see conceptual game on PD concept for details):
“There are many malnourished children in the village but there a very few well-nourished children in poorer households. We can learn what they do to keep their children healthy and enable all the villagers who have malnourished children to learn from them and rehabilitate their own children. (use of different size of stones for houses and few small drawing of well-nourished children (approx. 3 or 4) and about 15 drawing of malnourished children).

5. Discussion on the advantages of using this method: finding solutions together today, easy to replicate because neighbors practice these uncommon but beneficial behaviors which increase the chances of survival for the newborn.

6. Role of PD team: “ *We are here to facilitate this process, to learn **from you** about the newborn’s health situation and identify **with you** some solutions and ways to prevent this problem, then share them with the community so that you may be able to act and help others learn and practice these behaviors”.*

7. Community commitment to the issue and interest to try the PD approach, including identification of village partners to carry out the PD process (village PD team)

8. Investigating problems, their causes and some possible solutions with the audience

- Explore local terminology for newborns, newborns diseases or symptoms and home treatments. Also explore terminology and beliefs regarding pregnancy, labor & delivery and postpartum maternal & newborn care (**with women’s group only, maybe not here?**)
- General discussion on status of newborns. Ask if participants have lost a newborn in the last 2 years?, what happened? (Document quotes & stories)

9. Making a resource map of the village in particular to identify the number of mohallahs, number and location of Dais and LHV, distance to RHC, location of emergency obstetric care transport?

10. Logistics for meeting in small groups to discuss the situation in detail (FGD)

- Whom can we meet? (MIL, mothers and fathers of babies under 3 months, Dais, others?), **maybe representatives of different identified mohallahs ?**
- When and where?

11. **Closure:** Indicate that there will be a feedback session **within 5? 7? 10 days?** on the findings so villagers can decide what to do next.

