

## Part 2 Module 3: Village Health Committee (VHC) Workshop: VHC Creation and Project Monitoring

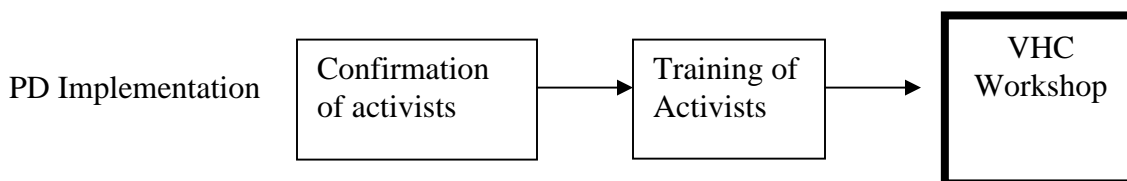


Table of content

Module 3: Village Health Committee Workshop: VHC Creation & Project Monitoring

Background Information for the Village Health Committee (VHC) Workshop

Session 1: Creation of 2 Village Health Committees (VHC)

Session 2: Monitoring and evaluation

Appendices

Appendix 1: Sample role and responsibilities for the VHC

Appendix 2 :A & B: Sample Pictorial Checklist-Monitoring tool

Appendix 3: Booster PDI

Appendix 4: Triple A cycle of management & monitoring of project

Appendix 5: Conceptual games for VHC workshop

### **Background Information for the Village Health Committee (VHC) Workshop**

**When:** The Village Action Team Workshop is conducted at the end of the successful training of activists (1 month). This is a formal ceremony to acknowledge the contribution of activists and hand over the stick to them to implement the PD process.

### **What: Structure of the Village Health Committees (VHC)**

The Village Action Team or VHC consists of 8-12 mohalla activists, responsible for PD implementation at village level and other community members. PD activists both male and female are volunteers who, after receiving training, conduct regular mohalla sessions on fortnightly or monthly basis in their respective mohallas. They meet every month to discuss and share problems and achievements with each other. The Village Health Committee team elects a coordinator.

### **Objectives of the workshop:**

- To build up the community capacity to manage the PD informed activities and run the PD sessions themselves.
- To set up a male and a female village health committee .
- To develop roles and responsibilities of each PD activist, the coordinator and the VHC

- To help the committee devise a 6 to 12 months monthly work plan for PD mohalla sessions.
- To enable villagers to monitor vital events and other activities related to maternal & newborn care in their community, and measure its impact on maternal and newborn care.
- To highlight the activists performance and achievements during the PD process and the training activities.

**How: Agenda of the Workshop:**

- Introduce the idea of Village Health Committee (VHC)
- Selection of the VHC coordinator
- Devise roles and responsibilities of the VHC coordinator and team members
- Roles and responsibilities of the SC/PD team
- Detailed planning for the mohalla session, VHC meetings, Healthy Baby Fair (HBF) events.
- Training of activists in using the monitoring tools

**With Whom : Participants in the two workshops:** The male and female workshops are conducted simultaneously or in the same week in a given village.

Male participants include all male activists, new fathers, teachers, elders and traditional leaders. The purpose of including village leaders along with the activists is twofold: one, to legitimize the activists role in the eye of the community leadership and two, to ensure the leadership support and cooperation in future activities.

Participants in the female VHC workshop include all dais, the Lady health Worker (LHW), the lady counselor, mothers-in-laws and female elders, and all the female activists, and the Lady Health Visitor (LHV) if available. It is recommended to have a representative of the local public health system come and participate in the monthly meeting whenever possible.

**Session 1: Creation of a Village Health Committee (VHC)**

<b>Competency</b>	At the end of the session, participants will be able to: - Elect a coordinator - Name their role and responsibilities
<b>Materials</b>	Flip charts, paper and magic markers
<b>Process</b>	<b>Introduction:</b> Introduction of the participants is made in an interactive manner. Review of the 3 goals of the project and the activities accomplished so far.  <u>Activity 1: Chart presentation</u> To acknowledge and appreciated their valuable contribution in the PD process, colorful flip charts are developed having performance record of each activist i.e. how many training sessions conducted, how many persons participated in each session etc.
<b>Helpful Hints</b>	The flip charts having information of all PD behaviors are also displayed to give participants a chance to look at and review what they have learned.

<p><b>Helpful hints</b></p>	<p><u>Optional-</u> Also displayed are all written quotation that came up in training and mohalla sessions. This really makes activists feel happy, important, and proud to see their mohalla session record. The purpose of all these efforts as is to prepare them for the future and make them realize their achievements so far.</p> <p><u>Activity 2: Exploring roles and responsibilities of stakeholders</u> The trainer divide the participants into 2 groups: the PD activists and the other members of the VHC. Their task is to devise roles and responsibilities of VHC coordinator and team members. (See Appendix 1 for details)</p> <p><u>Activity 3: Balloon Game</u> (See Appendix 5) This game is used to boost team spirit and to demonstrate that the community n to monitor pregnancy outcomes to ensure having healthy babies</p>
-----------------------------	---

## Session 2: Participatory Monitoring and Evaluation

<p><b>Competency</b></p> <p><b>Materials</b></p>	<p>At the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> <li>- Use the monitoring tools appropriately</li> <li>- Explain how they are going to monitor the project</li> <li>- Suggest how they are going to evaluate the project after 6 to 12 months</li> </ul>
<p><b>Process</b></p> <p><b>Helpful Hints</b></p>	<p><u>!. Exploring concept of monitoring and evaluation</u> Trainer asks participants to share their experiences with monitoring in every day life. “What do you monitor in your daily life?”. Example of monitoring for women: monthly menstruation, daily water supply for the house, child’s fever, weight gain during pregnancy. For men: field/crop ( irrigation levels, plant growth, insect infestation-daily, weekly), monthly earnings, etc. From the examples draw a definition of monitoring: <b>Regular activity of checking specific information (daily, weekly or monthly).</b></p> <p>Trainer stresses the importance of REGULAR ASSESSMENTS in monitoring activities.</p> <p>Trainer asks participants to share their experience with evaluation by asking: “What do you evaluate every year?” For men answers may include harvest output compared to previous year, income, savings. Women: child’s school performance, accumulated assets (jewelry),..</p>

<b>Helpful hints</b>	Trainer draws a definition of evaluation: <b>A one time activity which is meant to compare the results of a project from one year before</b> Stress the importance of comparing BEFORE and AFTER in evaluation
<b>Process</b>	II-. <u>Monitoring and evaluation for the project</u> 1.Trainer review with participants the objectives of the project Then trainer asks participants what they think should be monitored. Answers might include: delivery outcomes, births and deaths of newborn, specific practices during pregnancy, delivery and post delivery which are more likely to positively impact on maternal and newborn morbidity.
<b>Helpful Hints</b>	Make sure to ask if birth records are currently kept at the community level and by whom. This will prevent duplication of monitoring data.
<b>Process</b>	<p>2. <u>What to monitor in the project</u> :</p> <p>Review objectives of project (as defined by participants) Explore different project components for monitoring following the format: What, When and How</p> <p><b>A- Delivery outcomes/ Birth registration:</b> <u>What:</u> births, deaths and stillbirths for each birth: name of newborn, sex, date of birth (DOB), parents' name and mohallah, status of newborn at 3 days and at 40 days. <u>How often:</u> when they occur <u>How:</u> Practice with monitoring tool: Delivery outcome/ birth registry</p> <p><b>B- Mohallah sessions.</b> <u>What:</u> mohallah members' attendance, # of sessions, PD concept transmitted, participants' questions about specific topics <u>How often:</u> after each mohallah session <u>How:</u> Exercise: Individual activists make a process monitoring chart for PD sessions (See sample format in Appendix..)</p> <p><b>C- Monitoring</b> use of beneficial practices by families during pregnancy, delivery and immediate post delivery (Behavior change) <u>What:</u> selection of key behaviors to monitor, introduction of monitoring tool: pictorial check list with female PD activists. (See Appendix. 2 for details on sample non-literate monitoring form for pregnancy. <u>How often:</u> first home visit within 3 days, second visit at 40 days <u>With whom</u> : mother and other family members, especially mother-in-law or other birth attendants, as well as husband. <u>How:</u> Practice with the tool with 3 case studies or example of last 3 births in the village.</p> <p><b>D- Learning from new adopters of PD practices (Booster PDI).</b> - Brainstorm with participants on the benefits of learning from new adopters ( helps other villagers to be convinced of benefit of new practice, helps activists advocate for practice at mohallah session and create new advocates among the community.</p>

<p><b>Process</b></p>	<p><u>What to ask</u>  <u>When:</u> first home visit within 3 days, second visit at 40 days  <u>How:</u> Practice with questionnaire through role play. (See appendix 3 for details).        III- Monitoring the project at monthly VHC or Health committee meetings        Introduce the “<b>Triple A</b>” monitoring methodology . (See appendix 4 for details).        Present the monitoring cycle with the prepared flip chart, Add the <b>A for assessment, A for analysis</b> and <b>A for Action</b> as you describe the different steps.</p>
<p><b>Helpful Hints</b></p>	<p>Make sure to introduce the methodology using an example of monitoring from the introduction to monitoring for both male and female groups.        Also ensure that arrows show the move from one step to the other as well as the repetition of the cycle for each monitoring meeting (monthly), including assessment of what was done regarding the last month action plan.        Try to use local terminology to express the 3 concepts.</p> <p><u>Closing activity:</u> <u>Planting activity:</u> See Appendix 5 for details.</p>

## Appendix 1: Sample role and responsibilities for the Village Health Committee

### Role of activists:

- To be a member of the VHC or Village Health Committee (VHC)
- Conducts the mohalla PD session twice in a month and prepare a report of each session which will be submitted to the coordinator in the monthly meeting
- Keeps record of vital event of his/her mohalla and helps the coordinator in compilation of main birth register. LHW may be also in charge of vital events .
- Makes two formal visits at the newborn home on 3<sup>rd</sup> and 40<sup>th</sup> day to interview with the mother & MIL (female activist) and father (male activist) or the regarding the newborn (use of pictorial checklist). Male activists also keep in touch with the newborn's father informally after 40 days.

### Role of VHC coordinator:

- Assesses the maternal & newborn care awareness level in all mohallas with different methods (informal discussion with community members regarding different topics) and provides feedback to the concerned activist accordingly
- Is responsible to counsel those husbands and mother in laws who are not taking care of newborn and mother accordingly.
- Holds monthly meeting with activist for feedback of sessions and to assess their progress.
- Ensures the newborn home visits on 3<sup>rd</sup> and 40<sup>th</sup> day of the delivery and compile pictorial monitoring tool
- Is responsible to monitor the progress of the PD sessions.
- Keeps the record of vital events of the whole village, which he/she will compile, from the concerned activists.

### Role of other VHC members:

- Select the coordinator and support him/her
- Meet monthly to monitor activities
- Invite NGO staff (PD facilitators) to participate to get feedback in sessions and other activities
- Visit Rural Health Center (RHC) to monitor the health services i.e. presence and behavior of the health workers/doctors and quality of services provided to the patients, reinforce linkages with the health system regarding maternal & newborn care (Immunizations, pregnancy monitoring, etc..)
- Provide feedback regarding improvements of RHC to NGO staff
- Organize Healthy Baby Fair and ensure support from and active participation of male and female community members

APPENDIX 2A: SAMPLE PREGNANCY OUTCOME SEMI-LITERATE DATA COLLECTION FORM

**TODAY'S DATE** : \_\_\_\_\_

**ACTIVIST'S NAME** : \_\_\_\_\_

#	QUESTION	RESPONSE
1	Woman's name	
2	Husband's name	
3	Address-mohallah	
5	Actual date of delivery	

#	Questions	Pictures	Y	N	DK
1	Where did you deliver	"Home"			
		"BHU"			
		"RHC"			
		"District Hospital"			
		"PriVHCe Hospital"			
2	Who delivered you?	"Self"			
		"Family"			
		"Traditional birth attendant"			
		"Skilled provider"			
3	What was the condition of the baby?	"Live birth"			
		"Stillbirth"			
4	If alive, was the baby healthy?	"Healthy"			
		"Birth asphyxia with trouble breathing"			
		"Low birth weight"			
		"Danger signs"			
5	What was the outcome at 40 days?	"Alive and thriving" (strong, alert, growing)			
		"Alive and not thriving (sickly, not gaining weight)"			
		"Dead"			

**COMMENTS**


Appendix 2 B: Sample Pictorial Checklist-Monitoring Tool  
(Y = Yes, N = No, DK = Don't Know, !! = New Behavior)

**General information:**

- Mother's name, Father's name Baby' name Baby's sex
- Date of birth Baby's age at interview (< 7 days and 40 days)
- Village Mohalla Activist name: Date of interview

Question 1: Did mother received TT VHCcination?

1 First TT shot Yes No DK !! Second TT shot Yes No DK !!

**Question 2: Did mother face any danger signs during pregnancy and after delivery?**

1. Swelling of hands and feet Yes No DK
2. Bleeding during pregnancy
3. Eclampsia (fits)
4. Bleeding after delivery (post-partum hemorrhage)
5. Puerperal sepsis
6. Prolonged labor

**Question 3: Did mother receive any care after these danger signs? From where?**

1. Dai Yes No DK !!
2. Basic Health Unit
3. Rural Health Center
4. District Head Quarter Hospital

**Question 4: Did mother eat additional food during pregnancy? Yes No DK !!**

**Question 5: Steps taken for Birth Preparedness?**

1. Arrangement of money Yes No DK !!
2. Clean Birth Kit
3. Selection of Dai
4. Arrangement of transport

**Question 6: Where was the place of delivery? (home, RHC, BHU, others)**

**Question 7: Who was the birth attendant? (nobody, MIL, relative, TBA, LHW, LHV, nurse, doctor, others)**

**Question 8: What was done with the baby after delivery?**

1. Prelacteal/Ghutti Yes No DK !!
2. Warming of baby

**Question 9: Care of mother after delivery?**

1. Work redistribution / rest Yes No DK !!
2. Additional diet for mother

**Question 10: Cleans during delivery?**

1. Clean surface Yes No DK !!

2. Clean hands
3. New blade
4. Clean thread for tying the cord

**Question 9: Did you have any danger signs for your newborn?**

1. Birth asphyxia (breathlessness)      **Yes   No   DK !!**
2. Pneumonia
3. Tetanus
4. Puss from the cord (infection)
5. Low Birth Weight
6. Eye discharge

**Question 10: Who was contacted for newborn dangers signs?**

1. Dai
2. Basic Health Unit
3. Rural Health Center
4. District Head Quarter Hospital

**Question 11: Was baby easily breathing after birth?    Yes      No      DK**

**Question 12: What steps were taken in case, if baby was not breathing?**

1. Patting on the back of the baby
2. Cleaning of mouth with clean cloth
3. Mouth to mouth resuscitation

## Appendix 3 A: Booster PDI Questionnaire Draft 4

Note: In case of multiple behaviors, start with easiest one or ask the question regarding two behaviors simultaneously. Also ask if the person had a different motivation or was influenced differently for a special behavior.

**Step 1. Establish the fact that this behavior/practice is a new behavior/practice** either by statement of the doer (family member) or by demonstration of the specific behavior (See pictorial check list).

1. “Were any of these behaviors that you reported doing completely new to you and your family? If so which?”.

**Step 2. Investigate motivation /source or influence to adopt and practice this uncommon behavior(s)**

2. “Why did you / do you do behavior(s)” “What made you decide to do this behavior?”.

3. “Who advised/advises you to do it? “or “Who advised/advises you not to do it?” \*

Probing. “Where did you learn this way/practice?”.

4. “Did you get opposition to this practice?” Or” Were you criticized for practicing this new behavior”. **If YES, ask question 5 & 6, if NO, move to question 6.**

5. “From whom? What did they say or do?”.

6. “How did you overcome this difficulty?”.

**Step 3. Probe the Usefulness of the behavior**

7. “Is this behavior(s) good? In what way and why?”

8. “Is this behavior considered bad and why?” or “What bad thing might happen if you do it?”.

**Step 4. Assessment of the determinant factors of behavior change**

9. “Usually people get lots of new information and don’t change ... what made it different for you this time?”

Answers may include: little access to new information before, supportive environment, the way the information is presented, role of community activists, etc..

**Step 5. Environment for changing/adopting a new behavior**

10. “What helps/ makes it easier, to do this practices?”

11. “What made /makes it harder to do this practices”?

12. “What did you say to convince others of the beneficial effect of the uncommon behavior?”

**Step 6: Types of people who are more amenable to changing behaviors or attitudes**

13. “Do you know other individuals or families who practice the same uncommon behavior?”

14. “Are they different from others?”, “In what way?”.

\* In case the new behavior consists of stopping a previous practice (i.e.; ghutti, not putting anything on the cut umbilical cord, etc.)

**Optional**

15. “Would you be willing to do give the same advice to your friends / family?”.

16. “If you had to advice them, how you convince them of the beneficial effects of this

Appendix 3 B: Sample Format for Reporting on the PDI Booster Questionnaire

Newly adopted behaviors	Determinant factors	Barriers/obstacles	Actions/arguments for overcoming obstacles	Profile of other new adopters/ non-adopters
1.				
2.				
3.				
4.				
Quotes				

## Appendix 4: Use of the “Triple A” Method for Monitoring

With whom: All mohallah activists, LHWs, religious and civic leaders, teachers, parents of newborn, others, and NGO PD staff. If possible, representative from public or private health providers.

When: At monthly VHC (or Health Committee) meetings

Materials: Flip chart with a big circle in the middle. Magic markers

**Note: Try to use local terminology to express the 3 concepts.**

Step 1:

- Present the flip chart to participants and explain that monitoring requires 3 different activities that are repeated at regular interval.

Take the example of monitoring a corn or wheat field with men and describe the 3 activities: **assessing** the current of the field (water, weeds and insects), **analyzing** the situation (too wet or too dry, weeding required, insecticide spraying required, fertilizer required, etc.), **taking action** (time line for irrigation, weeding, spraying and fertilizing the field, getting help, materials, assessing cost, etc.)

Step 2: Ask participants what do they need to check on regularly

Assessment of current situation with mothers and newborn:

- Vital events last month or last 2 months: pregnancy outcomes, birth or delivery outcomes in each mohallah and near miss (visual score board-mapping)
- “PD mohallah PD sessions” outcome: compiled incidence of behavior change among the population (adapting new emphasis behaviors)
- PD sessions process (check list: taking place, attendance, topics, problems discussed)
- Community “audit” of perinatal deaths, “near misses” cases, etc.. reported by activists.

Analysis of information

- Congratulation on accomplishments, Discussion of problems
- Births & deaths information: What happened (near misses)
- Mohallah session: activist absence (family matter, work, religious, etc), lack of incentives, difficulty mobilizing mohallah people, attempt at sabotage, etc..

Action:

- Solutions or others suggestions to solve problems regarding (births & death monitoring, mohallah sessions, maternal & newborn issues, etc.
- Community new initiatives
- Linkage with MOH, with CFRH, RH Union level, BHUs
- Next steps

Note to trainer: Ensure that arrows show the move from one step to the other as well as the repetition of the cycle for each monitoring meeting (monthly), including assessment of what was done regarding the last month action plan.

## Appendix 5: Conceptual Games for the VHC Workshop

### **Name of activity: Balloon Game**

**Purpose:** Expose participants to team work and the concept of monitoring

**With whom:** Activists, facilitators

**Materials:** as many balloons as there are participants, strings

**Time frame:** 15 minutes

1. Give all participants a balloon and ask them to blow them up. Then, all stand in a circle and the facilitator takes all 20 swollen balloons back from them. Then, the facilitator throws one balloon in the air and asks all of them to keep it flying in the air (the balloon should not hit the ground). Gradually all the balloons are thrown one by one in the air and every one is pushing all balloons to keep them in the air. Participants are jumping and enjoying keeping all balloons up in the air.

2. Then the facilitator stops and asks what they learned through this game

3. The facilitator notes down all their points and then explains that balloons are like the newborn babies who are safe and happy when they are flying in the air and will die if they hit the ground. The trainer says:

*“You are the team who has taken the responsibility of keeping the balloons in the air (have the healthy babies). You as a team have showed that the future of newborn in this village is in safe hands. The way you are doing demonstrates that you will make it”.*

This game is used to boost team spirit and to demonstrate that the community is willing to monitor pregnancy outcomes to ensure having healthy babies.

### **Name of activity or game: Planting a PD plant**

**Purpose:** To illustrate the participants’ ownership of the project and their responsibility for the project implementation

**With whom:** Activists

**Materials:** Plant, shovels, water can.

**Time frame:** 30 minutes, at end of the VHC workshop

1. Present the plant and tell participants that the PD process is like this plant, which has been found in the community.

2. Explain that the participants and facilitators will prepare the soil together to plant this tree in it. Stress that facilitators are outsiders and cannot come every day to nurture and water this plant. But that the persons from this village/community and will stay here forever, are reliable hands to take care of it.

3. Express the hope that one day this will grow into a strong tree and all people of this village will taste its sweet fruit and enjoy its shadow.

Expected outcome of activity: participants’ commitment to stay involved in the project and advocate for better health for all mothers and newborns in the community.