



## **Safe Motherhood Promotion Project**

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# **Operational Guidelines on Facilitation Guideline on Birth Planning**

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## Safe Motherhood Promotion Project



GOVERNMENT OF THE PEOPLE'S REPUBLIC OF  
BANGLADESH

Ministry of Health and Family Welfare  
Government of Bangladesh

Supported and facilitated by

JICA

CARE Bangladesh



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## Abbreviations

<b>AHI</b>	Assistant Health Inspector
<b>CARE</b>	CARE Bangladesh
<b>CBO</b>	Community Based Organizations
<b>CD</b>	Community Diagnosis
<b>CS</b>	Civil Surgeon
<b>DC</b>	Deputy Commissioner
<b>DDFP</b>	Deputy Director Family Planning
<b>FGDs</b>	Focused Group Discussions
<b>FPI</b>	Family Planning Inspector
<b>FT</b>	Field Trainer
<b>FWA</b>	Family Welfare Assistant
<b>FWV</b>	Family Welfare Visitor
<b>GOB</b>	Government of Bangladesh
<b>H&amp;FP</b>	Health and Family Planning
<b>HA</b>	Health Assistant
<b>HFWC</b>	Health and Family Welfare Centre
<b>HI</b>	Health Inspector
<b>IDI</b>	In-depth Interview
<b>JICA</b>	Japan International Cooperative Agency
<b>KII</b>	Key Informant's Interview
<b>LGI</b>	Local Government Institutions
<b>LLP</b>	Local Level Planning
<b>MNH</b>	Maternal and Neo-natal Health
<b>MOHFW</b>	Ministry of Health and Family Welfare
<b>MOMCH</b>	Medical Officer Maternal and Child Health
<b>NGOs</b>	Non Governmental Organizations
<b>NNP</b>	National Nutrition Project
<b>PLA</b>	Participatory Learning for Action
<b>PPP</b>	Participatory Planning Process
<b>PRA</b>	Participatory Rural Appraisal
<b>SA</b>	Situation Analysis
<b>SACMO</b>	Sub Assistant Community Medical Officer
<b>SMPP</b>	Safe Motherhood Promotion Project
<b>UFPO</b>	Upazila Family Planning Officer
<b>UHFPO</b>	Upazila Health and Family Planning Officer
<b>UNO</b>	Upazila Nirbahi Officer
<b>UP</b>	Union Parishad
<b>UPC</b>	Union Parishad Chairman
<b>UPHFPSC</b>	Union Parishad Health & Family Planning Standing Committee
<b>UPIC</b>	Upazila Implementation Committee

## **Deliverable 3: Training and Facilitation Guideline for Birth Planning**

### **1. Introduction:**

Since it is not possible to predict or prevent obstetric complications, Birth Preparedness must be core intervention to reduce maternal death. CARE's previous Safe Motherhood pilot program revealed that promotion of birth preparedness with appropriate communication materials and targeting both women and family decision makers is effective in recognizing and enhancing the decision making process at household level. Using the learning and experiences of CARE Bangladesh, SMPP project has been promoted Birth Planning as one of the important intervention to educate family level decision makers and thus enable them to take necessary contingency for upcoming delivery.

### **Why is Birth Planning Important?**

Pregnancy is usually considered a healthy state and a cause of joy in the family. The expected outcome from each pregnancy is a healthy mother with a healthy baby. The majority of pregnancies proceed without difficulties and many women do not even realize that pregnancy can be a potential risk to their health. While most pregnancies take place without any problems, approximately 15 percent or (1 to 2 women out of every 10 pregnancies) develop life-threatening complications requiring Emergency Obstetric Care (EmOC) services. These complications often arise suddenly, requiring prompt action without allowing sufficient time to prepare.

Birth planning is necessary to ensure that every family has the opportunity to have a healthy outcome from every pregnancy. This process must include a plan for normal deliveries as well as what to do if complications should arise. It is therefore important that the pregnant woman, her husband and other household decision-makers have access to accurate information in case of obstetric emergencies.

In summary, there are five main reasons why birth planning is an important intervention:

- ◆ ***The concept of birth planning is almost absent in the rural community:*** It is important to recognize that strong cultural barriers may exist to preparing for deliveries. Often it is believed that preparing for the baby may lead to bad luck resulting in the death of the baby or the mother.
- ◆ ***Emergency preparedness is not common:*** The baseline study revealed that 61 percent of pregnant women's families did not have any kind of plan to manage emergency obstetric complications.

- ◆ ***Decision-making processes are complex:*** Sometimes many people (husbands, in-laws, neighbors or religious leaders) are involved in making the decision to seek care. They may seek services from a traditional healer before taking a woman to a health institution.
  
- ◆ ***Traditional healers usually discouraged the use of hospital services:*** The baseline data found that traditional healers played an important role in influencing the family decision-makers about referrals. This is due to the fact that the decision-makers have low knowledge levels on issues surrounding childbirth, so they have to rely upon the suggestions of traditional healers. The traditional providers often do not want to refer the women to the health facilities because of:
  - fear of losing the credibility;
  - mistrust of the formal health system;
  - an inherent belief that the cause of the problem is related to God act in nature; and/or
  - loss of income.
  
- ◆ ***Passive role of husband and other heads of household, especially men:*** A passive role may often be due to lack of knowledge regarding danger signs and their consequences. Most men, especially husbands, said that pregnancy and delivery are a "woman's affair", thus, they do not believe that they have any role to play.

## **What is Birth Planning?**

*Birth Planning (BP) is a process through which pregnant women/married women of reproductive ages and their key family members (decision-makers) are provided with key messages, associated with pregnancy and childbirth to ensure a healthy outcome for both the mother and the baby.*

## **2. Guiding Principals for promoting BP:**

The **key principles** to effectively facilitate the BP process are presented below.

- There needs to be an assessment of local current attitudes and practices.
- There needs to be an analysis of the existing community change agents and how they can be involved in promoting birth planning.
- Key decision-makers will need to be involved in the process.
- The birth planning messages need to be culturally sensitive, building on cultural beliefs/practices.
- Proactively targeting family level decision makers in addition to pregnant women
- Women's rights to safe delivery information and services needs to be promoted irrespective of social and economic status
- Continuously explore and use of multiple channels for maximum coverage to reach the family with pregnant women

- Identify most vulnerable pregnant women/families and make repeated visit to ensure required supports through linking them with appropriate groups (CmSS, social club, etc) and service institutions

**3. Following Communication materials were used for birth planning:**

- 1) **Birth Planning or EOC Card:** MOHFW developed this pictorial card using a thorough process and involving relevant experts. The key messages/information of BP It includes five danger signs, elements of contingency plan etc. SMPP re-printed those materials and used for promotion of birth planning at the community level.
- 2) **Poster on BP messages:** SMPP developed larger poster using the key messages of BP card and make it available for community level use. These posters are being used in village meetings, public places, tea stalls, educational institutes, and health service facilities The purpose is to communicate and re-enforce the BP messages through different channels to tap opportunities
- 3) **Flush Cards:** CARE's safe motherhood project developed the flush card to communicate each of the messages on Birth Planning elaborately. These flush cards were found useful for group education session at family and counseling sessions at health facilities during ANC visit.



## মনে রাখার বিষয়



নিয়মিত শারীরিক পরীক্ষা করান



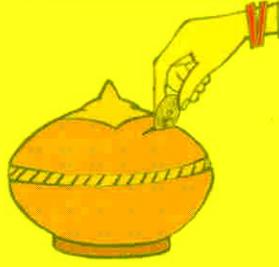
বেশি করে সুস্বাদু খাবার খান



সময়মত টিটি ইনজেকশন নিন



দিনের বেলায় কমপক্ষে ১ ঘন্টা বিশ্রাম নিন,  
ভারি কাজ করবেন না



প্রসবকালীন খরচের জন্য কিছু সঞ্চয় করুন



প্রসবের সময় প্রশিক্ষণপ্রাপ্ত ও দক্ষ দাই-এর সাহায্য নিন



প্রয়োজনে হাসপাতালে  
যাবার জন্য  
যানবাহনের  
ব্যবস্থা রাখুন



জন্মের পরপরই বাচ্চাকে শাল দুধ দিন, ৬ মাস  
শুধুমাত্র বুকের দুধ দিন। শিশুকে সময়মত টিকা দিন



বিসিসি ইউনিট • পরিবার পরিকল্পনা অধিদপ্তর • স্বাস্থ্য অধিদপ্তর  
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়

#### **4. How to Promote Birth Planning**

##### **a) Identification of potential community level facilitators to promote BP:**

Now, we all understand that pregnant women and their family members need to know some key messages for making their pregnancy safer. We also know that appropriate communication materials have been developed with those messages and make them available for use.

The challenging question is:

Who will take these messages to the target audiences such as pregnant women, husband, in-laws and other family/community decision makers?

It is obvious that the Government frontline Health and FP workers should reach all the pregnant women and her family members with BP information. However, it has been revealed that it may not be possible to reach all pregnant women through the existing GoB field staff. Thus, involvement of other available community change agents/volunteers is very important as they could reach most of families of the pregnant women with BP message.

SMPP carried out a resource mapping exercise as part of its initial situational analysis exercise to identify potential community volunteers who are to be involved to promote BP messages.

In addition to Family Welfare Visitor (FWV), Health Assistants (HA) and Family Welfare Assistant (FWA), the following community volunteers/peoples referred as “community change agents” have been identified to promote BP in Narsingdi project areas:

- National Nutrition Program Field Staff/GoB supported program
- Depot Holders of Smiling Sun Francis Clinics/USAID supported program
- BRAC- Sushastha (Shastha Sebica)/BRAC Health Workers
- Traditional Birth Attendants (TBA)
- Members of Community Support System (CmSS)
- School Teachers
- Pharmacists/ Drug sellers
- Village Doctors
- Religious Leaders
- UP women member
- Natural Community leaders
- Members of local clubs, samittee (such as micro-credit group, sports clubs, etc.)

##### **b) Strategy to promote Birth Planning through engaging different cadre of Community Change Agents:**

As per experience of SMPP, there are three distinct strategies that have been used to promote Birth Planning messages, which are as follows:

**1) *Pregnant Women centered Birth Planning session at household level:***

Any woman who will get pregnant, her family needs to be introduced with BP messages as soon as the pregnancy is recognized. SMPP organizes pregnant women centered Birth Planning session targeting family decision makers such as husband, in-laws etc.

These pregnant women centered Birth Planning sessions is not mere a traditional health education session rather it creates opportunity to discuss on pregnancy, practices for safe pregnancy, responsibilities of husband and other family members, and also develop a contingency plan for any complications, etc. It also slowly challenges some deeply rooted social norms, such as the pregnancy is women issues and husband has nothing to do with it. The facilitative discussion helps to realize the women and family members that it is an important event for the family and the woman has rights getting access to safe delivery services.

Through analyzing the current roles, responsibilities and also their interest of available community agents, following Community Change Agents were identified to facilitate women centered BP discussion session at household level:

- National Nutrition Program Field Staff/GoB supported program
- Traditional Birth Attendants (TBA)
- Members of CmSS
- Depot holder of Smiling Sun Francis Clinics/USAID supported program
- BRAC- Sushastha (Shastha Sebica)/BRAC Health Workers

BP or EOC card and Flush Card are being used to promote BP messages targeting pregnant women and household level decision makers.

SMPP organized one day training for the above cadre on the promotion of Birth Planning, especially effective facilitation of household level women centered discussion sessions. Please note that these training are organized and led by Union Parishad as they committed to the union level advocacy and planning workshop.

**2) *Dissemination of birth planning messages at community gathering/events/meeting***

The Birth Planning messages have been disseminated and discussed in all different community level formal and informal meetings/gatherings, such as, male gathering meeting, village meetings, school committee meeting, CmSS meeting etc. Also school teachers disseminate the BP messages to the school and college students, class IV and above.

Through analyzing the current roles, responsibilities and also their interest of available community agents, following CCAs were identified to disseminate the BP messages at all available meetings/events:

- Village Doctors
- Religious Leaders
- UP women members
- Natural Community leaders
- Members of local clubs, samittee (such as micro-credit group, sports clubs etc.)
- Members of Community Support System (CmSS)
- School Teachers
- Pharmacists/ Drug sellers

Poster and BP or EOC card is being used to disseminate BP messages targeting male and other community level decision makers.

SMPP organized one day training/orientation for the above cadre on the promotion of Birth Planning, especially disseminating the Birth Planning messages. Please note that these training are organized and led by Union Parishad as they committed to the union level advocacy and planning workshop.

### ***3) Facility level ANC counseling***

The Paramedics, Family welfare Visitor (FWV) and nurses are trained to provide effective counseling using BP messages to the pregnant mother and her husband/accompaniers.

Flush Card and BP or EOC card are being used to disseminate BP messages targeting male and other community level decision makers.

SMPP organized two days orientation training for the above cadre on the promotion of Birth Planning, especially disseminating the Birth Planning messages. Please note that these training are organized and led by Upazila Project Implementation Committee (UPIC) as they committed to the Upazila level planning workshop.

### **c) Capacity building of the Community Change Agents**

The capacity building activities of Community Change Agents (CCA) have been clearly defined with specific responsibilities in the union and upazila community mobilization plan. Three separate training packages have been developed by SMPP team with the support from Upazla MOHFW managers.

The relevant community change agents are being oriented on the concept, importance and facilitation techniques of birth planning. It is observed that once CCAs are oriented, they had facilitated the implementation of Birth Planning in the targeted community as per strategy and plan.

### **Different target groups for the Birth planning training:**

#### **i. Family Welfare Assistant and Health Assistant (Female)**

Since inception of Family planning program in Bangladesh, FWA are responsible for registering pregnant women, disseminate message for ANC/PNC and also follow up and in the same time it is observed that HA also closely work with pregnant women and her newborn. So, SMPP feel that this group is a right one to disseminate the BP message as they are sustainable structure and good access to each family and have linkage with facility. On the other hand, it was also keeping in mind that they quite busy with other departmental activities, so how much they reach? Considering all these issues they are oriented on BP message and try to help them to increase their capacity in BP message dissemination. It observed that they are able to conduct session but all of them are not managing their time.

#### **ii. Community Nutrition Promoter of National Nutrition program, Depot holder of Smiling sun clinic, Shastho Sebika of BRAC**

In SMPP we experienced that CNP, Depot holder and Shastho sebika are always engaging in registering pregnant women, they provide message and follow up them. As they are already involve such kind of activities so it is better to involve them to disseminate the Birth planning message to the pregnant women and her family. It is also noticed that they are not orientated in women and her family centered session and usually they only provide message to pregnant women but not helping in development of any contingency plan for that family. To address these issues, SMPP decided to involve them and oriented them on Birth planning messages. It is observed that this cadre successfully disseminate BP message and help the family to develop a plan by which pregnant women and her family able to delivery safer.

#### **iii. Traditional birth attended, Village Doctor**

In rural area of Bangladesh, TBA and VD plays a vital role throughout the pregnancy period, such as ANC, Follow up, conduction of delivery etc. In the same time they did lot of malpractices due to their ignorance and also they are less interested to refer patients timely which cause huge sufferings to those pregnant women. As they are involve and it is impossible to stop them so SMPP realized to make them orient on Birth planning message (When-Why-Where & How) and use them as a message disseminator and convert their role as a referral agent. It is observed that they are aware about their malpractices, disseminate message and follow up pregnant women and refer the patient when ever is needed.

**iv. Teacher, Imam, Union Parishad body**

It was observed that the family was not interested to make a plan due to some misbeliefs. In addition to that, if they develop plan or wishes to refer to facility then some cultural or religious norms did not permit them to do. This group is not directly conducting any session but they play a vital role at the community level by developing an enable environment for them. In the same time, they are also able to disseminate this message in their working areas and also act a pressure group for referring to facility when needed. It observed that Imam is now more aware about BP messages and they disseminate it according to statement of Islam. Union Parishad and Teacher also play crucial role to disseminate and monitor the progress of session conduction.

**Objectives of the orientation:**

- Improve understanding on safe motherhood from human rights perspectives
- Improve understanding on social and medical causes of high maternal death using global, national and local information
- Understanding on the three-delay framework to explain low use of EOC and suggest appropriate strategy to address those.
- Understanding on why Birth Planning and preparedness is important to promote
- Improve knowledge on key messages Birth Planning including pictorial BP cards, poster and flush cards
- Improve understanding on importance of male participation for ensuring safe motherhood
- Improve skill on how to educate women, husband and decision makers on promotion of BP messages at community/ household level.
- Improve skill on how to monitor the BP activities

**Participants: MOHFW field based staff (FWV, HA, FWA, AHI, FPI) and identified community change agents that includes TBA, VD, School Teachers, Imams, UP members, volunteers etc.**

**Duration:** One day

**Methodology to be used:** Brain storming, discussion, presentation, case study review, group work and role-play to be used in facilitating the orientation.

However, other appropriate methods could be incorporated as per local needs and suggestions.

## **5. Monitor and evaluate the progress of promotion of BP**

The projected numbers of pregnant women should be calculated using the crude birth rate 26.1 per thousand of total population (source: BDHS 2007) of each village, ward, union, upazila and district. If there is good registration system, the numbers of pregnant women can be considered using the available EPI or FWA register. The purpose to know the number of pregnant women is to set target women need to reach with Birth Planning messages.

The Birth Planning activities could be monitored using the following indicators:

1. Monitor number of pregnant women and their family reached with BP messages against number of total pregnant women
2. Number of BP card distributed among target populations
3. Monitor number of women, husband and other decision makers are educated with BP messages in each month at clinic and at community level
4. Number of women, husband and decision makers are aware about the key elements of BP and five danger signs

Both qualitative and quantitative methods/tools could be used to monitor the indicators. The process indicators (1 to 3) could be assessed monthly or quarterly, however, the outputs/effect indicators (4) to be assessed on yearly basis through mini survey.