L10K
The Last Ten Kilometers Project

Community Based Data For Decision Making (CBDDM)

Facilitator's Guide

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List of Acronyms

ANC	Antenatal Care
CBDDM	Community Based Data for Decision Making
CBO	Community-Based Organization
CHP	Community Health Promoter
CSO	Civil Society Organization
FBO	Faith Based Organization
FHC	Family Health Card
FP	Family Planning
HEP	Health Extension Program
HEWs	Health Extension Workers
HHs	Households
HMIS	Health Management Information System
HSDP	Health Sector Development Program
L10K	The Last 10 Kilometers
M&NH	Maternal and Neonatal Health
MNCH	Maternal, Newborn and Child Health
NGO	Non-governmental Organization
PHCU	Primary Health Care Unit
PNC	Postnatal Care
TBA	Traditional Birth Attendant
VCHWs	Volunteer Community Health Workers

Project Background

The Last Ten Kilometers (L10K) Project
The L10K: What it takes to improve health outcomes in rural Ethiopia? Project works to increase demand, access, and utilization of high impact maternal, newborn and child (MNCH) health interventions. The project supports and complements the Ethiopian Government's Health Extension Program (HEP), while simultaneously testing and promoting community-based models that aim to change community norms and fully engage households and communities to take charge of their own health.

Ethiopian HEP
A four-tier health service system was introduced with the launch of the Ethiopia's first Health Sector Development Program (HSDP) in 1997 and was revised to a three-tier system by the HSDP IV in 2010. The system is comprised of:

1. A **Primary Health Care Unit (PHCU)**, which includes one primary hospital, one health center and five health posts. These form the bottom-level component of the country's health care system. The PHCU plays a critical role in the delivery of primary health care to the rural population of Ethiopia.
    - **Health posts** provide and promote preventive health care and mobilize communities for health actions. Each health post serves up to 5,000 people.
    - **Health centers** serve as the first-level referral for health posts and provide curative care. They also provide emergency surgery in selected areas. Health centers serve up to 25,000 people.
    - **Primary Woreda (District) hospitals** provide secondary referral care, including surgery and specialist care, and serve 60,000-100,000 people.
2. **General hospitals** provide tertiary referral care, including surgery and specialist care, and serve 1-1.5 million people.
3. **Specialized hospitals** train medical students and other health professionals and serve 3.5-5 million people.

The operational level of the HEP is the health post. It functions under the supervision of the Woreda (District) Health Bureau and receives technical support from the nearest health center. Health posts are located at the kebele level (lowest administrative government unit). Each health post is an operational center for two Health Extension Workers (HEWs). The HEWs oversee the health status and activities of several small gottes, or villages, within their respective kebele.

HEWs
HEWs are primarily young women who have spent a year studying at an institute of technical and vocational training and education. They represent the health sector at the lowest administrative level, or kebele. HEWs are expected to spend most of their time outside their kebele health post. Their work involves the provision of limited health services such as family planning (FP), immunization, antenatal care (ANC), delivery and postnatal care (PNC), growth monitoring of children, diagnosis and treatment of malaria, eye infections and select skin conditions treatment with ointments, diarrhea treatment with oral rehydration fluids, Vitamin A supplementation, and first aid. HEWs also document and report patients' status and progress, and refer difficult cases to higher health facilities.

Volunteer Community Health Workers/Community Health Promoters

The Volunteer Community Health Worker (VCHW) program, the second level of the HEP, is designed to engage communities and promote the model family at the gotte level. VCHWs are community members who demonstrate appropriate health behaviors in their own homes and are trained by HEWs to promote health, provide FP, identify health danger signs and illness, and refer women and children to higher-level health services. VCHWs visit neighboring households and offer basic health services, such as encouraging pregnant women to seek ANC, preparing items needed for birth, arranging for births to be attended by a trained health worker, and guiding appropriate breastfeeding practices. As of 2011, the Ethiopian Federal Ministry of Health changed the name of VCHWs to Community Health Promoters (CHPs) and is revising their role. At the time of L10K program initiation, however, VCHWs were in place, so they are the participants referred to in this manual.

Community Based Data for Decision Making (CBDDM)

Community Based Data for Decision Making (CBDDM) is one of L10K's community-based strategies for mobilizing families and kebeles to improve MNCH. CBDDM activities foster partnerships among public administrators, HEWs, local institutions, and VCHWs to gather information to identify maternal and neonatal health (M&NH) service utilization gaps and facilitate community solutions to problems. VCHWs map the 20-30 households within their catchment area to help the HEW prioritize households by health needs and provide services accordingly. CBDDM enables VCHWs and their community to identify and overcome gaps in access, demand, and use of M&NH services, especially at the household level. CBDDM also promotes community participation in planning and monitoring M&NH activities as the HEWs and community members analyze the data obtained by VCHWs to identify barriers to access of maternal and neonatal health services and implement solutions.

L10K Partners

L10K has developed partnerships and signed grant agreements with civil society organizations (CSOs), faith-based organizations (FBOs), and local non-governmental organizations (NGOs) in all four of the targeted regional states where it works. These grantees have an essential role in implementing the community-based strategies, including CBDDM. L10K's grants mechanism has three levels:

- **Tier 1 grantees**: regional CSOs, FBOs, or NGOs
- **Tier 2 grantees**: woreda-level institutions
- **Small grants to community-based organizations (CBOs)**: provided in support of innovative solutions to solve locally-identified barriers.

Introduction

Manual Organization

This facilitator's manual has been developed for training on the implementation of CBDDM at the community level. It can be used to train HEWs and CBDDM Committee members, and also assist in the orientation of VCHWs on CBDDM.

The manual is a step-by-step guide for trainers to facilitate the training, including a suggested schedule and timing for each session, instructions for activities, and lecture material. The full training should be planned for one full day and one half day session. Each session includes the following:

- Suggested length of time
- Learning objectives
- Materials needed
- Methods used
- Any special preparation required
- Steps for carrying out each activity
- Flipchart presentations and notes to the facilitator where required
- Suggested questions for discussion to keep participants involved

Training Methodology

In this training, facilitators are not lecturers. They are expected to engage participants in solving problems, making decisions, sharing experiences, and thinking about how they will apply what they have learned in their work. This curriculum consists primarily of interactive activities such as group work and brainstorming.

Training Evaluation

Evaluation is an important step in the learning process that is used constantly throughout L10K's trainings. Facilitators can continuously check participants' learning informally by asking questions and observing performance during activities. This information can then be used to focus his/her teaching on the topics that demand more attention. At the end of each day, the facilitator should set aside time for evaluation. The evaluation should include a "check" on the learning objectives for the day to ensure participants can explain how the objectives were or were not achieved. Suggestions should also be provided for the next day of training. Use the daily evaluation sheet (attached as Annex 7) to collect reflections from participants.

Materials needed for the three days training

- Flipchart paper and stand
- Pens or pencils
- CBDDM training manual/handout
- Tools (Provided in Annex)
- Art paper
- Markers
- Tape or Blue-Tic
- Writing pads
- Flipchart presentation

Training Agenda

	Time	Time Allocated in Minutes	Session
Day 1	**8:30 – 8:45**	15	Registration
	8:45 – 9:15	30	Welcoming, Introduction and Training Objectives
	9:15 - 10:00	45	Overview of M&NH
	10:00- 10:15	**15**	**Tea Break**
	10:15 - 11:00	45	Community Based Data Management/Utilization
	11:00 - 12:30	90	Orientation on CBDDM
	12:30 – 2:00	**90**	**Lunch**
	2:00 – 3:00	60 +	Overview of Data Collection in CBDDM –Part 1
	3:00 - 3:15	**15**	**Tea Break**
	3:15 – 4:30	60	Overview of Data Collection in CBDDM- Part 2
	4:30-5:15	45	Social Autopsy Tool & Data Quality
	5:15-5:30	15	Daily Evaluation
Day 2	**8:30 – 8:45**	10	Recap of the previous day
	8:45-9:25	40	Participatory Planning and Resource mobilization
	9:25-10:15	50	Role and Responsibilities (CBDDM Committee, HEW, VCHW)
	10:15-10:30	**15**	**Tea Break**
	10:30-11:15	45	VCHW Orientation Guide Introduction
	11:15 – 12:15	30	Action Planning for Implemenatation of CBDDM
	12:15 – 12:30	**30**	**Closure /Evaluation of Two Day Training**

Session 1: Welcome, Introduction, and Training Objectives

Time: 30 minutes

Learning Objectives:
By the end of this session, participants will be able to:

- Refer to each other by name (participants and facilitators).
- Interact freely in a participatory manner.
- Set ground rules for the training period.
- Be familiar with the agenda.
- Select their time keepers and the participant who will recap the day's session.

Materials: Flipchart, marker, masking tape

Methods: Presentation, brainstorming

Process:
Step 1: *Welcome, 5 minutes*
Welcome and thank the participants for attending the training.

Step 2: *Introduction, 5 minutes*
Begin by telling participants that:

- An important element of learning in this training will be learning from each other.
- Active participation and contributions are highly encouraged.
- Everyone is encouraged to share ideas and information from their experiences, to ask questions, and to discuss issues that arise in full detail.

Ask participants to introduce themselves. Each person should state the following information: name, from where s/he came, and their responsibility.

Step 3: *Setting ground rules, 5 minutes*
Invite participants to suggest rules for the group. Write the rules on a flipchart and inform the group they should follow these throughout the training days.

Step 4: *Agenda, 5 minutes*
Introduce the agenda items briefly. Note that there will be a 15 minute mid-morning break (10:00-10:15), lunch will be from 12:30-2:00, and there will be a 15 minute mid-afternoon break. The training will end by 5:30pm. The second day of training will end by 12:30.

Step 5: *Select assistants, 5 minutes*
Facilitate selection of a timekeeper and a person who will recap the day's session tomorrow morning. At this point, also make any necessary logistical or administrative announcements.

Step 6: *Objectives, 5 minutes*
Introduce the objectives of the training by presenting Flipchart #1.

Flipchart #1: Training Objectives

At the end of the training, participants will be able to:

- Recognize the importance of community participation in the effort to improve M&NH.
- Identify CBDDM activities.
- Monitor CBDDM activities.
- Assist in collection of data at the community level.
- Use CBDDM data collection tools.
- Orient and train VCHWs on how to collect community data.
- Facilitate gotte and kebele level meetings to compile, analyze and use data for action.

Session 2: Overview of Maternal and Neonatal Health

Time: 45 minutes

Learning objectives:
By the end of the session the participants will:

- Recognize the importance of joining efforts to improve M&NH.
- Understand the major interventions for improving M&NH.

Facilitator's Note #1
Understanding what the participants know and think about M&NH is important for the subsequent topics in the training. Thus, briefly describe the session objectives and methods of facilitation during the session, and allow most session time for discussion.

Materials : Flipchart and marker

Methods: Plenary discussion

Process:
Step 1: *M&NH Discussion, 35 minutes*
Ask participants the questions listed below (also refer to Facilitator's Notes #2, 3 and 4).

Facilitator's Note #2

- Ensure the discussion is as participatory as possible.
- Ask the participants to elaborate with examples if necessary.
- Allow only one responce per trainee in order to involve as many participants as possible in the discussion.
- Accept all responses (no wrong answer) and record responses on flipchart.
- Let participants brainstorm as much as possible until they come to the major known M&NH interventions and L10K focus areas in CBDDM.

1. What are the services provided for M&NH in your locality? Do you know what the coverage is?
2. Are there mothers who died during pregnacy and child birth in your community ?
    a. Why do you think the mothers have died?
    b. What could have been done to prevent the death?
    c. Was the death reported to the HEW (any one else)? If yes, how ? if no, why not ?
    d. Is reporting useful? Why?

Facilitator's Note #3

- Try to identify maternal and newborn deaths from as many participants as possible. Tell them that the deaths can be from their gotte, kebele, neighboring area, or other kebeles.
- Ask each of the above questions immediately after a death of a mother or a newborn is identified to extract all the neccssary information from that particular death.
- Then ask other participants to mention any death of mothers or newborns and get further the information.

3. What do you think has to be done to overcome neonatal and maternal deaths in your communty?
4. What M&NH services are available in your community?
5. Do you know how many pregant mothers, newborns and FP users you have in your kebele?
6. Do you think knowing this information is important to prevent M&N death? If so, how important ? Why?

Facilitator's Note #4

- The facilitator has to lead the group towards discussing information use. The discussion may start with general M&NH issues, but should be guided to discuss the use of M&NH information.
- Try to reveal the gaps of M&NH services and utilization
- Use the following subjects to strenghten the discussion:
    - FP
    - Immunization
    - ANC
    - Delivery
    - Postnatal and Neonatal care
    - Breastfeeding

Step 2: *Summary, 10 minutes*

Appreciate and thank the participants for their active participation and summarize by presenting Flipchart #2.

Flipchart #2: M&NH

Why focus on M&NH?

- Maternal and child mortality is high in Ethiopia, particularly in rural Ethiopia.
- The major causes of maternal and neonatal deaths (mortality) in Ethiopia are related to poor maternal and child health services and low health care seeking behavior and care practices in communities.
- A significant proportion of maternal and neonatal deaths happen during birth/delivery and in the early postnatal periods.
- Maternal and neonatal mortality and morbidity is preventable through the implementation of proven, simple and doable interventions.

What are some of the major interventions to improve M&NH?

- FP
- Focused ANC
- Clean and safe delivery during child birth (clean hand, clean surface, clean cord)
- Essential newborn care
- PNC (initiation of exclusive breast feeding, counseling, improved hygiene)
- Immunization
- Appropriate treatment of child illness

Session 3: Community Based Data Management and Utilization

Time: 45 minutes

Learning objectives:
By the end of this session, the participants will be able to:

- Understand how data is managed at the community level.
- Utilize community level data.

Materials: Flipchart, marker

Methods: Plenary discussion, group work

Process:
Step 1: *Group work, 20 minutes*
After thorough discussion on the major M&NH interventions in the previous session, divide participants into three groups. Each group will discuss and present on methods of data collection, possible challenges and responsible actors in managing data at the community level.

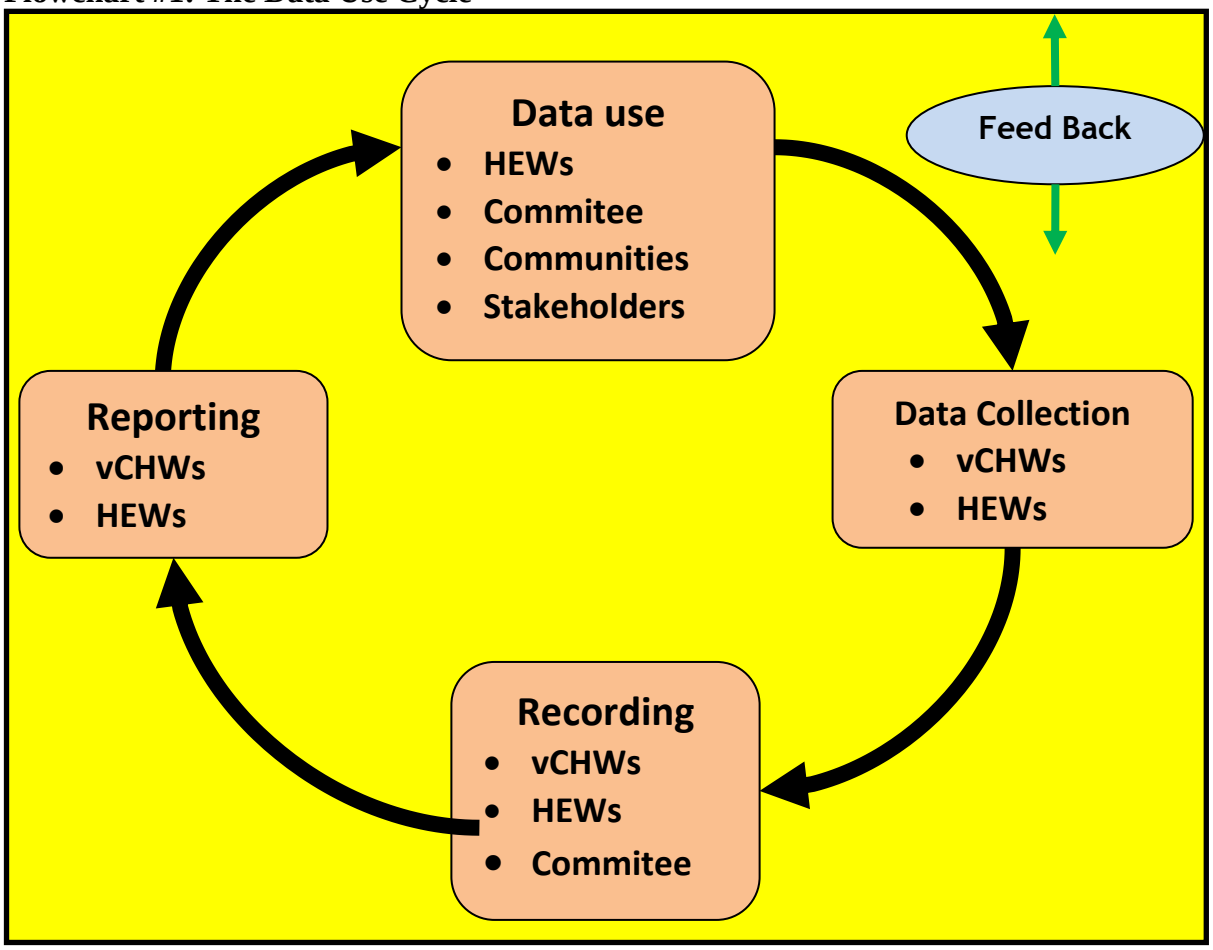
Remember to mix participants throughout the training so that they share experiences in different groups. Inform them that each group should have a chairperson and secretary.
After the group discussion, invite each group to present based on the following questions:

- What are the different options to collect and share M&NH information at the community level?
- What are the possible challenges in collecting and sharing M&NH related information at the community level?
- How can we ensure the quality and validity of the data collected through VCHWs?

Step 2: *Presentations, 15 minutes*
Have the small groups present their discussions on the questions they were given. Invite feedback from the other groups for further discussion. Summarize the main points of the discussions. For issues that arise as challenges, ask participants to share their ideas on how to overcome the challenges.

Step 3: *Date Use Cycle, 10 minutes*
Present Flowchart #1 and Flipchart #3.

Flowchart #1: The Data Use Cycle



Flipchart #3: Data Use and the CBDDM Process

- VCHWs primarily collect information about FP, ANC, delivery, PNC, neonatal feeding, immunization and hygiene in their respective gotte.
- VCHWs share the data they have collected from their gotte with HEWs and the CBBDM committee on a regular basis.
- Using the M&NH data of the village or kebele, health committees and community representatives can make improved decisions for appropriate action.
- HEWs and the CBDDM Committee should be involved in providing feedback on the data and follow up on the decisions made.
- Hence, the CBDDM process involves data collection, recording, reporting, sharing, decision making, and feedback provision, as clearly illustrated in Flowchart #1.

Session 4: Orientation on Community Based Data for Decision Making

Time: 90 minutes

Learning Objectives:
By the end of this session, participants will be able to:

- Understand what CBDDM is.
- Identify types of information need to be collected for CBDDM.
- Identify key stakeholder in the implementation of CBDDM.
- Understand how to use the data that is collected in CBDDM.

Materials: Flipchart, marker, masking tape

Methods: Plenary presentation and discussion

Process:
Step 1: *Presentation of CBDDM, 25 minutes*
Present Flipcharts # 4, 5, 6 and 7 on the concepts of CBDDM.

Facilitator's Note #5

- Remind the participants that the previous discussions are related to this session
- Watch your pace - keep this lively, energetic and moving forward, as it is the core of the training. The primary goal is to ensure everyone clearly understands what CBDDM means (who, how, why).

Step 2: *Questions, 15 minutes*
Give participants the chance to ask questions and clarify each issue raised, since this is the basis for the whole training.

Flipchart #4: Why Do We Need CBDDM?

- Currently, there is a lack of complete, consistent and quality M&NH data that can be used for decision making at the community level.
- Communities are rarely involved and responsible for decision making regarding M&NH issues.
- The existing Health Management Information System (HMIS) starts at the health post level and does not include data collection at the household level.
- The important contributions of VCHWs in improving M&NH are not well recognized.
- This is part of a the process of testing a model to link households with health posts to enhance information flow and decision making aimed at improving M&NH.

Flipchart #5: Objectives of CBDDM

- Improve M&NH health outcomes through the use of data by community members.
- Strengthen the organization of data at the community level for planning and decision making to improving M&NH services.
- Promote community participation in planning and monitoring of M&NH activities.
- Enable identification of gaps in access, demand and utilization of M&NH services, especially at the household level.
- Enable HEWs to contribute more to their roles and responsibilities.
- Improve HEWs' performance, including their credibility and recognition within the community.
- Promote the credibility and recognition of VCHWs, thus helping to sustain volunteerism.

Flipchart #6: CBDDM Strategies

- Facilitate partnerships between the Kebele Cabinet, Health Committee, local associations (CSOs and FBOs), religious groups and VCHWs and use them as the major actors in the CBDDM process.
- The CBDDM Committee, in collaboration with HEWs, will lead and coordinate the collection and use of data at the household, gotte and kebele levels.
- Promote community participation and ownership.
- Integrate responsibilities of the current CBDDM Committee with the Kebele Health Committee so activities can continue beyond the project focus.
- Conduct regular meetings to discuss findings among VCHWs, Kebele Health Committee, and HEW.
- Different stakeholders involved include: Health Committee ,HEWs, VCHWs, Woreda Health Bureau, Tier II grantee (specify the organization), Tier I grantee (specify the organization), and L10K.

Flipchart #7: Information to Be Collected and Used Within the Community

- Sanitation (latrine use)
- FP
- Pregancy
- ANC
- Delivery (where and by whom)
- Live births
- Breastfeeding (colostrom)
- Neonatal deaths
- Immunization

Step 3 : *Plenary discussion, 20 minutes*
Following the presentation on CBDDM, discuss the following points in the group:

- Do you think it is useful to implement CBDDM in your kebeles? Why?
- Can you implement it in your kebele? If yes, how? (write the responses on a flipchart)
- What are the possible challenges that can be faced during the implementation of CBDDM in your kebeles?

Facilitator's Note #6

- Review and summarize the points captured on the flipchart.
- Make sure that the points are well clarified and agreed upon by the participants.
- Finally, ask the group to provide possible suggestions and existing opportunities to overcome the challenges (record the points on flipchart).

Session 5: Overview of Data Collection in CBDDM

Time: 120 minutes

Learning Objectives:
By the end of this session, participants will be able to:

- Understand the importance of data collection.
- Describe different types of CBDDM data collection tools.
- Know steps to prepare a village map.
- Understand the importance of having a village map.

Materials: Flipchart, marker, masking tape, printed tools (found in Annex 2, 3, 4), pre-made maps, art paper

Methods: Group work, plenary presentation, demonstration and role play

Process:
Step 1: *Data collection tools, 15 minutes*

> **Facilitator's Note # 7**
> Tell the participants that a *data collection tool* is an instrument used to record the information.

Give a brief explanation of a VCHW map, HEW Summary Sheet, Discussion Guide, and Social Autopsy Tool

Tool	**Responsible Actor**
VCHW map	VCHW
VCHW map compilation sheet	HEW
Kebele Data Summary Sheet	HEW
Discussion Guide	HEW and Health Committee
Social Autopsy Tool	HEW

Step 2: *How to sketch a map, 15 minutes*
Present Flipcharts # 8, 9 and 10 to explain what a map is and how to sketch it. It is helpful to have a pre-made map as an example.

Flipchart #8: Maps

What is a map?

- A map is a simple figure that presents information in a condensed and readily understandable visual form.

What is the purpose of the VCHW village map?

- To identify the households in a village
- To update information of the households
- To target services and the spread of health messages

Why a map for VCHWs?

- An easy and useful method for getting a general picture of a village and overview of how a community lives
- Enable easy identification of areas
- Create consensus
- Visual, precise, explicit and attractive
- Require little explanation
- Allow a lot of information to be taken in through a quick glance
- Facilitate discussion
- Accessible to all, including illiterate population
- Enable easy recognition of changes
- Can be made anywhere
- Participatory by nature
- Valuable for planning, implementation, monitoring and evaluation

Who draws a map?

- VCHWs in collaboration with the community, HEWS and Health Committee.

Flipchart #9: Identifiers for Map Drawing

***Can use natural and social resources**

- Farmland
- Households
- Arable land
- Grazing areas
- Woodlands
- Fuel woodland
- Source of water for irrigation
- Rivers
- Lakes
- Streams
- Ponds
- Schools
- Clinics
- Churches
- Mosques
- Shops
- Association offices
- Roads

Flipchart #10: Steps to Draw A Map

1. Select an appropriate place to conduct the process.
2. Ask VCHWs or HEWs to list the households in that respective gotte/village.
3. Allow VCHWs, gotte leaders and representatives to draw a map of the gotte/village as they perceive it (watch while they are drawing the map).
4. Verify the features as they are introduced.
5. Create consensus among the group.
6. Make copies quickly if the map is on the ground.

Step 3: *Group work on VCHW map, HEW summary sheet and Discussion Guide, 90 minutes*
Step 3.1: *VCHW map, 45 minutes*
Form six groups and ask the participants to prepare the map of a selected gotte in their group. It is good to form a group of participants from one kebele. For the purpose of the exercise, use the hypothetical map senarios listed in the table below for the six groups.

Hypotetical Scenarios for 6 Maps						
Indicator	**Group 1**	**Group 2**	**Group 3**	**Group 4**	**Group 5**	**Group 6**
FP	8	10	10	9	4	9
FP and Toilet	10	6	9	14	5	6
NO FP and NO Toilet	9	7	9	10	14	14
Toilet	21	19	10	17	13	16
# of pregnant	0	2	2	2	0	1
# delivered	1	0	2	1	0	1
ANC attendants	NA	1	0	1	NA	0
Live birth	1	NA	2	1	NA	1
Neonatal death	0	NA	1	0	NA	1
Postnatal visits	0	NA	1	0	NA	0
Started immunization	0	NA	1	0	NA	0
Total HHs	**48**	**42**	**38**	**50**	**36**	**45**

Invite one group to present their map while the others observe and comment.

Step 3.2: *HEW Summary Sheet, 15 minutes*

- After the groups complete the the mapping exercise, they will transfer the information from the completed maps to the HEW summary sheet.
- Select one group to present their summary sheet and the other groups will compare the results with their own. If there are differences among the groups, ask them to raise questions and let the participants discuss among themselves.

Step 3.3: *Discussion Guide role play, 30 minutes*
The facilitator will give an overview of the discussion guide. Below is the detailed process for presenting the discussion guide through a role play.

> **Facilitator's Note #8**
> The facilitator must guide the groups on how to prepare the role play and different issues to be reflected on the role play.

<u>Role play</u>
Materials required: Discussion Guide, HEWs compilation sheet, hypothetical data sheet/table

- Divide the participants into three small groups. From the six groups from the map sketching exercise, it is best if the groups pair together to form three groups.
- Use the maps from the previous map sketching exercise.

- The group members should be of heterogenous composition (HEWs, supervisors, First or Second Tier grantee staff).
- The HEWs in each group will be given responsibility of leading the discussion using the discussion guide.
- Some of the group members will act as VCHWs and report to the HEWs in charge of the leading the discussion.
- The remaining members of the group are assumed to be members of the CBDDM Committee.
- The HEW should compile the information/report from each VCHW during the discussion meeting.
- Based on the data provided, the group will identify gaps, prioritize and propose possible solutions.
- The resources required for the proposed solutions are to be mobilized from feasible sources. Community engagement and empowerment in solving M&NH related problems should be emphasized.
- The discussion, gap identifcation, and action plan development should be participatory.
- The steps and the principles in the discussion guide should be applied throughout the process.

Based on the above process, let the group take time to practice and present their role plays to the other groups, who can then provide comments. Special attention and suggestions should be given to each group specifically regarding appropriate use of the discussion guide, use of the data for decision-making, active participation of all, and action plan development.

Session 6: Social Autopsy Tool Introduction

Time: 20 minutes

Learning Objectives:
By the end of this session, participants will be able to:

- Use the Social Autopsy Tool and collect data.

Materials: Flipchart, marker, masking tape, printed Social Autopsy Tool (Annex 5)

Methods: Question and answer

Process:
Step 1: *Introduction to tool, 10 minutes*
Distribute the Social Autopsy Tool. Allow participants 10 minutes to read the questions in the tool.

Step 2: *Question and answer discussion, 10 minutes*
Ask participants to express their concerns and suggestions regarding the tool. Give a complete explanation of the tool and close the session.

Session 7: Data Quality

Time: 15 minutes

Learning Objective:
By the end of the session, the participants will be able to:

- Take action to maintain the quality of data from the VCHWs during the implementation of CBDDM.

Materials: Flipchart paper, marker

Methods: Plenary discussion

Process:
Step 1: *Plenary discussion, 15 minutes*
Discuss the following points in the group, making an effort to involve all of the participants. Come to consensus on some measures to ensure the quality of data to be collected by the VCHWs.

- How do the HEWs in the kebele get information from VCHWs on M&NH?
- How do you judge the reliability of the data from most of the VCHWs?
- What measures have you been taking to make sure that the information from the VCHWs is reliable?
- How do you think you can maintain the quality of data to be collected by VCHWs during the implementaion of CBDDM?

Session 8: Participatory Planning

Time: 20 minutes

Learning objectives:
By the end of this session participants be able to:

- Understand and explain what participatory planning is.
- Realize the importance of participatory monitoring.

Materials: Flipchart, markers

Methods Plenary discussion

Step 1: *Introduction, 5 minutes*
Describe the session objectives.

Step 2: *Plenary discussion, 15 minutes*
In the group, ask the participants **how do they define participatory planning and how does it differ from other types of planning?**
Without commenting, write down the responses on the flipchart. Thank the participants for their active participation and summarize what has been captured on the flipchart.

Next, review Flipchart #11 on participatory planning.

Flipchart #11: What is Participatory Planning?

- Involves identifying, priortizing and analyzing the problem(s)
- Involves communities and beneficiaries
- Is important for sustainability
- Ensures ownership
- Leads to effective implementation and successes
- Focuses on what the community/actors can do with available resources
- The plan identifies:
    - The problem/issue
    - Objectives/rationale
    - Action to be taken
    - Responsible actors
    - When actions are implemented
    - Financial means/resources
    - Where project is implemented

Session 9: Resource Mobilization

Time: 20 minutes

Learning Objectives:
At the end of this session, participants will be able to:

- Understand the importance of mobilizing locally available resources to sustain M&NH services in community.

Materials: Flipchart, markers

Methods: Plenary discussion, presentation

Step 1: *Plenary discussion, 10 minutes*
In the group, raise the following questions and let participants discuss amongst each other. Record the key discussion points on the flipchart.

- In your opinion, what are the important resources for the provision of M&NH services in your community?
- What do you think the community's contribution should be?
- How can the resources be mobilized in the community?

Step 2: *Summary, 10 minutes*
Summarize the discussion points captured on the flipchart and thank the participants for their contributions. Then briefly review Flipchart # 12 and relate it to the discussion points recorded on the flipchart.

Flipchart #12: Resource Mobilization

- Resources are important for effective and successful implementation of interventions
- Resources ensure the sustainability of activities in the community
- Effective utilization of locally available resources at community and household level helps to improve M&NH

How to mobilize resources:

- Identify problems and causes in a participatory way
- Provide a description of the magnitude and consequences of the problems to the community in an understandable way
- Raise awareness of the problems and need for resource mobilization in the community
- Explore the locally available resources at community and household level
- Identify potential supporters and partners
- Create partnerships

Session 10: Roles and Responsibilities in Implementation of CBDDM

Time: 45 minutes

Learning Objectives:
By the end of the session, participants will be able to:

- Understand their role and responsiblities in their kebeles for the implementation of CBDDM.
- Carry out their roles and responsibilities in their kebeles during the implementation of CBDDM.

Materials: Flipchart, marker

Methods: Small group discussion, plenary discussion, presentation

Process:
Step 1: *Introduction and small group discussion, 15 minutes*
After the facilitator explains the objectives of the session, the group will discuss general health related roles and responsiblities. Ask the group:

- What has been your (HEWs, VCHWs and Health Committee) roles in health related issues in their kebeles?

Then divide the participants into four small groups, two composed of HEWs only and two composed of committee members. Give each group the following questions, then allow them to discuss:

- What should your role be in the implementaion of CBDDM?
- What should the VCHWs' role in implementaion of CBDDM?

Step 2: *Plenary discussion, 15 minutes*
Call the participants back to the larger group and ask them to present their discussion points. Write down the roles and responsibilities mentioned by each group on a flipchart.

Step 3: 15 minutes
Use Flipcharts #13, 14 and 15 to discuss the roles and responsibilities of the Kebele Health Committee, the HEWs and VCHWs in the implementation of CBDDM in their communities.

Flipchart #13: Role of the Kebele Health Committee

- Support and encourage the HEWs and VCHWs in data collection, analysis, interpretation and use.
- Participate in the organization of community meetings to discuss data findings and approve community based solutions/decisions.
- Participate in planning M&NH activities.
- Coordinate the implementation of planned activities together with the HEW.
- Organize other sectors in the kebele to be involved in the implementation of the activities.
- Interact with Woreda Officials and other resources to improve M&NH service planning, implementation, monitoring and evaluation based on the community information obtained.
- Participate in the monitoring and evaluation of the implementation of CBDDM and general M&NH activities.

Flipchart #14: Role of HEWs

- Support, mentor and encourage the VCHWs in the data collection process.
- Visit the VCHWs' houses to collect M&NH information from the VCHW map using the HEW summary sheet.
- Discuss the information obtained with the VCHWs.
- Organize and conduct group meetings of VCHWs and lead discussions based on the analysis of the data provided by them.
- Obtain mortality data to conduct social autopsy of neonatal death.
- In collaboration with the CBDDM committee , analyse data from VCHWs, health posts, and social autopsy for presentation and discussion in the community.
- Assist the community to plan M&NH activities based on the findings from data.
- Lead the implementation of planned activities together in collaboration with the Kebele Health Committee.
- Participate in the monitoring and evaluation of the planned activities.

Flipchart #15: Role of VCHWs

- Draw map of their catchment area, with the help of the HEW.
- Visit households, consult families using the Family Health Card (FHC), provide health information and gather M&NH data.
- Update the VCHW map based on the community interactions and information collected.
- Participate in the group meetings led by HEWs to share information and discuss the data analysis results.
- Participate in the planning, implementation, monitoring and evaluation of M&NH activities in their kebeles/communities.

Session 11: VCHW Orientation Guide Introduction

Time: 45 minutes

Learning Objectives:
By the end of the session, participants will be able to:

- Use the VCHW Guide and orient the VCHWs in their catchment area.

Materials: Flipchart, marker, printed guide (Annex 1)

Methods: Group work, question and answer, and plenary presentation

Process:
Step 1: *Introduction to Orientation Guide, 20 minutes*
Divide the participants into three groups and distribute the drafted guides. Give them 15 minutes to review, reflect, and provide their suggestions.

Step 2: *Plenary presentation, 20 minutes*
Ask each group to present their discussion results to the larger group. Take notes and use the discussion results to make modifications to the guide.

Session 12: Action Planning for Implementation of CBDDM

Time: 60 minutes

Learning Objectives:
By the end of the training, participants will be able to:

- Produce a realistic plan to orient VCHWs on CBDDM and carry out the CBDDM activities in their kebeles.

Materials: Flipchart, marker, planning template (Annex 6)

Methods: Group discussion

Process:
Step 1: *Introduction, 5 minutes*
Tell the participants that they are going to plan VCHW orientation activities in their kebeles. Emphasize that there will be supervisory follow-up based on their plan.

Step 2: *Small group discussion, 30 minutes*

- Ask participants from the same kebele to form groups.
- Provide them with a planning template.
- Give them a brief overview of the planning template.
- Have the participants complete the template in their groups.
- Each group needs to make 3 copies of the template (one for the Woreda Health Office or HEW supervisors, one for Tier II grantee and one for themselves).

Step 3: *Discussion on the plan, 25 minutes*
Assign one facilitator for each group. Each facilitator will lead the discussion of the plan with their group and guide corrective actions for potential problems with the planning.

Annexes

Annex 1: VCHW CBDDM Training Guide and Community Orientation Guide

CBDDM Training Guide for VCHWs

Introduction
This facilitator's guide has been developed to guide HEWs and Kebele Health Committee members to instruct VCHWs on the concept and implementation process of CBDDM. The manual also assists the committees and HEWs to help VCHWs develop gotte level maps of VCHWs' catchment areas in order to identify and indicate the families who need health services.

The manual provides step-by-step instructions on the development of a map, utilization of CBDDM data, and the monitoring, mentoring and encouraging of VCHW activities.

Materials: Facilitator's guide, model gotte map

Training Methods:

- Brainstorming
- Summarizing participant's idea
- Group work
- Group discussion
- Field visit
- Plenary presentation
- Demonstration

Agenda:
Session 1: Welcome, Introduction and Presenting Objectives
Session 2: Introducing CBDDM
Session 3: Preparing VCHW Gotte Maps

Session 1: Welcome, Introduction, and Presenting Objectives

Time: 30 minutes

Learning objectives:
At the end of the session, participants will be able to:
- Assess previous performance, challenges and solutions provided.
- Understand the objectives of the training/orientation.

Materials: Flipchart

Methods: Reporting, discussion

Process:
Step 1: *Welcome, 5 minutes*
Welcome and thank VCHWs for attending the CBDDM orientation meeting.

Step 2: *Experience sharing, 15 minutes*
Share experiences among the VCHWs through raising the following discussion points:
- What activities have they conducted?
- What are their accomplishments and good experiences?
- What challenges have they faced and what solutions have been provided?

Step 3: *Objectives of the orientation, 10 minutes*
Present the objectives stated in Flipchart #1.

Flipchart #1: Objectives of the Orientation

After the orientation, VCHWs will be able to:
- Recognize activities they have accomplished so far.
- Identify steps in implementing CBDDM.
- Collect necessary data for developing a map of their respective gotte.
- Develop a map of their respective gotte.
- Utilize data collected in conducting their volunteer activities.

Session 2: Introducing CBDDM

Time: 50 minutes

Session Objectives:
At the end of the session, participants will be able to:

- Understand the concept of CBDDM.
- Identify data that needs to be collected to implement CBDDM.
- Understand the roles of different actors (HEWs, Health Committee and VCHWs) in the implementation of CBDDM.

Material: Flipchart

Method: Plenary discussion and flipchart presentation

Process
Step 1: *Discussion, 30 minutes*
Lead the discussion using the following guiding questions:

- What are the data that you can collect regarding M&NH in your community? How can we use this to improve M&NH?
- How can you collect and share data regarding M&NH in your community?
- What are the possible challenges that can affect the collection and sharing of data?
- Who can support the implementation of CBDDM in the community? What are the roles and responsibilities of these actors?

Step 2: *Summarizing, 20 minutes*
Present Flipchart #2.

Flipchart #2: Why Do We Need CBDDM?

- Currently, there is a lack of complete, consistent and quality M&NH data that can be used for decision making at the community level.
- Communities are rarely involved and responsible for decision making regarding M&NH issues.
- The existing Health Management Information System (HMIS) starts at the health post level and does not include data collection at the household level.
- The important contributions of VCHWs in improving M&NH are not well recognized.
- This is part of a the process of testing a model to link households with health posts to enhance information flow and decision making aimed at improving M&NH.

Session 3: Preparing VCHW Gotte Maps

Time: 3 hours, 15 minutes

Learning Objectives:
By the end of the session, participants will be able to:
- Understand the importance of having a VCHW gotte level map.
- Know the steps to prepare a VCHW gotte level map.
- Prepare a gotte level map.

Materials: Flipchart

Methods: Plenary discussion and flipchart presentation

Process:
Step 1: *Short discussion, 15 minutes*
Ask participants the following questions:
- What is the purpose of having a VCHW map?
- What are the steps in creating a map?
- Whose responsibility is the preparation of a gotte level VCHW map?

Step 2: *Summary, 30 minutes*
Present Flipcharts #3, 4, & 5.

Flipchart #3: Maps

What is a map?

- A map is a simple figure that presents information in a condensed and readily understandable visual form.

What is the purpose of the VCHW village map?

- To identify the households in a village
- To update information of the households
- To target services and the spread of health messages

Why a map for VCHWs?

- An easy and useful method for getting a general picture of a village and overview of how a community lives.
- Enable easy identification of areas.
- Create consensus
- Visual, precise, explicit and attractive
- Require little explanation
- Allow a lot of information to be taken in through a quick glance
- Facilitate discussion
- Accessible to all, including illiterates
- Enable easy recognition of changes
- Can be made anywhere
- Participatory by nature
- Valuable for planning, implementation, monitoring and evaluation

Who draws a map?

- VCHWs in collaboration with the community, HEWS and Health Committee.

Flipchart #4: Identifiers for Map Drawing

***Can use natural and social resources**

- Farmland
- Households
- Arable land
- Grazing areas
- Woodlands
- Fuel woodland
- Source of water for irrigation
- Rivers
- Lakes
- Streams
- Ponds
- Schools
- Clinics
- Churches
- Mosques
- Shops
- Association offices
- Roads

Flipchart #5: Steps to Draw a Map

1. Select an appropriate place to conduct the process.
2. Ask VCHWs or HEWs to list the households in that respective gotte/village.
3. Allow VCHWs, gotte leaders and representatives to draw a map of the gotte/village as they perceive it (watch while they are drawing the map).
4. Verify the features as they are introduced.
5. Create consensus among the group.
6. Make copies quickly if the map is on the ground.

Step 3: *Field visit to identify the gotte data, 1 hour*
Divide VCHWs into three groups. Collect the necessary data from the gotte with the support of HEWS and the rest of CBDDM committee members.
Type of data required is # of households with:

- Latrines/Toilets
- FP users
- Pregnant mothers
- ANC users
- No of delivery occurred (including where and when)
- Stillbirths
- Newborns who took colostrum
- Live births
- Immunizations completed

Step 4: *Preparing the map, 40 minutes*
After the field visit, VCHWs will select the team leader and secretary, then begin the preparation of the gotte map. HEWs and the CBDDM committee members will assist in the process of developing the map.

Step 5: *Presenting the prepared map, 30 minutes*
Invite the group secretary to present the prepared map to the larger group. Allow participants to comment on the map. Thank the presenters at the end.

Step 6: *Discussion, 20 minutes*
Lead a discussion about the possible opportunities of when VCHWs could prepare their respective gotte map. Also discuss when to use the map. Close by summarizing the discussion.

Annex 1.2

Community Orientation Discussion Guide at Kebele Level

Time: 2 hours

Introduction:
Participants of the meeting:

- Kebele administration and managers
- VCHWs
- Kebele Health Committee
- Traditional Birth Attendants (TBAs)
- Household heads or representatives
- Teachers
- Religious leaders
- Idir leaders
- Representatives of Women's, Farmers' and Youth Associations
- Development Agents

Objectives:

- Create a common understanding on the importance of data for identifying key community health problems and proposing solutions.
- Orient participants on the goals, major activities, and process of CBDDM.
- Come to an agreement on the roles of different actors in implementing CBDDM.

Preparation checklist:

- Discuss the meeting plan with kebele leaders.
- Select a meeting place and time.
- Invite participants (listed above) to the meeting.

Process:
Activity 1: *Welcome, 10 minutes*

- Make brief welcoming speech
- Introduce yourself and participants
- Present meeting objectives

Activity 2: *Group discussion, 20 minutes*
Lead a discussion based on the following points:
2.1 What are your main M&NH concerns in your kebele?

- Thank participants for their active participation. Do not interupt, oppose or correct any participants' ideas. This is a forum for exploring the community's concerns, not the health workers'.
- Manage dominant personalities by encouraging active participation from other participants (for example, women and youth).
- Probe deeper to identify causes of their concerns.
- Summarize participants' ideas.

2.2 Discuss kebele health data and service coverage

- Present the kebele health data and service coverage very briefly (FP, ANC, Delivery, PNC, Immunization, Toilets,etc.).
- Ask: What should be done to improve health service coverage?
- Ask: What is the importance of health data in improving coverage? (Guide the discussion in a way that captures the importance of data in improving health coverage).

Activity 3: *Presenting CBDDM, 90 minutes*

Present CBDDM to the group using the following points as a guide:

3.1 Goals and objectives of CBDDM

- Collect data about M&NH (FP, ANC, Delivery, PNC, Immunization, Toilet, etc.).
- Improve M&NH coverage using the collected data.
- Utilize of the collected data for Kebele health planning and decision making.
- Enable HEWs, Health Committee and VCHWs to fulfill their expected roles.

3.2 Major activities of CBDDM

- VCHWs collect data about M&NH in their respective gotte (FP, ANC, Delivery, PNC, Immunization,Toilet, etc.)
- VCHWs share the data they have collected on a regular basis.
- HEWs compiles the data collected from gotte level and preapre kebele level data.
- Health Committee analyzes and makes decision based on the data collected at gotte and kebele levels.

Activity 4: *Roles and responsibilities discussion, 10 minutes*

Lead a discussion to reach a common understanding of the role of different actors in implementing CBDDM. Ask participants: **"What should be the role of the community in implementing CBDDM?"** Appreciate all ideas and come to consensus on the community's role.

Activity 5: *Summary, 5 minutes*

- Review the ideas raised in the discussions.
- Thank participants for attending and participating in the meeting.

Annex 2:

Monthly CBDDM Health Committee Meeting Discussion Guide

Meeting place: Kebele or gotte
Time: 2 hours
Participants: VCHWs, gotte leaders, community representatives, Health Committee

Preparation
Before meeting

- Prepare meeting agenda.
- Prepare kebele level data using the format in Annex 4 (Compiled from VCHWs gotte level data).
- Participants should be invited to attend the meeting well in advance.
- HEWs and Health Committee should evaluate the current progress of the action plan/previous decisions.

Day of the meeting

- HEWs and Health Committee should be at the meeting place on time.
- HEWs should bring prepared VCHWs compilation form, discussion guide and other necessary materials to the meeting place.

Step 1: Introduction, Welcome and Opening

- Welcome participants and thank them for their commitment and attendance at the meeting.
- Introduce participants. Ask them to tell their name, their gotte and responsibility to the participants.

Step 2: Present the Objectives of the Meeting

- HEWs present the compiled health data and their summarized report.
- Discuss the challenges faced and propose possible solutions.
- Make decisions based on the data.
- Recommend potential ways forward.

Step 3: Present the Report (Summarized kebele level CBDDM data) and Discussion

- Present the data of the kebele compiled monthly by HEWs.
- Lead a discussion based on the report.
- Identify key barriers and possible solutions.

Step 4: Way Forward

- Discuss the possible future course of actions and prepare an action plan
- Identify successes and gaps that require attention.
- Ask participants what lessons they can learn from the previous experiences and how they can build upon the successes attained.
- Discuss how the HEWs can play a role in improving the situation.
- List activities to be accomplished in the next month.
- Agree upon the date, time and place of the next meeting.

Step 5: Reflection, Thanking and Summary

- Review the major points discussed during the meeting.
- Thank the participants for spending their time in this important meeting and their contribution.

Annex 3: VCHWs Data Compilation Sheet
Kebele_____ Health Post _____

S. NO	List of indicators	Name of VCHWs												Total	%
		1	2	3	Gotte total	1	2	3	Gotte total	1	2	3	Gotte total		
I	**Number of Households (HH)**														
II	**Total female population 15-49 (Reproductive age)**														
1	**Total pregnant mothers**														
2	**Number of women pregnant or with neonate who have FHC**														
3	**Mothers who received ANC in the past month**														
4	**Number of deliveries in the past month**														
4.1	Delivered at home														
4.2	Delivered at home but assisted by skilled birth attendant														
4.3	Delivered in health facility														
5	**Live births in the past month**														
6	**Neonatal death in the past month**														
7	**Mothers who received PNC during the past month**														
7.1	Mothers who received PNC within two days after delivery														
7.2	Mothers who received PNC within seven days after delivery														
7.3	Mothers who received PNC after seven days after delivery														
8	**Total FP users**														
9	**Total HHs who use toilet**														
10	**Number of newborns who started immunization during the past month**														

Annex 4: HEW Kebele Data Reporting Sheet

Name of Kebele _____ Health Post_____
Name of HEW(s)_____

S. NO	Description of Indicators	Total	%	Comments
I	**Number of HHs**			
II	**Total female population 15-49 (Reproductive age)**			
1	**Total pregnant mothers**			
2	**Number of women pregnant or with neonate who have FHC**			
3	**Mothers who received ANC in the past month**			
4	**Number of deliveries in the past month**			
4.1	Delivered at home			
4.2	Delivered at home but assisted by skilled birth attendant			
4.3	Delivered in health facility			
5	**Live births in the past month**			
6	**Neonatal deaths in the past month**			
7	**Mothers who received PNC during the past month**			
7.1	Mothers who recieved PNC within two days after delivery			
7.2	Mothers who recieved PNC within seven days after delivery			
7.3	Mothers who recieved PNC after seven days after delivery			
8	**Total FP users**			
9	**Total HHs who use toilet**			
10	**Number of newborns who started immunization during the past month**			

Annex 5: Social Autopsy Tool

This assessment questionnaire helps to identify problems/factors that contributed to the death of a neonate.

Woreda _____ Kebele_____ Gotte_____
Name of HH head_____

Identify relevant persons who can contribute to the assessment:

- List name of persons (Mother, family members, relatives, neighbors and others) who can help give information
- Select two persons(If possible include the mother) out of those listed who can give more information

S. NO	Questions	Answer
I	**Part one: Background information**	
1	Date the death occurred(Date/Month/Year)	__/__/____Hour__:____
2	Number of days the baby lived	_____
3	Sex of the dead baby	_____
4	Place of death	_____
II	**Part two: Situation before the death of the baby**	
1	Number of months in pregnancy before birth?	_____
2	Weight at birth?	_____
3	Was the baby gasping at birth?	A.Yes B. NO
4	Was the cord infected?	A.Yes B. NO
5	How many times did the dead baby's mother get TT immunization?	_____
6	Who assisted the mother in delivery?	_____
7	Was the cord tied by a sterile cord tie?	A.Yes B. NO
8	Was the cord cut by a sterile blade?	A.Yes B. NO
9	Did anybody apply anything foreign on the cord (Such as cow dung, mud or ash)?	A.Yes B. NO
10	Immediately after birth, before the expulsion of placenta, was the baby wrapped in a clean towel?	A.Yes B. NO
11	The baby waited at least 24 hours before the first body bath?	A.Yes B. NO
12	The baby was in frequent skin to skin body contact with his mother?(Especially if the baby was LWB)	A.Yes B. NO
13	Did the baby receive breast milk from his mother immediately at birth (Within 1 hour)?	A.Yes B. NO
14	Did the mother practice exclusive breastfeeding to the baby?	A.Yes B. NO

15	Did the mother receive ANC service?	A.Yes B. NO If yes, how many times?_____
16	Did the mother suffer any health problem during her pregnancy?	A.Yes B. NO If yes,what were the symptoms_____
17	Did the mother suffer any health problem during her delivery?	A.Yes B. NO
18	Did the dead baby have living brothers and sisters?	A.Yes B. NO If yes, How many_____
19	Did the mother ever face any neonatal death before this one?	A.Yes B. NO
20	Was the baby taken to any nearby health facility?	A.Yes B. NO
	Only if YES, continue asking until question #24	
21	Where was the baby taken?	A. Health post B. Health center C. Hospital
22	When was the baby taken to the health facility?	
23	How long did you wait in the health facility before seeing the health worker?	
24	Were you referred? If so, how long did you wait in the health facility after visiting the health worker before referred to the next health facility?	

Interviewer notes:

Provide your comments here:

I. In your personal opinion, what do you think is the possible cause of the death:

_____

_____

_____

II. Create a common understanding with the Health Committee on the possible causes of the death. Also discuss what could have been done to save the life of the neonatal baby. What can we do to prevent similar occurrences in the future?

Annex 6: Kebele Health Committee's Plan of Action Template

(After receiving training)

Date_____

Name of the kebele _____Name/s of HEW/s involved _____

Activity	**Date of accomp.**	**Responsible person/s**	**Remark**
Brief the kebele administration about CBBDDM, agree on the upcoming activities and set schedules			
Conduct community sensitization meeting			
Orient VCHWs on CBDDM			
Data collection by the VCHWs about their respective gotte			
Conduct the first community discussion with VCHWs and community representatives			
Follow up of implementation of CBDDM in the kebele			

Annex 7: Daily Evaluation Sheet

1. What new things did you learn today?

.....
.....
.....

2. Which session did you find most useful? Why?

.....
.....
.....

3. Which session did you find least useful? Why?

.....
.....
.....

4. What other things/issues/situations do think need improvement?

.....
.....
.....

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