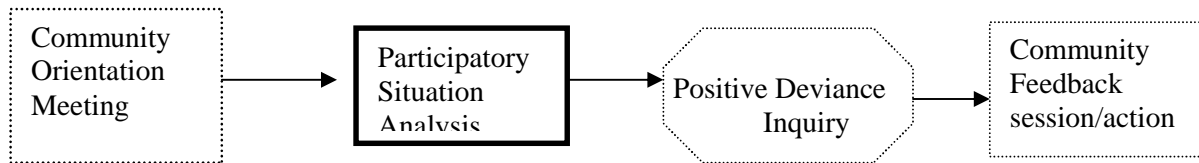


## Part 1 Module 5 Practice of PD Steps: Situation Analysis



Appendix 1 Standard Matrix for Planning a PD Process with PLA methodology

Appendix 2: Game of engine and driver

Appendix 3 Newborn Mapping: baseline on newborn & identification of PD newborns

Appendix 4: Topic guide for FGD with mother-in-laws (MIL)

Appendix 5: Topic guide for FGD with mothers of infants < 40 days.

Appendix 6: Topic guide for FGD with fathers of infants( 0 to 6 months) and other men

Appendix 7: Key informant interview with dai(s) & lady health worker

Appendix 8 Verbal retrospective autopsy of neonatal deaths - Optional-

Appendix 9: Standard reporting form for reporting on each activity

Appendix 10: Standard format for documenting common maternal & newborn practices

Appendix 11 : Sample Mortality and morbidity Information (Baseline)

<b>Competency</b>	By the end of this session, participants will be able to <ol style="list-style-type: none"> <li>1. Understand the purpose of the activity</li> <li>2. Demonstrate the ability to use the Situation Analysis (SA) assessment tools</li> <li>3. Document and interpret SA findings (common practices &amp; their determinants)</li> <li>4. Identify potential PD cases and PD behaviors from the SA activities</li> </ol>
<b>Materials</b>	Flip charts, handouts on activities protocols, beans, colors pens, reporting forms, stuffed dolls
<b>Methods</b>	Brainstorming, Q & A, role play and group work practice of tools
<b>Process</b>	<p><u>1.Purpose of the Situation Analysis</u></p> <p>The trainer asks participants the following questions</p> <ul style="list-style-type: none"> <li>- What is the purpose of the participatory Situation Analysis?</li> </ul> <p>Trainer summarizes the 3 purposes of the SA <b>with local people:</b></p> <ol style="list-style-type: none"> <li>a) to explore current common behaviors around maternal &amp; newborn health (pregnancy, delivery, postpartum care etc) and associated attitudes &amp; beliefs (determinants of behaviors) with local people</li> <li>b) to assess morbidity and mortality information of newborns (&lt; 40 days) in the community</li> <li>c) to identify potential PD cases and individuals who have practiced an uncommon desirable behavior</li> </ol>

**Helpful  
Hints**

2. Situation Analysis Plan

Trainer develops a matrix from participants' answers on the following questions: Who should be involved?

- What types of activities should be conducted?.
- What topics, with whom? (See Appendix.1 for sample matrix for SA).

Review the flow chart and standard time frame for the whole PD process

3. Game to define role of PD facilitator and community partners

Game of engine and driver: (See Appendix 2)

Trainer explores with participants who are the members of the PD team (both male & female teams), how this team is formed and role of the activists during the situation analysis period (usually 2 to 3 days).

4. Practice of Newborn Mapping. Trainer invites participants to practice Newborn mapping in 2 groups, with some participants representing the community and others the PD team.

Trainer reviews the protocol for a PLA activity as outlined in Module 3 and gives participants the handout on Newborn Mapping. (See Appendix 3). Trainer also discusses the purpose of the activity with participants, i.e. to assess the current situation of newborn in the village, get an approximate assessment of newborn mortality and morbidity & identify PD infants (as defined earlier).

Trainer facilitates the feedback session, shares his/her experience with the tool in the field and lessons learned.

5. Recording format for SA activities. Trainer reviews with the participants the recording format for this activity both for process and outcomes. (see Appendix 4 for standard format)

6. Practicing some FGD.

Participants are divided into different groups to practice Focus Group Discussion with mothers, mother-in-laws, fathers and dais. (See Appendix 5, activity 4A to 4D for different FGD guides). Review the sample questionnaire for FGD with various stakeholders to adjust for cultural context.

**Helpful  
Hints**

Encourage use of stuffed doll with FGD when appropriate.

Review with participants verbal and non-verbal communication skills and ethics which have been explored in module 3.

7. Practicing Key Informant Interview (KII). Trainer reviews the purpose of KII with formal & non-formal health providers (TBAs and LHW, traditional healers, etc). Participants review the standard questionnaires make necessary adjustments and practice one-on-one interviews. (See Appendix 6).

8. Trainer asks a participant to conduct a feedback session with lessons learned on use of the KII.

9. Situation Analysis findings documentation

Trainers leads the discussion on ways to document situation analysis findings on :

1. Newborn mortality and morbidity (last year). See Appendix 8 for sample format)
  2. Maternal & newborn care practices and the corresponding behavior determinants (attitudes, traditions and beliefs).
  3. Identification of potential PD case scenarios and PD practices
- Review the steps & form with participants. (See Appendix 9 for format ).

Steps

1. Team members develop the matrices, one for routine care and one for special care
2. Reading from each FGD report they write what is considered common practice on the corresponding column on the matrix
3. Debate on practices that may or may not be considered common
4. Validate findings against secondary information (KAP survey)
5. Document what individuals have said : common opinion, belief, stories and proverbs to illustrate a belief or an attitude

**Field work  
& feedback  
session**

10. Feedback session

After supervised situation analysis activities in the field by the trainees, the trainers carries out a feedback session on process and outcomes. Feedback on process may include topics such as participation during FGD, level of interaction between participants, setting, & timing, length of FGD, facilitators' skill, troubleshooting, use of the stuffed doll, etc.

## Appendix 1 Standard Matrix for Planning a PD Process with PLA methodology

PD steps	Topics	Activities	Mother MIL	Fathers G.parents M/F	leaders others	TBAs, LHW	Newborn Families	Activists M/F
#1 S.A	Learning about community mobilization Common M & C practices & their determinants, pregnancy outcomes Identification of potential PD newborns & their families, individuals	1. Resource and social mapping			*	* *		* *
		2. Community orientation	*	*	*	* *	*	* *
		3. Newborn mapping (PLA) Transect ( PLA optional) Visit graveyard (optional)	* *			* *		* *
		4. FGD on maternal & newborn care KII interviews with doll	* *	* *	*	* *	*	* *
# 2 PDI	PD Maternal & newborn care practices Determinants of behavior Selection of PD practices accessible to all	5. KII & observation, thriving newborns with high risks scenarios with stuffed doll (PD cases)				*	*	
		6. KII of individuals whose PD behavior was identified via FGD	*	*		* *		* *
#3	Review of the PD process Sharing PDI findings Developing an action plan, community initiatives	8 Feedback session with community	*	*	*	* * *	*	* *

## Appendix 2: Game of engine and driver

The objective of this game is to increase the level of trust among the participants.

### Step 1.

The participants are divided into pairs. One partner stands behind the other. The person in front closes his/her eyes and pretends to be an engine. The person behind keeps his/her eyes open and acts as the driver.

### Step 2

Rules of the game: The driver indicates, without speaking, which direction the engine should move by tapping the other person on the shoulder. A tap on the right shoulder means turn right, a tap on the left shoulder means turn left. Tapping in the middle of the back means to go straight ahead. Tapping faster and slower regulates speed. A hand held solidly on the back means stop.

### Step 3

**After 2 minutes roles are switched.** The drivers avoid driving their engines into each other or into solid objects.

### Step 4

At the end of this exercise the participants are asked to express their feelings, which are written, on the flip chart.

### Comments:

The facilitator explains that this game is used for trust building. “ In the PD process, we are sometimes like the drivers, who know the destination and will facilitate the community safely to that destination which is the dream where every body will have a healthy baby. In the beginning like this engine which cannot see (have no knowledge about newborn health), community may have some fears, but we (drivers) have to build a trust that we will go through all thick and thin with them, and keep them in the right direction, until they find the destination. Conversely, the community is also sometimes the driver , who leads us through the process, with some individual drivers (PD) who have special strategies to prevent or save us from accidents”.

### Appendix 3 BASELINE ON NEWBORN & IDENTIFICATION OF POTENTIAL PD NEWBORNS

<b>Purpose:</b>	1. Village baseline of birth outcomes for last year (mortality & morbidity). 2. Potential identification of PD newborns and their families
<b>Method</b>	PLA tool: Newborn mapping
<b>With whom:</b>	identified activists?, Union council member , dais and others (minimum 2 from each mohallah), MIL, parents of <12 months
<b>When;</b>	before/after FGD
<b>Materials:</b>	Paper, colored pens (black, red, green, brown, blue), beans ( 3 sizes and colors for stillborn, died within 28 days, healthy newborns)

#### Steps:

1. Draw a map of the village with participants, including mohallahs boundaries, important buildings (i.e. religious centers), dais' house, location of their homes
2. Give each participant a handful of beans representing newborns and infants under 6 months according to local terminology and ask the group to put them on the map where they are.
3. Review each case to determine the current age of each child: newborn circle in black, <1 month circle with 1 vertical line, <2 months with 2 vertical lines, etc..
4. Distribute another kind of beans for **stillbirths, neonatal deaths** and repeat exercise, another kind of beans for newborns who died within 1 day, 1 week, one month.
5. Return to newborns who are alive today and ask about those who were **weak or LBW now thriving** , circle in color like **brown, newborn who stopped breathing but is now alive** circle in **blue, Survivor of infections** circle in **red, healthy newborns** who had no problems circle in **green**. (Use different color of beans for these definitions as well). Identification of potential PD cases.
6. Ensure that once the beans have been removed the information remains on the map. Create a legend for each symbol and color. Write the date this baseline map was made and names of participants.
7. Copy the map in a notebook. Keep the big map for FGD, IDI with TBAs,, LHW and the feedback & action plan session (Activity 10)
8. Document findings and Make a list of potential PD newborns and families for home visits

#### Appendix 4: Topic guide for FGD with mother-in-laws (MIL)

<b>Purpose:</b>	To explore current common practices, beliefs and attitude regarding maternal and newborn care
<b>Methods:</b>	Focus group discussion, manipulation of stuffed doll, PRA tools such as listing and priority matrix
<b>Materials</b>	Stuffed dolls, newsreel, pen & paper
<b>Time frame</b>	1 ½ hour to 2 hours

#### Topics for discussion

##### Introduction:

- Feelings about pregnancy, delivery and birth

##### Common antenatal practices

- Common practices regarding antenatal care, diet during pregnancy, workload
- Delivery preparedness

##### Common delivery & immediate routine postpartum care

- Delivery practices and immediate “normal” care of newborn (demonstration with doll)
- Initiation of Breastfeeding, gutti

##### Special care of newborn

- Newborn problems: terminology and demonstration (asphyxia, cord infection)
- Causes of newborn problems and death (<7 days, 8-40 days)
- Special care for sick, premature, LBW newborn

##### Role of decision makers

- Role of MIL during pregnancy, delivery and postpartum period
- Perceived role and involvement of father in maternal & newborn care
- Decision-making and care-seeking during pregnancy, labor & delivery, maternal and newborn health routine and special care

##### Miscellaneous

- Gender discrimination in caring for newborn (care-seeking, maternal support, father’s support, etc.)
- Trend over last 5-years: population, children/newborn health & how do you know?
- Opinion on health providers
- Others?

## Appendix 5: Topic guide for FGD with mothers of infants < 40 days.

**Purpose :** To get information on practices, attitudes and beliefs regarding routine and special maternal & newborn care

**With Whom:** New mothers (infant < 0 to 6 months )

**Method:** Focus Group Discussion, , PRA tools (free listing and problem ranking,)

**Materials** Stuffed doll with detachable umbilical cord & placenta

**Note:** Try to initiate the conversation with a common saying about pregnancy

### Topics for discussion:

#### Introduction

- Perceptions, feelings and beliefs related to pregnancy, delivery and birth
- Diet during pregnancy (“eating down” syndrome, cold versus hot food, etc.)
- Delivery preparedness
- Beliefs and rituals, and behaviors relating to immediate care of newborn: clearing nose/mouth; drying/warming/cleaning newborn; cord cutting and care; keeping mother and baby together; newborn feeding (**demonstration with stuffed doll**)
- Decision maker and their roles: family members, neighbors, Dais, LHW, other individuals or groups
- NB problems: terminology and presentation
- Causes of NB problems and death (first day, 2-7 days, 8-40 days)
- Special care for ill or low birth weight baby
- Breastfeeding issues and common practices (use of gutti, colostrums?)
- Involvement of mother-in-law and husband
- Care-seeking and decision-making
- Difference between boys/girls

## **Appendix 6: Topic guide for FGD with fathers of infants( 0 to 6 months) and other men (grandfathers, uncles, etc.)**

<b>Purpose of activity :</b>	To explore men's practices, attitudes and beliefs regarding pregnancy, delivery and birth, post partum period.
<b>With Whom:</b>	Fathers of infant under 6 months, grandfathers, religious leaders, influential men in community, others
<b>Method:</b>	Focus Group Discussion, , PRA tools optional (free listing and problem ranking,)
<b>Materials:</b>	Flip charts, magic markers, pens

### **Topics for discussion**

- Perceptions and beliefs related to pregnancy, delivery and birth
- Fathers and grandfathers' role for maternal (pregnancy, L&D, postpartum) and newborn care. Involvement in birth? Celebration, ritual, etc.
- How many died? How many were small, sick? Trend over last 5 years: population, children/newborn health & how do you know?
- Fathers' knowledge of normal newborn care and the reasons for key practices
- Causes of newborn problems and death (first day, 2-7 days, 8-40 days)
- Fathers' knowledge of maternal and newborn danger signs
- Decision-making and Care-seeking when pregnant woman, lactating mother and newborn gets sick
- Difference between boys/girls, why?
- Division of labor during pregnancy and postpartum period
- Suggestions to improve the situation
- Others?

## **Appendix 7 : Key informant interview with dai(s) & Lady Health Worker**

**Topic:** Role of Dais in maternal and newborn care, identification of PD behaviors

**Activity:** KII with stuffed doll

**With whom:** Individual TBAs in their home

### **Standard questions for the KII**

1. How did you become a Dai?
2. Who trained you ? when is the last time you were trained?
3. Do you have regular contact with the RHC or the midwife? How often?
4. What do you discuss with her?
5. Do you keep track of births? How?
6. How many deliveries do you average per year?
7. How many deliveries did you performed last month (lunar?)?
8. Are the number of births increasing or decreasing in your village? Why?
9. Can you explain all the different things you do with: pregnant women, women with problems.

### **Procedure for delivery (demonstration with stuffed doll)**

- 1 What kind of equipment do you use? (gloves, soap/clean birth kit?)
- 2 What preparation do you make with yourself?, with the woman?
- 3 Do you ask relatives to help? How?
- 4 What problems have you encountered during delivery? (Ask for local terms)
- 5 How did you solve them?
- 6 When do you refer a woman to the RHC, district hospital?
- 7 What are the danger signs ? (identification of complications-danger signs in local terms)
- .8 In case the newborn does not breathe, what do you do? (show with doll)

### **Immediate and post delivery care (0- 7 days)**

- 1 What do you do with the newborn? (bathing, wrapping, eye care)
- 2 What is your advice on colostrum?
- 3 How long after birth do you or other relatives put newborn to mother's breast
- 4 When do you discourage a new mother to breastfeed?.
- 5 How many visits to mother & baby after delivery? What do you do?
- 6 What do you do if mother has no breastmilk?, get breast infection?, too much milk?
- 7 What do you do when woman has fever after delivery?
8. What do you do when there are problems with newborn? (premature baby, LBW, birth defects, difficulty breathing, infections, other symptoms-local terms)

### **Identification of PD behaviors or PD newborns.(with map)**

1. In the last 3 to 6 months, have you successfully resuscitated a newborn?How?. Have you delivered a LBW baby who is thriving now?. What about a newborn who had an infection and survived?
2. Is your role in the community getting bigger or smaller? Why?
3. What do you think should be done to improve mother & newborn health in the community?

## Appendix 8 Verbal retrospective autopsy of neonatal deaths - Optional-

**Activity:** KII, stuffed doll

**With whom:** mother & close relatives of deceased newborn < 28 days and delivery attendants. Identification of cases via the baseline mapping exercise at SA

**Materials:** pen and paper, stuffed doll, questionnaire

### **What do we want to learn**

To get information on the events and behaviors involved in neonatal deaths

- Background and context,
- Problem recognition (awareness and perceived severity)
- Decision-making in care seeking care (who and treatment decision)
- Access to care and Future actions and suggestions to overcome problem

Note: This questionnaire should be used as a guide for probing. Many respondents like to tell their story, multiple respondents (MIL, aunt, sister) also pitch in to give their account of the event and activities that led to this dreadful event.

**Preliminary words:** “ Thank you very much for agreeing to talk with us. This may be a difficult experience to share, but perhaps we can learn something that will help other families in the future”. Name of interviewee (s): Relation to the dead newborn

Name (if applicable) and sex of newborn: \_ Date of birth Date of death: \_ Age at death (days)

### **Questions**

1. Why/how did baby die?
2. What happened first? what abnormal or unusual thing was recognized?  
- when? by whom? what did they think?
3. What was first done for the baby at home?  
- by whom? who advised? why?, then what? by whom? who advised? why?
4. Did you decide to seek care outside the home?  
- what happened to prompt this decision? who decided? when? how long after the problem was first noted?
5. Where did you seek care? why? when did you finally reach the outside care? when did you finally obtain the outside care? how long did you have to wait there?
6. What happened when you received the outside care?  
- tests? diagnoses? treatments? advice? recommended referral?
7. What happened next?  
- followed advice? - more home care? what? why? sought additional care? where? why?
8. What happened when you received the second outside care?  
- tests? diagnoses? treatments? advice? recommended referral?

**Appendix 9: STANDARD REPORTING FORM FOR REPORTING ON EACH ACTIVITY**

To be filled out by the PD team within 2 hours after the activity

**GENERAL INFORMATION**

Date: \_\_\_\_\_ Topic: \_\_\_\_\_

Activity name: \_\_\_\_\_

Materials used : \_\_\_\_\_

Number of participants: \_\_\_\_\_ Observers/PD team: \_\_\_\_\_

Group status:

Individual participants’ profile: gender, marital status, occupation, age, # children, role in the community.

Outcome: Findings from activity (including FGD):

<b>Key selected practices</b>	<b>Common current practices</b>	<b>Determinant of common practices/beliefs/attitudes</b>	<b>Common barriers</b>
Antenatal period			
Labor & delivery period			
Immediate postpartum care of newborn			
Postpartum care of mother and newborn (within 40 days)			

What the participants said (quotes)

What participants discussed, agreed and disagreed upon.

What comments participants made about the activity and the topic,

What were their ideas and suggestions for improvements in maternal and newborn care

State PD behaviors and strategies discovered during the FGD if any

Next steps

**Appendix 10: STANDARD FORMAT FOR DOCUMENTING COMMON MATERNAL & NEWBORN PRACTICES FROM FGDs and KIIs,**

**Purpose:** To validate and document **common** maternal & newborn practices to be compared with PD practices.

**Methods:** Meeting of the whole PD team (male & female separately) to review the findings, matrix making

**Materials** all information collected by reporters during the FGD, **KII** with the dais

- Steps**
1. Team members develop the matrices, one for routine care and one for special care (See draft format below)
  2. Reading from each FGD report they write what is considered common practice on the corresponding column on the matrix
  3. Debate on practices that may or may not be considered common
  4. Validate findings against secondary information (KAP survey)
  5. Document what individuals have said : common opinion, belief, stories and proverbs to illustrate a belief or an attitude

**Sample format for summarizing findings on common Routine Maternal & newborn Care practices**

<b>Key selected practices</b>	<b>Common practices</b>	<b>Determinants of practices</b>
<b>Antenatal period</b> Tetanus toxoid vaccination Increased nutritious diet Breastfeeding counseling? Birth preparedness Identification of danger signs		
<b>Intrapartum period</b> 3 Clean Identification danger sign Skilled birth attendant		
<b>Immediate postpartum c</b> Drying & warming Immediate exclusive breastfeeding Maternal care?		
<b>Postpartum care of newborn &amp; mother</b> Exclusive breastfeeding Clean cord care Maintenance of temperature Identification of danger signs Maternal nutrition Mother's work redistribution		
<b>Other cultural practices</b>		

**Note: A special care matrix can developed following the same format**

<b>Key selected cases</b>	<b>Common special care &amp; health-seeking practices</b>	<b>Determinant of special practices/beliefs/attitudes</b>
<b>Antenatal period</b> Bleeding, oedema, pre-eclampsia		
<b>Intrapartum period</b> <b>Immediate postpartum care</b> Asphyxia Low Birth Weight Infection newborn Bleeding (mother) Prolonged labor Fever		
<b>Postpartum care of newborn &amp; mother</b> LBW, cord infection, other infections, no breastmilk		
<b>Cultural practices</b> “eating down” syndrome pregnancy,		

**Appendix 11: Sample Mortality and morbidity Information (Baseline)**

Newborn profile	Delivery Location*	Birth attendant**	Causes of death***	Morbidity****
Births last 12 months				
Stillbirths				
Death at birth				
Death >7				
Death 7 to 40				
LBW				
Infections/cord				
Survived birth asphyxia				

\* Home, relative, RHC, BHU, district hospital

\*\* None, MIL, relative, TBA, LHW, LHV, doctor, others

\*\*\* Prematurity, asphyxia, cord infection, ARI, congenital anomalies, others

\*\*\*\* ARI, fever, diarrhea, other

Identification of potential PD infants

Name of father	
Address/mohallah	
Name of child	
Age of child	
Source of information	
PD type*	

\* Infant < 6 months who suffered from birth asphyxia and recovered

LBW who survived under 3 months who is now thriving

An infant under 3 months who survived infection (cord infection, ARI, etc.)

A healthy newborn under 40 days who is exclusively breastfed