

Community PAC Program/Bolivia
Self-Diagnosis: Action Guide for Community Empowerment
concerning Complications of Hemorrhages in the first half of pregnancy

Prepared and revised by: Carmen Monasterios and the team
of the Community PAC Program - 2006

FACILITATORS' MANUAL

1st CYCLE OF COMMUNITY ACTION

Based on the Guide for Self-Diagnosis and Community Participation Plan of the CATALYST
Consortium and PATHFINDER International Project (2004).
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Through collective experiences in the application, reflection, analysis and adjustment of this Guide to the Cycle of Action for Community Empowerment, we here present the Guide for use by Bolivian communities, in the process of exploring and raising awareness about the reality they face in problems and complications of hemorrhages in the first half of pregnancy.

With Pathfinder International's support in the first phase, and that of PROSALUD-Partners in Development in the current phase, this manual has been improved, expanded and updated to reach its present form.

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ABBREVIATIONS

CATALYST	USAID project with collaboration from a group of institutions working in Sexual and Reproductive Health.
CIES	Sexual and Reproductive Health NGO
CM	Community Mobilization
FP	Family Planning
MOH	Ministry of Health
MVA	Manual Vacuum Aspiration
PAC	Post-Abortion Care
PATHFINDER	Sexual and Reproductive Health NGO
PROSALUD	Health NGO
SDX	Self-Diagnosis
SEDES	Departmental Health Service
SRH	Sexual and Reproductive Health
SUMI	Universal Maternal and Child Health Insurance
UDSEA	El Alto Decentralized Health Unit
USAID	United States Agency for International Development

TABLE OF CONTENTS

INTRODUCTION IMPORTANT CONSIDERATIONS	- 1 -
OBJECTIVES OF THE FIVE STAGES OF THE	- 3 -

1ST Stage

ORGANIZE THE COMMUNITY FOR ACTION	- 5 -
STEP1. Organize the community for action	- 7 -
STEP 2. Socialization - presentation of the objectives of the methodology	- 7 -

2ND Stage

IDENTIFY AND DEFINE PRIORITY OF PROBLEMS DURING PREGNANCY	- 11 -
1 st Session RECOGNIZING PROBLEMS IN PREGNANCY	- 13 -
STEP 1. Introduction	- 14 -
STEP 2. Pregnancy in Our Lives (Life Histories)	- 16 -
STEP 3. Routes or Paths Followed:	- 18 -
STEP 4. Conclusions about Recognizing Problems in Pregnancy	- 20 -
Step 5. Summary Technique: The Bridge of Possibilities	- 21 -
STEP 6. Observations of the session:	- 23 -
For Facilitators of the 1 st Session:	- 26 -
MATRIZ OF FIRST SESSION	- 28 -
2 nd Session	- 37 -
DECIDING HOW TO SOLVE THE PROBLEM AND HOW TO GET TO THE PLACE WHERE IT CAN BE RESOLVED	- 37 -
STEP 1. Introduction	- 37 -
STEP 2. Decide where to go for help in the community (Map of Health Resources)	- 40 -
STEP 3. Conclusions on Deciding What to Do (Bridge of Possibilities)	- 42 -
STEP 4. BRIDGE OF POSSIBILITIES	- 42 -
STEP 5. OBSERVATIONS ON THE SESSION:	- 44 -
For Facilitators of the 2 nd Session:	- 46 -
MATRIX OF SECOND SESSION INDIVIDUAL TASK	- 47 -
3 rd Session RESOLVING HEALTH PROBLEMS	- 58 -
STEP 1. Introduction	- 58 -
STEP 2. Acting to Resolve Health Problems (Socio-dramas)	- 60 -
STEP 3. Putting Needs Identified in the Community in Order of Priority: Making Decisions and Solving Problems	- 62 -
STEP 4. Conclusions on All the Sessions	- 63 -
STEP 5. Our Bridge of Possibilities	- 64 -
STEP 6. Observations:	- 64 -
DIDACTIC SHEET	- 66 -
For Facilitators, 3 rd Session:	- 67 -
MATRIX OF SECOND SECOND SESSION	- 68 -

3rd Stage

DRAWING UP A PLAN FOR COMMUNITY ACTION	- 76 -
1 st Session DEVELOPING OUR GROUP ACTION PLAN	- 79 -
STEP 1. Introduction	- 80 -
STEP 2. Group exercise to define priority of problems and needs	- 81 -
STEP 3. Developing Our Plan of Action	- 82 -
STEP 4. Carry out the intermediate KAP survey (Knowledge, Attitudes and Practices)	- 84 -
2 nd Session CONSOLIDATING THE PLAN FOR EACH HEALTH CENTER	- 86 -
MATRIX OF THE PLANS	- 89 -
DIDACTIC SHEET	- 89 -
For Facilitators:.....	- 91 -

4th Stage

IMPLEMENTATION AND MONITORING OF THE COMMUNITY ACTION PLAN	- 93 -
1 st Session IMPLEMENTING THE COMMUNITY ACTION PLAN	- 95 -
2 nd Session MONITORING THE COMMUNITY ACTION PLAN	- 97 -
FIRST FOLLOW-UP ACTIVITY	- 97 -
Doing the final KAP survey (Knowledge, Attitudes and Practices).....	- 100 -

5th Stage

PARTICIPATORY EVALUATION	- 103 -
1 st Session PARTICIPATORY EVALUATION OF THE COMMUNITY ACTION PLAN	- 105 -

APPENDIXES

LIST OF PARTICIPANTS	- 115 -
COMMUNITY PAC SURVEY FORM.....	- 117 -
GUIDE TO QUESTIONS ON IMPORTANT TOPICS.....	- 121 -
CYCLE OF COMMUNITY ACTION.....	- 123 -
GUIDE ON HOW TO TAKE EFFECTIVE NOTES IN THE SESSIONS.....	- 125 -
MOST COMMON ABBREVIATIONS FOR NOTE-TAKING.....	- 127 -

INTRODUCTION

IMPORTANT CONSIDERATIONS

1. Participants in the Methodology “Self-Diagnosis of Community Needs concerning Complications of Hemorrhages in the first half of Pregnancy” are members of grass-roots organizations in the cities of El Alto y Santa Cruz where this guide was first validated. The methodology is implemented thanks to the support of the authorities and community residents.
2. The team of facilitators works with groups of adults and adolescents, women and men, on the basis of support and facilities offered by the authorities and community residents. The Community Self-Diagnosis is carried out with the team of facilitators who have been trained in implementing the methodology.
3. Facilitators take on specific roles in each of the sessions to be detailed below, in accordance with agreements arrived at by the team. They must register, observe and support participation of community members in order to achieve established objectives. Each team of three facilitators has a Regional Coordinator, and the Regional Coordinators are supervised by a National Coordinator responsible for coordination, monitoring and supervision of the Community PAC Program team.
4. After identifying the community groups with which the Methodology will be developed, each group elects two representatives who form a Central group named the CORE. These leaders have the role of supporting and then facilitating the methodology, and organizing the information.
5. The methodology has 7 stages and includes the Cycle of Action for Community Empowerment, which consists of 5 out of the total of 7 stages in the Methodology.
6. The Cycle of Action for Community Empowerment is made up of the following stages: 1. Organizing the Community, 2. Identifying and Defining Priority of Needs, 3. Drawing up the Community Action Plan, 4. Implementing and Monitoring the Community Action Plan and 5. Participatory Evaluation.
7. The Cycle of Action’s stages commence with a first workshop for Identifying and Defining Priority of Needs concerning Complications of Hemorrhages of the First Half of Pregnancy. This stage is based on 3 sessions for analysis of causes and consequences of difficulties with pregnancy in general, unplanned pregnancy, and with the specific problem of hemorrhages in the first half of pregnancy. Participants recall and talk about real cases of problems in pregnancy.
8. The 3 sessions for Identifying and Defining Priority of community needs are developed using the framework of three points of delay when faced with the problem

of hemorrhages in the first half of pregnancy: recognizing the problem, deciding what to do about the problem and how to do it, and resolving the problem in health centers.

9. Different needs mentioned by group participants in the 3 sessions are gradually put in order of priority, ending with a final definition of priority for problems and needs relating to each of the three points of delay.
10. With the needs defined at the end of the second stage, the Cycle's third stage is implemented: the drawing-up of a Participatory Community Plan that is done using a pre-designed matrix.
11. The fourth stage then commences with the implementation of the plan, for which both CORE group representatives and the community itself are responsible. Different activities included in the plan are carried out, such as training, advocacy and impact on health centers.
12. The first monitoring exercise is carried out 20 days after the action plan is prepared, with second and third monitoring exercises during the process of implementation of the Community Action Plan. These latter monitoring exercises may be carried out monthly. It is important to note that there must be a minimum of three monitoring exercises in the course of the Community Action Plan.
13. On finalizing implementation and monitoring, the fifth stage of participatory evaluation is carried out, so that the community itself can establish if changes and actions have occurred within the different activities proposed in their plans.
14. Once the Participatory Evaluation has concluded, the same groups carry out a new Cycle of Community Action. The aim is to achieve Empowerment of the community once the same groups have developed at least 3 Cycles of Action.
15. It is important to note that levels of Empowerment are achieved throughout implementation of the Cycles of Action, in the understanding that each Cycle advances little by little through the different levels of Empowerment.
16. Once the process and tools have been sufficiently defined to carry out all stages of the methodology, it is expanded to other geographical areas.
17. It is important "not to alter" the information gathered in the community in each activity, even though we might have the perception that it is not right. Remember that it is the work of the community itself.



OBJECTIVES OF THE FIVE STAGES OF THE CYCLE OF ACTION FOR COMMUNITY EMPOWERMENT

OBJECTIVES OF THE FIRST STAGE: ORGANIZING THE COMMUNITY FOR ACTION

1. Have groups identified within the community of adult and adolescent women and men to work with the methodology.
2. Identify and organize leaders of each of the groups and socialize the program and methodology with them and with the local authorities.
3. Set up a “Central leaders’ group” with leaders from each group.

OBJECTIVES OF THE SECOND STAGE: IDENTIFYING AND DEFINING PRIORITY OF NEEDS

1. Commence reflection about problems concerning the situation of pregnancy in the community, focused on hemorrhages in the first half of pregnancy, unplanned pregnancy, incomplete abortion and post-abortion complications that put women’s lives at risk.
2. Get to know the perceptions and real experiences of the community concerning the problem of hemorrhages in the first half of pregnancy, relating to the 3 points of delay that contribute to decrease maternal morbidity. Identify and define the priority of needs and problems.

OBJECTIVES OF THE THIRD STAGE: COMMUNITY ACTION PLAN

1. Prepare a document identifying the causes of the different problems, and organize these problems through the search for possible solutions that are real, attainable and viable.
2. Support formulation by the community of indicators for each of their problems or needs.
3. Organize the Plan according to health centers in the project’s area of influence, categorizing the problems found and considering the 3 points of delay.
4. Have a Participatory Community Plan ready for application, implementation,

execution, monitoring and evaluation.

OBJECTIVES OF THE FOURTH STAGE: IMPLEMENTATION AND MONITORING OF THE COMMUNITY ACTION PLAN

1. Apply the solutions proposed by the community for each of the needs or problems identified through the previous steps.
2. Achieve impact at the level of health centers, to successfully carry out the activities relating to Health Centers.
3. Have a training plan with the topics proposed within the Action Plan, drawn up on the pre-designed matrix.
4. Carry out monitoring of the participatory Plan's implementation.

OBJECTIVES OF THE FIFTH STAGE: PARTICIPATORY EVALUATION

1. Ascertain the degree to which the Participatory Plan has been fulfilled.
2. Let the community itself ascertain the fulfillment – or lack of fulfillment – of the different solutions proposed for the needs and problems identified within the Participatory Action Plan.
3. Evaluate the degree of fulfillment of the indicators formulated in the third stage.
4. Have new elements ready to commence a new cycle of Community Action.
5. Advance to another level of Community Empowerment.



In this stage the local environment is analyzed, coordinating with the community to work with the Health Centers. Then comes the search for different groups that exist in the community, followed by the selection of groups of women, men and young people in the locality of the Health Centers.

When the different groups have been formed (2 or more in the locality of each Center), each group goes on to elect two leaders who will have the role of facilitating the process of the methodology and gathering information about the topic of Complications of Hemorrhages in the first half of pregnancy.

Once the group of leaders has been formed, training in the methodology commences with them, so that they can be reinforced to work on the next stages with their groups.

Each stage of the cycle of action can be illustrated graphically, for example in this stage - "Organize the community" - a drawing showing the leaders calling together the neighbors of the community.





Organize the community – Santa Cruz



Organize the community – La Paz

1st Session

RECOGNIZING PROBLEMS IN PREGNANCY

OBJECTIVE

To discuss aspects of women's, men's and adolescents' identities within the family context and in other relationships, concerning sexuality and reproductive health..

Participants develop community life histories focusing on pregnancy, and trace the paths followed in connection with pregnancy, to analyze each step in the search for solutions, identifying barriers and possible alternatives.

DURATION OF THE SESSION

The first session lasts 3 hours

MATERIALS

- Name labels, notebooks, ballpoint pens, eraser, pencil sharpener
- Large sheets of paper, marker pens, cards, masking tape
- Previously completed sheet with didactic guide
- Welcome poster
- Illustrated wall chart with the names of the Program and institution.
- Cycle of Community Action prepared previously on a wall chart, with the name of each step, and separately, cards with each of the steps so that one can be learned in each session. All these need to be illustrated with drawings.
- Sheet for registering participants
- Initial KAP survey forms
- Form for registering materials (notebook, ballpoint pen, etc.).
- Wall chart, illustrated with drawings, showing the session's objective and the program for each session. Don't forget to check off the activities completed on the program.
- Wall chart, illustrated with drawings, showing the three points of delay.
- Wall chart with the matrix of paths followed.
- Wall chart with the matrix for analyzing life histories (one for men and another for women).
- Matrices corresponding to Session 1
- The questions in the Appendix, which provide support for each session, can be written on a card stuck to the wall, so as not to forget them if we need their help.

Suggestion for **presenting the cycle of community action**:

Give examples, illustrated with drawings, for each stage in the cycle of action.

STEP 1. Introduction

OBJECTIVE

- Get to know the participants and their expectations regarding the workshop.

ACTIVITIES

Put up the “Welcome” wall chart in the meeting room so that it stays there for the duration of the sessions.

Registration of participants (name, gender, age, etc.)

Initial KAP survey (Knowledge, Attitudes and Practices)

Presentation and Expectations of participants

Explanation of the Workshop for Community Self-Diagnosis

Go through the Workshop timetable with all participants, and the program for the session.

Follow through the Norms for the Workshop

1. NOTE DOWN

Participants' names and other data, on the registration sheet.. It is important to carry out this activity starting with the first person who enters the meeting room for the session.

Initial KAP survey (Knowledge, Attitudes and Practices)

OBJECTIVE

Apply the KAP survey with the groups for the first time, to ascertain the degree of knowledge with which we commence the methodology.

ACTIVITIES

- a. Give each participant a survey form.
- b. Tell participants that they have to fill in the whole survey.
- c. When receiving the forms, make sure that they have been filled in.



If participants need help filling in the survey this can be provided, but avoid giving them the answers.

2. PRESENTATION

Of the Team of Facilitators and the group of participants. All participants should introduce themselves, to be individually recognized and to establish relations of trust.

Facilitator: Leads a Motivating exercise

The Team of Facilitators must guide participants through an exercise so they can introduce themselves. Example: Participants are asked to introduce themselves, one by one, and to say what they **expect** from the whole process. It is important for each person to share their expectations regarding the workshop, which must be written on cards. However, if there is not enough time to read all the cards, they must still be incorporated into the matrix, so that in the final session it can be seen if all the expectations were fulfilled.

3. EXPLANATION OF THE COMMUNITY SELF-DIAGNOSIS WORKSHOP TO THE COMMUNITY

It is important that participants understand the importance of the Community Self-Diagnosis. It is necessary to explain that the self-diagnosis provides an opportunity for dialogue and conversation about who we are, how we feel, and what worries or problems we have concerning our sexual and reproductive health with emphasis on Hemorrhages of the 1st half of pregnancy. Put up the Cycle for Community Action, and explain the sequence indicating where we are and where we want to get to in this stage of the project.

It is necessary for them to understand that this will be a conversation, and not a talk as it is traditionally known (**we are not going to teach, but to learn from them**). Stress that their opinions are important, and that they should feel free to say what they think (nothing that is said will be good or bad, everything is important because that way we get to know more), and that this will enable us to recognize participants' problems (note that they are representatives of their communities, that this is not an evaluation, and there is no grading or mark). Also, remind them that their ideas will be respected.

4. GOING THROUGH THE TIMETABLE AND WORKSHOP PROGRAM WITH ALL PARTICIPANTS

The Team of Facilitators must write the objectives and program of the session beforehand. Then they must present the wall chart and specify the hours to be worked, and confirm participants' commitment to attend and work in all the sessions.

5. ESTABLISHING NORMS

Participants will establish their own norms for the workshop.



The Facilitator must stimulate all participants' commitment and responsibility for fulfilling tasks carried out during the sessions, time spent, and adherence to the timetable.

STEP 2. Pregnancy in Our Lives (Life Histories)

From this activity onwards, **light green** cards will be used to write problems or needs.

OBJECTIVE

Identify the main characteristics of being a woman, man or adolescent in the community, in relation to our social, family and reproductive life, with emphasis on pregnancy.

Work in Groups

Research Technique: Creating a Life History

Participants divide into two groups. One group develops the life history of a woman, while the other develops the life history of a man. Create the Life History of an **imaginary person** from the community in the different stages of their life:

- Birth: Putting most emphasis on birth (e.g. Who attended the birth?)
- Childhood: Putting most emphasis on the family setting
- Adolescence/Youth: Putting most emphasis on sexual and reproductive life (e.g.. What happened with their first boyfriend/girlfriend? Sexual relations? First pregnancy?)
- Adulthood: Putting most emphasis on sexual and reproductive life (e.g. Was there an unplanned pregnancy, a pregnancy with family, social or physical problems?)



The life history matrix is to be written up beforehand on the wall chart.

Special note: *Pay particular attention when the man's story is being prepared, because there is an automatic tendency to talk about the woman, so the story should be drawn back to the man's life history.*

Each group puts up one blank wall chart on the wall (the life history with its drawing, and the life history analysis):

- 1) Within the corresponding matrix, for the different stages draw the main points in the life history, with the narrative descriptions in another column.
- 2) In the other column, put the comments that come out of the group analysis.

Together with the matrix, an explanatory card can be handed out with the key points in each stage, to guide the exercise. This allows participants to stay within the framework of the information required for each stage.

Example:

STAGES OF LIFE	POINTS IN THE STORY	COMMENTS
Birth (do the drawing)	Tell the story, putting emphasis on the birth of a child.	These are made during the plenary session.



The drawing provides us with other elements that are not in the narrative part. It is important that participants interpret their own drawings, because their perception is one thing, and that of the facilitators is another.

Special Note: *While the different groups are carrying out this activity, soft music can be played to awaken their sensibility and emotions concerning the problems addressed.*

Optional activity: Background music or soundtracks can be adjusted while the life histories are being told, with the musical melody, rhythm and dynamic changing in relation to the emotional tonality in the different stages and situations of the story.

Plenary

LISTENING TO THE STORIES

A representative of each group presents the story. The facilitator guides the analysis and stimulates a discussion comparing the different stories from each group.



Each opinion must be written up on a wall chart in front of everyone.

Special note: *Don't let any one person monopolize the meeting, and take the other people into account. If the same person keeps talking, it's advisable to give them an additional activity within the session.*

ANALYSING OF THE LIFE HISTORIES:

Verifying the story's degree of representativity through **questions** to guide the analysis:

- 1) What really happens in a first pregnancy? (concerning family, social and/or physical problems)
- 2) What is the difference between a planned pregnancy and an unplanned pregnancy, as regards family, social and physical problems?



If no comments arise concerning the man's involvement in the pregnancy, pose the following question: What does the woman think about the man's participation or involvement when faced with a pregnancy? (How does the man react, what does he do?)

3) Comments: Do participants want to say anything more? The group's opinions, some clarifications of things they did not understand. Some opinions on which there was disagreement.



At each stage, guide participants towards the topic of pregnancy.

Special note: *Write each of the problems and needs mentioned in the session on cards of just one color, **light green** (this color will represent problems, and the need to recognize the problem).*



It is important that each problem written on the cards be well written. A well-written problem contains only one problem, says who the problem affects, and provides all the necessary information.

E.g. Problem: There is no information about family planning for adolescents in the community.

In the matrix for analyzing the life histories, a series of questions is used:

What really happens with the first pregnancy when it is planned and unplanned, regarding personal, social and family problems?

When the group asks about the topics, it is advisable to say nothing, or not to give a general idea, because this may bias the information from the group, and require explanation.

Facilitator: Leads a motivating dynamic

STEP 3. Routes or Paths Followed:

Problems with Unplanned Pregnancy and Bleeding in the 1st Half of Pregnancy

OBJECTIVE

- Present the Routes Followed when faced with problems in pregnancy, focusing on the 3 points of delay:
- Recognize the problem



- Decide how to solve the problem and how to reach the site where it will be resolved
- Resolve the problem in a health center

Work in Groups

RESEARCH TECHNIQUE: ROUTES OR PATHS FOLLOWED

Before commencing this technique, ask: What do you think is a “route followed”? Develop the concept and continue with the activity.

Describe Behavior when Faced with Real Problems in Pregnancy in the Community, through routes followed.

Four groups must be formed according to the technique planned by the Team of Facilitators. Each group receives 1 card indicating one of the 2 problems listed below. In this way, two groups have one of the problems, and the other two have the other problem. Each group thinks and talks about a **real case** concerning the problem, in the community.



Bear in mind that participants do not have to identify themselves as the story-teller, even though it may be their story.

THEMES:

Unplanned pregnancy

Hemorrhage or Bleeding in the first half of Pregnancy

Have two cards written ready with each phrase: 2 with “Unplanned pregnancy” and 2 with “Hemorrhage or Bleeding in the first half of pregnancy”.

INSTRUCTIONS:

The Facilitator tells participants that they must draw and write on a wall chart the route followed when faced with the problem in pregnancy, illustrating a **real case**. The drawing must start from the pregnancy, not from childhood. In this way, the three points of delay are emphasized and time is saved.



It is important to guide each group so that they focus on a specific case. The whole course of action carried out in this case must be drawn.

Plenary

PRESENTATION AND ANALYSIS OF THE ROUTES OR PATHS FOLLOWED:

The facilitator invites representatives of each group to present the problem and explain the route followed, in order to analyze it better.

The matrix must be prepared beforehand on a wall chart and while the story is being discussed, the matrix must be filled in at the same time.

Don't forget to find out:

Causes and consequences

What are the causes of problems in unplanned pregnancies? Why is it this way?

What are the causes of the problem of bleeding or hemorrhage that we have talked about today? Why is it this way? Who does it affect most? How does it affect them?

When the stories of **Routes Followed** are compared through their similar themes, there is discussion about attitudes and practices coming out in one and the other story of **Routes Followed**, but always find out why they consider that the similarities or differences occurred.



On the cut-up cards, write the reality and some solutions. Don't forget that in each session a different color is used: light green for recognizing, light blue for deciding, and white for resolving.

INSTRUCTIONS:

Facilitator: Leads a dynamic

Optional: Relaxation

All the participants sit in a circle and close their eyes. One facilitator invites them to breathe in slowly and deeply through the nose, and breathe out as slowly as possible through the mouth (3 times). Participants are invited to visualize, feel and concentrate on their body. To start to relax, from the crown of the head, the neck, shoulders, arms, hands, fingers, chest, belly, legs, knees, ankles, feet, toes – to relax their whole body. To think of everything that flows through their body – their blood, water, air – how these substances pass through their organs, heart, lungs, gall bladder, liver, stomach, intestines, (for women: their womb). Notice how we feel when the whole body functions well. What does it mean to feel good, in good health and enjoying well-being through and through?

STEP 4. Conclusions about Recognizing Problems in Pregnancy

OBJECTIVES

- Have the “needs” filled in beforehand on the cards, during the life histories and routes followed, that's to say the ones referring to Recognizing Problems in Pregnancy, so that they can be put up afterwards on the Bridge of Possibilities.
- Stress the key points of the day.
- Assign tasks.

ACTIVITIES

- Summary of the day
- Drawing up the bridge of possibilities
- Assign tasks to participants for the next session.

SUMMARY OF THE DAY: SUMMING UP WHAT WAS DONE IN THE SESSION

The Team of Facilitators must summarize the points covered during the day, to reinforce or highlight contents that were developed, and to try and generate greater interest in the next session.

Step 5. Summary Technique: The Bridge of Possibilities

On a wall chart, the facilitators invite a participant to build the bridge.

At the beginning of the bridge, cards are placed relating to problems or needs that have been identified by participants regarding the reality of Pregnancy in their community.

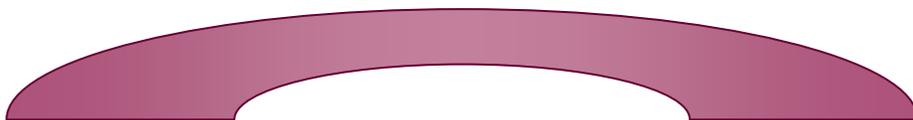
At the end of the bridge, cards are placed relating to needs in life (possible solutions), referring to what we could do to enjoy a safe and tranquil Pregnancy.

Additionally, other problems and needs can be put up, and more questions can also be posed about what we could do.



It is important that the cards be written well, clearly and completely, since they will be used to draw up the Plan for Community Action. Bear in mind that the cards on "What we could do" will have to go into the Plan for Community Action.

OUR BRIDGE OF POSSIBILITIES



Reality in the Community

What are the causes of unplanned pregnancy?

Why is it this way?

What are the causes of the problem of bleeding that we've talked about today?

Why is it this way?

Who does it affect most?

How does it affect them?

What we could Do

What resources do we have in the community to respond to the problems?

Where do women go when they have these problems?

Do they find a solution to their problem?

Put up the cards with problems/needs that were identified during the session by group consensus.

Ask the group if there are any more problems or needs that have not been noted down. If there are more, write them on cards (using the same light green color) and put them up.



Facilitators will note down the needs identified on cards of only one color (light green), in order to use them in the activity to establish priorities in the Next Session.

Divide the group according to the number of problems. Then, each group will receive cards and will have to seek two or three solutions to the problem. Once these have been completed, they are presented to the group in a plenary session, and the cards are then put up on the matrix of the bridge of possibilities.

Another option is to work on the problems and solutions in a plenary group session. This can be done if participants have got tired by the length of the previous activities.

Special Note: *The team of facilitators must summarize the points discussed during the day, to reinforce or highlight the contents covered, and try to generate greater interest in the next session.*



TASK.

A form is handed out with questions for interviews with someone from the community.

Stress the importance of this activity, since it is aimed at finding out the community's real perception about these problems.

Participants have to ask other people about their experiences and opinions concerning problems in pregnancy. Hand out the form with the following questions:

What happens in cases of **unplanned pregnancy** in our community?

Why do these pregnancies happen?

What are their consequences?

What happens in cases of bleeding during the first months of pregnancy?

Why does this kind of bleeding happen?

What will happen to women who present this problem?

Use the format for the task: Task, Session 1

Each participant notes down the replies on the sheets handed out, or if they do not write, they should remember the opinions. The interview can be done individually, or by two or more people interviewing together.

STEP 6. Observations of the session:

Have a wall chart ready with the matrix for observations.

For the first question, "How has the group's participation been?", faces are stuck onto the wall chart (happy, indifferent and sad) according to the answers received. Don't forget to ask "Why?".



The wall chart has to be divided beforehand into the three types of faces (see matrix).

For the second and third questions, "Which activities did participants like best?", "Why?", and "Which activities were difficult to carry out?" "Why?", put up on the wall chart the name and/or drawing of the different activities and according to the replies received, mark off the responses.

Consider having some blank cards ready in case participants want to put other activities on them. Also, always let some participants speak so that they can explain their replies.

SNACK:

Always serve this at the end of the session.

The Team of Facilitators wish the participants luck with their task, and finalize the session.

A written appointment is handed out with the time and place of the next session, with the indication that participants' presence is important.



DIDACTIC SHEET

SESSION 1: RECOGNIZING PROBLEMS IN PREGNANCY

Objective	Contents/Topic	Activity/Technique	Materials	Person Responsible	Time
Step 1: Introduction					
Step 2: Life Histories					
Step 3: Routes Followed					
Step 4: Bridge of Possibilities Assign and explain the task					

For Facilitators of the 1st Session:

ORGANIZING THE INFORMATION THAT HAS BEEN GATHERED:

Recognizing problems in pregnancy

1. List of Participants: Check the list to confirm that we have obtained complete data for each participant. If information is lacking, complete it in the next session. (Appendix 1)

2. Initial KAP survey: At the time when participants are handing in completed survey forms, check the sheets to make sure the answers are complete. (Appendix 2)

3. Expectations: Put the expectations up on the wall chart, into the corresponding matrix. (Matrix S1-1)

4. Cycle of community action: This must be prepared beforehand on a wall chart. (Appendix 4)

5. Guide for questions on important topics: This can be used in any of the sessions or steps where it is needed. It provides help in the process of gathering information. (Appendix 3)

6. Informative Research Techniques:

a. Life History: People's life histories are noted down on wall charts within the corresponding matrix (Matrix S1-2). Do the same with the analysis (Matrix S1-3). Don't forget to focus more on adolescence and adult life.

b. Routes Followed: Put these onto the matrix (Matrix S1-4), taking into account both unplanned pregnancy and bleeding/hemorrhage in the 1st half of pregnancy. Consider the questions in the matrix:

At what moment do they recognize that there's a problem?

What do they decide to do when faced with the problem?

How do they reach the decision about what to do when faced with the problem?
Why do they take that decision?

Who helped them decide what to do when faced with the problem?

What means of transport did they use?

Where and how did they resolve the problem? (health center, traditional care, or another)

Could they have done anything different when faced with the problem? Why didn't they act that way?

How dangerous for health is the situation presented?



How is the person's life affected if they DON'T find a solution?

During this analysis, the Facilitator, together with the group, should compare the problems, consider their similarities and differences, and ask about the reasons for them.

7. Conclusions on Recognizing problems in pregnancy: the Bridge of Possibilities: Copy from the wall chart to the corresponding matrix everything mentioned in the Bridge Technique (Matriz S1-5).

Reality in the Community (What we have)

What we could do (What's lacking, what we need)



down the needs identified on cards of just one color, in this case light green for the activity of establishing priorities for the Next Session.

8. Task: Hand out to participants the form on which questions for the task – an interview - have been written beforehand (Form for Session 1). Each participant can do 1 or more interviews.

9. Observations: For the first question, “How has the group’s participation been?”, faces are stuck onto the wall chart (happy, indifferent and sad) according to the answers received. Don’t forget to ask “Why?”. “Which activities did participants like best?”, “Why?”, and “Which activities were difficult to carry out?” “Why?”, put up on the wall chart the name and/or drawing of the different activities and according to the replies received, mark off the responses.

10. Snack

MATRIZ OF FIRST SESSION

S1-1 EXPECTATIONS

(WHAT IS EXPECTED OF THE SESSIONS)

Name of Facilitator: Code and Name of Group: _____
 Name of CORE Group Leader: / Page # _____ of _____
 Date: / / Session # 1

KNOWLEDGE	SOCIALIZATION	EXCHANGE OF EXPERIENCES	OTHER ASPECTS



S1-2 LIFE HISTORIES: PRESENTATION

Woman

Name of Facilitator:

Code and Name of Group:

Man

Name of CORE group leader:

Date: / /

Session #

1

Page #

of

STAGE OF LIFE	POINTS IN THE STORY		COMMENTS
	Narrative	Drawing	
Birth			
Childhood			
Adolescence			
Adulthood			

S1-3 ANALYSIS OF LIFE STORIES

Woman Name of Facilitator: _____

Name of Group: _____

Man Date: / / _____

Page # _____ of _____

Session # 1

	WOMAN'S STORY	MAN'S STORY
What really happens in the first pregnancy when it is planned and unplanned, regarding personal, social and family problems?		
What is the difference between a planned and an unplanned pregnancy as regards family, social and physical problems?		
(If no comments should arise concerning the man's involvement in the pregnancy, ask the following question:)	What does the woman think about the man's participation or involvement when faced with a pregnancy? (How does the man react, what does he do?)	What does the man think about getting involved and participating in the pregnancy? (How does the man react, what does he do?)
Do participants want to say anything more? (Opinions from the group, some clarification of things they did not understand. Some opinions on which there was disagreement.)		

S1-4 ROUTES FOLLOWED

- Unplanned pregnancy
 Name of Facilitator: Code and Name of Group: _____
- Bleeding in the 1st half of pregnancy
 Name of CORE group leader: Route#: _____
 Date: / / of _____

	POINTS IN THE STORY	DRAWINGS	COMMENTS
Profile of the Person Affected			
Age?			
Marital status?			
Number of the pregnancy? (the one being described)			
Recognizing the problem			
At what moment do they recognize there is a problem?			
Deciding			
What do they decide to do when faced with the problem?			
How do they reach the decision about what to do when faced with the problem? or Why do they make that decision?			
Who helped them to decide what to do when faced with the problem?			
What means of transport did they use?			
Resolving the problem			
Where and how do they resolve the problem?			
(Health center, traditional health care or another solution)			
Alternatives			
How could this problem or situation have been avoided? Why didn't they act that way?			
How dangerous for health is the situation presented?			
How will the person's future be affected if they DON'T find a solution?			
What other people were involved in this problem?			



SI-4a ANALYSIS OF ROUTES FOLLOWED

Unplanned pregnancy Name of Facilitator Code and Name of Group: _____
 Bleeding in 1st half of pregnancy Name of CORE Group leader: Route#: _____ of _____
 Date: _____ / _____ / _____

	SIMILARITIES (why?)	DIFFERENCES (why?)
(This column is only used to organize the information better.) Profile of the person affected Age? Marital status? Number of the pregnancy? (the one being described) Which other people were involved?		
Recognizing the problem What is the problem? At what moment do they recognize that there is a problem?		
Deciding Who decides what to do when faced with the problem? How do they reach that decision? Who helped them to decide what to do when faced with the problem? What means of transport did they use?		
Resolving the problem How and where did they resolve the problem? (Health center, traditional care or other)		
Alternatives Could they have done something different when faced with the problem? Why didn't they act that way? How dangerous for health is the situation presented? How will the future life of the person be affected if they DON'T find a solution?		



Suggestion: Put into the matrix for analyzing routes followed (on the wall chart) only the profile of the people and three points of delay with column the similarities and differences between them, as in the following example:

ANALYSIS OF ROUTES FOR DEALING WITH HEMORRHAGES:

	SIMILARITIES	DIFFERENCES
Profile		
Recognizing		
Deciding		
Resolving		

Alternative

What could they have done to avoid the problem? Why didn't they act that way?

How dangerous for health is the situation presented?

How will the person's future be affected if they DON'T find a solution?

S1-5 BRIDGE OF POSSIBILITIES

Name of Facilitator: Code and Name of Group:
 Name of CORE Group leader: Page # of Section #:
 Date: / / Section #: 1

REALITY	WHAT WE COULD DO

QUESTIONS:

- What are the causes of problems relating to unwanted pregnancy? Why is it that way?
- What are the causes of the problem of bleeding that we talked about today? Why is it that way?
- Who does it affect most? How does it affect them?
- What resources do we have in the community to respond to these problems?
 - Where do people go?
 - Do they find a solution for their problem? Why?



INDIVIDUAL TASK

INTERVIEW
SUBJECT N°

Group/Code

SESSION
N°. 1

Age Gender Is the interview subject your relative, friend, Occupation
neighbor, etc.?

QUESTIONS :

1.- What happens in cases of **unplanned pregnancy** in our community?

Why do these pregnancies occur?

What are their consequences?

2.- What happens in cases of **bleeding in the first months of pregnancy**?

Why does this type of bleeding occur?

What are its consequences?

What will happen to a woman who has this problem?



SI-6 OBSERVATIONS ABOUT THE SESSION

Name of Facilitator: Time Code and Name
 Name of CORE Group leader: of Group:
 Date: / / Session # 1 Page # of

How was participation of the group members? Why?			
Which activities did participants like best? Why?			
Which activities were difficult to carry out? Why?			

2nd Session

DECIDING HOW TO SOLVE THE PROBLEM AND HOW TO GET TO THE PLACE WHERE IT CAN BE RESOLVED

OBJECTIVE

Get to know the health resources and the decisions made by community members when faced with the challenge of resolving problems in pregnancy. Participants draw a detailed map showing health resources in the community.

DURATION OF THE SESSION

The second session lasts between 2 and 2 ½ hours.

MATERIALS

Wall charts, marker pens, cards, masking tape

Didactic sheet filled in beforehand

Have **light green** cards filled in with the needs put up on the Bridge of Possibilities in the previous session (1st Session)

STEP 1. Introduction

OBJECTIVE

Put in order of priority the needs identified on the Bridge of Possibilities in the previous session, together with new needs that come up while completing the task.

ACTIVITIES

Go over the previous day's activities.

Presentation of tasks carried out by participants

Put in order of priority the needs identified.

Bridge of Possibilities

1. GOING OVER THE PREVIOUS SESSION

The Team of Facilitators invites all members of each group to participate, to see what they remember from the previous session. If they don't participate, start with some questions. Go over Recognizing Problems in Pregnancy (topics covered in the previous session). This activity must be done using a dynamic.

It is important to use dynamics or techniques that stimulate memory not just of the cycle of action but also its name, the project's objectives, the activities and their objectives. For example: "Looking for a star", "Balloons", "Fishing", "The apples", "Forming numbers".

2. GOING OVER THE TASK

INDIVIDUAL TASK

Invite a participant to share the information gathered in their interview.

Then ask all participants if they found similar opinions.

Collect the forms or cards of all participants who carried out the task.

Write up on a previously designed wall chart the information gathered by participants.



Going over the tasks should not take more than 15 minutes. Between 3 and 5 forms or cards will be presented. Afterwards, all cards brought by participants are collected, because their opinions are valuable and also no information should be lost.

Special Note: *If several people refer to the same problem, then only mention one.*

ANALYSIS

The Facilitator, together with the group, analyzes the results of the task assigned to participants. Bear in mind these questions: Do the results coincide or are there contributions with new information? Why?



A Facilitator will write all new needs mentioned on a card (of the same color used for the activity of the Bridge of Possibilities in the previous session, in this case light green).

3. PUTTING IN ORDER OF PRIORITY THE NEEDS IDENTIFIED IN THE COMMUNITY: RECOGNITION.

The Facilitators put the national flag (red, yellow and green with the poster showing 3 points of delay) on the wall. These colors correspond to the following classification:

CLASSIFICATION AND CRITERIA

GREATEST IMPORTANCE (red color)

Community : affects **many people** in the area

Seriousness : requires a short-term solution



MEDIUM IMPORTANCE (yellow color)

Community : affects **some people** in the area

Seriousness : requires a mid-term solution

LESSER IMPORTANCE (green color)

Community : affects **few people** in the area

Seriousness : requires a long-term solution

Mention that using a national symbol is a matter of pride in giving priority to problems.



To choose where to put a card when defining priorities, the two criteria have to be balanced: community, and seriousness of the problem. Then by consensus, the card is placed in the corresponding place on the “flag of priorities”.

Distribute all the cards (the **light green** ones) that were filled in and put on the Bridge of Possibilities in the previous session, and the cards (also **light green**) with new needs that were found through the tasks carried out. Each participant may have 2 or 3 cards. A person is invited to read their card (if they are unable to read, or to understand what the card says, a facilitator will help them, always maintaining an attitude of respect). Then, the card is stuck onto the flag according to the color that corresponds to it, as decided by group consensus.

Special Note: *Priority will have to be given only to 3 cards. This means that there will be 3 problems or needs to RECOGNIZE.*

The problems are classified and put in order of priority. On the back of the cards “red, first session” (R1st Session) is written. Then they are put into an envelope until we need them again.



*After priorities have been decided on, the cards corresponding to the category **Greatest Importance** are put to one side, to be used for drawing up the plan of action.*

STEP 2. Decide where to go for help in the community (Map of Health Resources)

From this activity onwards, use **light blue** cards.

OBJECTIVE

Draw a map of health resources to identify the different institutions and other resources for health in the community.

Work in Groups

RESEARCH TECHNIQUE: MAP OF HEALTH SERVICES AND RESOURCES

Participants divide into groups according to the neighborhood or zone where they live: there is no ideal number of groups. Give each group a wall chart and marker pens. Each group draws a map of their neighborhood or zone showing their own houses, institutions working in health, and also other resources used by the community when seeking solutions to their health problems.

The first thing to emphasize is where we ourselves are placed. Then, we go on to the following:

PLACES

What is there in my quarter, community or neighborhood?

The map should show everything that is found in the zone of residence, and the following:

-  Streets, bridges, rivers
-  Institutions working in health: hospitals, health centers, health posts, pharmacies, clinics, private surgeries, etc. (services, staff and hours they are open).
-  Other resources: On the map, all known health resources should be placed: promoters, midwives, native healers, spiritual healers, sellers of medicinal herbs, staff offering injections, etc..
-  Plazas, football pitches, markets, garbage dumps
-  Houses, apartment blocks (each participant should draw their own house).
-  Shops, schools, churches, town hall, businesses.

Special Note: *On a wall chart, the information is written that we want to gather in the community. A map is drawn with the resources that have first been identified in the neighborhood, marking some features that are important for the CORE Group and the group of participants.*

Key to the Map: Markers can be created on the map to indicate the services available. For example:

COMMUNICATION AND TRANSPORT

-  Radio: if we have a radio, what radio programs do we listen to?
-  Television: if we have a television, what TV programs do we watch?
-  Telephone
-  Computers: Is there Internet in the neighborhood?
-  Transport.

BASIC SERVICES

-  Electricity: do all houses have electricity?
-  Water: do all houses have drinking water?
-  Drains/sewers: does the community have a sewerage system?



Don't forget the importance of identifying health services, health resources (including community health resources), and transport.

Plenary

PRESENTATION: GETTING TO KNOW THE MAPS

Each group presents their map with the “tourism” dynamic:

- Show where each member of the group lives.
- Explain the location of health resources.

ANALYSIS:

EASE/DIFFICULTY OF ACCESS TO THE RESOURCES WE HAVE

What do we know about the institutions? – opening times, staff, what services they offer? (The name of the health center must be specified.)

Where is it, how do you get there? (taxi, minibus or bus, other means – specify)

What points of reference do we have in order to find the place? (streets, plaza, shops, sports ground, market, school or others)

What other resources do we have: midwives, native healers, etc.?

HOW WE DECIDE WHERE TO GO...

How do we decide where to go when we have problems in pregnancy?

Are the problems that can occur in pregnancy covered by SUMI maternal-child health insurance?

How do we decide where to go if there is hemorrhage in the first half of pregnancy?

Is vaginal hemorrhage in the first half of pregnancy covered by SUMI insurance?

In the presentation the topic should be explored in greater depth, going into where people go and why. Also, the approach offered by each kind of traditional health resource should be described.



During the presentations, write on the wall chart showing the pre-designed matrix: the traditional and non-traditional health resources, and the analysis mentioned during the mapping exercise, to put them on the Bridge of Possibilities.

Don't forget to write on **light blue** cards

Facilitator: Leads a Motivating dynamic

STEP 3. Conclusions on Deciding What to Do (Bridge of Possibilities)

OBJECTIVES

- Have ready the needs relating to Deciding What to Do, identified in the Bridge of Possibilities.
- Highlight the key points of the day.
- Assign the task to be completed.

ACTIVITIES

Summary of the day

Assign the task to participants to be completed by the next session

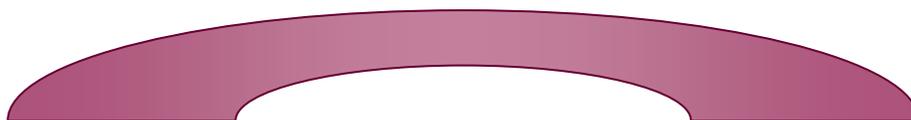
1. SUMMARY OF THE DAY: SUMMING UP WHAT WAS DONE IN THE SESSION.

The Team of Facilitators must make a summary of the issues discussed during the day, to reinforce or highlight the points covered and to try and motivate greater interest in the next session.

STEP 4. SUMMARY TECHNIQUE: THE BRIDGE OF POSSIBILITIES: HAVE THE BRIDGE OF POSSIBILITIES ALREADY DRAWN.



OUR BRIDGE OF POSSIBILITIES



Reality in the Community

What we could do

What health resources do we have?

What could we do?

What do we know about the health services?



The facilitators write the needs identified on light blue cards, for the priority-defining activity in the Next Session.

2. INDIVIDUAL AND GROUP TASKS

INDIVIDUAL TASK

Information on health resources in the community

Stress the importance of this activity, since the aim is to find out the real perception of the community regarding these problems.

Participants have to ask other people about experiences and opinions concerning health resources in our community. Hand out cards to participants with the following questions:

In your neighborhood or zone, where do you go when you have a health problem?

Where do you go to obtain medicines? (Health post, health centers, native healer or another person)

Why?

If problems of bleeding occur in pregnancy, where do you go?

Why?

How do you decide what to do and where to go?

All participants note down the answers on their cards, or if they do not write, they remember the opinions. It is important to note down the age, sex, and their relationship with the interview subject. It is advisable to find out about men's experiences too, regarding these questions.

GROUP TASK (ALTERNATIVE):

Health workers (services, times)

Users (why do they go there?)

Invite volunteers to form a research team. The Team of Researchers will be responsible for **approaching all health resources** indicated on the map. They can go to the Health Center to interview the health workers, finding out all they can about the services offered. Ask the health workers: What services do you offer? What are the opening times?.

They can also interview **users** of the services: Why do you come to this service? What is the care like? Do you know what services are covered by SUMI insurance?.

It would be good to do interviews in other sites of treatment (pharmacy, native healer, midwife, herbalist, etc.). Do people visit them with problems in pregnancy? What are the most common problems?



It is important to consider all the Health Centers where the group participants go.

STEP 5. OBSERVATIONS ON THE SESSION:

Have a wall chart ready with the matrix of observations.

For the first question, “How has the group’s participation been?”, faces are stuck onto the wall chart (happy, indifferent and sad) according to the answers received. Don’t forget to ask “Why?”.



: The wall chart has to be divided beforehand into the three types of faces (see matrix).

For the second and third questions, “Which activities did participants like best?”, “Why?”, and “Which activities were difficult to carry out?” “Why?”, put up on the wall chart the name and/or drawing of the different activities and according to the replies received, mark off the responses.

SNACK:

Always serve this at the end of the session.

The Team of Facilitators will wish participants success with their tasks, and bring the session to an end.

A written appointment is handed out with the time and place of the next session, with the indication that participants’ presence is important.



DIDACTIC SHEET

SESSION 2: DECIDING WHAT TO DO – OUR RESOURCES IN HEALTH

OBJECTIVE	CONTENTS/TOPIC	ACTIVITY/TECHNIQUE	MATERIALS	PEOPLE RESPONSIBLE	TIME
Step 1: Introduction					
Step 2: Map of Resources in Health					
Step 3: Bridge of Possibilities Assign and explain the task					

For Facilitators of the 2nd Session:

Organizing the Information Gathered: Deciding What to Do

1. Revision: Cycle of Action, 3 points of delay, and steps from the previous session

2. Task: Put onto the matrix (Matrix S2-1) all the information handed in from the individual and group tasks. When analyzing the task, bear in mind: Do the results coincide, or are there contributions with new information? Why?

3. Giving Priority to Needs Recognized: Put onto the matrix (Matrix S2-2) the Priority of Needs, which are the cards that were filled in for the Bridge of Possibilities in the previous session, and the new needs found through the tasks that were carried out.

4. Research Techniques: Put onto the corresponding matrix (Matrix S2-3) the analysis of the MAPPING exercise. Go over the Map of Community Health Resources to confirm that it includes all the information about Resources in Health. The Map should show: Places where people go for treatment or to get information on health (health post, pharmacy, herbalist's stall). People who know how to cure in the community – promoters, native healers, midwives.

5. Summary Technique: The Bridge of Possibilities: From the wall chart, fill in on the corresponding matrix everything mentioned in the Bridge Technique (Matrix S2-4).

Reality in the Community	What we could do
What health resources do we have?		What could we do?
What do we know about the health services?		

Special Note: *Write the needs identified on cards of only one color, light blue, for the priority-giving activity in the Next Session.*

6. Organizing needs: For the 1st Session, mark only 3 problems or needs as having the Greatest Importance in relation to Recognizing Problems, for drawing up the plan.

7. Individual task: Participants have to ask other people about experiences and opinions concerning health resources in our community, according to the questions they will be given on the cards.

8. Group task: Oriented towards health resources and users, according to the questions on the cards.

9. Observations of the team of facilitators: For the first question How was the participation of group members? one will stick the faces (happy, indifferent, sad) in the matrix pre elaborated in the wall chart, according to the answers of the group not to forget to ask Why? . Which activities did participants like best? Why? Which parts of the workshop were difficult to carry out? Why? To place in the wall chart the names of activities and to be marking according to the answers of the participants

10. Snack



S2-1 INDIVIDUAL TASK

Name of Facilitator: _____

Name of Group: _____

Date: _____

Page # _____

of _____ Session #: 2

EXPERIENCES AND OPINIONS
Age Sex (M or F) Relationship (yours with the interview subject: relative, friend, neighbor, etc.) Occupation Where they live



Matrix that will be used to analyze the tasks



MATRIX OF SECOND SESSION

S2-2 GIVING PRIORITY TO THE NEEDS IDENTIFIED

Name of Facilitator: Code and Name of the Group: _____
 Name of CORE Group leader: Page # _____ of _____ Session #: 2
 Date: _____

IMPORTANCE	NEEDS IDENTIFIED	
	RECOGNIZE	DECIDE
Greatest		RESOLVE
Medium		
Lesser		



S2-3 MAPPING EXERCISE

Name of Facilitator:

.....

Code and Name of Group:

.....

Date: / /

Page # of

What basic services does your neighborhood or zone have? (water, electricity, sewerage system) Communication and transport:	
What do we know about the institutions? (opening times, staff, what services they offer?) (The name of the health center must be specified)	
Where is the health center? How can you get there? (taxi, minibus, other)	
What reference points do we have in order to get to the health center? (streets, plazas, school, sports ground, market or others)	
What other health resources do we have? (E.g. midwives, native healers, etc.)	
How do we decide where to go when we have problems in pregnancy?	
Are the problems that can occur in pregnancy covered by SUMI maternal-child health insurance?	
How do we decide where to go when there is hemorrhage in the first half of pregnancy?	
Are hemorrhages in the first half of pregnancy covered by SUMI insurance?	



S2-4 BRIDGE OF POSSIBILITIES

Name of Facilitator: Code and Name of Group: _____ Page # _____ of _____

Name of CORE Group leader: Session # 1

Date: ____ / ____ / ____

REALITY	WHAT WE COULD DO



INDIVIDUAL RESEARCH TASK

INTERVIEW SUBJECT N° _____ Group/Code _____ SESSION N°. 2

Age Sex Is the interview subject your relative, friend, neighbor, etc.?
Occupation

QUESTIONS :

1.- In your neighborhood or zone, where do you go when you have a health problem?

Why?

Where do you go to obtain medicines? (Health post, health center, pharmacy, native healer or another person)

Why?

2.- If you have problems of bleeding in pregnancy

Where do you go?

Why?



GROUP TASK, SESSION N° 2

INTERVIEW WITH HEALTH WORKER

Name of Health Center:

Type of center	Level of Service
Opening times	
Public sector	Primary level 24 hours
Private sector	Secondary level 12 hours
NGO	Tertiary level Others
Other community resource	

Providers:

Total number, and number available

- Sexual and Reproductive Health providers (Number.)
- Providers of treatment for complications of hemorrhages in the first half of pregnancy (Number
- General practitioners (Number
- Nurses (Number
- Pharmacy
- Community health workers (Number

Services offered and their costs

- General Medicine (Cost Bs.)
 - Surgery (Cost Bs.)
 - Pediatrics (Cost Bs.)
 - Gynecology & Obstetrics (Cost Bs.)
 - Laboratory (Cost Bs.)
 - Nursing (Cost Bs.)
 - Pharmacy
 - SUMI Services (Cost Bs.)
 - Emergencies (Cost Bs.)
 - Dentistry
 - Sexual and Reproductive Health Counseling (Cost Bs.)
 - Other services
-

Social Services:

- Counseling/Orientation in Family Planning (FP)
- Has a room for counseling
- Has educational materials for FP and prenatal care



- Is there a fixed time for this service? If so, when is it open?
.....
- Has staff specifically designated for counseling service
- Has a program for women's empowerment
- Center has differentiated program for adolescents' care

Post-abortion care services

Post-abortion treatment.

- In this health service, treatment is given to women with complications in the first half of pregnancy
- They have adequate material and equipment to resolve complications in the 1st half of pregnancy
- They have norms and protocols to treat complications in the 1st half of pregnancy

Post-abortion Counseling.

- They have staff trained for post-abortion counseling.
- They have norms and protocols for post-abortion counseling.
- Which contraceptive methods are offered in the health service: a) Depo Provera b) Copper T IUD c) Oral Contraceptives d) Condoms e) Rhythm or Calendar method f) Tubal ligation g) Vasectomy

Counseling in STIs and HIV/AIDS

- They offer STIs counseling to users
- They offer HIV/AIDS counseling and provide voluntary HIV testing
- They have educational materials for counseling.
- They know where to send users who wish to undergo voluntary HIV testing.

Treatment for STIs and HIV / AIDS

- They have essential medications to carry out treatments.
- In all cases of STIs, treatment is given to both members of the couple?
- They do systematic detection of STIs, HIV and AIDS
- They have a system for follow-up with patients diagnosed with STIs, HIV and AIDS.
- What other services are offered to the community

.....

Systems for reference and counter-reference (complications in the first half of pregnancy – miscarriage/ abortion)

- They have a system for reference and counter-reference
- To which hospital are complications of the first half of pregnancy referred?.....
- They receive counter-reference for patient follow-up.



- They have a form for reference and counter-reference

Means of transport

- The health center has a means of emergency transport
- By what means of transport do they send patients referred to other health centers.....
- The community has a means of emergency transport
- How far is the health center from the most distant neighborhood to which services are provided?
- What means of transport do users take to reach the health center?.....



GROUP TASK, SESSION N° 2

INTERVIEW WITH USERS OF THE HEALTH CENTER:

USER N° 1

Why do you come to this service?

What is the care like?

Do you know the services covered by SUMI insurance? Mention some of them:

USER N° 2

Why do you come to this service?

What is the care like?

Do you know the services covered by SUMI insurance? Mention some of them:

USER N° 3

Why do you come to this service?

What is the care like?

Do you know the services covered by SUMI insurance? Mention some of them:

USER N° 4

Why do you come to this service?

What is the care like?

Do you know the services covered by SUMI insurance? Mention some of them:

GROUP TASK SESSION N° 2

Group/Code

It would be good to do interviews in other sites of health care (pharmacies, natural healer, midwife, private surgery, nurse visited at home, herbalist, etc.)

PLACE (name the site of care):

1.-Who was interviewed

Do people come to you with problems in pregnancy?
.....
.....
.....

What are the most common problems?
.....
.....
.....

PLACE (name the site of care):

2.- Who was interviewed:

Do people come to you with problems in pregnancy?
.....
.....
.....

What are the most common problems?
.....
.....
.....

ORGANIZATION OF THE GROUP TO CARRY OUT THE TASK

How did you organize as a group?

What positive and negative things did you discover in the process of organizing?



S2-5 OBSERVATIONS OF THE SESSION

Name of Facilitator: Time: Code and Name of Group:
 Name of CORE Group leader: Session # 2 Page #
 Date: of

How was the participation of group members? Why?			
What activities did participants like best? Why?			
Which activities were difficult to carry out? Why?			



3rd Session

RESOLVING HEALTH PROBLEMS

OBJECTIVE

Get to know what happens within the family and among community members in situations of hemorrhages in the 1st half of pregnancy. Find out about perceptions and experiences of community members when they go to health services with problems of bleeding. Participants do socio-dramas to represent real and ideal scenarios concerning family and community support, and quality of care from the community's perspective.

DURATION OF THE SESSION

The third session lasts between 3 and 4 hours.

MATERIALS

Agenda for the third session

Wall charts, marker pens, cards, masking tape.

Didactic sheet, previously filled in.

Have the cards already written with the needs identified on the Bridge of Possibilities in the previous session (2nd. Session)

STEP 1. Introduction

OBJECTIVE

Define the priority of the needs identified on the Bridge of Possibilities in the previous session, together with new needs that come up in the research tasks (**light blue** cards).

ACTIVITIES

Go over the previous day's activities, taking into account the Cycle of Action, the 3 points of delay and activities of the second session.

Presentation of tasks carried out by the participants

Sociodramas

Defining Order of Priority of the Needs Identified

Bridge of Possibilities



1. GOING OVER THE PREVIOUS SESSION

The Team of Facilitators invites all group members to participate, saying what they recall. If they don't participate, start off with some questions.

2. GOING OVER THE TASK CARRIED OUT

Immediately continue with presentation of results of the task assigned to participants.

INDIVIDUAL TASK

Invite a participant to share the information gathered in their interview. Take at least 2 or 3 examples.

Then, ask all participants if they have found similar opinions.

Collect the cards or forms of all participants who completed the task.

Write on a wall chart the information gathered by participants. For example:

OPINION GIVEN	AGE	SEX	RELATIONSHIP	OCCUPATION
---------------	-----	-----	--------------	------------

 Not more than 15 minutes should be spent on going over the tasks. Between 3 and 5 cards will be presented. Afterwards, all cards brought by participants are collected, since the opinions are valuable and no information should be lost.

GROUP TASK:

The group responsible for the task presents their findings on **resources in health**.

- First: Explain how you carried out the task, how you organized, etc.
- Second: What did you discover?

ANALYSIS

The Facilitator, together with the group, analyzes the results of the task assigned to participants. Take into account: Do the findings coincide, or are their contributions with new information? Why?

All the group tasks are analyzed, because there will not be many. In the same matrix, information is filled in about the Health Center, users and traditional medicine.

 A Facilitator will write each new need on a card (a **light blue** one, to put it on the Bridge of Possibilities from the previous session).

Special Note: *It is important to ask the group how they got on with their process of organization.*

STEP 2. Acting to Resolve Health Problems (Socio-dramas)

From this activity onwards, **white** cards are used.

OBJECTIVE

Identify the actions of the community and the health services when faced with the problem of hemorrhages in the 1st half of pregnancy to reduce maternal mortality.

Work in Groups

RESEARCH TECHNIQUE: SOCIO-DRAMAS

Participants divide into 2 group. Two socio-dramas will be carried out on real situations (concerning the community and leading grass roots organizations, and families). The ideal situation will not be shown in a socio-drama, but analyzed in a plenary session. This will enable the duration of the session to be reduced.

Topic 1) ACTING WHEN FACED WITH THE PROBLEM

Group A) REAL: A socio-drama will be carried out concerning the common reality of relations between people in the family and the community, in a situation of hemorrhage in pregnancy, including what happens if those involved seek help in a health service.

Say what is most common reality, what mostly happens in their community.

Group B) IDEAL: An analysis is carried out in a plenary session of what should be the ideal or improved relations between people in the family and the community in a situation of hemorrhage in pregnancy, including what should happen once they arrive at the health center.

Topic 2) ENCOUNTERS BETWEEN HEALTH INSTITUTIONS AND LEADERS OF GRASS ROOTS ORGANIZATIONS AND THEIR MEMBERS

Group C) REAL: A socio-drama will be carried out concerning the common reality of relations between Grass Roots Organizations and Health Institutions, regarding a problem of hemorrhage in pregnancy

Say what is most common reality, what mostly happens in their community.

Group D) IDEAL: An analysis is carried out in a plenary session of what should be the ideal or improved relations between Grass Roots Organizations and Health Institutions, when faced with a problem of hemorrhage in pregnancy.



If the group does not know its local grass roots organizations, then help them, and let them first act out a real situation.



It is important to have the acting include challenges and possibilities that arise in a community, in this kind of encounter.

Special Note: *Have someone in the group write a summary of the different socio-dramas.*

Plenary

PRESENTATION OF THE SOCIO-DRAMAS

Each group presents their performance. None should last more than 10 minutes.

ANALYSIS:

After all the presentations, participants define the following:

1) ACTING WHEN FACED WITH THE PROBLEM

REAL	IDEAL
What contributions do the family and the community make, when faced with the problem of bleeding or hemorrhage during pregnancy?	How should the family and the community react when faced with the problem of bleeding or hemorrhage during pregnancy?
What is the care like when they go to the health center?	What should the care be like when they go to the health center? How could we get that to happen?

2) ENCOUNTERS BETWEEN GRASS ROOTS ORGANIZATIONS AND HEALTH INSTITUTIONS

REAL	IDEAL
What are relations like between grass roots organizations and health centers, when faced with the problem of bleeding or hemorrhage in the first half of pregnancy?	What should relations be like between grass roots organizations, the health center and the community when faced with the problem of bleeding in pregnancy?
Are relations really like that with Grass Roots Territorial Organizations (OTB) in our neighborhood? Why?	Could we get relations to be like that? How?

--	--



Write on **white** cards the problems or needs identified, to put them in order of priority for the socio-dramas in the corresponding matrix.

STEP 3. Putting Needs Identified in the Community in Order of Priority: Making Decisions and Solving Problems.

The participants form pairs. Give out the pale blue and white cards (one or two for each pair). They talk about levels of importance, and put the cards up on the flag in the color selected.

CLASSIFICATION AND CRITERIA

GREATEST IMPORTANCE (red color)

Community : affects many people in the area

Seriousness : requires a short-term solution

MEDIUM IMPORTANCE (yellow color)

Community : affects some people in the area

Seriousness : requires a mid-term solution

LESSER IMPORTANCE (green color)

Community : affects few people in the area

Seriousness : requires a long-term solution

Each group has to talk about each need and put them in order of importance, also saying which moment they are referring to:

- Making decisions
- Resolving problems

when faced with problems in the 1st half of pregnancy.

By consensus participants have to reach, above all in the category of greatest importance: 3 problems or needs in Recognizing, 3 problems or needs in Making decisions, and 3 problems or needs in Resolving problems.

This is done so that when we draw up the Plan of Action, there won't be too many problems that we would be unable to solve.



STEP 4. Conclusions on All the Sessions

OBJECTIVE

Have all the conclusions put in order of priority, for each of the 3 points of delay discussed in the different sessions of the workshop.

The Sessions:

- Recognizing problems in pregnancy
- Deciding to seek a resource in health
- Resolving the problem

FINAL TABLE FOR DEFINING PRIORITIES

	RECOGNIZING	MAKING DECISIONS	RESOLVING PROBLEMS
Greatest importance			
Medium importance			
Lesser importance			

After defining priorities, go back and analyze again in three different groups if participants agree with the priorities given to their problems or needs. That's to say, in the category of Greatest Importance there have to be 3 to Recognize, 3 to Make Decisions, and 3 to Resolve Problems. Then put to one side the cards in the category of Greatest Importance, to be used when drawing up the plan for group action.

Plenary

PRESENTATION OF THE DEFINITION OF PRIORITIES FOR NEEDS:

Each group presents their Order of Priority for Needs.

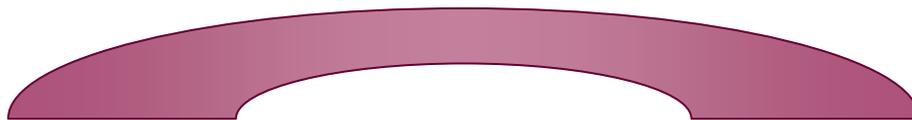
Check with all participants if they agree with the order of importance given to the needs. If this is not the case, invite the group to give opinions as to how they want to better define the priority of needs for each theme.

Even if there is disagreement in the group, they still have to reach consensus or agreement. Always use the "Why?" method to define the exact place for the card. At this point, cards are classified and put up. This is the final priority-defining exercise for the second stage.

Plenary

Put up "The Bridge of Possibilities". Place on it the cards that have been given a priority of "Greatest Importance" for each point of delay (recognizing, making decisions, resolving problems) under the heading Reality in the Community. Invite participants to give opinions on What We Could Do, grouping the suggestions in no more than 3 or 4 main themes, considering the 3 points of delay.

STEP 5. Our Bridge of Possibilities



Reality in the Community

Recognizing problems in pregnancy

Deciding to seek a resource in health

Resolving the problem

What We Could Do

Synthesis: 3 or 4 main things

Synthesis: 3 or 4 main things

Synthesis: 3 or 4 main things



Keep in mind the answers to What We Could Do from previous sessions, to remind the group of some response that they are not putting forward at this moment.



Don't forget to keep (stapled together) the cards with problems or needs that have been given the highest priority, with the possible solutions for each one.

STEP 6. OBSERVATIONS:

Have a wall chart ready with the matrix for observations.

For the first question, “How has the group’s participation been?”, faces are stuck onto the wall chart (happy, indifferent and sad) according to the answers received. Don’t forget to ask “Why?”

For the second and third questions, “Which activities did participants like best?”, “Why?”, and “Which activities were difficult to carry out?” “Why?”, put up on the wall chart the name and/or drawing of the different activities and according to the replies received, mark off the responses.



The wall chart has to be divided beforehand into the three types of faces (see matrix).

Consider having some blank cards ready in case participants want to put other activities on them. Also, always let some participants speak so that they can explain their replies.



CYCLE OF ACTION:

Do a summary to know where we are, and so that participants know that we have to continue with the other steps in the Cycle.

SNACK:

At the end of the session.

On finishing this session, make a point of thanking all the participants who have contributed to this activity. Highlight their valuable contribution and all that has been learned from the participants.

The Team of Facilitators wishes the participants success and brings the session to an end.

NEXT STEPS

 *During the 3 sessions, the leaders' group or CORE moves ahead with completing the list of participants; draws up a schedule for the last session, to prepare the next step: Designing a Community Action Plan; and presents the group with dates for the next meeting.*

The leaders' group or CORE will need to be given time to organize, and the facilitators will have to meet with them to make sure that everything is ready.

DIDACTIC SHEET

SESSION 3: ACTING TO RESOLVE HEALTH PROBLEMS

OBJECTIVE	CONTENTS/TOPIC	ACTIVITY/TECHNIQUE	MATERIALS	PERSON RESPONSIBLE	TIME
Step 1: Introduction					
Step 2: Socio-dramas					
Step 3: Final Definition of Priorities					



For Facilitators, 3rd Session:

Organizing the Information Gathered: Resolving Health Problems

1. Revisión: Cycle of Community Action, 3 points of delay and going over the previous session.

2. Task: Put into the matrix all the information received from the individual tasks (Matrix S3-1) and group tasks (Matrix S3-1a).

3. Research Technique: Socio-dramas

Put into the matrix the analysis of each socio-drama:

A. ACTING WHEN FACED WITH THE PROBLEM (Matrix S3-3)

Group A) REAL

Group B) IDEAL

B. ENCOUNTERS BETWEEN GRASS ROOTS ORGANIZATIONS AND HEALTH INSTITUTIONS (Matrix S3-3a)

Group C) REAL

Group D) IDEAL

4. Defining Priorities, Making Decisions and Solving Problems: Put into the corresponding matrix (Matrix S3-2) the Priority of Needs, according to the degree of importance identified by the community group.

5. Summary Technique: Table with final Definition of Priorities for All the Needs

a) Put into the corresponding matrix (Matrix S3-4) the Order of Priority of Needs Identified for each of the 3 categories:

- Recognizing problems in pregnancy
- Deciding to seek a resource in health
- Resolving problems

6. Bridge of Possibilities

Put into the corresponding matrix (Matrix S3-5) the participants' conclusions about WHAT WE COULD DO.

7. Observations of the Team of Facilitators:

Put some faces up on the wall chart containing the matrix, according to the replies from the group and from the facilitators (Matrix S3-7)

- How was the participation of the group members?
- Which activities did participants like best?
- Which parts of the workshop were most difficult to carry out? Why?

8. Snack

MATRIX OF SECOND SECOND SESSION

S3-1 INDIVIDUAL TASK

Name of Facilitator: _____

Date: _____ / _____ / _____

Name of Group: _____

Page # _____

of _____

Session #: 3

Age Sex Relationship (Yours: Relative, friend, neighbor, etc. with the interview subject). Where they live	EXPERIENCES AND OPINIONS

 This matrix is used for analysis with the groups



S3-3 THE SOCIO-DRAMA: Theme 1

ACTING WHEN FACED WITH THE PROBLEM

Name of Facilitator: _____ Name of Group: _____
 Date: ____/____/____ Page # _____ of _____ Session #: 3

REAL	How do the family and the community respond to the problem of hemorrhage during pregnancy? Why? Is it really that way?	What happens when they go to a health service? Why does this happen?
IDEAL (Oral Analysis)	How do they represent the relations and support of the family and the community when faced with the problem? Could it be that way? How could we get that to happen?	How do they represent care given in the health service? Could it be that way? How could we get that to happen?



S3-3a THE SOCIO-DRAMA: Theme 2

ENCOUNTER BETWEEN GRASS ROOTS ORGANIZATIONS AND HEALTH INSTITUTIONS

Name of Facilitator: _____ / _____ / _____ Name of Group: _____ of _____ Session #: 3
 Date: _____ / _____ / _____ Page #: _____

REAL	What are the relations like between grass roots organizations and health services, with regard to hemorrhages during pregnancy? Why?	Are the relations among grass roots organizations really like that? Why?
IDEAL Oral Análisis)	How do they represent the relations between grass roots organizations and health services? Why?	Is it possible to achieve that sort of relationship? How?



S3-4 DEFINING PRIORITIES: NEEDS IDENTIFIED IN THE SOCIO-DRAMAS (Deciding and Resolving)

Name of Facilitator: _____ / _____ / _____ Name of Group: _____ of _____ Page # _____ of _____ Session #: 3
 Date: _____ / _____ / _____

IMPORTANCE	NEEDS IDENTIFIED
Greatest	Deciding
	Resolving
Medium	Deciding
	Resolving
Lesser	Deciding
	Resolving



S3-5 FINAL DEFINITION OF PRIORITIES FOR THE SECOND STAGE (Recognize, Decide and Resolve)

Name of Facilitator: _____ / _____ / _____ Name of Group: _____ of _____ Session #: 3
 Date: _____ / _____ / _____ Page #: _____

	RECOGNIZE	DECIDE	RESOLVE
Greatest importance			
Medium importance			
Lesser importance			



S3-6 BRIDGE OF POSSIBILITIES

Name of Facilitator: _____ / _____ / _____ Name of Group: _____ of _____ Session #: 3
 Date: _____ / _____ / _____ Page #: _____

REALITY IN THE COMMUNITY	WHAT WE COULD DO
Recognizing problems in pregnancy	(synthesis of 3 or 4 main things)
Deciding to seek a health resource	(synthesis of 3 or 4 main things)
Resolving the problem	(synthesis of 3 or 4 main things)



S3-7 OBSERVATIONS OF THE SESSION

Name of Facilitator: _____ / _____ / _____ Name of Group: _____ Session # 3 Page # _____ Of _____
 Date: _____ / _____ / _____

<p>How was the participation of group members? Why?</p>	
<p>Which activities did participants like best? Why?</p>	
<p>Which parts of the workshop were difficult to carry out? Why?</p>	



1st Session

DEVELOPING OUR GROUP ACTION PLAN

OBJECTIVE

Develop the Participatory Community Plan applying the most important results achieved through the community self-diagnosis, regarding the three points of **delay**

- Recognizing
- Deciding
- Resolving

when faced with Hemorrhages in the First Half of Pregnancy.

DURATION OF THE SESSION

The session lasts between 3 and 4 hours, depending on the amount of problems or needs to which priority has been given.



Ideally, this session should be carried out following the three sessions for identification of needs.

MATERIALS

Name labels

Wall charts, marker pens, cards, masking tape

Didactic sheet filled in beforehand

The Cycle of Community Action prepared beforehand on a wall chart

The project's objective written up beforehand on a wall chart, highlighting that the plan is to contribute to reducing the number of unplanned pregnancies and hemorrhages in the first half of pregnancy, in order to reduce the rates of maternal illness and death.

Pre-designed cards with the priority problems and needs (final definition of order of priorities) on the one hand; the "ideal" part of the Bridge of Possibilities, alternatives and possible solutions identified in the previous sessions; and the "ideal" part of the socio-dramas, which have to be stapled together with their corresponding problems.

Pre-designed Matrix for the Action Plan

CAP questionnaire.

Special Note: *A list of participants must be used for the meeting to consolidate action plans.*

STEP 1. Introduction

OBJECTIVE

Recall the process, contents and priorities worked on in the step of Identifying and Defining Priority of Needs.

ACTIVITIES

List of participants (name, gender, age, etc.).

Recall the process and results of the self-diagnosis.

Put up a wall chart recalling the following: a solution that is real, viable and possible to achieve.

1. CHECK OFF

The names and other data of the participants on the participants' list.

2. RECALL

Dynamic to remember the three previous sessions, and specifically the Cycle of Action.

The problems and needs to which the greatest priority was given in the Community Self-Diagnosis. On this point, when the problems or needs are related to the project's objective, see with the **group** if a new priority-defining exercise is necessary. Then, see with the **group** the consistency and definition of those problems or needs that are to be worked on in the Plan.

The problems must have consistency and writing for one better construction of indicators

Plenary

PARTICIPATORY TECHNIQUE: BRAINSTORMING SESSION:

The facilitator invites participants to:

1. Focus on the major goal to which we want to contribute:

Reducing maternal deaths attributed to Hemorrhages of the First Half of Pregnancy.

2. Recall the process and contents of the Self-Diagnosis (What topics did we focus on? What problems did we define as having the greatest priority, when faced with problems of the reality of our zone or neighborhood? What were



some of the alternatives or possible solutions that we proposed to address the priority needs or problems relating to our mayor goal?)

3. Cycle of Community Action: Now, at what stage are we?



At each step, note down the most relevant comments made by participants.



To draw up the Group Action Plan, the problems obtained in the final priority-defining exercise will be needed (Session 3): 3 for Recognize, 3 for Decide and 3 for Resolve.

STEP 2. Group exercise to define priority of problems and needs

OBJECTIVE

As a group, have come to a definition of three priority problems in Recognize, three in Decide, and three in Resolve.

First of all, bear in mind that:

From each session, three problems were given highest priority for each of the 3 points of delay:

1st Session → Recognize → 3 problems given priority of Greatest Importance

2nd Session → Decide → 3 problems given priority of Greatest Importance

3rd Session → Resolve → 3 problems given priority of Greatest Importance



It is possible to maintain the total number of 9 problems. This is because once the community's needs for training and their demands are known, opportunities might be lost to work on several topics, especially if work in the Health Centers is with only one community group.

STEP 3. Developing Our Plan of Action

OBJECTIVE

Developing the Participatory Community Plan

ACTIVITIES

- a. Group work on problems and needs.
- b. Presentation and plenary discussion on problems and possible solutions.
- c. Development and consensus on the Plan of Action.
- d. Intermediate KAP survey

Work in Groups

PARTICIPATORY TECHNIQUE: HOW TO RESPOND TO PROBLEMS AND NEEDS

1. First of all, the exercise for planning the action to respond to a problem has to be worked on in a plenary session, giving an example of the activity. To do this, the exercise is carried out with the whole group, taking one of the problems or needs identified by the group itself.
2. Form 3 groups to include all participants, one for the problems under the heading “Recognize”, one for “Decide” and the other for “Resolve”. To each group, hand out the corresponding cards identified in their own Self-Diagnosis. Division of the groups and cards has to be balanced equally. To each group, give out the matrix for the **Plan of Action** (with its headings of: What, How, Who, With what, etc.). The members of each group discuss and fill in the matrix of the Plan.

Special Note:- *Developing problems, causes and indicators*

- *Make sure the problem is clear, concrete and specific.
- *Consider only one problem for each card.
- *The indicator should be written in the present tense.
- *The indicator has to be related to the problem

In the Plan, “Which” refers to the cause of the problem. This has to respond to the heading WHY to get to the root of the problem. “What we want to achieve” has to respond to FOR WHAT PURPOSE. “How we are going to respond to the problem” refers to the organization of “Who” and everything required to fulfil the activity.



Under the heading “Person responsible”, have a second, alternative person, in case the first person can't be located, is away, or any other situation.

INSTRUCTIONS:

The Facilitator tells participants that they must fill in the matrix on the wall chart, to respond to the problems received and the possible solutions or relevant alternatives. The following criteria must be considered when developing the Plan.

- Is it real?
- Is it viable?
- Can it be done?



It is important to guide each group so that they focus on actions and possible solutions that are really viable. Also, consider the cards with “How it should be” from the Bridge of Possibilities (Third Session), and the “Ideal” situations represented in the Socio-dramas.

Plenary

PRESENTATION AND DISCUSSION OF THE ACTION PLANS TO RESPOND TO THE PROBLEMS:

The Facilitator invites the representatives of each group to present the plans they have drawn up to respond to the problems and needs they have worked on.

DISCUSSION

The Facilitator invites all participants to give their observations, opinions and suggestions to arrive at the best Plan of Action to respond to each problem or need. The suggestions are included and elements of the Plan are changed, according to the group consensus.



The Facilitator should be prepared to handle differences of opinion and disagreements, and to resolve conflicts that come up in the development of the Plan. It is important to promote the principles of good dialogue (active listening, respect, non-aggressive expressions, etc.).

Down what participants say about the process of the Action Plan, and about how group consensus is reached.

Facilitator: Leads a Motivating dynamic. The dynamic must highlight the importance of communication to transmit ideas between people.

STEP 4. Carry out the intermediate KAP survey (Knowledge, Attitudes and Practices)

OBJECTIVE

Apply the KAP survey to the groups for the second time to find out the degree of development after their exchange of experiences.

ACTIVITIES

- a. Give each participant a survey form.
- b. Tell participants they have to fill in the whole survey.
- c. When the forms are handed in, make sure they have been filled in.



If participants need support to fill in the forms, this can be given, but avoid giving them the answers.

Consolidating the Plan for each Health Center

OBJECTIVE

Have ready the matrix of a Plan for each Health Center to strengthen the link between the community and the health workers.

ACTIVITIES

- a. Prepare a filled-in matrix for each group's plan
- b. Cards with problems and possible solutions
- c. Draw up the Plan for each Health Center
- d. Decide on the Steps to Follow
- e. Make a Schedule for Presentation of the Participatory Community Plan to Local Authorities

Duration of the activity: approximately 3 hours

2nd Session

DRAWING UP THE PLAN FOR EACH HEALTH CENTER

Recall the Cycle of Community Action using the “target shooting” technique.

To draw up the Plan of Action, the MOVING TRAIN technique can be used. This is a rather more graphic and visual way of drawing parts of the Action Plan matrix in each box.

As soon as all groups have their Action Plans ready, the CORE leaders of groups corresponding to the same Health Center meet to consolidate their Action Plans (inviting the other group members to see if they want to participate in the meeting). In this meeting, the CORE leaders (and other group members) consolidate problems that are repetitive, and together do a priority-defining exercise so that a total of 12 problems is arrived at (4 for Recognize, 4 for Decide and 4 for Resolve).



Each point of delay is put up on the flag in the place that corresponds to its level of priority.

	RECOGNIZE	DECIDE	RESOLVE
Greatest importance			
Medium importance			
Lesser importance			

Green cards

Light blue cards

White cards

WORK IN GROUPS

TASK:

Three groups are formed so that each one can work on each of the 3 points of delay. Don't forget that the greatest priority has to be given to a maximum number of 12 problems in all.



Each group meets to identify 4 examples of problems, indicators and activities.

.After putting the problems into the matrix, the first thing that must be done is to draw up the indicators. Only when these have been prepared can the corresponding activities be defined.

The dates can be left for the moment of presentation or the plenary session, to avoid conflict between dates fixed.

Each group meets to identify 4 examples of problems, indicators and activities that are not relevant.



Consolidate the information in the groups' plans, maintaining the order of priority given by each group. By consensus, agree on dates and indicators for activities that are shared or similar. Put this information into the matrix for follow-up, with a copy for each group.

Plenary

Each group goes on to present each problem with its indicators and possible solutions. If by consensus all participants agree, then the corresponding dates can be written in.

STEPS TO BE FOLLOWED

Deciding on Steps to be Followed to Carry Out the Plan of Action

The Facilitator puts up a wall chart to write up the Steps to be Followed decided by the group. The following should be shown:

What are we going to do?

How?

When?

Who will be responsible?, etc.

In order to do this, it is important that participants agree about the first date for follow-up. This will be the first date in their plan for each health center. At any rate, at that moment they can decide on the number of follow-up activities the plan will have.

The proposal for follow-up activities is every 3 weeks, with a total of 3 over a period of 2 months.

Once the Steps to be Followed have been specified, invite each participant to Sign the Wall chart, as a group commitment to the **Participatory Community Plan**.

PLANNING THE PRESENTATION OF THE ACTION PLAN TO LOCAL AUTHORITIES

Form a commission of about three people to go and talk to the corresponding Health Center, Neighborhood Committees, authorities and other institutions, to give them advance notice of their participation in the meeting to socialize the plan.

Decide on responsibilities for the Presentation, such as who will prepare the presentation, who will give it, who will take charge of logistics like delivering invitations, providing a snack, looking for a meeting place, and other tasks.

Propose dates for coordinating the meeting.

 *A good strategy for the program is that the place for the socialization meeting could be the Health Center. The time should be mid-day, and obviously the day or date will be determined by the staff of the Health Center.*

Oral or written invitations will have to be made.

Draw up a schedule with the institutions and health centers to coordinate or organize the activities proposed in the plan.

Draw up a schedule of training sessions with specific institutions, according to the training matrix.

Example:

Topic	Date	Time	Place	Person responsible

SNACK

The Team of Facilitators wishes participants success with their Plan of Action and brings the session to a close.



MATRIX OF THE PLANS DIDACTIC SHEET

SESSION 4: DEVELOPING OUR PLAN OF ACTION

OBJECTIVE	CONTENTS/TOPIC	ACTIVITY/TECHNIQUE	MATERIALS	PERSON RESPONSIBLE	TIME
Step 1: Introduction					
Step 2: Developing our Plan of Action					
Step 3: Steps to be Followed					



FOR FACILITATORS:

ORDERING THE INFORMATION GATHERED: DEVELOPING THE PARTICIPATORY ACTION PLAN

1. List of Participants: Go over the list to confirm that we have obtained complete data for each participant.

2. Participatory Technique: Brainstorming session: Note down participants' comments when they recall the process and contents of the Self-Diagnosis.

3. Group definition of the order of priority of problems and needs: In each of the three sessions in Stage 2 of the Cycle of Action, 3 problems have been given the greatest priority for Recognize, 3 for Decide and 3 for Resolve. With these cards, each group carries out a priority-defining exercise until they arrive at 2 problems or needs for Recognize, 2 for Decide and 2 for Resolve. Once again, this exercise is carried out using the categorization and criteria linked to the colors of the national flag: red, yellow and green.

4. Developing the action plan of each group:

1. Participatory technique: How to Respond to Problems and Needs: Write the Action Plan developed by each group, but this time focusing on each Health Center.
2. On drawing up the Action Plan for each Health Center, there will finally be 12 problems (4 for Recognize, 4 for Decide and 4 for Resolve).
3. An important step at this point is the definition of indicators according to the needs or problems.

5. Intermediate KAP survey: For the second time, apply the KAP survey to participants in each of the community groups.

6. Consolidating the Plan for each health center: The different group plans are consolidated in each case to focus on one of the health centers with which we coordinate.

7. Planning the Action Plan presentation to local authorities: Suggest dates and people responsible for inviting Health Center staff, Neighborhood Committees, authorities and other institutions.

8. Snack

S1p-1 FINAL PRIORITY-DEFINING EXERCISE FOR THE SECOND STAGE

(Recognize, Decide and Resolve)

Name of Facilitator: _____

Name of Group: _____

Date: _____ / _____ / _____

Page # _____

of _____

Session #: 3

	RECOGNIZE	DECIDE	RESOLVE
Greatest importance			
Medium importance			
Lesser importance			



1st Session

IMPLEMENTING THE COMMUNITY ACTION PLAN

The first thing that has to be done is socialization by the leaders of the plan with its schedule, in each of the groups.

The Plan is applied with the CORE group and group representatives, since the plans have been consolidated according to each Health Center.

Bear in mind the starting and end dates, and the people responsible.

Through the CORE leaders' representatives and the people responsible for the Plan's activities, advocacy will be carried out with health centers to enable introduction of the activities and needs coming out of the community, within the operational plans of the different health centers. It may even be possible to include them within the municipal operational plan.

The community has the different information-gathering instruments for each step, to be able to carry out follow-up activities for their plans. As part of the process the community defines indicators, in order to better identify their goals and achievements.



It is important to empower the community to recognize their needs, since they are the ones who know and experience their reality in the area of health. This will enable the health sector to be informed so that they include in their activities actions that can satisfy the demands and needs of the community.

Once the health sector experiences demand from the community, it can work within the framework of shared management with popular participation. In this way, demands can be expressed through the process of municipal participatory planning, and the municipal government can be made to invest in health in accordance with sectoral and community demand. At the same time, if the community participates in this process, it can provide support to the monitoring of municipal management that is done by the Vigilance Committee, and it can also join Social Networks and Popular Health Committees. Finally, the community will be able to participate in the municipal health meetings, to express their needs and offer support to municipal management of health.



So that these activities can have follow-up and continuity, the community through its leaders and representatives should achieve participation in each health center's Committee for Analysis of Information.

Special Note. *Facilitators have to attend at least 70% of the educational activities and/ or workshops.*

Participants must be reminded of the date of the first follow-up activity



2nd Session

MONITORING THE COMMUNITY ACTION PLAN

For each Plan, one facilitator/leader has to be responsible for follow-up.

This is a continuous process of vigilance or follow-up that enables verification, proof and anticipation of the degree of fulfillment of activities scheduled within the Participatory Community Plan, and aims to detect problems for fulfillment, analysis of these problems, and promotion of changes.

Bear in mind that monitoring is a strategy implemented to guarantee achievement of expected results within each center's plan of action.



Monitoring supports the evaluation process.

FIRST FOLLOW-UP ACTIVITY

Meeting of 2 ½ to 3 hours

Take into account two leaders and 3 people responsible per group (if there are more participants, include them in the activity).

ACTIVITIES

Registry of participants

Name people responsible for facilitating the meeting, and the person who will write information in the matrix.

Make sure that the people responsible are present in the follow-up meeting.

Fill in the corresponding follow-up form.

MATRIX FOR FOLLOW-UP TO IMPLEMENTATION OF THE COMMUNITY ACTION PLAN (see appendix)

According to the needs of each group, the follow-up can be carried out every three or four weeks.

Go over and justify achievements

Note down progress and difficulties

NEXT STEPS

Decide on the date for the second follow-up activity



If any of the activities were not fulfilled, the facilitators need to provide more support.



Facilitators are recommended to attend the second follow-up activity

SECOND FOLLOW-UP ACTIVITY

Meeting of 2 ½ to 3 hours

ACTIVITIES

Registry of participants

Name people responsible for facilitating the meeting, and the person who will write information into the matrix.

Make sure that the people responsible are present in the follow-up meeting.

Fill in the corresponding follow-up form.

MATRIX FOR FOLLOW-UP TO IMPLEMENTATION OF THE COMMUNITY ACTION PLAN (see appendix)

According to the needs of each group, the follow-up can be carried out every three or four weeks.

Go over and justify achievements

NEXT STEPS

Decide on the date for the third follow-up activity

If 90 % fulfilment of activities should be found, a participatory evaluation will be planned.



If any of the activities were not fulfilled, the facilitators need to provide more support.



Facilitators are recommended to attend the third follow-up activity

THIRD FOLLOW-UP ACTIVITY

Meeting of 2 ½ to 3 hours

According to progress with the plan, a fourth follow-up activity can be decided on, or if not, the follow-up process is concluded.

ACTIVITIES

Registry of participants

Name people responsible for facilitating the meeting, and the person who will write information into the matrix.

Make sure that the people responsible are present in the follow-up meeting.

Fill in the corresponding follow-up form.

MATRIX FOR FOLLOW-UP TO IMPLEMENTATION OF THE COMMUNITY ACTION PLAN (see appendix)

It is reviewed and one argues the profits of the problems or necessities that were left slopes after the pursuit

Go over and justify achievements

Note down progress and difficulties

NEXT STEPS

Decide on the date for the Participatory Evaluation



If any of the activities were not fulfilled, the facilitators need to provide more support.

It is important for the leader to write in their notebook for acts of meetings the commitments made, with participants' signatures. Participants can also sign the follow-up matrix.

Go over the dates, and then give a copy of the plan to the CORE representative. At the time of this revision, bear in mind the final date of the action plan to anticipate the evaluation.

Socialize this in a plenary session and then write up the document of commitment on a wall chart, and finally in the book of meeting acts.

Write into a matrix the process that was followed and how consensus was reached.

Doing the final KAP survey (Knowledge, Attitudes and Practices)

OBJECTIVE

Apply the KAP survey to the groups for the third time, to find out the degree of development after participating in workshops or educational sessions on the different topics.

MOMENT OF APPLYING THE CAP SURVEY

It is important to have a meeting with the community, after the three follow-up activities for the plan, so as to enable reinforcement of the methodology, the three points of delay and objectives of the community program. The chance must be taken to apply the final KAP survey of the Cycle of Action.

ACTIVITIES

- a. Give a survey form to each participant.
- b. Tell participants that they have to fill in the whole survey form.
- c. On receiving the forms, make sure they have been filled in.



If participants require support to fill in the form, this can be given, but avoid giving them the answers.

1st Session

PARTICIPATORY EVALUATION OF THE COMMUNITY ACTION PLAN

Duration: 2 ½ hours

The evaluation is a systematic process that allows achievements and fulfillment of indicators to be measured.

Reminder:

- At what stage are we?
- Recall the 3 points of delay
- Why do we want to evaluate the plan?

EVALUATION OF INDICATORS

To evaluate achievements, there is a matrix (attached), and for the indicators, each of the action plans must be consulted.

Invitations to participate in the evaluation are made to Health Center staff, institutions that have given support, leaders and community groups.

About 30 to 35 people from the community are invited.

In a plenary session, the matrix with problems and indicators is analyzed.



Don't forget that in the Planning column, the summary of activities must be written.

To analyze the evaluation process, the “faces” method is used.

FINALIZING THE ACTIVITY

The faces are used to obtain information from the community about the impact achieved through training sessions.

EVALUATION OF ACHIEVEMENTS

ONE MEETING

Time: 2 hours

In the corresponding matrix, achievements are analyzed in relation to the different actors who worked within the program.

The evaluation is done in each Cycle of Action and network.

It is carried out with the following people:

Leaders: 14 – 16

Community: 1 person per group, a total of 15 people

Health workers, two per center

Staff of the Community Program



On concluding implementation of the action plan for each Health Center, Participatory Evaluation is carried out for the different Plans. This is done with participation of the members of each group and the local authorities. In this exercise, fulfillment of the indicator for each activity is analyzed.

Each time the 4 stages of the Cycle of Action are concluded, support is given to strengthen and raise the level of empowerment of people in the community.

For this purpose, use the different graphics.

CONSIDERATIONS FOR FILLING IN THE EVALUATION INSTRUMENT:

It is important to create an appropriate atmosphere for the evaluation, before using the instrument.

Explain the objectives and their importance for improving and strengthening work in the following cycles.

Using the guiding questions in each column, the points obtained from each group are colored in, in the form of bars in the upper part of the graphic, to give a visual quality to the points obtained and thus, to the evaluation.

“Read, analyze and respond to each question, bearing in mind its category. Then, put points onto the graphic, according to your answers. From 0 to 10 positive, from 0 to -10 negative, marking or filling in the points you give.”

Leave space for the answers to each question, and also keep separate the graphic on one page, and the questions on another.

	Management of and support to the methodology	Ability to rally participation	Relations with the Health Center	Relations with grass roots organizations
+ 10				
+ 9				
+ 8				
+ 7				
+ 6				
+ 5				
+ 4				
+ 3				
+ 2				
+ 1				
- 1				
- 2				
- 3				
- 4				
- 5				
- 6				
- 7				
- 8				
- 9				
- 10				

EVALUATION OF CORE GROUP LEADERS

MANAGEMENT OF AND SUPPORT TO THE METHODOLOGY

- Gave support to completing the matrices?
- Is familiar with the Cycle of Action? Name the 5 stages in the Cycle of Action
- Facilitates or gives support in the Self-Diagnosis sessions? How?
- Writes notes on the wall charts, matrices or cards?

ABILITY TO RALLY PARTICIPATION

- Gives support or invites the community to project activities?
- The people they invite attend the activities?

RELATIONS WITH THE HEALTH CENTER

- Knows the Health Center staff and the services they provide?
- Participates in community meetings with the Health Center?
- Coordinates activities for implementation of the community action plan?
- Knows the difficulties experienced by the Center and collaborates in their solution?

RELATIONS WITH GRASS ROOTS ORGANIZATIONS

- Knows the grass roots organizations of their neighborhood or community?
- Coordinates activities with them?
- Informs them of the community plan of action?

EVALUATION OF COMMUNITY GROUPS

	Knowledge of the methodology and of the 3 points of delay	Active participation in the methodology sessions	Relations with the Health Center	Relations with grass roots organizations
+ 10				
+ 9				
+ 8				
+ 7				
+ 6				
+ 5				
+ 4				
+ 3				
+ 2				
+ 1				
- 1				
- 2				
- 3				
- 4				
- 5				
- 6				
- 7				
- 8				
- 9				
- 10				

KNOWLEDGE OF THE METHODOLOGY AND OF THE 3 POINTS OF DELAY

- Familiar with the Cycle of Action? (its steps and contents): identify them
- Knows the 3 points of delay? Identify them
- Attended all the sessions of the Cycle of Action?

ACTIVE PARTICIPATION IN THE METHODOLOGY SESSIONS

- Offers suggestions and opinions during the sessions?
- Contributes with suggestions to solve problems in their plan of action?
- Participates actively in implementation of the plan of action? (organizes, attends training sessions, health fairs or other activities in the plan)

RELATIONS WITH THE HEALTH CENTER

- Knows the Health Center staff and the services they offer?
- Participates in community meetings with the Health Center?
- Coordinates activities during implementation of the community action plan?
- Knows the difficulties experienced by the Center and collaborates in their solution?

RELATIONS WITH GRASS ROOTS ORGANIZATIONS

- Knows the grass roots organizations of their neighborhood or community?
- Participates in meetings of the grass roots organizations?
- Knows the functions of the grass roots organizations?

EVALUATION OF HEALTH WORKERS

	Familiarity with activities of the community project	Coordination of community leaders with health workers for implementation of the community action plan	Relations of the Health Center with the community and grass roots organizations	The community action plan is taken into account within the Annual Operational Plan (POA) of the Health Centers
+ 10				
+ 9				
+ 8				
+ 7				
+ 6				
+ 5				
+ 4				
+ 3				
+ 2				
+ 1				
- 1				
- 2				
- 3				
- 4				
- 5				
- 6				
- 7				
- 8				
- 9				
- 10				

FAMILIARITY WITH ACTIVITIES OF THE COMMUNITY PROJECT

- Knows the objectives of the community PAC/community mobilization program?
- Knows the problems or needs to which the community gave the greatest priority, that were included in the community action plan?
- Knows the possible solutions to the problems included in the plan of action?

COORDINATION OF COMMUNITY LEADERS WITH HEALTH WORKERS FOR IMPLEMENTATION OF THE COMMUNITY ACTION PLAN

- Coordinates activities for implementation of the action plan with community leaders? Which ones?
- Supports implementation of the community action plan? (meeting room, training sessions)

RELATIONS OF THE HEALTH CENTER WITH THE COMMUNITY AND GRASS ROOTS ORGANIZATIONS

- Do the community and grass roots organizations participate in meetings of the area Committee for the Analysis of Information (CAI)?
- Participates in community meetings with the Health Center?
- Plans and coordinates activities involving the community, grass roots organizations and the Health Center?

THE COMMUNITY ACTION PLAN IS TAKEN INTO ACCOUNT IN THE ANNUAL OPERATIONAL PLAN (POA) OF THE HEALTH CENTERS

- Do the health workers participate in the implementation and evaluation of the action plan?
- Are some activities from the action plan promoted for inclusion within the Annual Operational Plan (POA) of the Health Center?

EVALUATION OF PROJECT STAFF

	Management of the methodology	Support to leaders with facilitating and note-taking	Filling in information	Cycles of Action
+ 10				
+ 9				
+ 8				
+ 7				
+ 6				
+ 5				
+ 4				
+ 3				
+ 2				
+ 1				
- 1				
- 2				
- 3				
- 4				
- 5				
- 6				
- 7				
- 8				
- 9				
- 10				

MANAGEMENT OF THE METHODOLOGY

- Differentiates among the 3 points of delay?
- Knows and implements the Cycle of Action?
- Supports strengthening of the methodological guide?
- Has knowledge about the topic of hemorrhages in the first half of pregnancy?
- Accepts constructive criticism to strengthen management of the methodology?

SUPPORT TO LEADERS WITH FACILITATING AND NOTE-TAKING

- Facilitates and gives support in the Self-Diagnosis sessions?
- Writes notes on wall charts, matrices or cards?

FILLING IN INFORMATION

- On concluding a session, goes ahead with filling in the information?
- Are notes made on sessions clear and complete?
- Delivers information filled in on time?

CYCLES OF ACTION

- How many groups and community members finished the first Cycle of Action?
- How many groups and community members finished the second Cycle of Action?
- What level of empowerment do you think the first Cycle of Action has reached? Why?
- What level of empowerment do you think the second Cycle of Action has reached? Why?



EXPAND TO OTHER AREAS



Once the Cycle of Action has been started in a particular area, other zones are looked for and chosen to start the process.

Appendixes

Appendix 1

LIST OF PARTICIPANTS

Dates of meetings: #1 _____ #2 _____ #3 _____

Place: #1 _____ #2 _____ #3 _____

	First and Last Names	Sex	Age	Where they were born	Place/Neighborhood Where they Live	Time they have Lived in E.A./S.C.	Where did they live before that?	Occupation	Educational Level	Session		
										1	2	3
1												
2												
3												
4												
5												
6												
8												

*If the reply is less than a year, ask Where did you live before?

** Fill in as appropriate: Primary, Secondary, Technical, University, Other



Appendix 2

COMMUNITY PAC SURVEY FORM

Date:	Group:	Code:
1. In what month and year were you born? Month: _____ Year: _____		
2. How old are you? _____ 3. Female ____ Male _____		
4. What is your marital status? <input type="checkbox"/> 1. Married or Cohabiting <input type="checkbox"/> 2. Single <input type="checkbox"/> 3. Divorced or Separated <input type="checkbox"/> 4. Widow/er <input type="checkbox"/> 0. Does Not Know/Does Not Respond		
5. Are you able to decide how many children you would like to have? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 0. Does Not Know/Does Not Respond		
6. In the past 2 weeks, have you or anyone you know talked with their partner about matters relating to pregnancy or sexual relations? (Mark ONLY ONE) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 0. Does Not Know/Does Not Respond		
7. The following is true or false: Contraceptive methods are used to delay or prevent a pregnancy. (Mark ONLY ONE) <input type="checkbox"/> 1. True <input type="checkbox"/> 2. False <input type="checkbox"/> 0. Does Not Know/Does Not Respond		
8. Using contraceptive methods and planning family size is only a matter for women. (Mark ONLY ONE) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 0. Does Not Know/Does Not Respond		
9. What could you do to prevent an unplanned pregnancy? (Mark ONLY ONE) <input type="checkbox"/> 1. Wash after having sexual relations <input type="checkbox"/> 2. Use a contraceptive method <input type="checkbox"/> 3. Drink herbal teas so as not to get pregnant <input type="checkbox"/> 4. Other (specify): _____ <input type="checkbox"/> 0. Does Not Know/Does Not Respond		
10. At the moment, are you using any contraceptive method to avoid pregnancy? (Mark ONLY ONE) <input type="checkbox"/> 1. Yes (if this is the reply, ask: What method are you using? _____) <input type="checkbox"/> 2. No <input type="checkbox"/> 3. No, because I would like to get pregnant, or I would like my partner to get pregnant <input type="checkbox"/> 4. Does Not Know/Does Not Respond		
11. Which contraceptive method protects you from, or prevents, sexually transmitted infections? (Mark ONLY ONE) <input type="checkbox"/> 1. IUD (Copper T) <input type="checkbox"/> 2. Depo - Provera (injection) <input type="checkbox"/> 3. Condom <input type="checkbox"/> 4. Calendar or Rhythm Method <input type="checkbox"/> 0. Does Not Know/Does Not Respond		
12. What is the shortest time recommended that a woman should wait before getting pregnant		

again? **(Mark ONLY ONE)**

- 1. 3 months
- 2. 6 months
- 3. 1 year
- 4. 2 years
- 0. Does Not Know/Does Not Respond

13. When a woman is pregnant, where does she most commonly have pre-natal checks? **(Mark ONLY ONE)**

- 1. Native healer
- 2. Midwife
- 3. Health Center
- 4. Health Promoter
- 5. She wouldn't have pre-natal checks
- 0. Does Not Know/Does Not Respond

14. What things do women do to have a healthy pregnancy? **(Mark SEVERAL)**

- 1. Eat well
- 2. Drink herbal teas
- 3. Go to health services for pre-natal checks
- 4. Visit a midwife/native healer for pre-natal checks
- 5. Stop doing heavy work
- 6. Other (specify): _____
- 0. Does Not Know/Does Not Respond

15. In the case of an unplanned pregnancy, what would you do? **(Indicate the 2 most important things)**

1. _____
2. _____

16. Within your family, your rights are: **(Mark SEVERAL)**

- 1. Right to food
- 2. Right to manage the family budget
- 3. Right for your opinions to be respected
- 4. Right to respond to violence with violence
- 5. Right to accept what your partner says with no questions
- 6. Right to make your own decisions
- 7. Right to receive good care in health centers
- 0. Does Not Know/Does Not Respond

17. Violence against women is illegal, punished or not approved of in Bolivia **(Mark ONLY ONE)**

- 1. Yes
- 2. No
- 0. Does Not Know/Does Not Respond

18. In the case of violence (physical, psychological or sexual) from your partner, what would you do:

(Mark ONLY ONE)

- 1. Tell other people
- 2. Respond with violence in the same way
- 3. Denounce it to the authorities, Neighborhood Committees or relevant institutions
- 4. I wouldn't do anything
- 5. Other (specify): _____
- 0. Does Not Know/Does Not Respond

19. In a situation of violence in your neighborhood, do you think people should intervene? **(Mark ONLY ONE)**

- 1. Yes
- 2. No
- 0. Does Not Know/Does Not Respond

20. Is it possible to avoid women having complications in pregnancy? **(Mark ONLY ONE)**

- 1. Yes
- 2. No

<input type="checkbox"/> 0. Does Not Know/Does Not Respond
<p>21. Could you tell me which are the signs of danger or alarm in pregnancy? (Mark SEVERAL)</p> <input type="checkbox"/> 1. Severe or strong headache <input type="checkbox"/> 2. Fainting <input type="checkbox"/> 3. High fever <input type="checkbox"/> 4. Swelling of feet / hands <input type="checkbox"/> 5. Convulsions or fits <input type="checkbox"/> 6. Bleeding or vaginal hemorrhage <input type="checkbox"/> 7. The baby doesn't move <input type="checkbox"/> 8. Others (specify): _____ <input type="checkbox"/> 0. Does Not Know/Does Not Respond
<p>22. Could maternal death during pregnancy been prevented by knowing the signs of danger or alarm? (Mark ONLY ONE)</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 0. Does Not Know/Does Not Respond
<p>23. Which do you think is the MOST common cause of maternal death during pregnancy? (Mark ONLY ONE)</p> <input type="checkbox"/> 1. Pregnancy in a young woman <input type="checkbox"/> 2. The woman is not well fed <input type="checkbox"/> 3. Violence against a pregnant woman <input type="checkbox"/> 4. Hemorrhage in pregnancy <input type="checkbox"/> 0. Does Not Know/Does Not Respond
<p>24. A woman who has bleeding or hemorrhage during pregnancy should be taken first to: (Mark ONLY ONE)</p> <input type="checkbox"/> 1. Midwife <input type="checkbox"/> 2. Native healer <input type="checkbox"/> 3. Doctor/Health Center <input type="checkbox"/> 4. Nowhere, and let it pass <input type="checkbox"/> 5. Other (specify): _____ <input type="checkbox"/> 0. Does Not Know/Does Not Respond
<p>25. If a woman in your community has hemorrhage during a pregnancy and seeks your support, what would you do: (Mark ONLY ONE)</p> <input type="checkbox"/> 1. I would get her to wait for her husband so that he could help her <input type="checkbox"/> 2. I wouldn't give her support so as not to get myself involved in problems <input type="checkbox"/> 3. I would take her to the native healer or midwife <input type="checkbox"/> 4. I would take her immediately to the health center <input type="checkbox"/> 0. Does Not Know/Does Not Respond
<p>26. What health service offers treatment when a woman has complications or hemorrhage in the first half of pregnancy? (Mark SEVERAL)</p> <input type="checkbox"/> 1. Health Post <input type="checkbox"/> 2. Health Center <input type="checkbox"/> 3. Maternity Hospital <input type="checkbox"/> 4. Native Healer <input type="checkbox"/> 5. Midwife <input type="checkbox"/> 6. Hospital <input type="checkbox"/> 7. Other (specify): _____ <input type="checkbox"/> 0. Does Not Know/Does Not Respond
<p>27. In your last visit to a health center, what did the doctors and nurses do? (Mark SEVERAL)</p> <input type="checkbox"/> 1. They made me wait too long <input type="checkbox"/> 2. They explained about the health problem I had <input type="checkbox"/> 3. They cleared up all the doubts I had about my health problem <input type="checkbox"/> 4. They charged me too much for the treatment

- 5. They spoke to me with respect
- 6. They resolved the health problem I had
- 7. None of the above
- 0. Does Not Know/Does Not Respond

28. Check off some characteristics of the SUMI (Maternal-Child Universal Health Insurance):

(Mark SEVERAL)

- 1. SUMI is only for children under 3 years of age
- 2. SUMI is for pregnant women until 6 months after the birth
- 3. SUMI covers the cost of treating complications or hemorrhages in the first half of pregnancy
- 4. SUMI covers the cost of medicines
- 5. None of the above
- 0. Does Not Know/Does Not Respond

29. In the case of severe health problems or complications, do you or your family members: **(Mark ONLY ONE)**

- 1. Go to the local native healer / midwife
- 2. Go to the local health services
- 3. Get treated at home
- 4. Do nothing
- 5. Other (specify): _____
- 0. Does Not Know/Does Not Respond

Appendix 3

GUIDE TO QUESTIONS ON IMPORTANT TOPICS

While gathering information on some specific topics relating to maternal mortality from hemorrhages in the first half of pregnancy, this guide to questions was prepared. The guide is designed to give you some ideas, through some examples of questions that can be used to obtain more information on these topics, when they are mentioned by the group.

UNPLANNED PREGNANCY

- How do you plan a pregnancy?
- Why do women get pregnant if they haven't planned to have a pregnancy?
- What is the reaction of a woman who has got pregnant without planning it?

GENDER

- What is the difference between the role of a woman and a man?
- How does this difference in roles affect the way of looking at pregnancy?
- How should it be?

FAMILY PLANNING

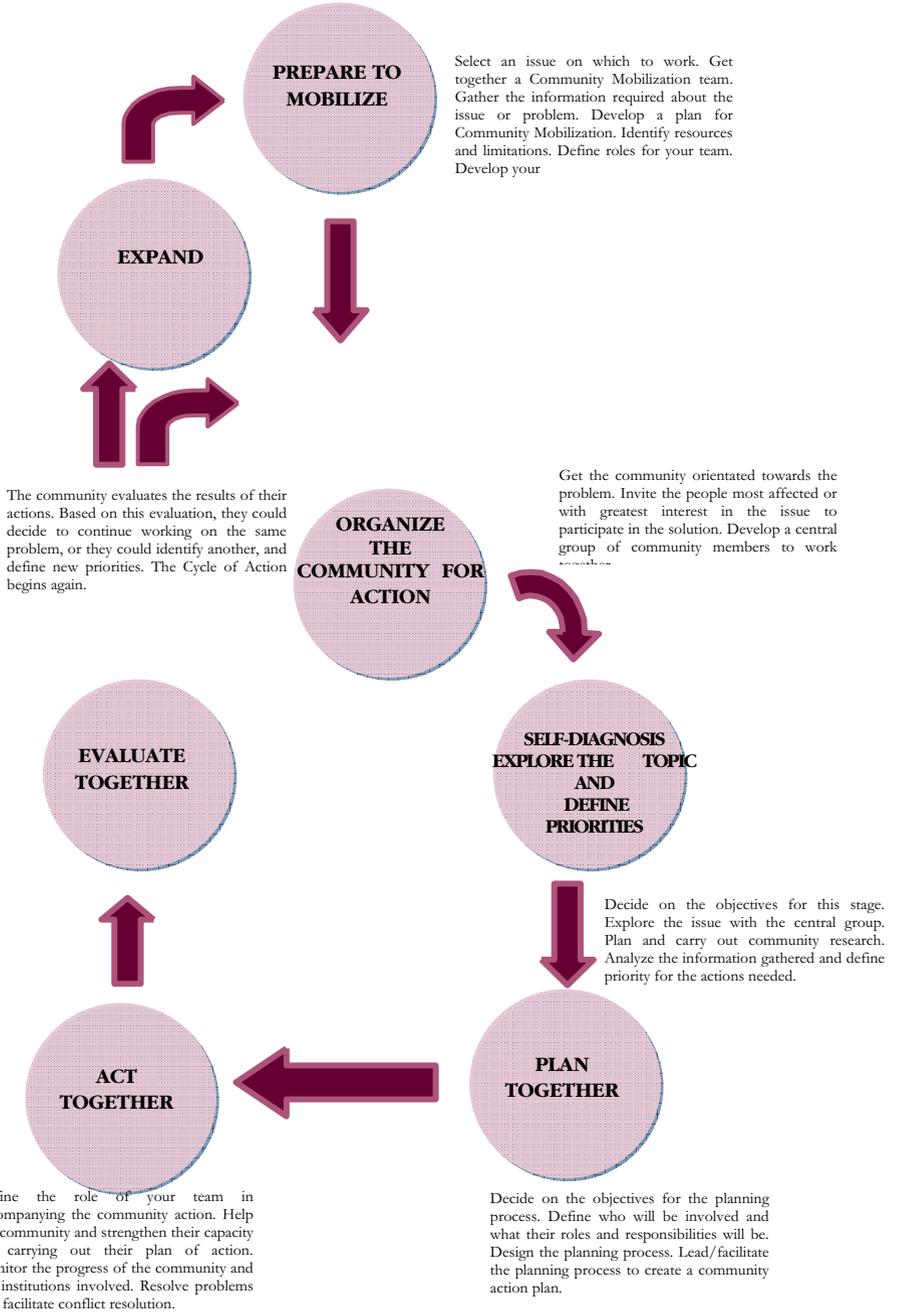
- Do you know the contraceptive methods for family planning?
- What do you think about family planning methods?
- Do you know anyone who uses any contraceptive method? How are they doing with it?

PREGNANCY LOSS/OBSTETRIC EMERGENCIES

- Do you know anyone who has had an obstetric failure of pregnancy? (Hemorrhage, loss of the product, miscarriage or abortion, loss of the baby)
- What could have happened so that they had an obstetric failure of pregnancy?
- Do you know any other causes of obstetric failure of pregnancy?
- When women have obstetric failures of pregnancy, where do they go?
- Why do they go/ not go to the Health Center?
- How do you think the Health Service treats a woman who has an obstetric failure of pregnancy?

Appendix 4

CYCLE OF COMMUNITY ACTION



Appendix 5

GUIDE ON HOW TO TAKE EFFECTIVE NOTES IN THE SESSIONS

1. Write down the time and the activity in the notes to indicate how much time has been spent.
2. Notes should be written in such a way that detailed information coming out of a session is documented instead of being lost.
3. It is essential to note down two points during the session:
 - What are they saying?
 - How are they saying it?
4. Bear in mind clarity and consistency when you are taking notes:
 - Use a standard form when you are taking notes, so that anyone who reads them can understand them, and so that they have the same style.

Key points	Verbal	Non-verbal
Pregnancy	<p>“My neighbor has four children</p> <p>and she’s already pregnant again”</p>	<p>(in a loud voice)</p> <p>[seems sad]</p>

- Direct quotes: “When my sister lost a pregnancy she went to the midwife”.
 - Something was lost from a quote: “When my sister..... she went to the midwife”.
 - Use abbreviations that will be understood.
 - Put non-verbal comments in round brackets, e.g. (with a smile)
 - Put interpretations in square brackets, e.g. [seems angry]
5. Try to capture direct quotes. Listen for sentences or outstanding phrases that are particularly well expressed or reflect a relevant point of view.
 6. Note other elements that can help with analysis, like comments that are very impassioned, body language, or non-verbal activity (for example: Nodding, and the existence or absence of visual contact) among participants, or other indications that indicate the level of agreement or disagreement).
 7. Pay attention to what the facilitator is asking, to make sure that:
 - They are asking correctly according to the Self-Diagnosis (SDX).
 - You are correctly noting down the answers to the questions.
 - Participants are correctly interpreting the question.

MOST COMMON ABBREVIATIONS FOR NOTE-TAKING

Ab	abortion
Act	activity/ies
Ad	adult
Adol	adolescent
Bir	birth
Bl	bleeding
Ch	child
Cmn	communication
Comm	community
Cons	consequence
Dang	dangerous
Dec	Decide
Emp	Empowerment
Fam	family
FP	family planning
Gr	greatest
H	health
HC	Health Center
Hem	hemorrhage
HI	Health Institutions
HS	Health services
Info	information
Inst	institution/s

Less	lesser
Med	medium
Meds	medicines
Mob	Mobilization
N	need/s
Org	organization
Part	Participation
Preg	Pregnancy
Prob	problem/s
Rec	Recognize
Res	Resolve
Rs	resource/s
Sol	solution
SRH	sexual and reproductive health
Tr	Treatment
Trad	traditional
Tran	transport
UP	unplanned pregnancy
Wom	woman