



SAMOKIKE PROJECT

Save Mothers in Kisii and Kericho

A Manual for Partners Workshops



March 2008

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Preface

March 2008

The Ministry of Health, Kenya, Japan International Cooperation Agency (JICA) and Health and Development Service (HANDS) have worked together to implement the SAMOKIKE (Save Mothers in Kisii and Kericho) Project for three years.

Although we have already submitted official reports on the Project every year, we also would like to publish this "Manual for Partners Workshops" in order to share the good practices developed and lessons learned in developing the Partners Workshops. The workshops offer a new approach to human resource development, involving both health care workers and the community to ensure community empowerment.

This manual presents the objectives, preparation, implementation and lessons learned of Partners Workshops. Our approach is still developing, so this manual is a mid-term report to brush up our new method. It would be most appreciated if readers and users would give us their comments, and suggestions.

On behalf of HANDS, I would like to express my great gratitude to all the other partners in the SAMOKIKE Project, the District Health Departments in Kisii and Kericho, the Ministry of Health of Kenya, non-profit organizations in Kenya, JICA Kenya Office and JICA headquarters, and especially the health workers and people of Kisii and Kericho.



Dr. Yasuhide Nakamura
Executive Director
Health and Development Service (HANDS)



Acknowledgments

On behalf of the HANDS team, I would like to say thank you especially to District Public Health Nurses (DPHN) Mrs. Christine Momanyi in Kisii and Mr. Stephen Poriot in Kericho, for all their hard work and dedication in implementing the activities of the project. Deputy DPHNs Mrs. Mary Isena in Kisii and Mr. Alfred Langat in Kericho also supported and guided our activities enthusiastically, especially for maternal care. I also would like to say thank you to Mrs. Jane Maru, Nursing officer in charge for Kericho District Hospital, Mrs. Joyce Nyabuga, Nursing officer in charge of Maternity Ward for Kisii District Hospital, Mrs. Ann Maragia, Nursing officer in charge of Labour ward for Kericho District Hospital, Dr. Philemon Letting, Obstetrician/Gynaecologist for Kericho District, Dr. Silas Onyango, Obstetrician/Gynaecologist for Kisii District, Mrs. Edna Maiyo, Nursing officer in charge of Maternal and Child Health ward for Kericho District Hospital, Mr. Josphat Kiriya, Nursing officer in charge for Maternal Child Health for Kisii District Hospital, Mr. Geoffrey Kiyai, Deputy Nursing officer in charge of Labour ward for Kericho District Hospital, Mrs. Beatrice Koske, Nursing officer of Maternity ward for Kericho District Hospital, Mrs. Alice Ongera, Tutor of Medical Training Centre in Kisii, and Mrs. Rose Kimeto, Nursing officer of Maternal Child Health ward for Kericho District Hospital. They were the facilitators of the "Partners Workshops" and contributed much wisdom and energy to the SAMOKIKE project.

All of the Kenyan collaborators in the project are quite busy with many other responsibilities. It was a challenge for them to conduct project activities in addition to their daily work, and the project's achievements were wholly dependent on their special efforts.

I also would like to thank all other District Health Management Team (DHMT) members, especially Dr. Eric Abunga, DMOH in Kisii, Dr. Ambrose Rotich, DMOH in Kericho, and the Provincial Health Management Team (PHMT) members from Nyanza and Rift Valley, for their support of the project. At the central level, I would like to thank Dr. Shanaz Sharif, Head of the Department of Preventive and Promotive Health Services, Dr. Josephine Kibaru, Head of the Division of Reproductive Health, and Mr. Daniel Sande, Officer of Reproductive Health, Ministry of Health, Kenya, for their assistance and cooperation with the SAMOKIKE project within Kenyan Reproductive Health Improvement Strategies.

JICA supported our activities in very many ways, especially through the work of Dr. Yujiro Handa, Mr. Kazuhiko Tokuhashi, and Mrs. Yumiko Igarashi. We would like to offer special thanks for their technical and management support throughout the project.

I would also like to offer special thanks to all the HANDS staff in Kisii and Kericho, especially to the technical assistants on Maternal Care/ Health Centre Management, Mrs. Mary Cheruiyot in Kericho and Mr. Leonard Mauti in Kisii, and the technical

assistants on community activities, Mrs. Evelyne Koske in Kericho and Mr. Patrick Areri in Kisii. Their way of supporting SAMOKIKE activities was exceptionally kind and effective in achieving good relationships with the Health Care Workers (HCWs) and Community people in target areas.

Without all this support, the SAMOKIKE project could not have been so successful. I gratefully acknowledge all our supporters, I would like to present this manual as a guide for those who might want to continue to apply what I learned together in just one part of the SAMOKIKE project, the Partners Workshop.

The authors would like to thank Mr. Sunil Mehra, Executive Director of Malaria Consortium London, and Drs. Sumiko Ogawa and Eugene Boostrom of Mejo University, Okinawa, Japan, for their support, advice and editing for this manual.

Finally, I would like to express our appreciation for the collaboration I have enjoyed with all HCWs and Community people in the project areas, in Kisii and Kericho. I hope there will be long term improvements in Safe Motherhood in Kisii and Kericho, contributing to better health for all the communities.

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Abbreviations

ANC	Antenatal care
CHW	Community Health Worker
DH	District Hospital
DHMT	District Health Medical Team
DMOH	District Medical Officer of Health
DPHN	District Public Health Nurse
EOC	Essential Obstetric Care
HANDS	Health and Development Service
HC	Health Centre
HCMC	Health Centre Management Committee
HCW	Health Care Worker
IGA	Income Generating Activities
JICA	Japan International Cooperation Agency
MC	Maternal Care
MDR	Maternal Death Review
MoH	Ministry of Health
PHMT	Provincial Health Management Team
RHT	Reproductive Health Team
SAMOKIKE	Save Mothers in Kisii and Kericho
SMG	Safe Motherhood Group

Aim and intended users of this Manual

This manual is intended as an aid to HCWs at rural health facilities and to Community people, to help them build and strengthen their mutual understanding and partnership for betterment of maternal care and health in the community. The SAMOKIKE project conducted Partners Workshops three times in the western part of Kenya between 2005 and 2008. Because many persons have expressed interest in continuing to conduct similar workshops, HANDS offer this manual. It is based on experiences in planning, preparing, conducting and following up on the three initial workshops in those rural, resource-limited areas, and it incorporates what the SAMOKIKE team considers to be good practices and lessons learned in that work. The manual is intended for use, with appropriate adaptations, by community groups and their collaborators in for example District/Provincial Health Management Teams, Central Ministry of Health, and local, national and international organizations/NGOs seeking to improve maternal health in rural communities.

I. Introduction of the SAMOKIKE Project



The Ministry of Health (MOH) of the Republic of Kenya in collaboration with the Japan International Cooperation Agency (JICA) and Japanese NGO, HANDS (Health ANd Development Service) started the "Project for Improvement of Health Service with a focus on Safe Motherhood in Kisii and Kericho Districts" ; **SA**ve **MO**thers in **KI**sii and **KE**richo (**SAMOKIKE** Project). The project was designed for three years from March 2005 to March 2008

I-1. Outline of the SAMOKIKE Project

The outline of the project is shown in Table 1.

Table 1: Outline of the SAMOKIKE Project

Overall goal	◆ Health condition, particularly maternal health, in the Kisii and Kericho Districts, is improved
Project Purpose	◆ Maternal care in the Project area, with a focus on health centres and community, is improved
Outputs	<ol style="list-style-type: none"> 1. To upgrade maternal care at the HCs 2. To improve management system at the HCs 3. To strengthen supervisory capacity of the DHMTs 4. To improve maternal care at the community level 5. To strengthen referral system

Target Health Centres (HC): (see Table 2):

- Total 14 (7 in Kisii, 7 in Kericho)

Project target areas (see Figure 1):

- Kisii District in Nyanza Province
- Kericho District in Rift Valley Province.

Major Counterparts:

- Central Ministry of Health
- District Health Management Teams in Kisii and Kericho

Table 2 : Names of Target HCs

Kisii	Kericho
Ibacho	Ainamoi
Ibeno	Chepkemel*
Iranda	Fort Ternan
Kiogoro	Kabianga
Marani	Kipkelion
Riana	Sigowet
Riotanchi	Sosiot

*See Photo 1

Photo 1: Chepkemel HC in Kericho

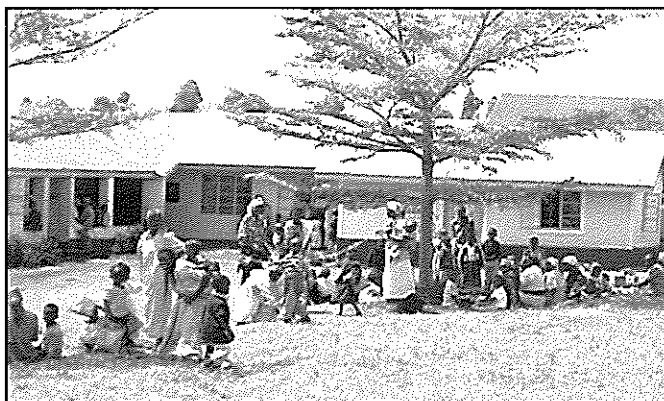
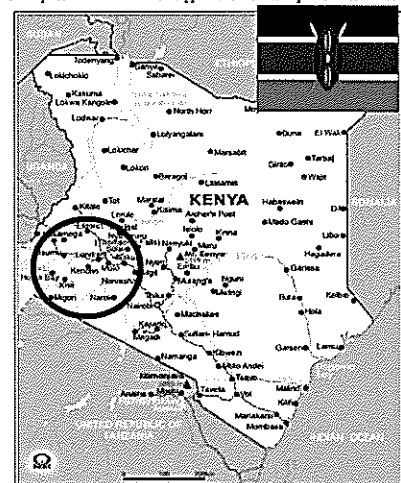


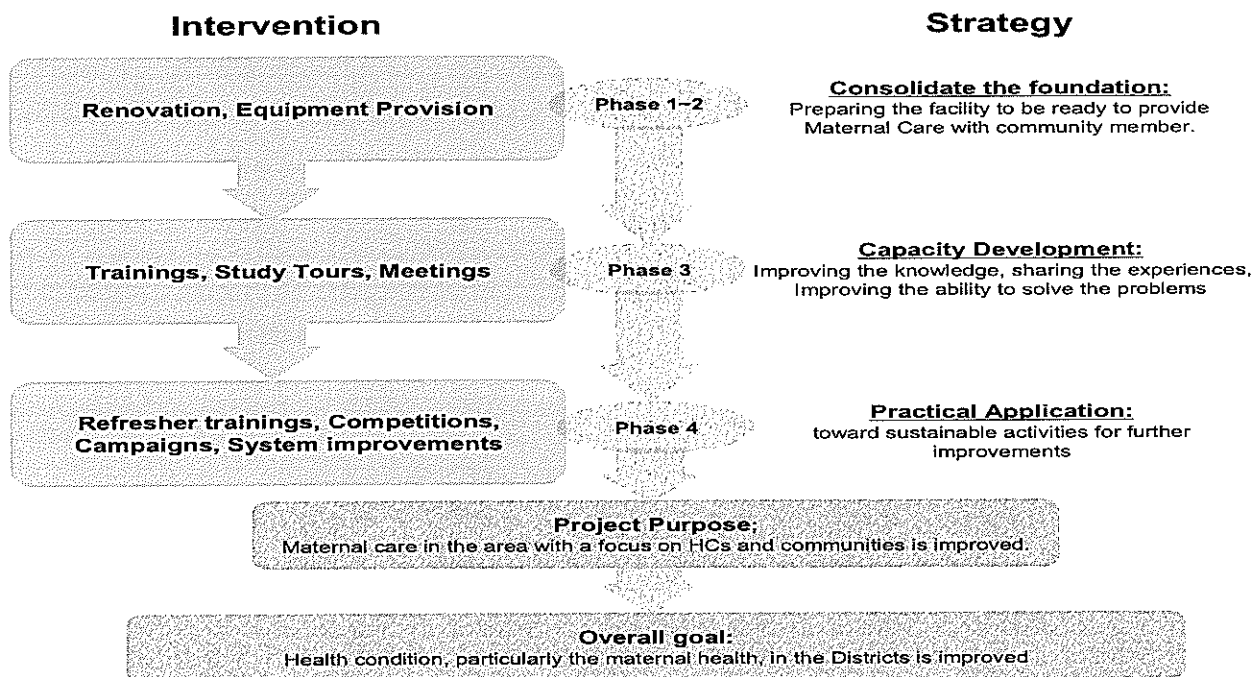
Figure 1: Project target area



I-2. Intervention Strategies of the SAMOKIKE Project

Intervention strategies of the SAMOKIKE project for three years are shown in figure 2. The first strategy was HC renovation and equipment provision to consolidate the foundation and to make HCs ready to provide essential maternal care. The second strategy was to provide training, study tours and meetings to develop the capacities of HCWs and Community people as well as of the DHMT members who are responsible for the supervision of the HCs. The third strategy, intended to ensure that project activities would be sustained, was to provide refresher training to increase knowledge and skills and to conduct community-led campaigns and competitions to improve practical application of new knowledge and skills.

Figure 2: SAMOKIKE Intervention Strategies



I-3. Major achievements of the SAMOKIKE Project

Safe motherhood in the 14 rural HCs targeted in Western Kenya was improved by dual approaches both to communities and the service provision system through HCs. Interaction between community organizations and HCs was successfully enhanced, leading to tangible improvements in work environments and service contents, particularly related to maternal care.

1) Improvement of Maternal Care at 14 target HCs

At all 14 target HCs, Maternal Care services has improved in terms of availability and quality.

In 2005, when the project started, only 7 HCs out of 14 were conducting deliveries at the facility, but in 2007 all 14 HCs were conducting deliveries. In 2007, 24-hour services to respond to emergency obstetric cases were also available at 13 HCs, instead of at 7 HCs in 2005. Those achievements were due to renovations of HC facilities, provision of materials, equipment and training, and to community participation in HC as communities supported the renovations and even the hiring of nurses for night duty at some HCs. Improvement of availability of Maternal Care was therefore achieved not only by project interventions but also by strong participation of community people in HC activities.

2) Improvement of Health Centre Management

Health Centre Management at target HCs also improved through project activities.

Facility management in general improved at target HCs in both Kisii and Kericho, especially store management, general working environment, cleanliness of facility and waste management. In terms of store management, improvement of pharmacy store management was especially pointed out. In HC Assessment Survey, the improvement of pharmacy store in all 14 target HCs was confirmed. General working environment for the staff was also considered to be improved through improvement of communication among HCWs and between HCWs and the Health Centre Management Committee (HCMC) and other Community people. This improvement could be may attributed to higher job satisfaction among the staff.

3) Improvement of Community members' behaviour for Safe Motherhood

Improvement of Community members' behaviour for Safe Motherhood in Kisii and Kericho was observed in many situations by the end of the project. Through several project activities to involve and educate Community people, they gradually became more interested in what was happening at their HCs and started participating in activities for Safe Motherhood in their communities. The relationship between HC and Community, especially HCWs and key Community people (HCMT, Chief and Safe motherhood Group member) was improved in this process. Almost all HCWs and key Community people from target HCs are aware of that improvement, and they are now working together to further improve HC's activities, particularly for Safe Motherhood. It was also observed that men's behaviour was changing, with more men escorting their wives to the target HCs.

II. What is a Partners Workshop?

A Partners Workshop is a joint training opportunity both for Health Care Workers and for Community people, bringing them together in order to help them build and strengthen their mutual understanding and partnership for betterment of maternal care and health in the community.

II -1. Background

Community-based interventions are key to overcoming some of the existing factors influencing utilization of health facilities for maternal care. WHO's Making Pregnancy Safer Initiative recommends building on the inherent strengths in local communities, so that people have a sense of ownership of health development structures, rather than establishing new and separate ones which may have no local credibility¹. Partnership is also an essential element for the implementation of maternal and newborn programs. Forging partnerships among organizations such as key ministries, international agencies, NGOs, community-based organizations and private groups, at the local, national and international levels, is essential for sustainability and for scaling-up maternal and newborn health interventions².

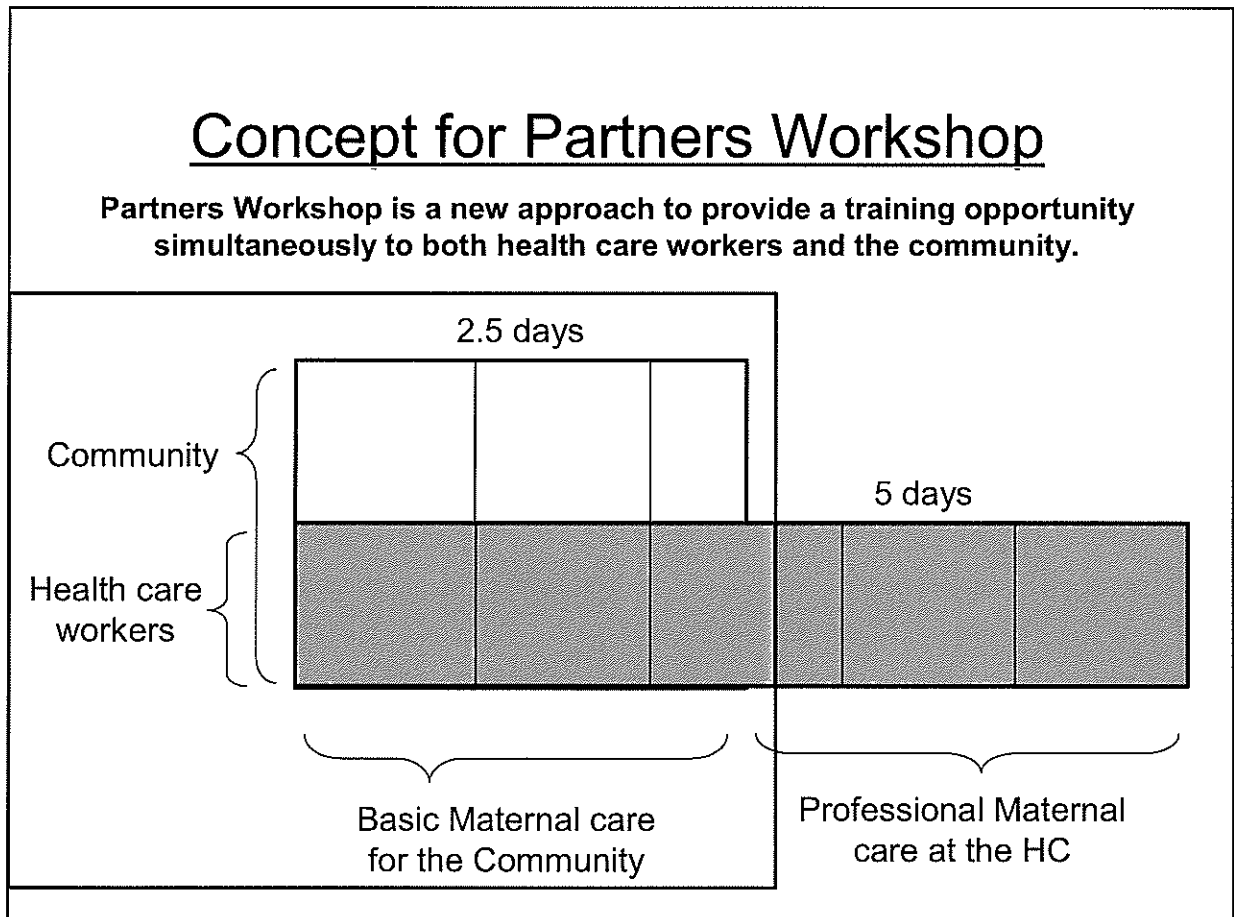
Zulfiqar, reviewing 64 community based studies reporting primary perinatal/neonatal health status outcomes, found that 12 were interventions for Traditional Birth Attendant (TBA) /Community Health Worker (CHW) training and 2 were training interventions to improve relationships between TBAs and other health workers. The author mentioned that TBAs and CHWs will continue to be important groups of care providers for the foreseeable future. However, the author did not mention relationships between TBAs, CHWs and HCW³. Palani said that nurses and midwives should assure a family-based approach in their clinical care of pregnant women and newborns and expand their scope of practice beyond the health facility to include community health promotion and support for community-based women's support groups⁴.

The SAMOKIKE project considered development or strengthening of mutual understanding between HCWs and Community people to be essential to promoting maternal health and care at community level. When training courses are conducted separately for HCWs and the Community people, their capacities and skills might be built up, but the mutual understanding between HCWs and the Community people is not likely to be strengthened.

II -2. Developing a Partners Workshop

SAMOKIKE project developed Partners Workshops for both HCWs and selected key Community people (HCMT: Chairperson and Treasurer, Chief/Assistant Chief and Safe Motherhood Group member) in the project areas. The 5-day workshop was divided into two parts, the first 2.5 days for improvement of basic maternal care in the community and the second 2.5 days for professional training of HCWs. In the first 2.5 days, HCWs and community people from the same area sat together and discussed the specific needs and demands in their communities. (see Figure 3)

Figure 3: Concept for Partners Workshop



II -3. Objectives for a Partners Workshop

- ✓ To improve mutual understanding and partnership between Community people and HCWs
- ✓ To improve maternal care in the community.

III. How to prepare a Partners Workshop

III -1. Planning the workshop

There are 7 steps of specific preparations before conducting the Partners Workshop. The 7 steps are shown in figure 4.

Figure 4: Seven steps of preparation for the Partners Workshop

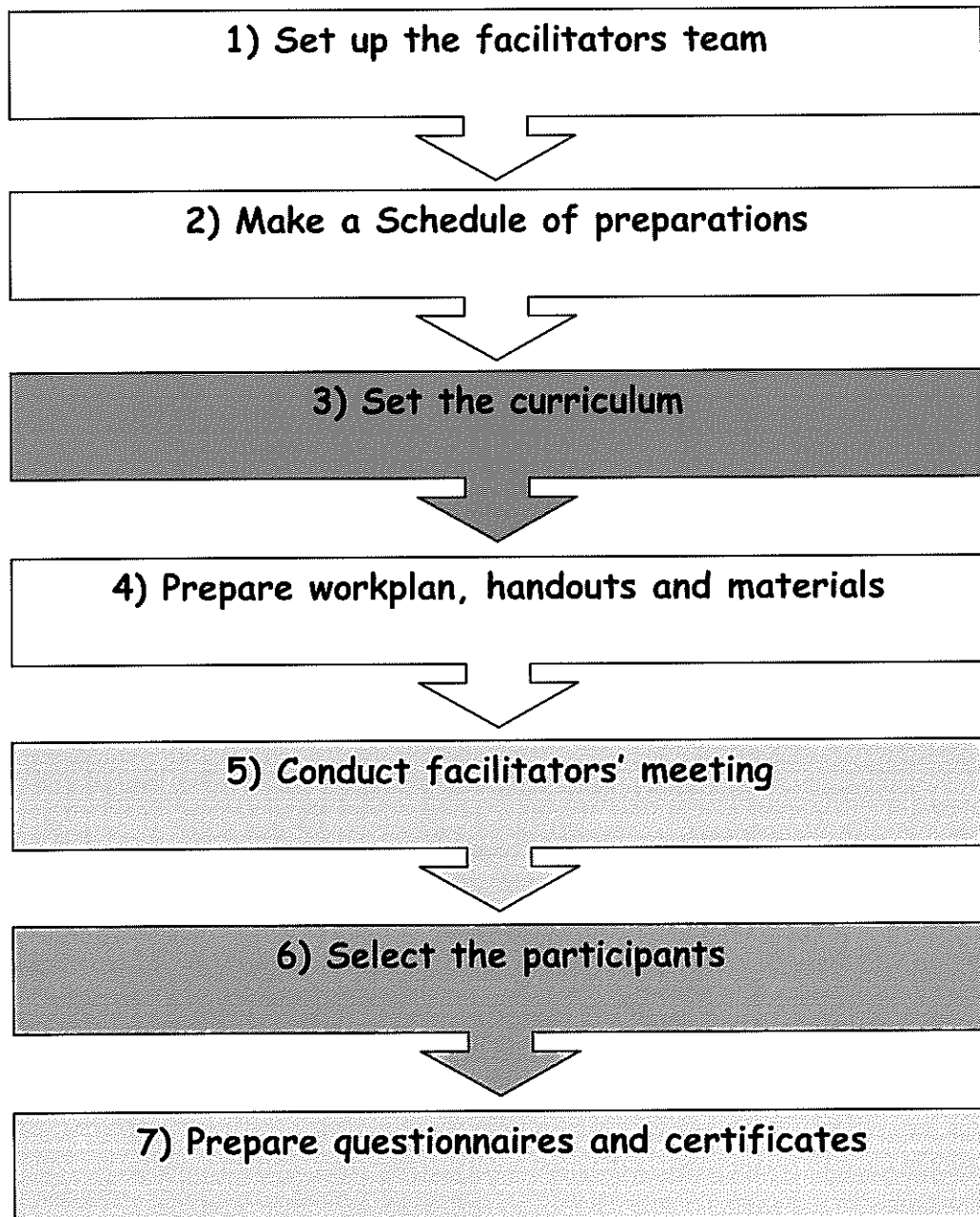


Table 4: Contents for Partners Workshop (SAMOKIKE)

	1 st (2006 March)	2 nd (January 2007)	3 rd (July 2007)
Day 1	<ul style="list-style-type: none"> ✓ Opening Ceremony (30)* ✓ Customer Care (180) 	<ul style="list-style-type: none"> ✓ Opening Ceremony (30) ✓ Maternal Danger Signs & Emergency Preparedness (180) ✓ Emergency Preparedness: Sharing idea (90) 	<ul style="list-style-type: none"> ✓ Opening Ceremony (30) ✓ Review of previous Action Plan (180) ✓ Customer care: Experience Maternity Jacket (90)
Day 2	<ul style="list-style-type: none"> ✓ Promotion of Maternal Health and Care in the Communities (270) 	<ul style="list-style-type: none"> ✓ Focused Antenatal Care (180) ✓ Action Plan (180) ✓ Closing Ceremony (30) 	<ul style="list-style-type: none"> ✓ Customer care (90) ✓ Referral Procedure (90) ✓ Maternal Death Review (90) ✓ Action Plan (90)
Day 3	<ul style="list-style-type: none"> ✓ Community maternal health and care in the community (90) ✓ Closing Ceremony (30) 		<ul style="list-style-type: none"> ✓ Presentation of Action Plan (90) ✓ Closing Ceremony (30)

*(minutes)

4) Prepare Workplan, Handouts and Materials

After the curriculum has been decided and the facilitators have been selected, DPHN informs the persons who have been selected as facilitators. If the person accepts the role of facilitator, s/he starts making her/his own workplan for her/his session, using the workplan sheet (see Table 5 below and Appendix 1 for format). The workplan sheet summarized the (i) **Goal of the class**, (ii) **Time allocation**, (iii) **Contents**, (iv) **Activities** and (v) **Necessary preparations**. The purpose of the sheet is to assist the facilitator to easily plan the class and start preparing the handouts and materials in advance.

Table 5: Example for the workplan sheet (SAMOKIKE)



~ Work Plan for Partners Workshop ~



Page No. (1)

- * Title of the session : Customer Care, Experience Maternity Jack * Date (7 / 30)
- * Name of facilitator : DPHH * Time (15:30 ~ 17:00)
- * Goal of the session : ①The participants understand importance of Good Customer Care at the HCs.
②The participants understand the Men's role for pregnant mothers in the community.
③

Time	Time allocation (minutes)	Contents	Activities	Necessary preparation	Others
15:30 - 15:40	10 minutes	What is Customer Care?	Brain storming: Asking Questions	Flip chart, Board, Pen	
15:40 - 15:45	5 minutes	Who is Customer?	Brain storming: Asking Questions	Flip chart, Board, Pen	
15:45 - 16:00	15 Minutes	How is Customer Care at your Health Center?	Group Work: Make 4 Group (Midwife and Community Mixed)	Flip chart, Board, Pen	To respect each other's opinion

5) Conduct facilitators' meeting

A facilitators' meeting is important, to permit all facilitators to harmonize their ideas. Each facilitator attends the meeting with her/his work plan, shares it during the meeting, and revises the plan based on comments or advice from others. The meeting also helps facilitators to better understand their roles and the overall content and process of the workshop. An example of the timetable of a facilitators meeting is shown in Table 6

Table 6: Timetable for the facilitators' meeting (SAMOKIKE)



Agenda of 3rd Joint Maternal Care Meeting,
26th June 2007 at Green View Hotel



8:30-9:15	Registration		Ms. Ecabeth, HANDS
9:15-9:30	Opening Remarks		Dr. Eric Abunga, DMOH
9:30-9:45	Self Introduction		Mr. Leonard Mauti, HANDS
9:45-10:00	Agenda for Today		Mr. Leonard Mauti, HANDS
Time Table for the Partners Workshop			
Time JMCM	Day/Ses	Time	Subject
10:00-10:45	1	1 9:00~10:30	•Pre test(HC staff) •List up Previous Action Plan
		2 11:00~12:30	•Review of Action Plan for community
		3 13:30~15:00	•Discuss the outcome of Action Plan *Achievement *Challenges
		4 15:30~17:00	•Customer Care
	1	1 9:00~10:30	•Pre test(HC staff) •List up Previous Action Plan
		2 11:00~12:30	•Review of Action Plan for community
		3 13:30~15:00	•Discuss the outcome of Action Plan *Achievement *Challenges
		4 15:30~17:00	•Customer Care •Experience Maternity (Jacket)
10:45-11:00	Discussion		Ms. Christine Momanyi, DPHN
11:00-11:44	2	1 9:00~10:30	•Customer Care (ANC / Delivery / PNC)
		2 11:00~12:30	•Referral Procedure (from community to Health Center)
		3 13:30~15:00	•Maternal Death Review for Community
		4 15:30~17:00	•Making Action Plan
	2	1 9:00~10:30	•Customer Care
		2 11:00~12:30	•Referral Procedure
		3 13:30~15:00	•Maternal Death Review for Community
		4 15:30~17:00	•Making Action Plan
11:45-12:00	Discussion		Mr. Stephen Porriot, DPHN
12:00-12:45	3	1 9:00~10:30	•Presentation of Action Plan
		2 11:00~12:30	•Closing Ceremony
	3	1 9:00~10:30	•Presentation of Action Plan
		2 11:00~12:30	•Closing Ceremony
12:45-13:00	Discussion		Ms. Mary Isena, DPC
15:45-16:00	AOB		Ms. Christine/Mr. Stephen, DPHN
16:00-16:15	Closing Remarks		Ms. Christine Momanyi, DPHN



6) Select the participants:

Four to five participants from each Health facility were invited to the workshop. The participants were HCWs at the health facility and key Community people (Health facility Management Team such as HCMT, Chief/ Assistant Chief and Safe motherhood Group members) were also important to involve in the workshop. In Kenya, HCMT have a responsibility to manage the HC in terms of improving the working environment. Community Chief and Safe motherhood group connect health facility and the community. It is also important to welcome and accept requests to attend the workshop from nurses at the district hospital or from resource persons in the community.

7) Prepare questionnaires and certificates

A questionnaire is an important tool to know the participants' levels of satisfaction and their opinions regarding the workshop, which in turn will help in organizing future workshops. The example of questionnaire is shown in table 7. Presenting a certificate will encourage and reward participation.

Table 7: Example for questionnaire (SAMOKIKE)


Course Evaluation by participants (Community)


Partners Workshop on Maternal Care at Midwest in Kericho District, 9th to 13th July, 2007

1. Please put a number which is to indicate your feeling most and give us comments in a box below.
 (5→Very good, 4→Good, 3→Fair, 2→Bad, 1→Very bad)

Day	Session	Contents	Your Understanding	Your Satisfaction	Please give us your Comment of the course
7/9 (Mon)	1	-Opening Ceremony <i>By Mrs. Chegechi, HANDS</i>			
	2	-Review of Action Plans for community <i>By Mr. Ewinge Kofke, HANDS</i>			
	3	-Discuss the outcome of Action Plan *Achievements *Challenges <i>By Mr. Ewinge Kofke, HANDS</i>			
	4	-Customer Care -Experience Maternity Jacket <i>By Mr. Isaac Mwangi, N.O. ITC, KDH</i>			
7/10 (Tue)	1	-Customer Care *ANC, *Delivery, *PNC <i>By Ms. Rose Kimani, N.O. MOH, KDH, Ann Mwangi, KDH</i>			
	2	-Referral Procedure (from community to Health Center) <i>By Ms. Mercy Cheruvot, HANDS</i>			
	3	*Maternal Death Review <i>By Mr. Ewinge Kofke, HANDS</i>			
	4	-Making Action Plan <i>By Mr. Ewinge Kofke, HANDS</i>			
7/11 (Wed)	1	-Presentation of Action Plan <i>By Ewinge Kofke, HANDS</i>			
	2	-Closing Ceremony for community <i>By Mr. Ewinge Kofke</i>			

2. Please tell us your satisfaction level and give us your comments
 (5→Very good, 4→Good, 3→Fair, 2→Bad, 1→Very bad)

Question	Your satisfaction	Give us your comments
Q.1 How was the contents of this training?		
Q.2 How was the training coordination?		
Q.3 How was the material of the training?		
Q.4 How was the staff attitude?		

3. Please give us the answer or comments of the questions below

Question	answer or comments
Q.1 What subject were you interested in most?	
Q.2 What do you want to learn more about maternal care	

4. Please give us any other comments.

* Date: _____
 * Your Name or Signature: _____
 Asante Sanal

III -2. Roles of the facilitators

The facilitators of the workshop should remind participants of the aim of the workshop

- To build and strengthen mutual understanding and partnership between HCWs and community people for betterment of maternal care and health in the community

The facilitators should play important roles to achieve the aim of the workshop. Therefore, the facilitators should always remember their roles and help create and maintain a comfortable atmosphere in the workshop. A comfortable atmosphere makes the participants more active and helps the participants and the facilitators to achieve the desired outcomes.

III -3. Materials for the workshop

Necessary materials for the partners Workshop are shown in table 8.

Table 8: Necessary materials for Partners Workshop

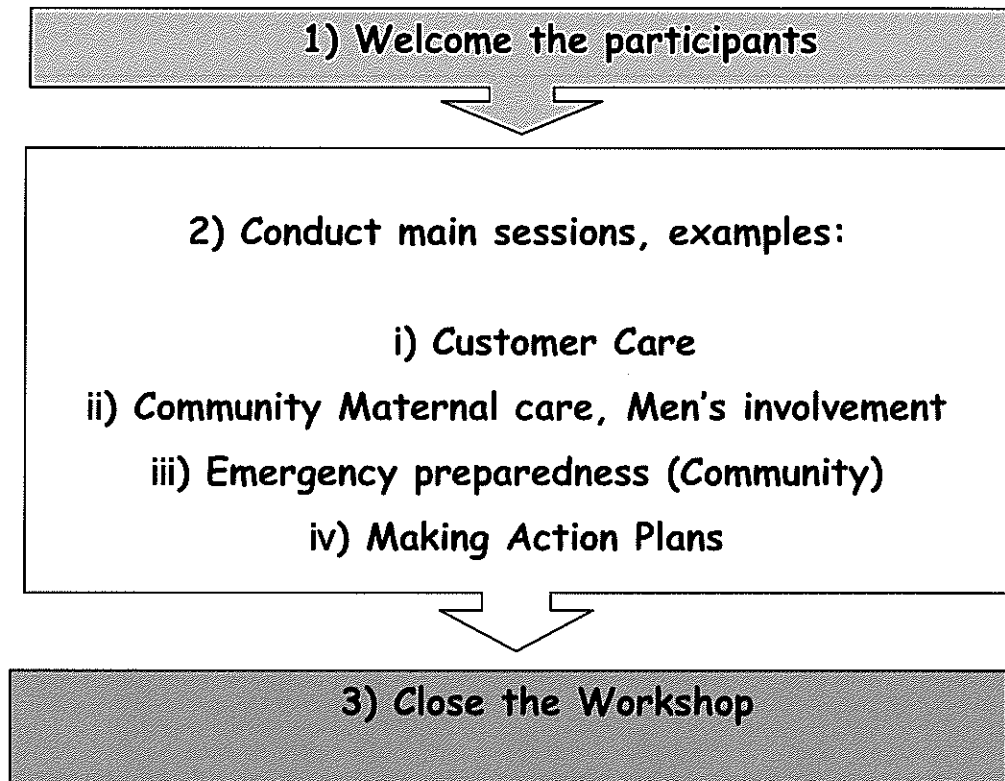
Writing materials for participants	Workshop training materials	Electronic equipment (if appropriate)
Paper or notebooks	Flip chart	Computer
Pens or pencils	Felt pen	Projector
	Masking Tape	Microphone
	Handout	
	Text Book	

IV. How to conduct a Partners Workshop

IV-1. The curriculum of the workshop

There are 3 steps to conduct the workshop. The 3 steps are shown in figure 5.

Figure 5: Three steps of conducting the Partners Workshop



1) Welcome the participants

✓ Opening Ceremony

An opening ceremony is important to help the participants recognize the aim of the workshop and get to know each other. An example of contents of the opening ceremony is shown in Figure 6.

Figure 6. Example of contents of the Opening Ceremony

Opening Ceremony
~ for Partners Workshop ~ JICA

- Introduction of the workshop and climate setting
- Partners Introduction
- Expectation and fear?
- Opening remarks
- House rule

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i) Introduction of the workshop and Climate setting:

First of all, the main facilitator welcomes the participants and explains the aim of the workshop. Then s/he introduces the schedule of the workshop and necessary information about the workshop and the place to stay. It is recommended that the participants change seats every day so as to get to know other participants.

ii) Partners' Introduction:

Partner introduction is an alternative to self introduction. The participants form pairs (ideally consisting of one community person and one HCW) and introduce themselves to each other. After they get to know each other, each one introduces her/his partner to the other participants. The process helps bring the participants closer together.

iii) Participants' expectations and fears regarding the workshop:

Knowing the participants' expectations and fears regarding the workshop is one good way to make the workshop more fruitful and meaningful for both the participants and the facilitators. The facilitator asks some participants about their expectations and fears and shares their answers with other participants. The expectations and fears should be evaluated at the end of the workshop.

iv) Opening Remarks:

A director for the Ministry of Health or another main person responsible for health in the district should be invited to make opening remarks. The person needs to know the objectives and plans for the workshop, and s/he should encourage the participants.

v) House rules:

House rules should be decided by the participants to help all participants consider the workshop to be **THEIRS**. Examples of house rules are "Respect the others' opinions", "Do not blame the others", "Turn off mobile phones or change the phones' mode." It is also helpful if the Chairperson, Time keeper, and Energizer (who wakes the participants up when they seem to sleep!) can be nominated by the participants.

2) Conduct main sessions : Examples of the main session:

The main facilitator (DPHN or RHT member who understands the aim of the workshop) guides the workshop. The facilitators need to pay attention to the relationships between HCWs and community people and ensure a conducive and comfortable atmosphere. The facilitators also support the participants in their efforts to achieve the objectives of the workshop.

Example i) Customer Care

Talking about Customer care can be an ideal entry point for the workshop because it is not a technical issue but is of concern to the Community people. Therefore, not only the HCWs but also community people would be able to discuss this issue with interest.

An example of a workplan for discussing Customer care is shown in Table 9.

First of all, the facilitator asks the participants "What is Customer care?" and introduces the general idea of customer care. After that the facilitator asks anyone, HCWs or community people, to role play "Bad and Good Customer Care". The same person performs same role for the "Bad and Good Customer Care". (See Photos 2 and 3) Next, participants, Community people and HCWs are divided into mixed groups. Each group discusses the differences between bad and good customer care and also the context of care. After that discussion, group representatives report what they discussed during the group work. The important thing is to create a good atmosphere which allows all participants to feel free to talk. After all the groups have made their presentations, the facilitator summarizes the session.

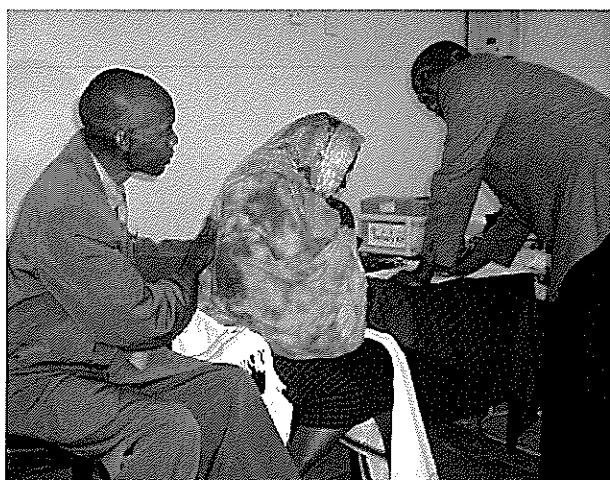


Photo 2: Role-playing Customer care, Kericho



Photo 3: Role-playing Customer care, Kisii

Table 9: Workplan for Customer care



~ Work Plan for Partners Workshop ~



- * Title of the session : Customer Care
- * Name of facilitator : XXX
- * Goal of the session : ①The participants understand gaps between Good and Bud Customer Care at the HCs.
- ②
- ③

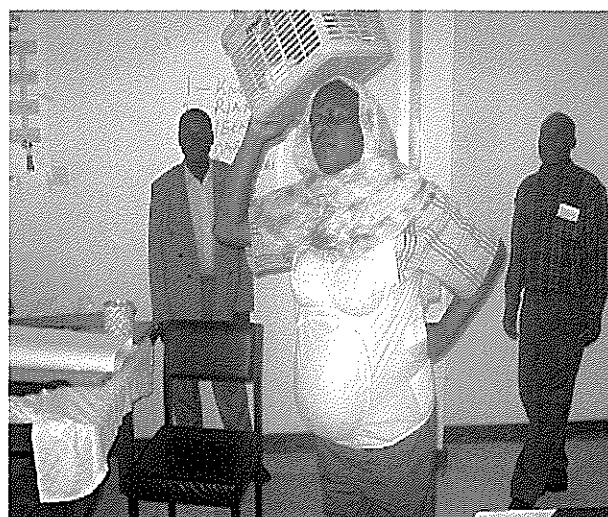
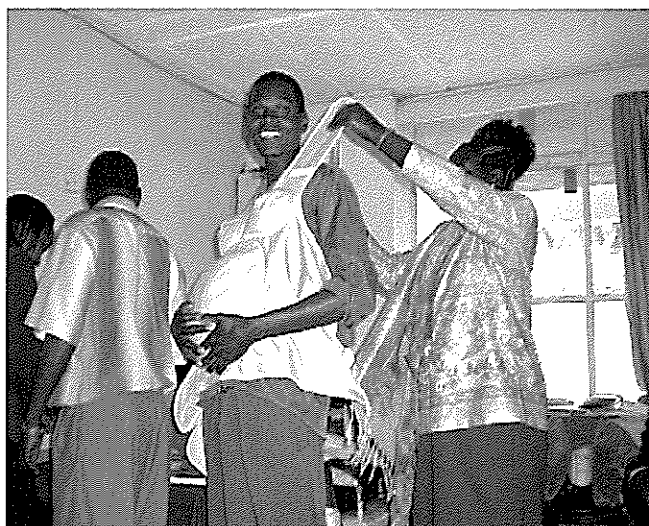
* Date (7 / XX)
* Time (15:30 ~ 17:10)

Time	Time allocation (minutes)	Contents	Performance	Necessary preparation	Others
15:30 - 15:40	10 minutes	What is Customer Care?	Brain storming, Asking Questions	Flip chart, Board, Pen	
15:40 - 16:10	30 minutes		Lecture: Customer Care	PPT	
16:10 - 16:20	10 minutes	How is Customer Care at your Health Center?	Demonstration: Bad Customer Care (Chose 5 volunteers to be : Pregnant mother, Husband, Mother in low, Midwife, Sobordinate staff	Women's clothes, Table. 2 Chairs, Medical Equipments	Volunteers need to prepare the scenario.
16:20 - 16:30	10 minutes		Demonstration: Bad Customer Care (Same volunteers perform the same person)	Women's clothes, Table. 3 Chairs, Medical Equipments	Volunteers need to prepare the scenario.
16:30 - 16:40	10 Minutes	How is Customer Care at your Health Center?	Group Discussion: What are the gaps between Good and Bad Customer Care? Make 4 Groups (Midwife and Commutniy Mixed).	Flip chart, Board, Pen	To respect each other's opinion
16:40 - 17:00	20 minutes		Presentation: What was Good and Bad? (Midwife and Commutniy Mixed)	Flip chart, Board, Pen	To respect each other's opinion
17:00 - 17:10	10 minutes	How can we improve customer care?	Summarize		

Example ii) Community Maternal care, Men's involvement

Most deliveries occur at night, and it is very difficult for a pregnant women to walk in the dark to deliver at the health facility which is often far away from her home. If men would escort or support them, more women would be able to come and deliver with HCWs at the health facility. A simulated "pregnancy experience" is one good way for men to come to better understand how they can support pregnant women. The Pregnancy Experience Jacket¹ (see Photo 4) is a good method for men to understand what the late months of pregnancy feel like for women with the additional weight of their babies.

An example of a workplan for community maternal care and men's involvement is shown in Table 10. The facilitator, who should be a man, asks participants what reasons they think cause pregnant women to not deliver at health facilities and what roles they think men could or should take to support pregnant women. The facilitator shows the Experience Jacket and shows participants how to wear the jacket. All male participants are asked to wear and experience the jacket (see Photo 5). After that experience, male participants are asked to share their impressions of wearing the jacket and also how the husband could or should support his pregnant wife.



Photos 4 (Kericho) and 5 (Kisii): Men "Experiencing pregnancy" with a jacket simulating the unborn baby's weight

¹ The jacket weighs 7 to 10 kg and therefore is heavy enough for men to find themselves sweating after 10 minutes of just walking while wearing it. The jacket holds 7-10 kg of sand or iron and is made of thick cloth.

Table 10: Workplan for community maternal care, Men's involvement



~ Work Plan for Partners Workshop ~



- * Title of the session : Community maternal care, Men's involvement
- * Name of facilitator : XXX
- * Goal of the session : ①The participants understand the reasons mothers less use HC to give birth
②The participants understand men's role for the pregnant mothers in the community.
③

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Time	Time allocation (minutes)	Contents	Performance	Necessary preparation	Others
9:30 - 9:40	10 minutes	Why pregnant mothers less use HCs to give birth?	Asking questions, Brain Storming	Flip chart, Pen, Board	
9:40 - 9:50	10 minutes	What is men's role for pregnant mothers?	Asking questions, Brain Storming	Flip chart, Pen, Board	
9:50 - 10:10	20 minutes	Experience Pregnant mothers!	Ask all men's participants to wear the maternity jacket and walk around	Maternity Experience Jackets, Heavy bags to carry	Project men's staff wear the jacket first.
10:10 - 10:20	10 minutes	Impression of Experience Maternity	Asking questions, Brain Storming	Flip chart, Pen, Board	
10:20 - 10:30	10 Minutes	How can you (men) support pregnant mothers in your community?	Asking questions, Brain Storming	Flip chart, Pen, Board	

Example iii) Emergency preparedness (Community)

Because it is difficult to predict when and where a pregnant woman will have an emergency, preparedness for an emergency is worth learning, both for HCWs and for Community people. The aim of the session was to improve awareness of emergency preparedness and how to take action in the community.

An example of a workplan for the session is shown in Table 11.

First, ask participants about danger signs during pregnancy and delivery. Then give a presentation on danger signs for pregnant women. That should be followed by discussions among the Community people and HCWs, as mixed groups, as to how to prevent or address danger signs (see Photos 6 and 7).

The representatives from each group present what they discussed in their groups. The facilitator summarizes the session. It is good to introduce some good cases for emergency preparedness.

For example, the SAMOKIKE project introduced 3 kinds of cases:

- 1) Maternity waiting room: Pregnant mothers can stay in the room until they give birth,
- 2) Revolving fund: Save the money from users fees and use it in case of an emergency such as a mother's needing transfer to district hospital,
- 3) Income Generating Activities (IGA): Example, a community farm can provide money to be used in case of pregnancy and delivery emergencies.

The IGA cases were examples of some of the project's target communities that have started community gardens using the HC's open space. Community people introduced their own other activities and explained the processes involved (see Photo 8 and 9).

The resources available are different for each health facility. Community, HCWs and community people will be able to use some examples of ideas after they return to their own communities. Some of their good ideas and activities might later be shared with and possibly expanded to cover the whole district.

Table 11: Work plan for Emergency preparedness



~ Work Plan for Partners Workshop ~



- * Title of the session : Emergency Preparedness
- * Name of facilitator : XXX
- * Goal of the session : ①The participants understand mothers danger sing
 ②The participants understand importance of emergency preparedness for pregnant mothers
 ③The participats get any idea of emergency preparedness for their community

* Date (7 / XX)
 * Time (11 :30 ~ 15:30)

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Time	Time allocation (minutes)	Contents	Performance	Necessary preparation	Others
11:30 - 11:40	10 minutes	What is danger for pregnant mothers	Asking Questions, Brain storming	Flip chart, Pen, Board	
11:40 - 12:10	30 minutes	Danger signs	Lecture	PPT	
12:10 - 12:30	20 minutes	How to avoid mothers danger?	Group discussion: Divided into 4 community and midwife mixed groups	Flip chart, Pen, Board	
12:30 - 12:50	20 minutes		Group Presentation	Flip chart, Pen, Board	
12:50 - 13:00	10 minutes		Q & A, Summarize		
Break time					
14:00 - 15:00	60 minutes	Sharing Experience	Intriduce 3 cases of Emergency Preparedness in the community: Maternity Waiting room, Revolving fund, IGA	PPT	ASK a model health center to make presentation of their activities
15:00 - 15:30	10 minutes		Q & A, Summarize		



Photo 6: Group work:
Emergency preparedness, Kericho



Photo 7: Group work:
Emergency preparedness, Kisii

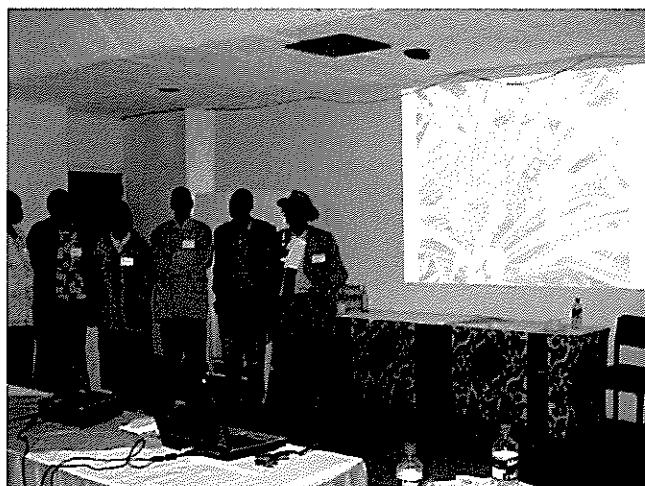


Photo 8: Sharing experiences: Introducing a building on a
community farm in Chepkemel HC, Kericho




Photo 9: Sharing experiences: Introducing a building on a
Community farm in Riotanchi HC, Kisii

Example iv) Making Action Plans


Making Action Plans is one of the final steps during the Partners Workshop. Each community prioritizes issues related to maternal care in their community and then identifies actions they would like to take to address those issues. Participants represent only a small portion of all the Community people and HCWs. Therefore, dissemination and discussion of what they learned and proposed during the workshop would be useful for their communities, so that their communities could discuss and consider the plans and have a chance to approve or amend it. Preparing the Action Plan helps the participants to organize the actions they want to propose and take when they return to their communities.

Useful content sections of the Action plan are 1) Problem, 2) Cause, 3) Action/ Recommendation, 4) When, 5) Where, 6) By Whom, 7) To Whom (see Table 12 and Appendix 2). The Action Plans need to be SMART (Specific, Measurable, Achievable or Attainable, Realistic and Time bound), so that every person responsible will be able to understand the plan and to correctly implement the actions for which they are responsible⁵ (see table 13).

Table 12: Action Plan sheet



ACTION PLAN SHEET
Partners Workshop 4th Phase SAMOKIKE
Name of Community / HC ()



Problem	Cause	Action/ Recommendation	When	Where	By Whom	To Whom	Remarks

The facilitators need to prepare flip charts and pens, depending on the number of the groups. After the group members reach a consensus, they start writing on the flip chart what they propose or plan to start implementing in their community. After all groups have completee their Action Plans, each group's representatives report to other participants regarding their plan. The other participants and facilitators then ask the reporter and her/his any questions they have and make comments or recommendations regarding the proposed plan. The groups then revise their plans if necessary before they take them back to their communities. An example of an Action Plan made by participants from one community is shown in Table 14. When each group returns to its community, it introduces the draft Action Plan, discusses it with the community, makes any necessary modifications, and starts to implement the plan. It is recommended that DHMT members follow up on the community's Action Plan every time they visit the community.

Table 13: Explanation of "SMART"

1. Specific	<ul style="list-style-type: none"> o Objectives need to be clear and detailed.
2. Measurable	<ul style="list-style-type: none"> o Results need to be measurable. o Outcomes must be what the person really wants. o Outcomes should produce tangible rewards.
3. Agreement	<ul style="list-style-type: none"> o The people who have to make it work need to agree to it.
4. Realistic	<ul style="list-style-type: none"> o The person has to believe it is possible to achieve. This will depend on: <ul style="list-style-type: none"> ▪ The resources the person has access to. ▪ The confidence the person has in her/his self.
5. Time-specific	<ul style="list-style-type: none"> o Deadlines for achieving each stage should be set. The ultimate goal can also be given a deadline. These should be in the foreseeable future. Small enough to be handled. Large enough to show results.

Source: <http://www.gp-training.net/training/mentoring/smart.htm>

Table 14: Example of an actual Action Plan prepared by a community

	Problem	Case	Action/ Recommendation	When	Where	By Whom	To Whom
1	Mothers not delivering in the health facility	1) Lack of funds to reach hospital	Continue to implement IGA	08/08/07 (continue)	HC	Patrick, Teresa, Selina, Sara, Rose	Other staff, committee members
2		2) Ignorance	Give feedback to staff, committee members	08/08/07	HC	Patrick, Teresa, Selina, Sara	Other staff, committee members
3		3) Cultural beliefs	Participate in the campaign for safe motherhood	12/09/07	Kamawa market	Chief, PHO, Patrick, Teresa, Selina, Sara, Rose	ANC mothers and partner
4			Health education to ANC mothers on importance of hospital delivery	07/08/07 (continue)	HC	Patrick, Teresa, Selina, Sara	community
5			Give feedback to community on good customer care through baraza	29/08/07	Community	Patrick, Teresa, Selina,	community
6	Inadequate customer care to community	Bad care attitude within community	Sensitize community on good customer care, through chief baraza	29/08/07	Community	Patrick, Teresa, Selina,	community

3) Close the workshop

The closing session is the end of the workshop but should also, be the **starting line for improvement of maternal care and health in the community**. An example of the contents of a closing ceremony is shown in Figure 7.

i) Evaluation of the workshop:

The closing session should include an evaluation of the workshop by the participants, in terms of the expectations and fears expressed by some participants at the beginning of the workshop. If it is difficult for the participants to express their feelings, allow them to write their feelings or ideas on the questionnaire. After listening to and anonymously sharing their evaluations, the facilitator summarizes the participants' evaluation. The facilitator is required to direct the participants toward positive follow-up.

ii) Appreciations from the participants

The chairperson of the workshop expresses appreciation and some comments way forward on behalf of the participants to the facilitators.

iii) Closing remarks

The director for the Ministry of Health or another main person who has responsibility for health in the district should be invited to make closing remarks.

iv) Giving certificate

A certificate would be an incentive for the participants. The DMOH or whoever makes the closing remarks also gives the certificates to the participants.

Figure 7: Contents of Closing Ceremony



IV -2. Hints for conducting the sessions

- ◆ Expand the wave of exchange by changing the participant's seats every day.
- ◆ "Respect each other's opinions" should be recognized by all participants at the first stage of the workshop, and a comfortable atmosphere provided which each participant can express her/his own opinions.
- ◆ Use common language (not "terminology") as far as possible, so that community people are able to understand the sessions clearly.
- ◆ Encourage community people to participate actively and and to be aware of their responsibility for maternal health in the community.
- ◆ Rely on group work, rather than on one-way lectures, so that community people can

communicate with HCWs as much as possible.

V. How to follow up Partners Workshop

**Action Plan should be monitor and evaluate during
the RHT(DHMT)'s supervision to the health facility**

Action Plans made by the community people should be copied and shared with other relevant RHT (DHMT) members. RHT(DHMT) members should discuss progress and any issues related to implementation of the Action Plans and, with the health facilities and the communities, should find ways to address any issues that arise. RHT (DHMT) members should continue their follow up until the community has successfully carried out the Action Plan.

VI. Achievements and Lessons Learned from SAMOKIKE's Partners Workshops

The SAMOKIKE project conducted Partners Workshop three times to build and strengthen mutual understanding and partnership between community people and HCWs and also to improve maternal care in the community. From the results of the questionnaires completed by participants at the end of the first part (first 2.5 days) of each workshop (including open-ended questions) and from subsequent observation in the field, we have evidence that the relationships between HCWs and community people improved following the workshops. Representative major results of the questionnaire are shown below:

- ✓ The approach in the training was good. Intensify the training on good relationships among the HCWs & community people. (by community people)
- ✓ Organize this type of seminar so that the community can get first-hand information on maternal health. (by community people)
- ✓ A good learning experience which used a behaviour change approach. This has given me an opportunity to know where I am in my working area. (by HCWs)
- ✓ It was a good training whereby community people were included so there will be less resistance when more funds are needed for use. (by HCWs)

From post-workshop observations in the field, we found some good practices such as those listed below:

- ✓ HCMT start newly employing midwife to operate 24-hour delivery service at three HCs (Ainamoi, Chepkemel, Sosiot) during the period of the project.
- ✓ Just after the Partners Workshop, some HCMT and Safe Motherhood members started their own IGA, such as community gardens, to get income to maintain the local HCs (Kipkelion, Fort Ternan, Ibeno, Kiogoro) after the 2nd Partners Workshop
- ✓ A Safe Motherhood Group (SMG) member started escorting mothers in labour to go to HC (Kiogoro, Oct. 2008)
- ✓ Some fathers/husbands came to ANC visits or child Welfare clinics with their wife and baby (Ibeno, Ainamoi, Nov. 2008).

After Partners Workshops, HCWs and Community people shared better understandings of the roles and viewpoints of each side, which made it easier for them to collaborate to promote maternal care at community level. HC activities subsequently have been strongly supported by community people who participated in Partners Workshops.

The three year period of implementation of the SAMOKIKE project was too short to detect and evaluate some possibly significant impacts of the Project and the Partners Workshop. However, we can say that all involved agree that there were observable post-workshop improvements in relationships between the HCWs and the communities they serve. and that Partners Workshops contributed to improved communications and interactions between the communities and HCWs and also to improving the quality of

maternal care in the communities. However, additional quantitative and qualitative evidence is needed to better judge the significance and impacts of the Partners Workshops.

VII. Recommendations based on SAMOKIKE's Partners Workshop experiences

Based on the experiences of and lessons learned through SAMOKIKE's Partners Workshops, the following recommendations can be offered:

- 1) Hold more Partners Workshops in the project areas and elsewhere in the Province
 - ✓ DHMT in Kisii and Kericho should continue to hold Partners Workshops in other areas of their districts. They should also keep an eye on communications and relationships between the community people and the HCWs.
 - ✓ DMOH should submit a proposal to the Province to conduct more Partners Workshops and should also request technical support from Provincial RHT if it is required.
 - ✓ The current DPHNs in Kisii and Kericho could be the main facilitators for other Partners Workshops.
 - ✓ The RHTs and Matrons in the District Hospitals in Kisii and Kericho could be facilitators for other workshops.

- 2) Scale up the Partners Workshops to other areas in Kenya
 - ✓ DPHNs or main facilitators of the Partners Workshops in Kisii and Kericho should share their experiences and the proceedings and results of their workshops with other districts.
 - ✓ PHMT or RHT in other provinces could organize stakeholders' meetings and introduce the Partners Workshops to other NGOs or agencies.
 - ✓ The Central Ministry of Health could introduce Partners Workshops to other districts.
 - ✓ The Central Ministry of Health could allocate sufficient budget or materials (for instance this manual any other printed materials related to SAMOKIKE and its Partners Workshops) for introducing Partners Workshops to other provinces and districts.

- 3) Expand international collaboration
 - ✓ NGOs or agencies that aim to improve maternal care at the rural health facility level should monitor the relationships between health care providers and the communities. Partners Workshops could help to improve mutual understanding and partnership between the HCWs and communities' people. Better relationships between health care providers and communities could help to improve maternal care at the rural health facilities and within the communities.
 - ✓ This Manual of the Partners Workshop could be printed (after appropriate review, editing, revision and approval as necessary) and distributed to anyone who wants to know more about the workshops and how to plan, organize and conduct similar workshops.
 - ✓ JICA could consider introducing the approach of the workshop in other

countries.

- ✓ JICA or any other international agency or NGO that aims to conduct Partners Workshops should consider gathering additional evidence to assess the effectiveness and impact of such workshops.

VIII. References

- I. WHO (2003) Working with Individuals, Families and Communities to Improve Maternal and Newborn Health, Making Pregnancy Safer initiative (<http://www.who.int/reproductive-health/publications/ifc/ifc.pdf>)
- II. Gertrude M.,(2004) Advocacy for improving maternal and newborn health in Africa, African Health Monitor, Vol. 5, p8-9 (<http://afro.who.int/press/periodicals/healthmonitor/janjun.pdf>)
- III. Zulfiqar A., Gary L., Babar S., Rachel A., (2005) Community-Based interventions for Improving Prenatal and Neonatal Health outcomes in developing countries: A review of the evidence, Paediatrics Vol.115(2), pp 519-61
- IV. Pulani T., Debra J., Marian L., Lyness M., (2007) Community-based situation analysis of maternal and neonatal care in South Africa to explore factors that impact utilization of maternal health services, Journal of Midwifery & Women's Health, Vol.52(4), p342-50
- V. <http://www.gp-training.net/training/mentoring/smart.htm>

IX. Appendix

Appendix 1: Workplan sheet

Appendix 2: Action Plan sheet

~ Work Plan for Partners Workshop ~

* Title of the session :

* Date (/)

* Name of facilitator :

* Time (~)

* Goal of the session : ①

②

③

Time	Time allocation (minutes)	Contents	Performance	Nessesary preparation	Others

ACTION PLAN SHEET

Name of Community / Health facility (_____) Date (_____)

Problem	Cause	Action/ Recommendation	When	Where	By Whom	To Whom	Remarks

Contact Address:

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