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UNIVERSITY OF MALAWI.

KAMUZU COLLEGE OF NURSING.

THE RESEARCH PROPOSAL

ON AN INVESTIGATION ON COMMUNITY PARTICIPATION PRACTICES IN SAFE MOTHERHOOD ISSUES IN MONKEY BAY, NANKHWALI AND NKOPE AREAS.

By

Beatrice Chisenga (Nee Kumwenda)

Year Two (Mature Entry)

Supervised by: Mr. P. Mandalazi.

DECLARATION

I hereby declare that this Reserch Proposal is entirely the results of my own effort and has not bee presented for any degree and is not currently being submitted in candidature for any other degree.

CANDIDATE S NAME : BEATRICE CHISENGA (MRS.)
(NEE KUMWENDA.)

SIGNATURE:

DATE:

ABSTRACT

The research will use descriptive evaluative design in a survey with questionnaires and interviews. The study will therefore use a qualitative as well as quantitative research techniques. The study will examine the extent of community participation in Safe Motherhood (S.M.) activities. A convenient sample of seventy subjects will be drawn from catchment areas of three Health Centers (H/C). Two villages will be randomly selected from each H/C catchment area. The study subjects will include women, men, village influential leaders, and health workers at H/C level. The expected results should focus low community participation in S.M. due to poor leadership styles lack of participation in carrying out community needs assessment in S.M., poor community organization and lack of capacity building at village level.

TABLE OF CONTENTS

ABBREVIATIONS

ADC ----------Area Development Committee

DEC----------District Executive Committee

FP----------Family Planning

HSA----------Health Surveillance Assistant

IMR----------Infant Mortarity Rate

MD----------Maternal Death

MDH----------Mangochi District Hospital

MMR----------Marternal Mortality Rate

MDHS----------Malawi Demographic Health Survey

VH----------Village Headman

MOHP----------Ministry Of Health and Population

PHC----------Primary Health Care

SM----------Safe Motherhood

SMA----------Safe Motherhood Advisor

SMI----------Safe Motherhood Initiative

TA----------Traditional Authority

TBA----------Traditional Birth Attendant

VDC----------Village Development Committe

VH----------Viilage Headman

VHC----------Village Health Committee

WHO ----------World Health Organization

CHAPTER ONE.

INTRODUCTION

Safe motherhood (SM) is defined as the woman's ability to have a safe and health pregnancy and delivery (Maine,1992). The death of a woman due to pregnancy related causes is called maternal death (MD). Nearly 600 000 women around the world die of pregnancy related causes each year. Ninety-nine percent of these deaths occur in_developing countries (National safe_motherhood strategic plan, 1995). Literature indicate that maternal deaths occur by similar causes .WHO(1992) outlines the common direct causes to be ;complications of abortion ,infection after delivery ,prolonged labour and bleeding in pregnancy. In attempt to reduce the high rate of maternal deaths globally the national Safe Motherhood Initiative (SMI) was launched in Nairobi ,Kenya in 1987.One of the main strategies out lined to reduce MD involved active community participation(WHO,1992)

Community participation is defined as an active process by which beneficiary or client groups influence the direction and execution of a Programme with a view of enhancing their wellbeing (Oakley et al, 1991). Literature has shown that community participation is one of the main pillars in reducing maternal deaths. In support of this Corish, (1997) state that solutions to problems in delivery of maternal health care can be achieved through a process of active involvement of pregnant women, traditional birth attendants, traditional leaders and technical personnel. Corish (1997) further states that involvement of traaditional women in dissamination of SM training and utilising traditional women to promote SM awareness messages influenced local women to seek safe delivery thereby reducing complications in women of the rural Republic of South Africa .

BACKGROUND INFORMATION.

Community participation is one of the elements of Primary Health Care (PHC) advocated to make health services accessible and affordable utilising local human material and financial resources (National Health Plan, 1994). The high rate of M.D. in developing countries ,therefore require active community participation. In addition to this, Nyerere (1991) in Okley et al (1991) points out that people in developing countries can only develop

themselves by participating in decision making and co-operative activities which affect their wellbeing.

The government of Malawi has since 1994, taken up the community participation initiative through the decentralisation policy advocating for bottom–up approach to planning as opposed to the top-down tradition of planning, (District Planning Manual, 1995).Six pilot districts, including Mangochi District were chosen to implement the bottom up approach(Mangochi District Profile,1999)It further elaborated that community organisations i.e.Village Development Committees (VDC) and Area Development Committees (ADC)were formed at grassroot level .The Mangochi District Profile, further elaborates that the VDC and ADC have been responsble for decision making, planning, implementation monitoring and evaluation of community needs. It is also reported that the commonly identified village needs include infrastractural issues projects like construction of school blocks, bridges, roads, boreholes, e.t.c. However little is known about community participation activities pertaining to social issues like Safe Motherhood despite the high Maternal Mortality Rate (MMR) for the district. The Mangochi district MMR is as high as 480 per 100,000 live births, due to under reporting (Mangochi District Profile, 1999). The MMR is assummed to be closer to the National figures of 620 per 100,000 live births (Making Motherhood Safe, 1995)

The figure ranks among the highest rates in the world (National Strategic Plan, 1995). The Malawi Demographic Health Survey, (MDHS, 1992) highlights that the high maternal death rate is a concern in Malawi because M.D. accounts for 21% of deaths of women in child bearing age The M.D.H.S. (1992) further points out that 25% of households are headed by females hence unbearable circumstances on surviving children. Women constitute 70% of subsistence farmers in Malawi hence the maternal deaths if not checked would affect the country's economy (Mkandawire 1987 in National Safe-motherhood Strategic Plan, 1995). Malawi would therefore benefit economically and socially if the high maternal death rate would be reduced. The research is therefore interested to investigate the extent to which selected areas in Mangochi district have participated in S.M. issues since the decentralization policy. The study will examine what is on the ground, obstacles and possible solutions.

STATEMENT OF THE PROBLEM.

The problem is low community participation in SM based on anecdotal observation.

SIGNIFICANCE OF THE STUDY.

The study is an evaluation of the decentralisation policy in issues relating to SM in the selected areas. The study results would be useful to health personnel, donor agents, community leaders, and women/ men in the area. The health personnel of the Health Centres (H.C.) in the study area, i.e. Monkey-bay, Nankhwali H.C., Malembo H.C., and Nkope H.C. would utilise results to identify workable strategies to mobilise community to effectively participate in maternal health issues.

Donor support would be promoted. Experience has shown that donors are interested to fund organisations which can initiate an element of sustainability in the post intervention phase.

The study results would also be relevant to community leadership structures i.e. Village Development Committees (V.D.Cs.) and Area Development Committees (A.D.Cs.) in their role of project identification appraisal and implementation processes as they would include maternal health issues. Finally, the women themselves would appreciate the problem of high maternal death rate and would take responsibility to do maternal health practices to shape their lives off the road to death.

OBJECTIVES OF THE STUDY.

General Objective:

The aim of the study is to determine extent of community participation in safe motherhood issues in selected areas of Mangochi District.

Specific Objectives:

(a) To determine quality of leadership and how it has influenced safe motherhood activities.

(b) To determine needs assessment and prioritisation process of safe motherhood activities in the community..

(c) To determine how community organisations in the villages contribute to safe motherhood activities.

(d) To determine the extent of self help initiative in safe motherhood.

(e) To examine the extent to which health care delivery system at H/C level support the village safe motherhood initiative.

CHAPTER TWO

LITERATURE REVIEW

INTRODUCTION

. Oakley et al (1991) pointed out that efforts on community participation should focus on: community leadership; participartory needs assessment; resourse mobilisation, community organization; involvement of disadvantaged group (women) and linkage of community organizations to the health caare delivery system.

Malawi District Planning Manual,(1995) outlines that leadership integrity is vital to influence the people to promote their lives. However, available literature within the researchers access highlighted leadership in relation to other issues other than S.M. In support of this Scholz and Banda (1996) reported of a case study showing marked success of community fishery management due to favorable leadership skills and styles of sub-chief Msosa at Mbenji Island in Salima District. Contrary to this, Hara (1995) in his study of problems of introducing community participation in fishery management noted that there was underlying tension between some local fishery organizations i.e. Beach Village Committees and their chiefs over the question of superiority over one another and whether one is subject to the authority of the other. It is apparent that the two studies did not explore leadership in SM Sound local leadership will also influence the community to conduct community based needs assessment , problem identification and analysis which are prime determinants of self reliance (Fowler,1994)

Fowler further defines participatory needs assessment as a process whereby the villagers assess their own needs with or without outside assistance. Health workers in this context help the leaders to learn new ways of assisting community to assess their needs. Literature has shown that needs assessment help the individuals to identify their needs, prioritise activities and create their own village development plans (Malawi District Development Plans, 1995). It is further elaborated that voting is done as a routine way of prioritising problems. Contrastingly, Ostron (1994) in Hara (1995) outlines that one of the community governance is over reliance on simple voting rules as a primary decision making mechanism for collective choice especially if it is seen to be imposed by majority vote other than a general consensus of people. Problems analysis is stated to occur as people are assisted to examine each problem based on its causes, contributory factors and consequences in the community .Oakly et al (1991) also highlights that individuals will often not

participate if they do not have in-depth knowledge about the problem. It is therefore the aim of the study to find out the extent to which these communities participate in s.m. needs assessment, problem identification ,prioritisation and analysis.

Oakley et al also stated that ample knowledge about the problem assist the community to make viable decisions as individuals have goals. Relating to this Scoltz and Banda (1996) in their study in fishery management noted that involvement of leaders and fishers men led to the co-operative practices **of** observing fishing seasons. Similarly Jumpha (1994) noted that 48 out of 73 fishermen changed to the right sizes of the net as per fishing regulations. Jumpha further elaborates that dialogue between the fishermen and authority greatly influenced the fishermen to change to the right decisions.

Decision making is observed to be the key for resourse mobilisation.Once decision making is done, the community participates in implementation monitoring and evaluation. Maine (1990) highlighted that couples can participate in implementing S.M.. issues through family planning and timely decision making and transportation of women when complications occur during pregnancy , delivery or after delivery . To complement this, a PHC review study conducted in 1998-1999 nation wide indicated that 100% of people are familiar with at least one family planning (FP) method. In the same way, the Malawi Demographic and Health Survey (1992) showed that 90%of Malawian population are knowledgeable about FP This study will therefore investigate modalities which the community has put in place to promote maternal health services in each of the villages under investigation

Murray (1994) outlines that Traditional Birth Attendants (TBA's) can timely identify complications as they conduct antenatal , delivery and post delivery care and refer them to the health centre. Women referred by the T.B.A. require prompt transportation. A PHC review study investigating means of transport to the health centre showed that most women walk and only about 1.6% of them are taken on bicycle. Time taken for walking ranged from 1 hour to 4 hours. This was later supported by the Southern Region Safe motherhood Project in Nsanje District in (1998) which showed that 70% of the women walk long distances to health centre. Mtitimila (1992) cited in National Safe motherhood strategic Plan (1995) explain that normally women wait until labour starts and they have long distance and poor means of transport to content with. Currently,there is no data for the study area indicating the means of transport the community organises locally to

promote prompt transportation of women and babies with complications from the TBA to the Health Centre. The study will also look at incentives and remuneration established by community to maintain morale of TBA's and other volunteers. Oakley et al (1991) emphasises utilisation of indigenous human resources in participatory approaches, as services are cost effective and accessible to the beneficiaries (women).

Fowler (1994) noted that in many development activities, women who are in disadvantaged group are not involved in planning because decision making is mainly done by men. It is however urged that participartory efforts can be successful if women are allowed to participate in planning and policy **formulation** (Campbell, 1996). The study will therefore examines the extent to which women are involved in s.m issues in the area.

Experience has shown that women effectively participate through local organisations/institutions. According to Mosse (1995) the development of local organizations is a central strategy in participatory rural development. It is observed that a number of local organizations exist at village level such as Village Natural Resource Committees (VNRC), Beach Village Committees and Village Health Committees (VHC) (Mangochi District Profile, 1999)

Fowler (1994) emphasise that for effective developmental efforts, village organisations should be linked to the nearest health care delivery system for technical and/ or outside assistance. Oakley et al (1991) also highlighted that capacity building and supportive supervision for local organisations by top sector institutions is vital. In line with this, Chinombo (1998) in her case study of empowering communities noted that a six days training of 3 village health committees in leadership skills, community mobilisation, identification and management of common health problems and problem solving led to villagers to construct shallow wells, establish active feeding programs and a toilet for almost all families Chinombo (1998). It is further reported that for the first time diarrhea had drastically decreased. Contrasingly,it is currently not known as to how much techinput the health personal have invvested in the study area to boost up SM activities.

CHAPTER THREE

CONCEPTUAL FRAMEWORK

Polit and Hungler,(1994)state that using a model will help to put facts together. To study community participation in safe motherhood, the Rothman's locality development model will be used.

Rothman (1995) in Chinombo (1998) state that the Rothman's locality model is a framework of community participation. Chinombo (1998) further states that the model replicates concepts of WHO Alma-Ata Declaration. The features of the model focus on use of local residents, problem solving, leadership, ethnic participation, use of technical expertise and community competency.

Rothman (1995) in Chinombo (1998) states that the model emphasise the use of local residents rather than professionals. Local human resources are viewed as change agents. Pertaining to safe motherhood issues human resources i.e. TBA's, community based distributors of contraceptives agents (CBDAs) and safe motherhood advisors (SMAs) are viewed as local people with knowledge and skills in promoting the lives of mothers and children.

The model further stress on problem solving by the community. The people participate in self help activities to promote lives of women and children. For example, they would build an under-five shelter to ensure that their children receive immunisations.

The model further elaborates that leadership should be drawn from within the community. This in turn allows direction and control within the community. In support of this, Okley et al (1991) points out that organised and honest leadership is a step to community participation. Experience has shown that villagers honour their local leaders more than outside expertise.

Rothman (1995) also points out that euthetic participation is to be considered. All categories of people should participate. (Fowler 1999) in addition state that development is evident if the disadvantaged like the poor women are involved in originating maternal

health issues. However experience has shown that in most Malawian communities, it is the leaders who decide what to do when and where. This defeats the whole essence of community participation.

The model further views a practitioner as an enabler, encourager, supporter, advisor, advocator and consultant. The health personnel help the people to move from the state they are to the state they want to be. The health personnel in this case could be a midwife. In order to facilitate maternal health issues, it is important that midwife be ad2quately trained in how to approach and communicate with the villagers using participatory approaches.

The last step in the model is community competency. Rothman continue to elaborate that the community learns from mistakes. In the long run mastery is achieved. In relation to maternal health, this is seen as the community conduct maternal mortality enquiry as a concerned action. The individuals learn from the cause of the death to avoid future recurrence.

The strength of Rothman's model is that it is using existing principles i.e. PHC concepts. However, Chinombo (1998) state that self reliance might not be workable in most of Malawian villages because communities have limited resources particularly financial resources hence need negotiations for external aid.

CHAPTER FOUR.

METHODOLOGY.

A descriptive study will de done to evaluate factors pertaining to S.M. practices in safe motherhood. To reduce bias, two data collection techniques will be used i.e. interviewing and administering written questionnaires. The data collection tools will therefore include an interview schedule and questionnaires. The study will therefore use qualitative as well as quantitative research techniques.

Setting.

The study will be conducted in selected areas of Traditional Authority Nankumba in Mangochi District. These include catchment areas of Monkey Bay, Nankhwali and Nkope Health Centres.

Sampling.

Random sampling methods will be used to select study villages in selected the three Health Centres. The sample size will include seventy subjects including the women, men, V.H.C members, the local leaders and the Health Centre staff. . Convenient sampling will be used to select the subjects.

To reduce bias in sampling, pre-testing of data collection tools will be done and appropriate adjustments will be made. Content validity will be further assessed and approved by the research supervisor. Non-respondents will be followed up as well.

The sample size will be representative sample to compromise what is desirable and what is feasible. Feasible sample size to be determined by availability of resources i.e. time, man power, transport and money.

Instrumentation.

Two tools will be used i.e. question guide and questionnaire. Questionnaires will be used to interview the men women and village leaders and VHC members.The Health Centre staff will have self administered questionnares. A question guide will be used for FGD with the women.FGD will help to generate other factors or items that would not appear in the interview.

Both closed and open ended questions will be used in the questionnaires. Closed questions give more quantitative information. Open ended questions permit respondents to give and express their views in their own words which give more qualitative information. Both instruments will be developed in English by principal investigator

Pilot Study.

Pilot study will be conducted to identify potential problems in proposed study. It will revise methods and logistics of data collection before starting actual field work. It will help to save money, effort and time. The focus of pilot study will be on: how respondents react to research procedures; data collection tools if they are valid and reliable, time to administer questions; sampling procedures; procedures for data processing and analysis; work plan for budget and research activities.

Ethical Consideration.

Permission will be sought from M.O.H.P. before conducting the study. Informed consent will be sought from Traditional Authority Nankumba and all the Village Headmen. Thorough explanations will be done. No individual will be forced to participate. People will also be reassured that the information will be kept confidential and all data will be destroyed after completion of the study.

Data Collection and Study Period.

The data collection will be done over a period of one week

. Each interview will take 30 minutes.

FGD will be done with the help of an assistant.

Data Analysis and Processing.

This will focus on data sorting, quality control checks and data processing. Data sorting will involve separating questionnaires according to numbers. Quality control checks will ensure that all information is properly collected and recorded in terms of completeness and internal consistency. Data processing will be done by the computer using SPSS program. Data will be categorised, coded and summarised on master sheets. Quantitative data will be analysed using relative frequency. Missing data will not be included. Qualitative data will be analysed using content analysis i.e. listing data, establishing categories and then giving a label for each category.

Dissemination of Results.

The aim of the study is to improve maternal heath services. Therefore communication channels to disseminate results will include the ADC, VDC, DEC meetings, the management meetings at M.D.H, Health centre meetings for feedback. Reports will be written and sent to MOHP, UNFPA, MDH and all concerned agencies. There will be publications in the literature at Kamuzu College of Nursing.

TIME LINE

	1999			2000												2001			
	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A
ACTIVITY																			
LITERATURE SEARCH	X	X	X	X	X	X	X	X	X										
PROPOSAL WRITING				X	X	X	X	X	X	X	X								
SEEKING CLEARANCE												X							
PILOT STUDY												X							
DATA COLLECTION												X							
DATA ANALYSIS													X	X					
REPORT WRITING														X					
BINDING															X				
DISSEMINATION OF RESULTS																ONWARDS			

RESOURCES NEEDED FOR THE STUDY

:

principalinvestigator

- Preparation of proposal, training research assistants, soliciting clearance, for the study, financial controller, overall supervisor, compilation of data and writing final report.

research advisor

- Overseeing the progress of the research, advising on data compilation and report writing.

research assistants

- **Data Collection**

facilities

The study will require the use of facilities like: the computer, photocopier, and typewriter, duplicating machine, secretarial services and office space. The researcher will seek permission to use these facilities from the Principal of Kamuzu College of Nursing.

BUDGET

	ITEM	COST
1	**STATIONERY**	
	1 Ream A4	400
	1 Ream Duplicating paper	400
	1 ream typing paper	350
	1 packet duplicating stencil	400
	3 rubbers at K10.00 each	30
	3 blue pens at K5.00 each	15
	5 folders at K30.00 each	150
	1 file	250
	1 stapler machine	300
	1 paper punch	200
	1 box stapler wires	150
	1 calculator	600
	3 large envelopes at K15.00 each	45
	5 small envelopes at K3.00 each	15
	1 computer diskette	100
2	**TYPING COSTS**	
	Typing a 30 paged proposal at K20 per page	600
	Typing letters of permission to MoHP	40
	Typing letters of permission to Mangochi DH	40
	Typing letters of permission to T.A.Nankumba.	40
	Typing letters of permission to village headmen	40
	Typing an 8 paged questionnaire on a stencil K20/page	160
	Typing a 90 paged research report at K20.00 / page	1800
3	**PHOTOCOPYING COST**	
	Photocopying 6 x 30 paged proposal at k5 per page	900
	Photocopying 13 letters of permission at K5/ page	65
	Photocopying 6 x 90 paged reports at K5/page	2700
4	**DUPLICATING COSTS**	
	Duplication 90 x 6 paged questionnaires at k3 per page	1620
5	**BINDING COSTS**	
	Binding 6 proposals at K200.00 / copy	1200
	Binding 6 reports at K200.00 / copy	1200
6	**POSTING COSTS**	
	13 letters of permission at 60t / letter	7.8
	1 letter of clearance and proposal (registered	**30**

	mail)	

7	**PERSONNEL**	
	2 research assistants at K3000 / month x 2 months	
	1 statistician at K100 / hour x 16 hours	**1600**
8	**TRAVEL COSTS AND SUBSISTENCE**	
	8 round trip Lilongwe Nankumba for supervision	
	at K300/ trip	**2400**
	Research assistant trip Lilongwe to Nannkumbafor training	**300**
9	**SUBSISTENCE ALLOWANCES**	
	(a) For research assistant	**3000**
	(b) For principal researcher at K1000 /night x 8 nights	**8000**
	SUB TOTAL	K33276.80
	10% Contingency	*K3327.68*
	Grand Total	K43,404.48
	US$ at K45 exchange rate	$964.00

JUSTIFICATION OF BUDGET

STATIONERY

Used for writing proposal, report, letters, identification numbers, postage, storage of questionnaires

COMPUTER DISKETTE

Used for storage of reports, proposal, letters, (any data in research)

TYPING COSTS

The Secretary who will type the proposal report and letters needs to be paid for the services rendered.

PHOTOCOPYING

The proposal, report, letters need to be photocopied and paid for.

DUPLICATING COSTS

The questionnaire will be typed on a stencil and duplication will be done and paid for accordingly.

BINDING COSTS

The proposal and report are submitted in bound form and this has to be one by the printers and paid for accordingly.

TRAVEL COSTS

The research assistants will have to travel to Nankumba for training. The Principal Researcher too has to travel to Nankumba for supervision once every two weeks.

ALLOWANCES

The research assistants need allowance for the work done during the period of data collection.

The Principal Investigator need allowance for subsistence during the time she will be going to for supervision of data collection.

PERSONNEL

NAME	QUALIFICATION	ADDRESS	SPECIFICATION
B. Chisenga	Diploma in Nursing UCM	Kamuzu College of Nursing	Principal Investigator
MrMandalazi	MSc in Nursing	Kamuzu College of Nursing	Research Advisor
2 Assistants	Diploma in Nursing	LCH	Research Assistants

REFERENCE LIST

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Appendix 1

University Of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe

The Secretary for Health and Population
Ministry of Health & Population Headquarters
P.O. Box 30377
Lilongwe 3.

Dear Sir,

RE: REQUEST FOR APPROVAL OF RESEARCH PROPOSAL

I am a student at Kamuzu College of Nursing currently on the post of basic Bachelor of Science in Nursing programme. In partial fulfilment of the degree, I am required to submit a research proposal.

I would like to request for review and approval of the research proposal. The study is on Factors pertaining to community participation practices in Safe Motherhood issues in selected areas of Nankumba area, Mangochi.District.

The research proposal and other necessary documents are attached to this letter.

Thank you in advance for your assistance and cooperation.

Authorized Signature _____
Date:_____

PRINCIPAL INVESTIGATOR

Beatrice Chisenga
Kamuzu College of Nursing
Private Bag 1
Lilongwe
Tel: 721622

RESEARCH ADVISOR

Mr Mandalazi.
Kamuzu College of Nursing
Private Bag 1
Lilongwe
Tel: 721622

Appendix II

University Of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe

The Principal
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

Dear Madam,

REQUEST TO USE FACILITIES

I am a student of Kamuzu College of Nursing currently on the post of basic Bachelor of Science in Nursing programme. In partial fulfilment of the degree, I am required to submit a research proposal.

I would like to request for permission to use the following facilities in the institution: computer, typewriter, and photocopier, duplicating machine and secretarial services.

Thanking you in advance for your assistance and cooperation.

Authorized Signature _____
Date:_____

PRINCIPAL INVESTIGATOR

Beatrice Chisenga
Kamuzu College of Nursing
Private Bag 1
Lilongwe
Tel: 721622

RESEARCH ADVISOR

Mr Mandalazi.
Kamuzu College of Nursing
Private Bag 1
Lilongwe
Tel: 721622

Appendix III

University Of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe

Kwa a T. A. Nankumba
P.O. Box 1
Nankumba
Mangochi

Odi A Mfumu,

PEMPHO LA KAFUKUFUKU MMADELA ENA ADELA LANU.

Ine ndine m'modzi wa ophunzira a pa sukulu ya anamwino ku Lilongwe. Ndayenera kupanga kafukufuku ndisanamarize maphunziro anga. Ndiye ndikukupemphani kuti ndikakambiraneko ndi mafumu ma bungwe a za umoyo ndi azimayi ndi azibambo..

Mutu wa kafukufuku ndi kuona m'mene anthu akumudzi akutengapo mbali yao pochepetsa imfa ya amayi nthawi ya uchembere. Mafumu ndi anthu adzafunsidwa mafunso angapo. Sikuti padzakhala china chilichonse chodandaulitsa ai. Zonse zokambirana zidzakhala za chinsinsi.

Zikomo kwambiri.

Authorized Signature _____
Date:_____

MTSOGOLERI WA KAFUKUFUKU

Mayi Chisenga
Kamuzu College of Nursing
Private Bag 1
Lilongwe
Tel: 721622

OYANG'ANIRA

Bambo Mandalazi.
Kamuzu College of Nursing
Private Bag 1
Lilongwe
Tel: 721622

Appendix IV

University Of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe

Kwa Ofunsidwa Mafunso,

MUTU: PEMPHO LA KAFUKUFUKU WOKHUDZANA NDI M'MENE ANTHU AKUMUDZI AMATENGELAPO GAWO POTUKULA MOYO WA AMAYI PA NTHAWI YA UCHEMBERE M'DERA LA T.A NANKUMBA.

Ine ndine m'modzi m wa anamwino ophunzira ku Kamuzu College of Nursing. Ndayenera kuchita kafukufuku woona m'mene anthu a mdera la Nankumba akutengelapo gawo lawo potukula miyoyo ya amayi pa uchembere. Kafukufuku adzathandiza kudziwa zinthu zimene anthu akukwaniritsa kapena akufookerapo poteteza moyo wa mayi ku imfa ya uchembere.

Mukupemphedwa kuyankha mafunso. Palibe choopsa chilichonse komanso palibe cholowa. Muli ndi ufulu kusayankha mafunso ena.

Zonse zokambirana zikhala za chinsinsi koma oyang'anira kafukufuku adzapatsidwa ufulu oyang'ana mayankho anu. Pakutha pa kafukufuku mapepala onse olembedwa mayankho anu adzatenthedwa. Mayankho sadzaonetsa dzina la munthu koma ngati a gulu. Muli ndi ufulu kufunsa mafunso.

Ine amene dzina langa liri pansipa ndikugwirizana nazo zonsezi. Ndamvetsetsa kuti zonse zikhala za chinsinsi. Ndiri ndi ufulu kufunsa mafunso. Ndikuvomereza kuyankha mafunso.

Zikomo kwambiri.

Dzina: _____ Date:_____

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Appendix V

AN APPRAISAL OF THE COMMUNITY PARTICIPATION IN SAFE MOTHERHOOD ISSUES IN MONKEY BAY, NANKHWALI AND MKOPE AREAS

Enumerator: _____ Date: _____/10/00.

Respondents _____ Village: _____

Age: _____ Sex: _____

Marital status: _____ Education: _____

A. **LEADERSHIP**

A1. How does your leader make you solve S.M. problems ?

_____

A2. How does your leader help you accomplish agreed S.M. activities?

_____

A3. What would be the best way for a leader to conduct a village meeting?

_____

A4. What kind of leadership is practiced in this village ?

_____

A5. Do the people follow what the leader tell them to do ?

Yes ☐ No ☐ Don't know ☐

If no, how do the leader discipline them ?

_____

B. PARTICIPATORY NEEDS ASSESSMENT, PROBLEM PRIORITISATION AND ANALYSIS

B1. Have you ever been involved in identifying village needs ?

Yes ☐ No ☐

If no, go to B5

If yes,

(i) What ways did you use to identify your needs ?

_____

(ii) What problems did you identify ?

Non Health needs _____

Health needs _____

B2. Which groups of people were involved in identifying the village needs ?

Adolescents: ☐ Adults ☐ Old women ☐

- Gender Men ☐ Women ☐ Both ☐
- Others .....

B3. How did you choose the biggest needs of the village ?

_____

B4. How were biggest needs ranked ?

_____

B5. Given material and financial assistance for self- help activities rank in order of priority the biggest the biggest needs you would intervene ?

1. _____
2. _____
3. _____

NEEDA ASSESSMENT PERTAINING TO SAFE MOTHERHOOD

B6. Has any woman died of pregnancy related problem in this village ?

Yes ☐ No ☐ Don't know ☐

If no, go to B7

(i) If yes, what was the direct cause of death ?

.....

(ii) What do you think contributed to direct causes ?

.....

(iii) What do you think are the additional problems arising after a woman dies with pregnancy related causes ?

.....

.....

B7. Do you have SM activities in this village ?

Yes ☐ No ☐ Don't know ☐

If no go to C 1

If yes, who started the idea ?

B8. How does the village ensure that all the people decides freely about SM issues ?

B9. How does the village ensure that the idea of most people is the one considered ?

B10. How do women participate in SM decisions ?

C. COMMUNITY CONTRIBUTION IN SAFE MOTHERHOOD

C1. Who are the volonteers providing direct services of SM activities in your village ?

- TBA ☐
- SMA ☐
- CBDA ☐
- OTHERS _____

C2. Do you support the above volonteers ?

Yes ☐ No ☐

If yes, what type of support do you give the volonteers ?

_____

C3. Are there any problems faced by the volonteers in your village ?

Yes ☐ No ☐

(i) If yes, what are they ?

.....

(ii) What actions do you take to solve their problems ?

.....

C4. What arrangement has the village put in place to ensure that pregnant mothers are quickly taken to the Health Center when complications arise ?

_____

Who owns the mode of transport ?

_____

Who repairs it ?

C5. What do women do in this village to ensure that they deliver without problems and have a healthy baby ?

C6. What do men do to help the women deliver properly and have a healthy baby ?

C7. How useful would you say the TBAs in your area are promoting SM activities ?

- Very useful ☐
- Useful ☐
- Not useful ☐

C8. What are the weaknesses of the following in relation to SM issues ?

- Village leaders: _____
- VHC: _____
- Men/ Women: _____
- TBA _____
- Health Center Midwives: _____

C9. What do you think are the most important tasks the following should do to promote Safe Motherhood in this village ?

- Village leaders _____
- VHC: _____
- Men/ Women: _____
- TBA _____

- The Health Center Midwife: _____

D. COMMUNITY ORGANISATION

(To be answered by VHC and village leaders only).

D1. What forums are there to look into developmental activities in this village ?

_____

D2. Do you have a village health committee ?

- Yes ☐
- No ☐
- Don't know ☐

If no, go to D7.

If yes, how many village health committee members are there ?

Males ☐ Females ☐ Total ☐

D3. What are their :responsibilities? _____

_____

_____

D4. Have the VHC/ VH been trained ? (for the VHC only)

Yes ☐ No ☐

If yes,

- who trained them ? _____
- How many were trained ? _____
- When was the training ? _____
- What issues were covered during the training ? _____

_____

D5. Is the VHC functioning ?

Yes ☐ No ☐

If no, what are the problems ? _____

D6 Do you know anything about SM ?

Yes ☐ No ☐

- If yes, what do you know ? _____
- How frequent do you discuss SM issues ? _____

D7. Do you have any guidelines in relation to SM ?

Yes ☐ No ☐ Don't know ☐

If yes what are the guidelines about ? _____

D8. In relation to SM what are your

Achievements ? _____

Problems ? _____

D9. What do you think would be done to facilitate your work in SM ? (for VHC ONLY)

_____

_____

D10. Who supervises you ? (for VHC only)

- Health Surveillance Assistant ☐
- Health Assistant ☐
- Nurse ☐
- Others _____ ☐

D11. How useful would you say the health center personnel have been in promoting maternal health issues in this village ?

- Very useful ☐
- Useful ☐
- Not useful ☐

E. LINKAGE OF COMMUINTY TO HEALTH CENTRE LEVEL

(To be answered by H/C staff)

Respondent: _____

H/C name: _____

Date: _____

E1. How many villages are there in your catchment area ? _____

E2. State the number of villages with active VHC ? _____

If not active, what are their problems ? _____

_____

E3. Did any village receive any outside financial resources ? _____

If yes, what process was involved? _____

If no, go to E4

Number of villages _____

Process involved _____

Financial assistance from _____

E4. Did you conduct any training for the VHC /VDC/ ADC in your area ?

Yes ☐ No ☐ Don't know ☐

If yes what areas did you cover ? _____

_____

How many people have been trained in the following

- VHC activities ☐
- Maternity activities ☐

- SMA/ CBDA ☐
- Others ☐

If no training conducted explain why ?

_____

E5. Do you do any SM awareness in the villages ?

Yes ☐ No ☐

If yes, what type of IEC do you use to increase SM awareness in the villages ?

_____

E6. How frequent do you carry these activities in the last quarter in your area ?

- TBA supervision ☐
- VHC supervision ☐

E7. In relation to SM what would you regard as:

Achievements _____

Constraints _____

What would be the possible solutions to above constraints ?

_____

_____

_____