Manual for Field Work of Research on the Role of Community Spaces and Mechanisms in Health Promotion amongst the Poor Communities in Rural Pakistan

July 2013
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The project team would like to thank Mr Khaleel Ahmed Tetlay, Chief Operating Officer RSPN and Mr Bashir Anjum, Specialist Social Sector RSPN and Mr Musaddiq Kayani, Master Trainer RSPN for contributing to the review of this manual.

Finally, the project team and RSPN are extremely grateful to the financial and technical support provided by the Maternal and Newborn Health Programme Research and Advocacy Fund (RAF) of the UK Department for International Development (DFID) and the Australian Agency for International Development (AusAID). The guidance provide by the RAF team was valuable in shaping this project and manual.

The community people (women and men) are of utmost importance to any research project and we are highly indebted to them as their perceptions and expressions served as a source of learning and growth for the researchers.

Dr Ayesha Aziz  
Co-Investigator
Introduction

The Rural Support Programmes Network is implementing a project “Research on the Role of Community Spaces and Mechanisms in Health Promotion amongst the Poor Communities in Rural Pakistan”. The study is being implemented during April - December 2013 in three selected villages of districts Thatta, Ghizer and Rajanpur. The project is funded by the Research and Advocacy Fund (RAF). The objective of this research is to study the role of community spaces in health promotion and empowerment of women, poor persons and the socially excluded groups.

This document is developed to support the research team in conducting the field research. It outlines the background to the research topic, the research questions and a detail description on how to gather, document and analyze the findings of the field research using the PRA tools and approach.

Background

According to the Community Space and Security Commission (2005) “Community Space” refers to any internal space used by the community, either by an individual or a group of people, and includes spaces established voluntarily or by religious groups. Our understanding is that community spaces can be of two types: First, formal spaces that are created or influenced by external agents (e.g. projects and programmes) and second informal spaces that are indigenous and evolved over time where people get together and discuss various social issues. Formally organised spaces can be male, female or community groups, village health committees or community support groups which are expected to generate inclusion and internal democracy and can be used as a tool for advocacy and local governance. Informal community spaces, on the other hand, include all spaces or instances where people get together and have conversations of any kind. These can include gatherings on festive occasions, casual discussions within the home, neighbourhood gatherings at common areas or local shops, communal water fetching points, leisurely visits to friends’ homes, and so on. The interactions that occur within these informal spaces affect the participation of women, poor persons, and marginalised communities in formal spaces both positively and negatively. They also directly affect the degree to which socially excluded groups are able to access Maternal, Newborn and Child Health (MNCH) services. The difference between the external and internal spaces, essentially is that the former is created with the support of some external factors/people like the Maternal, Newborn and Child Health (MNCH) programmes and follows some sort of structured process (defined objectives, meeting dates, have office bearers etc), while the informal spaces is indigenous space evolved over time by the local communities themselves. Both formal and in formal community spaces may empower or disempower, women, poor persons and socially excluded groups to gain information and participate in discussions related to MNCH services.

To improve the state of maternal, newborn and child health in Pakistan it is important to address the socio-economic and political issues related to health by taking the health promotion approach. Health promotion focuses on reduction of social and gender inequalities by strengthening community actions through community participation in need identification, implementation and monitoring of local health activities; developing personal skills for local leadership to identify local needs, gaining power and skills
to address these needs, and re-orienting health services from curative to preventive and equitable client-centered health services. In health promotion, empowerment is envisioned as a process through which people gain greater control over the decisions and actions affecting their health (WHO 1998).

For the purpose of health promotion in Pakistan, the government launched 10 National Health Programmes (which have now been devolved to provinces). Many Non-Governmental Organisations (NGOs) working on health also included health promotion components in their overall health strategies. Most of these programmes have created different forms of community spaces, such as men’s and women's groups or organisations, village health committees, and support group, to raise awareness. However, there is a need to investigate the impact of these formal community spaces on the empowerment of women, poor persons and the socially excluded groups. Moreover, a study of the informal community spaces that includes all places and events where people get together and have conversations of any kind is also necessary since interactions that occur within these informal spaces affect the participation of women, poor persons, and marginalised communities in formal spaces both positively and negatively.

The objective of this research is to study the role of community spaces in health promotion and empowerment of women, poor persons and the socially excluded groups through qualitative research methods including:

1. Brief Ethnography
2. Document Review
3. Key Informant Interviews
4. Focus Group Discussions based on Participatory Reflection and Analysis (PRA) tools and techniques

Primary Research Question

In what ways do community spaces empower, or inhibit women, poor persons, and marginalised groups in selected villages in Thatta, Rajanpur and Ghizer, particularly with respect to maternal and child health issues? Aspects of this question include:

1. Raising awareness about health issues and the availability of health services
2. Raising awareness about entitlements
3. Providing women with a ‘Safe Space’ where they can engage with each other
4. Promoting citizen-state interaction
5. Supporting women’s mobilization
6. Supporting inclusion in local accountability processes

Secondary Research Questions

1. What community spaces have been created by the MNCH promotion programmes in the selected villages of District Thatta, Rajanpur and Ghizer?
2. What are the key functions and practices of the externally created spaces?
3. Who is included and/or excluded from the community spaces and mechanisms in MNCH promotion programmes in the selected villages of District Thatta, Rajanpur and Ghizer?
4. What is the nature and mode of inclusion and/or exclusion in the community spaces and mechanisms for MNCH promotion in the selected villages of District Thatta, Rajanpur and Ghizer?
5. How do facilitators, and the community spaces and mechanisms they create, empower and engage the poor and women in MNCH service delivery in the selected villages of District Thatta, Rajanpur
and Ghizer?
6. What lessons can be learned with respect to accountability and governance in MNCH promotion programmes and the identification, training and selection of their community facilitators in the selected villages of District Thatta, Rajanpur and Ghizer?
7. What is the impact of local internal community spaces on poor persons and marginalised women’s empowerment in relation to maternal and newborn health?

Development of This Manual

This manual is the outcome of concerted efforts of the project team with guidance from the Rural Support Programmes Network (RSPN) and the Research and Advocacy Fund (RAF). The manual was developed by the project’s Co-Investigator who has experience of designing and implementing qualitative research tools, particularly the Participatory Rural Appraisal (PRA) tools. The Co-Investigator reviewed PRA tool manuals including the manual of the project titled ‘Women’s Empowerment in Muslim Contexts’ that she had designed in one of her past projects. Subsequently, the research questions in the project proposal and the research themes in the guidelines submitted with the proposal were used to formulate objectives, questions and probes for each research tool.

The first (1st) draft of the manual was shared for review with the project’s National Technical Advisor, Principal Investigator and the RSPN team. A second (2nd) draft of the manual was developed after incorporating the comments into the first draft and then shared with the RAF team for review. The comments of the RAF team were addressed in the third (3rd) draft with support from the National Technical Advisor. The third (3rd) draft was reviewed and pilot tested by the project’s field team and the detailed guidelines for brief ethnographic study and key-informant interviews were added in it along with the revised consent form. Draft 3 of the manual was translated into Urdu and Sindhi to facilitate field work and ensure standardisation during data collection. The third (3rd) draft was also shared with the RAF team to acquire approval before printing. After a few more rounds of revision, the manual was designed and printed for dissemination.

The table below indicates the research tools that address the research questions and themes from the project proposal and the guidelines submitted with it.

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<th>Themes</th>
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<td>In what ways do community spaces empower, or inhibit women, poor persons, and marginalized groups?</td>
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<td>o Supporting inclusion in local accountability processes</td>
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<td>o Raising the issues regarding services, non-availability of the providers etc. at the service</td>
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<td>Research Questions</td>
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<td>o Addressing the broader socio-cultural issues faced by local communities for accessing information and services</td>
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<td>o Interface with government service providers and hold them accountable for availability of the quality services?</td>
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<td>1. Knowledge about MNCH Issues and Sources of information</td>
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<td>o Role of men members of the community in supporting or creating hurdles in MNCH in general and with respect to GESP in particular</td>
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<td>Research Questions</td>
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| from the community spaces and mechanisms in MNCH promotion programmes?             | o Operational mechanism of these spaces (formation, meeting frequency & place, participation of members in meeting and decision making and dissemination of decisions and action taken)  
   o Role of officer bearers/community leaders in inclusion and exclusion  
   Perception of the members and non-members about the role of officer bearers/community leaders |                                                   |
| How do facilitators, and the community spaces and mechanisms they create, empower and engage the poor and women in MNCH service delivery? | 1. Role of Supporting Organization  
   o Knowledge about the organization managing the community spaces  
   o Role of supporting organization and staff of the spaces for inclusion or exclusion  
   o Familiarity of the supporting organization with local culture and norms to ensure the inclusion of poor, women and socially excluded people  
   o Overall perception of the community about the support of these organization | Network Diagram                        |
| What is the impact of local internal community spaces on poor persons and marginalised women’s empowerment? | 1. Knowledge about Existing Internal Community Spaces  
   o Forms of the existing internal spaces in the community  
   o Links of culture norms with internal community spaces  
   o Positive or negative impact of the internal spaces on externally created community spaces  
   o Positive or negative impact of the internal spaces on poor and marginalized women’s empowerment in relation to MNCH | Guideline for Brief Ethnography including Observations and In-depth Interviews |
| What lessons can be learned with respect to accountability and governance in MNCH promotion programmes and the identification, training and selection of their community facilitators? |                                                                                                  | Analysis of Data                    |
How to Use This Manual

The purpose of this manual is to provide a detailed description of the methods/tools to be used in our field inquiry. All our methods/tools support and incorporate the Qualitative Research Methods including the Participatory Reflection and Analysis (PRA) tools relevant to this research. So this manual is developed given the objectives of this particular research and education, training and skills of the research team hired for this research. However, this manual can be used for similar research and setting and for that we recommend that this manual should be used by researchers/professionals who are well trained in Qualitative Research and PRA Methodologies, Tools and Techniques. While using this manual the following must be kept in mind:

1. It is recommended that the PRA tools should be used in the given order. However, depending on the situation encountered in the field and the interest of participants the order of tools can be changed.
2. Depending on the circumstances in the field, PRA tools can also be modified (split up or combined) by an expert researcher.
3. The PRA tools provide an outline of the process and questions for the researcher, but the process and questions can be expanded by the researcher to gain more clarity on the topic/s of discussion.
4. Care should be taken in keeping the process of tool administration extremely participatory to get the full benefit.
5. For usage of the PRA tools, separate groups of women and men should be formed. Both the groups should include the more vulnerable and socially excluded segments of population.
6. Number of participants in a group could vary from 5-20 Ask for examples to clarify perceptions of participants.
7. Use symbols wherever possible to understand how the participants view or represent things/issues/people.
8. Let the women, poor and vulnerable discuss, analyze and find alternate solutions during discussions to address issues with respect to maternal, newborn and child health issues.

The tools are not the end, but are a mean for arriving at the understanding that is needed. Hence the field workers need to be fully trained to be conversant with the purpose of research, the research questions and the research approach.

Organization of Field Work

i. Selection of field team
ii. Orientation and training of team
iii. Preparation of data collection tools

Field Team

A trained and interdisciplinary team is important for conducting a research study that uses multiple qualitative research methodologies. The team members must understand and identify topics or sub-topics or checklists on which to build questions before going into the field and initiating field work. To achieve this objective the field team was recruited on the basis of their education in Anthropology and Social Science and experience of conducting Qualitative Research. The team was provided with almost 10 days of training on the research objectives, its conceptual framework and tools developed for this project. The training also includes a field visit for pilot testing of the data collection tools and preliminary analysis of the data gathered. The training was led and conducted by the National Technical Advisor of this project and the Co-Investigator. It is recommended that the team members stay together until the
end of the process to make working objectives achievable.

The team approach is especially useful and necessary while using PRA tools and techniques because a great deal of diverse information is generated rapidly and a single person may not be able to sort it out and understand it effectively.

Experience shows that a combination of Anthropologists and Sociologists and those with some experience of working with communities are well suited for interdisciplinary teams. Small interdisciplinary teams have usually been found to be better than the large teams. As we believe, there is a professional bias in the field and each professional will seek information from his/her point of view. A small team facilitates close cooperation and organization of team members for role sharing. The roles, like who does what, should be discussed among the members and also should be agreed by all before initiating the field work.

Usually a field team consists of a 'Team Leader', 'Facilitator' and 'Note-taker'. The roles of the facilitator and note-taker may be swapped by mutual agreement within the team. Listed below are the activities and attitudes for each team member. In our case we have called the team leader as the 'Field Supervisor'.

1. **Field Supervisor**

The Field Supervisor leads the field team and is well versed with different qualitative research methodologies including PRA. He/She also understands and has been trained on the issues related to Maternal Newborn and Child health (MNCH) programmes. He/She will help the team to focus on objectives of the research. He/She will also conduct a brief ethnographic study of the area so that research findings can be related to contextual details during the analysis phase.

**Activities:**

- Coordinates with MNCH programme personnel and community leaders/gate keepers.
- Conducts brief ethnographic study of the area.
- Interviews key informants from selected MNCH programmes in the area.
- Brings along the necessary material to probe on the issues.
- Observes the discussion from the background.
- Assists the facilitator in an indirect way by giving signs when deems necessary to clarify on issue focused.
- Supports the facilitator directly by asking questions, if the situation requires it.
- Takes care that both researchers and participants have copies of any visualised subject (map, diagram etc.) with respect to maternal and child health issues provided to them during the training and developed during the PRA exercises in the field.
- Sits together with the facilitator and note taker to discuss the notes while filling the documentation/activity sheet at the end of the day.

**Attitudes:**

- Well organized
- Kind and patient at all the time, keeps a cool head if things go wrong
- Has a sense of humour
- Keeps low profile in the field site
- Listens, observes, consults
- Takes part in community celebrations or events
- Good interviewer, facilitator and observer
2. Facilitator

The Facilitator is the person who facilitates a focus group, the drawing of a map or any other PRA tool as suggested under this research.

Activities:

- Introduces the PRA tool to the group.
- Facilitates the event.
- Moderates the process.
- Acts as a catalyst between the individuals of the group.
- Finds ways of integrating dominant and quiet people and makes sure that all group members are able to express their opinions.
- Makes sure that the group keeps to the topic but is also flexible in handling additional important information.
- Repeats in own words what people say in order to confirm that there is a good understanding of the discussion.
- Takes care of time management.
- Supports the note-taker in gathering all relevant information and assists him in filling the documentation/activity sheet after the group work has finished.
- Is responsible to the field supervisor.

Attitudes:

- Has flexibility, patience and a sense of humour
- Avoids usage of complicated terms and words
- He/she talks in the local language
- Encourages people and motivates them
- “Hands over the stick” to the community group as much as possible
- Keeps a low profile during the event
- Listens carefully to any group member and does not teach
- Involves quiet and marginalized people

3. Note Taker

When drawing a map or applying any other PRA tool, one person in the team is a note-taker who writes down all important information and relevant observations.

Activities:

- Brings along the necessary material suggested in the training and developed during the PRA exercise.
- Observes the event, as a team member and also as a participant.
- Writes down all important information. It would be helpful to have a format/checklist showing relevant topics.
- Notes who is talking. Is there an equal participation of all or do some people dominate the process?
- Assists the facilitator in an indirect way by giving signs, e.g. shoulder tapping.
- Supports the facilitator directly by asking questions, if the situation requires it.
- Takes care that participants copy any visualized subject (map, diagram etc.) on a sheet of paper immediately after the event.
- Observes and facilitates the copying, ensures that the copy resembles the original, has a legend, a date, place and names of drawers.
- Sits together with the facilitator and discusses the notes while filling the documentation/activity sheet after the end of the event.
Attitudes:

- Good observer, who notes the body language, interest and facial expressions of participants and team members
- The role of the note-taker during the event is more of a passive one. Nevertheless, he/she has the main responsibility for transforming the notes into useful results and for visualizing them to the whole team
- Familiar with the language used
- Is able to visualise and present results to the PRA team briefly and precisely

Training of Field Researchers

All team members have gone through an extensive training of almost 10 days, on the research topics and methodologies (see annexure 1 for training agenda). There are some rules which should be followed by the team in order to get precise and reliable information. It is more important to practice these rules while conducting PRA. The main rules are:

a. Do not interrupt - do not interrupt when someone is talking in his/her turn at interviewing or probing for information and also do not interrupt the respondent.
b. Do not assume - do not assume either that you know the answer or that any information is wrong about something.
c. Do not lead or give clues - do not lead or give clues to the respondent with your preconceived ideas. Stay neutral while asking questions so that you do not lead the respondent.

If these rules are not followed by the team members, it may mislead the information. Therefore, the team must be careful with the above mentioned rules while applying different tools and techniques.

All team members need to be trained to acquire some knowledge on concepts and to gain specific skills needed to establish rapport and gather data in the field.
The training will also provide field practice and make way for pilot testing of the research tools. The training will focus on the below listed topics.

1. **Knowledge**

   Concepts of health and social determinants of health, health promotion, community spaces, power and empowerment, gender equality, discrimination, inclusion/exclusion, rights, equity, participation, change and role of people in change, research ethics, PRA tools. If the field researchers need any clarification they are strongly recommended to contact the Co-Investigator.

2. **Skills**

   Observational and note taking skills, including observing the processes, interviewing and facilitation skills, data recording (words and pictures), transcription and storage. Debriefing and data analysis skills, brief ethnographic research and report writing skills, reflection and maintenance of daily dairies.

   The field supervisors will do regular debriefing at the end of field exercises. The supervisors will provide feedback and seek clarification from the Co-Investigator if needed. The debriefing session will also highlight data/information gaps and make plans to get the missing information by revision of the research tools.

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**Guidelines for Entering the Field**

1. **Understand the meaning of 'Community Spaces'**

   Know the meaning and type of 'Community Spaces' and how they may embody local values of discrimination or otherwise. Be conscious of how inclusion and exclusion may prevail.

2. **Remember the Purpose of Inquiry**

   In what ways do community spaces empower, or inhibit women, poor persons, and marginalized groups in selected villages in Thatta, Rajanpur and Ghizer, particularly with respect to maternal and child health issues?

3. **Ethical Considerations during Discussions with Participants**

   i. Greet people.
   ii. Introduce yourself.
   iii. Be cautious of cultural sensitivities.
   iv. Explain why you are there.
      a. This would entail introducing the purpose of the project and the process of inquiry.
      b. Also clarify what you would do with the information generated.
   v. Ask participants how much time they have, and tell them how much time you would need.
   vi. Inform participants of their rights in the activity you would like to begin.
      a) Tell them that they have a right to participate or not to participate.
      b) If they do not want to answer any question it is OK.
      c) They can leave whenever they wish to.
      d) Confidentiality of what they say will be maintained. Nobody will be identified with what is said. If they think anything they have said should not be shared with anybody then they should let us know.
   vii. Take permission to record the discussion and take pictures.
4. **Ask for Examples**

i. Probe with open ended questions to gather information on personal experiences.

ii. Attend to and include the back seat voices – make sure all the participants have equal chance for participation and engage those who are not participating in the exercise and group discussions. If needed, separate groups for discussion or use alternative approaches like symbols, local language, revisiting the discussion at some later point, giving personal attention, simplifying/rewording questions, etc)

iii. Encourage participants to use symbols to understand how the participants view or represent things/issues/people.

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**Tools for Field Work**

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1. **Guidelines for Transect Walk**

**Purpose**

The purpose of the transect walk is to get a general feel of the community (walk about). It can also be accompanied by a discussion with the community members on MNCH issues as the observations are being made. It will facilitate the purposive selection of participants to be included in the groups.

**Objectives**

1. To observe the inequalities and exclusion in social interactions between different population groups.
2. To identify the type of community spaces and structures (physical and social) existing in the village (including the formal ones created by the selected MNCH programmes and the informal ones).
3. To mark community spaces existing in the village and their distances.

**Participants**

The participants of the transect walk will include the field researchers and three to four community members. The community members must include a woman and a man from one of the marginalized groups in the village. If local customs are not supportive of taking a woman and man together, then two separate transect walks should be conducted to get the different perspectives in data.

**Step 1 – Getting started**

Action 1) Request some community members like women activists, Lady Health Worker’s (LHWs) or visitors, elderly women and men or members of civil society organizations, etc. to accompany you when possible and walk through the community.

Action 2) Observe the following (Observation checklist)
1. Overall environment – i.e. sights, sounds, smells, buildings construction, roads, religious places, institutions (governmental and non-governmental), health facilities, Lady Health Worker's (LHWs) health house, traditional birth attendants house, drainage, garbage, water/phone/electricity lines, open spaces and formal and informal community spaces?

2. Where are the public or private healthcare facilities located and their distances? Are they accessible to the women, poor and marginalized?

3. Which castes are living in this area/community? What is their influence in the community?

4. What kind of maternal, newborn and child health problems exist here?

5. Where are the communities with more maternal, new born and child health problems?

6. What informal and formal community spaces exist in the village?

**NB:** Formal community spaces include female, male or community groups village committees or support groups created or influenced by external agents like health or related programmes. Informal spaces are places or instances where people get together and have conversations of any kind. They may include celebrations, festivals, communal water sources, neighborhood gatherings, etc.

7. Who participates in each of the identified spaces?

8. Where are the formal community spaces created by the selected MNCH programmes located? Are they accessible to the women, poor and marginalized?

9. What is written on advertisements, signboards, and the kinds of images visible? What messages are coming across?

10. Where are the women, poor and marginalized visible? Market as buyers as sellers? Health facility, Basic Health Unit (BHU)? Public transport?

11. What are they doing? Activity?

12. How are they dressed?

13. How do the women, poor and marginalized interact among themselves?

14. How do they interact with others?

15. How do others interact with them?

**2. Guidelines for Social Map**

**Purpose**

The social map sketches out the physical and social universe of the participants making the social map. It shows resources within their immediate geographical boundary (village/mohalla) and the resources outside those boundaries. Participant's access to resources can also be gauged by asking them when and how they access the resources shown, and whether they face hurdles to access, and what constitutes those hurdles.
(For example, in accessing health resources, women may face financial and non-financial barriers). Access thus can be seen as a proxy indicator of empowerment.

**Objectives**

1. To identify who lives (different communities/groups) in the specified space under review (mohalla/village).
2. Identify households/clusters of the poor and the better off.
3. To understand the location/placement of the formal community spaces created by the selected MNCH programmes.
4. To explore the accessibility of the formal community spaces created by the selected MNCH programmes, especially with respect to the women, poor and marginalized.
5. To identify those at risk with respect to maternal, new born and child health issues.

**Participants**

The participants of the social mapping exercise will include the field researchers and 8-10 women and 8-10 men from the community. Separate social maps will be constructed for the women's group and the men's group. Members in each group must include people living in different areas of the village as well as those who have a good understanding and more information about the whole village.

**Step 1 – Making the Social Map**

Action 1) Invite participants to make the social map using locally available resources.

Action 2) Choose a suitable space (try a courtyard or open space that is acceptable to all if possible as maps have a tendency to expand).

Action 3) Help participants to get started by explaining the process.

Note: You may start by saying, we want to learn about your village/mohalla, can you make a map on the floor/ground to explain where the households are, what are the resources?

You may also start by making a circle on the ground, and say: if this is your village/mohalla, could you now show us where the households are and what you think are the important resources/areas that you would want us to know about?

<table>
<thead>
<tr>
<th>Probes:</th>
<th>NB: Encourage the use of symbols</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Where are we right now – can you locate us?</td>
<td></td>
</tr>
<tr>
<td>• What are important places and roads for you in your community?</td>
<td></td>
</tr>
<tr>
<td>• (NB: buildings, construction, market places, schools, roads, religious places, institutions (governmental and non-governmental), health facilities, lady health worker's health house, traditional birth attendants house, drainage, garbage, water/phone/electricity lines, open spaces and formal and informal community spaces)</td>
<td></td>
</tr>
<tr>
<td>• How are the households distributed/divided in your area?</td>
<td></td>
</tr>
<tr>
<td>• Are there different sections allocated to different population groups like poor and rich or different ethnicities/tribes? (division of space)</td>
<td></td>
</tr>
<tr>
<td>• How is the space (within and outside the house) divided between women and men?</td>
<td></td>
</tr>
<tr>
<td>• Who can go to places like schools, bazaars, water sources, roads, transport depots/Addas, BHUs/Clinics/Hakims/Hospitals and government offices)?</td>
<td></td>
</tr>
<tr>
<td>• Where are the formal community spaces created by the selected MNCH and other health related programmes located within your village/mohalla?</td>
<td></td>
</tr>
<tr>
<td>• Who goes there? And why?</td>
<td></td>
</tr>
</tbody>
</table>
Step 2 – Feedback and Thank you

1. Ask the participants how do they feel about this session? Would they like to say something about it?
2. What did you learn from today's interaction?
3. Was there anything new? What?
4. What you did not like?
5. What did you find difficult?
6. Anything specific that you remember from today's session?
7. Facilitator should relate his/her thoughts.

Thank the participants for their time; for the ideas they shared; and that this would help everyone to learn from each other.

3. Guidelines for FGD on Community Spaces

Objectives

1. To explore participants' understanding of community spaces.
2. To identify the type of community spaces existing in the village (including the formal ones created by the selected MNCH programmes and the informal ones).
3. To explore the participants' perspectives of the mandate and objective of the formal community spaces created by the selected MNCH programmes.
4. To explore the processes within the formal community spaces created by the selected MNCH programmes.

Participants

The participants of the Focus Group Discussion will include the field researchers and 8-10 women and 8-10 men from the community. Separate group discussions will be held with the women's group and the men's group. Members in each group must be purposively selected to include 4-5 people who have participated in activities of the MNCH programmes and 4-5 of those who have been left out or who have not participated in activities of the MNCH programmes. People living in different areas of the village must be selected as participants to get the different perspectives in data.

Step 1 – Understanding Community Spaces

Q1) What is meant by community spaces?

NB. Note the Urdu translation for community spaces is 'baat karnay ki jagah ya muaqae'
Q2) What kind of community spaces exist in your village?

**NB. Encourage examples of both informal and formal spaces**

Formal community spaces include female, male or community groups village committees or support groups created or influenced by external agents like health or related programmes. Informal spaces are places or instances where people get together and have conversations of any kind. They may include celebrations, festivals, communal water sources, neighborhood gatherings, etc.

Q3) Ask participants to share their understanding of the mandate and objective of the formal community spaces created by the selected MNCH programmes in their village.

**Step 2 – Processes in Community Spaces**

Q1) How is a formal MNCH health promotion community space set up/organized?

**Probes:** Which programme personnel contact community people? Who do they meet first? How do they select community participants? How are participants included or excluded? Where do meetings/discussions take place? How is the place for meetings/discussions selected?

Q2) What usually happens in the formal community spaces created by the selected MNCH programmes?

**Probes:** What is the frequency of meetings/discussions? How many community people participate? What is the age group, gender, poverty level and social status of participants? What topics are discussed? Do these topics include maternal, newborn and child health issues like antenatal care, tetanus immunization, delivery by trained birth attendant, postnatal care, family planning, breast feeding, child care and immunization and social determinants of health like transportation, education and livelihood?

Q3) Which participants in the formal community spaces created by the selected MNCH programmes raise voice, make decisions and take actions?

**Probes:** How do participants act? Any differences with respect to gender, age groups, poverty level and social status of participants?

**Step 3 – Feedback and Thank you**

1. Ask the participants how do they feel about this session? Would they like to say something about it?
2. What did you learn from today’s interaction?
3. Was there anything new? What?
4. What you did not like?
5. What did you find difficult?
6. Anything specific that you remember from today’s session?
7. Facilitator should relate his/her thoughts.

Thank the participants for their time; for the ideas they shared; and that this would help everyone to learn from each other.
4. Guidelines for Network Diagram

Purpose

The network diagram shows the relationships between people and institutions. The modes of communication, influence and strength of relationships can be studied through it.

Objectives

1. To understand the relationship between facilitators and participants of the formal community spaces created by the selected MNCH programmes.
2. To identify the role of MNCH programmes and their facilitators in influencing decisions and happenings in the village/mohalla.

Participants

The participants of the network diagram will include the field researchers and 8-10 women and 8-10 men from the community. Separate network diagrams will be constructed with the women's group and the men's group. Efforts must be made to include the same participants in each group as those in the focus group discussion on community spaces. Members in each group must be purposively selected to include 4-5 people who have participated in activities of the MNCH programmes and 4-5 of those who have been left out or who have not participated in activities of the MNCH programmes. People living in different areas of the village must be selected as participants to get the different perspectives in data.

Step 1 – Relationship between Facilitators and Participants

Action 1) Draw a point (or use a symbol) and tell the participants that it represents the facilitators of the selected area group.

Action 2) Ask the participants to draw a point or choose a symbol representing themselves.

Action 3) Ask each participant to connect the point or symbol representing themselves to the point or symbol representing the facilitators.

**NB:** Separate network diagrams can be drawn for each selected MNCH programme.

**NB:** Show them how the points or symbols can be connected by means of arrows. The thickness of arrows can be used to represent the strength of association while the direction of arrows can be used to show the information flow or power dynamics in the relationship.

Action 4) Also ask participants to show connections between themselves using the arrows.
Step 2 – Role of MNCH Programmes

Action 1) Ask participants to show the connection of the selected MNCH programmes to the facilitators and themselves.

NB: Note the distance between programmes, facilitators and participants in the network diagrams.

Action 2) Ask the participants about the decisions or happenings in their village/mohalla that the selected MNCH programmes and their facilitators have been able to influence so far.

Probes: How do the MNCH programme management and their facilitators interact with office bearers/community leaders? How do they support the community? How do they influence decisions or happenings in the village? What efforts (if any) do they make to include the women, poor and marginalized in community decision making processes?

What is the difference (if any) between the 3 selected MNCH programmes, their management and facilitation mechanisms, especially with respect to modes of inclusion and exclusion of the women, poor and marginalized?

Step 3 – Feedback and Thank you

1. Ask the participants how do they feel about this session? Would they like to say something about it?
2. What did you learn from today’s interaction?
3. Was there anything new? What?
4. What you did not like?
5. What did you find difficult?
6. Anything specific that you remember from today’s session?
7. Facilitator should relate his/her thoughts.

Thank the participants for their time; for the ideas they shared; and that this would help everyone to learn from each other.

5. Guidelines for Cause and Effect Diagram

Purpose

The cause and effect diagram depicts the outcomes and impact of phenomenon/problem/issue. In this case the community spaces are being considered as a phenomenon that is expected to have immediate and long term effects on the community, particularly the empowerment of its people.

Objectives

1. To understand the impact of the formal community spaces created by the selected MNCH programmes.
Participants

The participants of the cause and effect diagram will include the field researchers and 8-10 women and 8-10 men from the community. Separate cause and effect diagrams will be constructed with the women’s group and the men’s group. Efforts must be made to include the same participants in each group as those in the focus group discussion on community spaces. Members in each group must be purposively selected to include 4-5 people who have participated in activities of the MNCH programmes and 4-5 of those who have been left out or who have not participated in activities of the MNCH programmes. People living in different areas of the village must be selected as participants to get the different perspectives in data.

Step 1 – Impact of Formal Community Spaces

Action 1) Draw a point (or use a symbol) and tell the participants that it represents the formal community spaces created by the selected MNCH programmes.

Action 2) Ask the participants to identify the impact of the formal community spaces in form of symbols or writing emerging from the first point.

NB: Separate cause effect diagrams can be drawn for each selected MNCH programme.

NB: Ask for examples of how the formal community spaces created by the selected MNCH programmes have empowered communities and have:
- Raised awareness on health issues and availability of health services.
- Raised awareness about rights and entitlements related to availability of healthcare services and providers.
- Provided a safe space for interaction for the women, poor and marginalized.
- Supported community mobilization.
- Created linkages between healthcare consumers and providers.
- Promoted local accountability of healthcare providers and quality of healthcare services.
- Promoted citizen-state interaction for addressing the broader socio-cultural issues affecting access to information and healthcare services.

How have the formal community spaces affected the empowerment of women, poor and marginalized individuals, especially in their personal lives?

What actions have been taken by the community as a result of the formal community spaces created by the selected MNCH programmes to ensure inclusion of the voice of the women, poor and marginalized in shaping local public policies?

What actions have been taken by the government and/or healthcare providers in response to the community actions?

Step 2 – Feedback and Thank you

1. Ask the participants how do they feel about this session? Would they like to say something about it?
2. What did you learn from today’s interaction?
3. Was there anything new? What?
4. What you did not like?
5. What did you find difficult?
6. Anything specific that you remember from today’s session?
7. Facilitator should relate his/her thoughts.

Thank the participants for their time; for the ideas they shared; and that this would help everyone to learn from each other.
6. Guidelines for Key-Informant Interviews

Purpose

The key-informant interviews are meant to understand the design, implementation and impact of Maternal, Newborn and Child Health (MNCH) programmes with respect to gender, social exclusion and poverty (GSEP).

Objectives

1. To understand the purpose and objectives of selected MNCH programmes.
2. To understand the implementation processes of selected MNCH programmes with respect to GSEP.
3. To identify the outcomes and achievements of selected MNCH programmes with respect to GSEP.

Participants

The key-informants will include the designer/planner of the selected MNCH programme and a programme manager and field staff of the same.

Questions

1) What are the important issues related to maternal, newborn and child health in Pakistan?

**NB:** MNCH issues may include problems related to antenatal care, immunization for tetanus, delivery by a trained birth attendant, postnatal care, breast feeding, family planning, child care and immunization. Respondent may identify issues like livelihood, education, transportation and others that are included in social determinants of health.

2) What are the maternal, newborn and child health issues in this village?

3) Which population groups are more affected by the maternal, newborn and child health issues in this village?

**NB:** Probe about differences with respect to gender, poverty and social exclusion.

4) What do you understand from the term health promotion?

**NB:** Health promotion may include healthy public policies, supportive environment, community actions, local leadership and preventative approach to health services.

5) How do you think health promotion is related to maternal, newborn and child health?

6) How (when and why) was the MNCH programme that you are part of conceived and initiated?

7) Why was this area/village chosen for implementation of the MNCH programme that you are part of?

8) What are the objectives of the MNCH programme that you are part of?

9) How is the MNCH programme that you are part of funded?

10) What change does the MNCH programme that you are part of wishes to bring about? (What are the expected outcomes of the MNCH programme that you are part of?)

11) How does the plan (scope of work and activities) of the MNCH programme that you are part of promote MNCH in this village?

**NB:** Probe about awareness sessions, capacity building activities, community spaces and mechanisms, advocacy initiatives, policy dialogues, referral mechanisms, service delivery.

12) How does the plan (scope of work and activities) of the MNCH programme that you are part of
support the inclusion of women, poor persons and the marginalized?

**NB:** Probe about role of project staff, inequities based approach in work and modes of inclusion and exclusion in community spaces) (NB: Also ask what kind of informal community spaces exist in the village)

13) How do the human resource policies and arrangements in the MNCH programme that you are part of support women, poor persons and the marginalized?

**NB:** With respect to hiring, selection and deputation of staff. Eg. How does your programme depute human resource in the area/village? How does this arrangement support women, poor persons and the marginalized?

14) How do the budgeting and financial arrangements in the MNCH programme that you are part of support women, poor persons and the marginalized?

**NB:** With respect to fund allocation.

15) How does the monitoring, information and reporting system in the MNCH programme that you are part of support women, poor persons and the marginalized?

16) How is the effectiveness or success of the MNCH programme that you are part of measured?

17) How far do you think has the MNCH programme that you are part of been successful in promoting MNCH in this village?

**NB:** Ask about evaluation studies/mechanisms or any reports.

18) How far do you think has the MNCH programme that you are part of supported empowerment of the women, poor persons and the marginalized?

**NB:** Empowerment may include awareness, capacity building, inclusion and action to ensure state-citizen interaction and accountability.

19) What were the major challenges that faced by the MNCH programme that you are part of in including and supporting the women, poor persons and the marginalized?

20) What lessons can be learnt from the MNCH programme that you are part of, to make future MNCH programmes more inclusive and empowering for the women, poor persons and the marginalized?

21) What changes have you made or suggested for improvement of the MNCH programme that you are part of?

**7. Guidelines for Brief Ethnographic Study**

**Purpose**

Brief Ethnographic studies aim to find out in-depth realities of respondents' lives. Collection of life stories can be used as a method to achieve this objective in a limited time frame. Furthermore, the method of life story will provide insight on maternal newborn and child health issues in the community, particularly those existing in the informal community spaces and the ones emerging from the effect of formal community spaces on the informal ones and vice versa.

**Objectives**

1. To gain in-depth understanding of MNCH issues in the community/village.
2. To understand the interaction of formal and informal community spaces.
3. To get deep insight of the impact of formal and informal community spaces on the empowerment and health of women, poor and marginalized people.
Steps

Action 1) Researcher will find residence in the village with the help of community.

Action 2) Rapport building in the community by frequent tours in the village accompanied by informal conversations with the villagers.

Action 3) Researcher will make a village profile.

- Collection of primary data to know the socio-economic demographic characteristics of the village.
- Participation in informal community spaces to understand social structure (caste, class, political organization, livelihoods, economic structure, access and control over resources, kinship).
- Village profiling that will comprise of gathering information about physical structures, landmarks, kinship, social and political organization of community, resources (health, economy, water, sanitation, electricity, security), places for social gatherings/ceremonies, population demographics, interactions, influences, presence and work of MNCH programmes, roads and transportation, religious places and groups and any other important detail.

Action 4) Researcher will identify the respondents for collection of life histories.

- Respondents will be identified on the basis of gender, poverty, socio-economic status, inclusion or exclusion in community spaces, caste, tribe, ethnicity or any other form of social class.

Action 5) Researcher will collect life stories from the identified respondents.

- Process will begin from informal discussions and consent taking from the respondent.
- Observations will continue throughout the collection of life stories.
- Issues for discussion will follow a general to specific approach.
- Discussions will be completed in several sittings.

Collection of Life Stories

1. Please tell me about your life and your household.

   **Probes:** Number of males, females, age stratification, children, school going children, other relations, division of roles and responsibilities, power structure (with respect to gender, age, economic status, relationship), physical structure of house and division of space in it.

2. Please tell me what you do during the day (daily routine).

   **Probes:** Work, responsibilities, time spent on different activities, entertainment, sleep/rest, frequency of visits to places like fields, tube well, neighborhood, relatives, social gatherings.

3. Please tell me what you understand from mother and child health.

   **Probes:** Issues (marriage, family planning, birth spacing, pregnancy, antenatal care, delivery, postnatal care, child care, nutrition, hygiene, medication, emotional and mental health, physical structure of living place, relationship with spouse and family, household responsibilities and workload, violence, awareness of rights, information and access to health facilities, access to economic resources and transportation, decision making) sources and kind of information (where, when, how, what, why, who), benefits of information, impact of information on MNCH health, ways of information sharing (direct and indirect), spaces (formal and informal) to share MNCH information, ability to share MNCH information, existence of safe spaces to share MNCH information, time and space (when and where you got information).
4. Tell me about your marital status. Also ask about the issues of maternal and child health during different stages of life.

<table>
<thead>
<tr>
<th>Pre-Pregnancy</th>
<th>During Pregnancy</th>
<th>Child Birth and Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge about puberty/ menstruation and issues related to that, tetanus immunization, marital age, choice of marital partner, consent, situation, feelings on marriage day, any health issue, relationship with spouse, division of labor, roles and responsibilities, relation with household members, level of interaction, decision making about first pregnancy, mobility (access to market and other places), financial problems in the family, family planning, permission to participate in formal MNCH spaces</td>
<td>Nutrition, hygiene, vaccination, blood pressure, diabetes, swelling of hands, feet and body, bleeding/spotting, anemia, fits, LHW/V visits, medication (traditional and modern), visits to BHU and hospital, (with someone?) dietary care, workload and division of labor in household, relationship with spouse, relations between household members, behavior of household members (accommodative or non-cooperative, violent), mobility (access to market and other places), issues related to change in physique, antenatal care, registration in hospital, planning for delivery, saving money, permission to participate in formal MNCH spaces, place of child birth (hospital-public or private, home, maternity home), financial problems in the family, incidental delivery in field or other places, other forms of medication or treatment (taweez, pir, darbar, ceremonies, dum darood) (faith healing)</td>
<td>Place of delivery, person who conducted delivery (LHV/W, dai/doctor/lady doctor/midwife/natural), health issues (blood pressure, diabetes, breast feeding, visits of/to health provider, birth spacing and contraception), behavior of the family (accommodative or non-cooperative, violent), division of labor in household, diet, issues regarding child health care (vaccination, diet, transportation), financial problems in the family, celebrations, other forms of medication/treatment or gratitude (taweez, pir, darbar, ceremonies, dum darood) (faith healing), mobility (access to market and other places), permission to participate in formal MNCH spaces</td>
</tr>
</tbody>
</table>

5. Can you please tell me about miscarriage? Have you had a miscarriage?

**Probes:** Causes of miscarriage (marital relation with spouse, workload, diet, tension, anxiety, accident, domestic violence, inadequate health care, anemia, weight loss), intentional abortion (forced, self, financial problems in family, disease in family) premature delivery (before the 7th month of pregnancy), Effect of miscarriage (on respondent, family members, relationship with spouse and other family members, fears, information seeking, motivation, health care, understanding of the problems, results).

6. Tell me what you know about family planning and birth spacing?

**Probes:** No information, receiving first time information, husband response to family planning, visit to family planning office, attitude of household members with regards to family planning, challenges for using or making decisions of family planning, benefit of family planning, impact of FP on your health, information of Dai regarding FP, centers of FP, methods of FP used, times of using FP (on the birth of which child), impact of FP on family (economy), religious response to FP.
7. Tell me about Dai for MNCH in your village?

**Probes:** Experience of dai, expertise of dai, status of dai (caste), economic relations with dai, roles of dai (pre delivery, delivery and after delivery, responsibilities of dai, complications during pregnancy due to dai, availability of dai, communication with dai, assistance of dai, knowledge of Dai (use of modern tools related to MNCH), use of traditional medication, advices, visits, decision making.

8. Tell me what do you know about MNCH programmes?

**Probes:** Information about LHW/V centers, maternity homes, family planning (FP) centers, FP products, sources of mobilization, offices, NGOs, public health centers, criteria of programme (inclusion, exclusion), spaces (formal), access, resources (benefits), purpose and structure of MNCH programmes.

9. Tell me about spaces existing around you with reference to MNCH programmes?

**Probes:** Types of spaces (hospitals, BHU, THQ, RHC, dispensary, LHW/V house or centers, FP centers, shops, maternity homes, midwife house or center, any other), location, nature of spaces, culture of spaces, information, type of facilities, motivation or mobilization, products, assistance, concept of inclusion and exclusion, behavior of facilitator, who will address to whom (according to socio-economic), agenda of discussion, your participation, days for formal community spaces, community action after participation in spaces.

10. Tell me about informal community spaces?

**Probes:** Fields, neighborhood, social gatherings, ceremonies, religious events, social events, funerals, bemar pursi (enquiring after one's health)

11. Tell me about the effect of formal community space on informal community spaces?

**Probes:** Discussion on MNCH issues, impact on females (ability and freedom of expression, feeling safe, information sharing, modifying the social structure, norms and values, religious expressions, adaptation in terms of changing behaviors, dealing with conflicts, improvement in inter-person communication, impact on MNCH, birth spacing (willingness), empowerment.

12. Tell me about the impact of informal community spaces on formal community spaces?

**Probes:** Beliefs, values, relationships, status in family and society, ability to communicate, fatalistic behaviors, victimization, ability to challenge, freedom, motivation, mobilization, sensitivity towards MNCH, personal experience of MNCH problems like death of child, etc.

13. How have the informal and formal community spaces affected your health and empowerment?

**Probes:** Impact on your life, challenges to be faced in this regard (domestic restrictions), views of household members on participation, relationship with other female participants, relationships
with non-participating members in family, social circle and community, decision making, mobility, mobilization, collective action by community, awareness about rights and entitlements related to health, accountability of healthcare providers and state machinery, ability and authority to decide about health related matters (access, medication, selection of products and medicine, traditional ways of health medication with comparison to modern one, hygiene, Family Planning Products, Birth spacing and etc.), empowerment.
Annexure 1: Training Agenda

Role of Community Spaces in Health Promotion and Empowerment

Training Objectives

1. To educate participants on concepts of;
   b. Community spaces and their impact on health promotion.
   c. Power and empowerment.
   d. Gender equality and equity.
   e. Rights, discrimination and inclusion/exclusion.
   f. Participatory Action Research and Participatory Rural Appraisal tools.
   g. Change, role of people in change and research ethics.
   h. Participatory Rural Appraisal (PRA) tools
   i. Brief ethnographic study.

2. To improve participant's skills of;
   a. Communication (including listening, probing and facilitation).
   b. Observation and note taking (including observing the processes).
   c. Document review.
   d. Interviewing.
   e. Data recording (words and pictures) and transcription.
   f. Debriefing and data analysis using NVivo.
   g. Reflexivity and maintenance of daily diaries.
   h. Writing.

Training Methods

An 8-day training of the field team will be conducted. The methods used in the training will include

- Reading assignments.
- Interactive presentations.
- Plenary discussions.
- Group discussions.
- Group exercises.
- Field practice for pilot testing of the data collection tools.

Training Material

- Readings.
- Ottawa Charter for Health Promotion.
- Alma Atta declaration.
- Peoples Health Charter.
- Presentations.
**Agenda**

Sessions on Brief Ethnography, Document Review, Interviewing and Report Writing will be conducted with selected participants in the evening.

<table>
<thead>
<tr>
<th>Training Topics</th>
<th>Training Methods</th>
<th>Duration</th>
<th>Facilitator</th>
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<tbody>
<tr>
<td><strong>Day 1</strong></td>
<td></td>
<td></td>
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<tr>
<td>Introduction of participants</td>
<td>Individual and group exercise</td>
<td>30 minutes</td>
<td>Dr Ayesha Aziz</td>
</tr>
<tr>
<td>Hopes and fears</td>
<td>Individual and group exercise</td>
<td>30 minutes</td>
<td>Kausar S Khan</td>
</tr>
<tr>
<td>Norm setting</td>
<td>Individual exercise and group discussion (I learn best when....)</td>
<td>30 minutes</td>
<td>Kausar S Khan</td>
</tr>
<tr>
<td><strong>Tea Break</strong></td>
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<tr>
<td>Differentiate between feelings and thoughts</td>
<td>Group exercise and discussion</td>
<td>60 minutes</td>
<td>Kausar S Khan</td>
</tr>
<tr>
<td>Introduction to reflexivity</td>
<td>Plenary discussion</td>
<td>40 minutes</td>
<td>Kausar S Khan</td>
</tr>
<tr>
<td><strong>Lunch Break</strong></td>
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<tr>
<td>Introduction to self-awareness</td>
<td>Individual and group exercises</td>
<td>90 minutes</td>
<td>Kausar S Khan</td>
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<tr>
<td><strong>Tea Break</strong></td>
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<tr>
<td>Introduction to communication and hurdles to communication</td>
<td>Brain storming and plenary discussion on JoHari window</td>
<td>40 minutes</td>
<td>Kausar S Khan</td>
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<tr>
<td>Evening session on brief ethnography</td>
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<td></td>
<td>Kausar S Khan</td>
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<tr>
<td><strong>Day 2</strong></td>
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<tr>
<td>Learning of Day 1</td>
<td>Plenary discussion</td>
<td>15 minutes</td>
<td>Dr Ayesha Aziz</td>
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<tr>
<td>Introduction to primary healthcare and health promotion</td>
<td>Group reading and discussion on Alma Atta Declaration, Ottawa Charter and Peoples’ Health Charter</td>
<td>90 minutes</td>
<td>Dr Ayesha Aziz</td>
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<tr>
<td>Training Topics</td>
<td>Training Methods</td>
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<td>Tea Break</td>
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<tr>
<td>Introduction to social determinants of health</td>
<td>Group exercise (web exercise)</td>
<td>120 minutes</td>
<td>Dr Ayesha Aziz</td>
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<tr>
<td>Lunch Break</td>
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<tr>
<td>Introduction to research and types of questions</td>
<td>Plenary discussion</td>
<td>30 minutes</td>
<td>Dr Ayesha Aziz</td>
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<td>Tea Break</td>
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<tr>
<td>Introduction to participatory action research</td>
<td>Interactive presentation</td>
<td>40 minutes</td>
<td>Dr Ayesha Aziz</td>
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<td>and participatory rural appraisal tools</td>
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<tr>
<td>Practice of PRA tools – social map</td>
<td>Group work</td>
<td>90 minutes</td>
<td>Group participants</td>
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<td>Day 3</td>
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<tr>
<td>Reflexivity and daily dairies</td>
<td>Free writing</td>
<td>15 minutes</td>
<td>Dr Ayesha Aziz</td>
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<td>Typology of participation</td>
<td>Plenary discussion on assigned reading</td>
<td>15 minutes</td>
<td>Dr Ayesha Aziz</td>
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<tr>
<td>Documentation and recording of data</td>
<td>Interactive presentation and activity report format</td>
<td>15 minutes</td>
<td>Dr Ayesha Aziz</td>
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<td>Tea Break</td>
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<tr>
<td>Introduction to communication skills (model, listening – active and reflective)</td>
<td>Group discussion and role play</td>
<td>150 minutes</td>
<td>Kausar S Khan</td>
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<td>Lunch Break</td>
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<tr>
<td>Introduction to communication skills (probing and giving and receiving critical feedback)</td>
<td>Group discussion and role play</td>
<td>150 minutes</td>
<td>Kausar S Khan</td>
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<td>Evening Session</td>
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<tr>
<td>Practice of PRA tools –</td>
<td>Group work and discussion</td>
<td>60 minutes</td>
<td>Group</td>
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<td>Facilitation, note taking and observation skills</td>
<td>Group presentations and discussion</td>
<td>40 minutes</td>
<td>Dr Ayesha Aziz</td>
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<tr>
<td>Data recording and transcription</td>
<td>Individual and group practice</td>
<td>20 minutes</td>
<td>Dr Ayesha Aziz</td>
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<tr>
<td><strong>Day 4</strong></td>
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<tr>
<td>Field work for pilot testing of all PRA tools at Kotli Sattian villages of Bilawara and Durnaiyan</td>
<td>Group work</td>
<td>All day</td>
<td>Fazal Ali Khan, Dr Ayesha Aziz and Kausar S Khan for half day</td>
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<td><strong>Day 5</strong></td>
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<tr>
<td>Learning from the field (challenges and feedback on data collection tools)</td>
<td>Free and reflexive writing. Categorization of challenges.</td>
<td>120 minutes</td>
<td>Dr Ayesha Aziz</td>
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<tr>
<td>Tea Break</td>
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<tr>
<td>Debriefing of field visit</td>
<td>Group discussion based on activity reports</td>
<td>60 minutes</td>
<td>Dr Ayesha Aziz</td>
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<tr>
<td>Revision and practice of PRA tools - Network diagram and Cause and effect diagram</td>
<td>Group work and discussion</td>
<td>120 minutes</td>
<td>Group participants</td>
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<td>Lunch Break</td>
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<tr>
<td>Review and practice of Key Informant Interview Guidelines</td>
<td>Group work and discussion</td>
<td>150 minutes</td>
<td>Dr Ayesha Aziz</td>
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<td><strong>Evening Session</strong></td>
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<tr>
<td>Transcription of Field Data</td>
<td>Individual practice</td>
<td>120 minutes</td>
<td>Group participants</td>
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<tr>
<td>Revision of Ethnographic Guidelines with Field Supervisors</td>
<td>Small group discussion</td>
<td>120 minutes</td>
<td>Dr Ayesha Aziz</td>
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<td>Training Topics</td>
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<td>Day 6</td>
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<tr>
<td>Identification of MNCH issues</td>
<td>Group work and plenary discussion – 3 groups, group 1 identifies physical health issues with pregnant women and mothers, group 2 identifies mental and social problems with pregnant women and mothers, group 3 identifies health problems with children upto the age of 5 years.</td>
<td>60 minutes</td>
<td>Dr Ayesha Aziz</td>
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<td>Tea Break</td>
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<tr>
<td>Introduction to issues of gender and power</td>
<td>Group exercises and discussion – sex v/s gender, statue exercise, go around of helpless and powerfulness</td>
<td>150 minutes</td>
<td>Dr Ayesha Aziz</td>
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<td>Lunch Break</td>
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<td>Change and role of people in change</td>
<td>Plenary discussion</td>
<td>30 minutes</td>
<td>Dr Ayesha Aziz</td>
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<tr>
<td>Transcription of field data</td>
<td>Individual practice</td>
<td>Rest of the day</td>
<td>Group participants</td>
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<td>Day 7</td>
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<td>Transcription of field data</td>
<td>Individual practice</td>
<td>All day</td>
<td>Group participants</td>
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<td>Day 8</td>
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<tr>
<td>Introduction to NVivo</td>
<td>Presentation and hands on practice</td>
<td>60 minutes</td>
<td>Dr Ayesha Aziz</td>
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<td>Tea Break</td>
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<tr>
<td>Manual thematic analysis of field data</td>
<td>Group work</td>
<td>60 minutes</td>
<td>Dr Ayesha Aziz</td>
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<tr>
<td>Data analysis using NVivo</td>
<td>Group work</td>
<td>60 minutes</td>
<td>Dr Ayesha Aziz</td>
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<td>Training Topics</td>
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<td>Lunch Break</td>
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<tr>
<td>Field planning</td>
<td>Plenary discussion</td>
<td>60 minutes</td>
<td>Fazal Ali Khan</td>
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<tr>
<td>Closure of training</td>
<td>Plenary discussion</td>
<td>15 minutes</td>
<td>Dr Ayesha Aziz</td>
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Annexure II: Tools for Field Work

Role of Community Spaces in Health Promotion and Empowerment

Tools for Field Work

1. Guidelines for Transect Walk

Purpose

The purpose of the transect walk is to get a general feel of the community (walk about). It can also be accompanied by a discussion with the community members on MNCH issues as the observations are being made. It will facilitate the purposive selection of participants to be included in the groups.

Objectives

1. To observe the inequalities and exclusion in social interactions between different population groups.
2. To identify the type of community spaces and structures (physical and social) existing in the village (including the formal ones created by the selected MNCH programmes and the informal ones).
3. To mark community spaces existing in the village and their distances.

Participants

The participants of the transect walk will include the field researchers and three to four community members. The community members must include a woman and a man from one of the marginalized groups in the village. If local customs are not supportive of taking a woman and man together, then two separate transect walks should be conducted to get the different perspectives in data.

Step 1 – Getting started

Action 1) Request some community members like women activists, lady health workers or visitors, elderly women and men or members of civil society organizations, etc. to accompany you when possible and walk through the community.

Action 2) Observe the following (Observation checklist)
1. Overall environment – i.e. sights, sounds, smells, buildings construction, roads, religious places, institutions (governmental and non-governmental), health facilities, lady health worker's health house, traditional birth attendants house, drainage, garbage, water/phone/electricity lines, open spaces and formal and informal community spaces?

2. Where are the public or private healthcare facilities located and their distances? Are they accessible to the women, poor and marginalized?

3. Which castes are living in this area/community? What is their influence in the community?

4. What kind of maternal, newborn and child health problems exist here?

5. Where are the communities with more maternal, new born and child health problems?

6. What informal and formal community spaces exist in the village?

7. Who participates in each of the identified spaces?

8. Where are the formal community spaces created by the selected MNCH programmes located? Are they accessible to the women, poor and marginalized?

9. What is written on advertisements, signboards, and the kinds of images visible? What messages are coming across?

10. Where are the women, poor and marginalized visible? Market as buyers as sellers? Health facility, Basic Health Unit (BHU)? Public transport?

11. What are they doing? Activity?

12. How are they dressed?

NB: Formal community spaces include female, male or community groups village committees or support groups created or influenced by external agents like health or related programmes. Informal spaces are places or instances where people get together and have conversations of any kind. They may include celebrations, festivals, communal water sources, neighborhood gatherings, etc.

NB: Manual for Field Work

NB: Body language

NB: Conversations

NB: Tones
13. How do the women, poor and marginalized interact among themselves?

14. How do they interact with others?

15. How do others interact with them?

2. Guidelines for Social Map

Purposes

The social map sketches out the physical and social universe of the participants making the social map. It shows resources within their immediate geographical boundary (village/mohalla) and the resources outside those boundaries. Participant's access to resources can also be gauged by asking them when and how they access the resources shown, and whether they face hurdles to access, and what constitutes those hurdles. (For example, in accessing health resources, women may face financial and non-financial barriers). Access thus can be seen as a proxy indicator of empowerment.

Objectives

1. To identify who lives (different communities/groups) in the specified space under review (mohalla/village).

2. Identify households/clusters of the poor and the better off.

3. To understand the location/placement of the formal community spaces created by the selected MNCH programmes.

4. To explore the accessibility of the formal community spaces created by the selected MNCH programmes, especially with respect to the women, poor and marginalized.

5. To identify those at risk with respect to maternal, new born and child health issues.

Participants

The participants of the social mapping exercise will include the field researchers and 8-10 women and 8-10 men from the community. Separate social maps will be constructed for the women's group and the men's group. Members in each group must include people living in different areas of the village as well as those who have a good understanding and more information about the whole village.
Step 1 – Making the Social Map

Action 1) Invite participants to make the social map using locally available resources.

Action 2) Choose a suitable space (try a courtyard or open space that is acceptable to all if possible as maps have a tendency to expand).

Action 3) Help participants to get started by explaining the process.

Note: You may start by saying, we want to learn about your village/mohalla, can you make a map on the floor/ground to explain where the households are, what are the resources?

You may also start by making a circle on the ground, and say: if this is your village/mohalla, could you now show us where the households are and what you think are the important resources/areas that you would want us to know about?

NB: Encourage the use of symbols.

Probes:

- Where are we right now – can you locate us?
- What are important places and roads for you in your community?
- How are the households distributed/divided in your area?
- Are there different sections allocated to different population groups like poor and rich or different ethnicities/tribes? (division of space)
- How is the space (within and outside the house) divided between women and men?
- Who can go to places like schools, bazaars, water sources, roads, transport depots/Addas, BHUs/Clinics/Hakims/Hospitals and government offices? (BHUs)
- Where are the formal community spaces created by the selected MNCH and other health related programmes located within your village/mohalla?
- Who goes there? And why?
- Who does not go there? And why?
- Who cannot go?
Step 2 – Feedback and Thank you

1. Ask the participants how do they feel about this session? Would they like to say something about it?
2. What did you learn from today’s interaction?
3. Was there anything new? What?
4. What you did not like?
5. What did you find difficult?
6. Anything specific that you remember from today’s session?
7. Facilitator should relate his/her thoughts.

Thank the participants for their time; for the ideas they shared; and that this would help everyone to learn from each other.

3. Guidelines for FGD on Community Spaces

Objectives

1. To explore participants’ understanding of community spaces.
2. To identify the type of community spaces existing in the village (including the formal ones created by the selected MNCH programmes and the informal ones).
3. To explore the participants’ perspectives of the mandate and objective of the formal community spaces created by the selected MNCH programmes.
4. To explore the processes within the formal community spaces created by the selected MNCH programmes.

Participants

The participants of the focus group discussion will include the field researchers and 8-10 women and 8-10 men from the community. Separate group discussions will be held with the women's group and the men's group. Members in each group must be purposively selected to include 4-5 people who have participated in activities of the MNCH programmes and 4-5 of those who have been left out or who have not participated in activities of the MNCH programmes. People living in different areas of the village must be selected as participants to get the different perspectives in data.
Step 1 – Understanding Community Spaces

Q1) What is meant by community spaces?

NB. Encourage examples of both informal and formal spaces

Formal community spaces include female, male or community groups, village committees, or support groups created or influenced by external agents like health or related programmes.

Informal spaces are places or instances where people get together and have conversations of any kind. They may include celebrations, festivals, communal water sources, neighborhood gatherings, etc.

Q2) What kind of community spaces exist in your village?

Q3) Ask participants to share their understanding of the mandate and objective of the formal community spaces created by the selected MNCH programmes in their village.

Step 2 – Processes in Community Spaces

Q1) How is a formal MNCH health promotion community space set up/organized?

Probes: Which programme personnel contact community people? Who do they meet first? How do they select community participants? How are participants included or excluded? Where do meetings/discussions take place? How is the place for meetings/discussions selected?

Q2) What usually happens in the formal community spaces created by the selected MNCH programmes?

Probes: What is the frequency of meetings/discussions? How many community people participate? What are the age group, gender, poverty level and social status of participants?
What topics are discussed? Do these topics include maternal, newborn and child health issues like antenatal care, tetanus immunization, delivery by trained birth attendant, postnatal care, family planning, breast feeding, child care and immunization and social determinants of health like transportation, education and livelihood?

Q3) Which participants in the formal community spaces created by the selected MNCH programmes raise voice, make decisions and take actions?

Probes: How do participants act? Any differences with respect to gender, age groups, poverty level and social status of participants?

Step 3 – Feedback and Thank you

1. Ask the participants how do they feel about this session? Would they like to say something about it?
   
2. What did you learn from today's interaction?

3. Was there anything new? What?

4. What did you not like?

5. What did you find difficult?

6. Anything specific that you remember from today's session?

7. Facilitator should relate his/her thoughts.

Thank the participants for their time; for the ideas they shared; and that this would help everyone to learn from each other.

4. Guidelines for Network Diagram

Purpose

The network diagram shows the relationships between people and institutions. The modes of communication, influence and strength of relationships can be studied through it.

Step 2 – Network Diagram
Objectives

1. To understand the relationship between facilitators and participants of the formal community spaces created by the selected MNCH programmes.

2. To identify the role of MNCH programmes and their facilitators in influencing decisions and happenings in the village/mohalla.

Participants

The participants of the network diagram will include the field researchers and 8-10 women and 8-10 men from the community. Separate network diagrams will be constructed with the women's group and the men's group. Efforts must be made to include the same participants in each group as those in the focus group discussion on community spaces. Members in each group must be purposively selected to include 4-5 people who have participated in activities of the MNCH programmes and 4-5 of those who have been left out or who have not participated in activities of the MNCH programmes. People living in different areas of the village must be selected as participants to get the different perspectives in data.

Step 1 – Relationship between Facilitators and Participants

Action 1) Draw a point (or use a symbol) and tell the participants that it represents the facilitators of the selected MNCH programme. Ask the participants to draw a point or choose a symbol representing themselves.

Action 2) Ask the participants to connect the point or symbol representing themselves to the point or symbol representing the facilitators.

Action 3) Separate network diagrams can be drawn for each selected MNCH programme. Show them how the points or symbols can be connected by means of arrows. The thickness of arrows can be used to represent the strength of association while the direction of arrows can be used to show the information flow or power dynamics in the relationship.
Step 2 – Role of MNCH programmes

Action 1) Ask participants to show the connection of the selected MNCH programmes to the facilitators and themselves.

| NB: Note the distance between programmes, facilitators and participants in the network diagrams.

Action 2) Ask the participants about the decisions or happenings in their village/mohalla that the selected MNCH programmes and their facilitators have been able to influence so far.

Probes: How do the MNCH programme management and their facilitators interact with office bearers/community leaders? How do they support the community? How do they influence decisions or happenings in the village? What efforts (if any) do they make to include the women, poor and marginalized in community decision making processes?

What is the difference (if any) between the 3 selected MNCH programmes, their management and facilitation mechanisms, especially with respect to modes of inclusion and exclusion of the women, poor and marginalized?

Step 3 – Feedback and Thank you

1. Ask the participants how do they feel about this session? Would they like to say something about it?
2. What did you learn from today's interaction?
3. Was there anything new? What?
4. What you did not like?
5. What did you find difficult?
6. Anything specific that you remember from today’s session?
7. Facilitator should relate his/her thoughts.
Thank the participants for their time; for the ideas they shared; and that this would help everyone to learn from each other.

The cause and effect diagram depicts the outcomes and impact of phenomenon/problem/issue. In this case the community spaces are being considered as a phenomenon that is expected to have immediate and long-term effects on the community, particularly the empowerment of its people.

Objectives

1. To understand the impact of the formal community spaces created by the selected MNCH programmes.

Participants

The participants of the cause and effect diagram will include the field researchers and 8-10 women and 8-10 men from the community. Separate cause and effect diagrams will be constructed with the women's group and the men's group. Efforts must be made to include the same participants in each group as those in the focus group discussion on community spaces. Members in each group must be purposively selected to include 4-5 people who have participated in activities of the MNCH programmes and 4-5 of those who have been left out or who have not participated in activities of the MNCH programmes. People living in different areas of the village must be selected as participants to get the different perspectives in data.

Step 1 – Impact of Formal Community Spaces

Action 1) Draw a point (or use a symbol) and tell the participants that it represents the formal community spaces created by the selected MNCH programmes.

Action 2) Ask the participants to identify the impact of the formal community spaces in form of symbols or writing emerging from the first point.

NB: Separate cause effect diagrams can be drawn for each selected MNCH programme.
Ask for examples of how the formal community spaces created by the selected MNCH programmes have empowered communities and have:

- Raised awareness on health issues and availability of health services.
- Raised awareness about rights and entitlements related to availability of healthcare services and providers.
- Provided a safe space for interaction for the women, poor and marginalized.
- Supported community mobilization.
- Created linkages between healthcare consumers and providers.
- Promoted local accountability of healthcare providers and quality of healthcare services.
- Promoted citizen-state interaction for addressing the broader socio-cultural issues affecting access to information and healthcare services.

How have the formal community spaces affected the empowerment of women, poor and marginalized individuals, especially in their personal lives?

What actions have been taken by the community as a result of the formal community spaces created by the selected MNCH programmes to ensure inclusion of the voice of the women, poor and marginalized in shaping local public policies?

What actions have been taken by the government and/or healthcare providers in response to the community actions?
Step 2 – Feedback and Thank you

1. Ask the participants how do they feel about this session? Would they like to say something about it?
2. What did you learn from today’s interaction?
3. Was there anything new? What?
4. What you did not like?
5. What did you find difficult?
6. Anything specific that you remember from today’s session?
7. Facilitator should relate his/her thoughts.

Thank the participants for their time; for the ideas they shared; and that this would help everyone to learn from each other.

The key-informant interviews are meant to understand the design, implementation and impact of Maternal, Newborn and Child Health (MNCH) programmes with respect to gender, social exclusion and poverty (GSEP).

1. To understand the purpose and objectives of selected MNCH programmes.
2. To understand the implementation processes of selected MNCH programmes with respect to GSEP.
3. To identify the outcomes and achievements of selected MNCH programmes with respect to GSEP.

The key-informants will include the designer/planner of the selected MNCH programme and a programme manager and field staff of the same.

6. Guidelines for Key-Informant Interviews

Purpose

The key-informant interviews are meant to understand the design, implementation and impact of Maternal, Newborn and Child Health (MNCH) programmes with respect to gender, social exclusion and poverty (GSEP).

Objectives

1. To understand the purpose and objectives of selected MNCH programmes.
2. To understand the implementation processes of selected MNCH programmes with respect to GSEP.
3. To identify the outcomes and achievements of selected MNCH programmes with respect to GSEP.

Participants

The key-informants will include the designer/planner of the selected MNCH programme and a programme manager and field staff of the same.
Questions

1) What are the important issues related to maternal, newborn and child health in Pakistan?

NB: MNCH issues may include problems related to antenatal care, immunization for tetanus, delivery by a trained birth attendant, postnatal care, breast feeding, family planning, child care and immunization. Respondent may identify issues like livelihood, education, transportation and others that are included in social determinants of health.

2) What are the maternal, newborn and child health issues in this village?

3) Which population groups are more affected by the maternal, newborn and child health issues in this village?

NB: Probe about differences with respect to gender, poverty and social exclusion.

4) What do you understand from the term health promotion?

NB: Health promotion may include healthy public policies, supportive environment, community actions, local leadership and preventative approach to health services.

5) How do you think health promotion is related to maternal, newborn and child health?

6) How (when and why) was the MNCH programme that you are part of conceived and initiated?

7) Why was this area/village chosen for implementation of the MNCH programme that you are part of?

8) What are the objectives of the MNCH programme that you are part of?

9) How is the MNCH programme that you are part of funded?

10) What change does the MNCH programme that you are part of wishes to bring about? (What are the expected outcomes of the MNCH programme that you are part of?)
11) How does the plan (scope of work and activities) of the MNCH programme that you are part of promote MNCH in this village?

NB: Probe about awareness sessions, capacity building activities, community spaces and mechanisms, advocacy initiatives, policy dialogues, referral mechanisms, service delivery.

12) How does the plan (scope of work and activities) of the MNCH programme that you are part of support the inclusion women, poor persons and the marginalized?

NB: Probe about role of project staff, inequities based approach in work and modes of inclusion and exclusion in community spaces (NB: Also ask what kind of informal community spaces exist in the village)

13) How do the human resource policies and arrangements in the MNCH programme that you are part of support women, poor persons and the marginalized?

NB: With respect to hiring, selection and deputation of staff. Eg. How does your programme deputate human resource in the area/village? How does this arrangement support women, poor persons and the marginalized?

14) How do the budgeting and financial arrangements in the MNCH programme that you are part of support women, poor persons and the marginalized?

NB: with respect to fund allocation.

15) How does the monitoring, information and reporting system in in the MNCH programme that you are part of support women, poor persons and the marginalized?

16) How is the effectiveness or success of the MNCH programme that you are part of measured?
17) How far do you think has the MNCH programme that you are part of been successful in promoting MNCH in this village?

NB: Ask about evaluation studies/mechanisms or any reports.

18) How far do you think has the MNCH programme that you are part of supported empowerment of the women, poor persons and the marginalized?

NB: Empowerment may include awareness, capacity building, inclusion and action to ensure state-citizen interaction and accountability.

19) What were the major challenges that faced by the MNCH programme that you are part of in including and supporting the women, poor persons and the marginalized?

20) What lessons can be learnt from the MNCH programme that you are part of, to make future MNCH programmes more inclusive and empowering for the women, poor persons and the marginalized?

21) What changes have you made or suggested for improvement of the MNCH programme that you are part of?
7. Guidelines for Brief Ethnographic Study

**Purpose**

Brief Ethnographic studies aim to find out in-depth realities of respondents’ lives. Collection of life stories can be used as a method to achieve this objective in a limited time frame. Furthermore, the method of life story will provide insight on maternal newborn and child health issues in the community, particularly those existing in the informal community spaces and the ones emerging from the effect of formal community spaces on the informal ones and vice versa.

**Objectives**

1. To gain in-depth understanding of MNCH issues in the community/village.
2. To understand the interaction of formal and informal community spaces.
3. To get deep insight of the impact of formal and informal community spaces on the empowerment and health of women, poor and marginalized people.

**Steps**

Action 1) Researcher will find residence in the village with the help of community.

Action 2) Rapport building in the community by frequent tours in the village accompanied by informal conversations with the villagers.

Action 3) Researcher will make a village profile.

- Collection of primary data to know the socio-economic demographic characteristics of the village.
- Participation in informal community spaces to understand social structure (caste, class, political organization, livelihoods, economic structure, access and control over resources, kinship).
- Village profiling that will comprise of gathering information about physical structures, landmarks, kinship, social and political organization of community, resources (health, economy, water, sanitation, electricity, security), places for social gatherings/ceremonies, population demographics, interactions, influences, presence and work of MNCH mes, roads and transportation, religious...
Action 4) Researcher will identify the respondents for collection of life histories.

- Respondents will be identified on the basis of gender, poverty, socio-economic status, inclusion or exclusion in community spaces, caste, tribe, ethnicity or any other form of social class.

Action 5) Researcher will collect life stories from the identified respondents.

- Process will begin from informal discussions and consent taking from the respondent.
- Observations will continue throughout the collection of life stories.
- Issues for discussion will follow a general to specific approach.
- Discussions will be completed in several sittings.

Collection of Life Stories

1. Please tell me about your life and your household.
   - Number of males, females, age stratification, children, school going children, other relations, division of roles and responsibilities, power structure (with respect to gender, age, economic status, relationship), physical structure of house and division of space in it.

2. Please tell me what you do during the day (daily routine).
   - Work, responsibilities, time spent on different activities, entertainment, sleep/rest, frequency of visits to places like fields, tube well, neighborhood, relatives, social gatherings.
3. Please tell me what you understand from mother and child health.

Probes: Issues (marriage, family planning, birth spacing, pregnancy, antenatal care, delivery, postnatal care, child care, nutrition, hygiene, medication, emotional and mental health, physical structure of living place, relationship with spouse and family, household responsibilities and workload, violence, awareness of rights, information and access to health facilities, access to economic resources and transportation, decision making) sources and kind of information (where, when, how, what, why, who), benefits of information, impact of information on MNCH health, ways of information sharing (direct and indirect), spaces (formal and informal) to share MNCH information, ability to share MNCH information, existence of safe spaces to share MNCH information, time and space (when and where you got information).

4. Tell me about your marital status. Also ask about the issues of maternal and child health during different stages of life.

<table>
<thead>
<tr>
<th>Pre-Pregnancy</th>
<th>During Pregnancy</th>
<th>Child Birth and Care</th>
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</thead>
<tbody>
<tr>
<td>Knowledge about puberty/ menstruation and issues related to that, tetanus immunization, marital age, choice of marital partner, consent, situation, feelings on marriage day, any health issue, relationship with spouse, division of labor, roles and responsibilities, relation with household members, level of interaction, decision making about first pregnancy, mobility</td>
<td>Nutrition, hygiene, vaccination, blood pressure, diabetes, swelling of hands, feet and body, bleeding/spotting, anemia, fits, LHW/V visits, medication (traditional and modern), visits to BHU and hospital, (with someone?) dietary care, workload and division of labor in household, relationship with spouse, relations between household members, behavior of</td>
<td>Place of delivery, person who conducted delivery (LHV/W, dai/doctor/lady doctor/mid wife/natural), health issues (blood pressure, diabetes, breast feeding, visits of/to health provider, birth spacing and contraception), behavior of the family (accommodative or non-cooperative, violent), division of labor in household, diet, issues regarding child health care (vaccination, diet,</td>
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<td>places), financial problems</td>
<td>(accommodative or non-cooperative,</td>
<td>problems in the family,</td>
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<td>in the family, family planning,</td>
<td>violent), mobility (access to</td>
<td>celebrations, other forms of</td>
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<td>related to change in physique,</td>
<td>gratitude (taweez, pir, darbar,</td>
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<td>healing), mobility (access to market</td>
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<td>delivery in field or other places, other</td>
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5. Can you please tell me about miscarriage? Have you had a miscarriage?

Probes: Causes of miscarriage (marital relation with spouse, workload, diet, tension, anxiety, accident, domestic violence, inadequate health care, anemia, weight loss), intentional abortion (forced, self, financial problems in family), premature delivery (before the 7th month of pregnancy), effect of miscarriage (on respondent, family members, relationship with spouse and other family members, fears, information seeking, motivation, health care, understanding of the problems, results).

6. Tell me what you know about family planning and birth spacing?

Probes: No information, receiving first time information, husband response to family planning, visit to family planning office, attitude of household members with regards to family planning, challenges for using or making decisions of family planning, benefit of family planning, impact of FP on the health of the mother, information of dai regarding FP, centers of FP, methods of FP used, times of using FP (on birth of which child), impact of FP on family (economy), religious response to FP.

7. Tell me about Dai for MNCH in your village?

Probes: Experience of dai, expertise of dai (caste), economic relations with dai, roles of dai (pre delivery, delivery and after delivery, responsibilities of dai, complications during pregnancy due to availability of dai, communication with dai, assistance of dai, knowledge of dai (use of modern tools related to MNCH), use of traditional medication, advices, visits, decision making.
8. **Tell me what do you know about MNCH mes?**

**Probes:** Information about LHW/V centers, maternity homes, family planning (FP) centers, FP products, sources of mobilization, offices, NGOs, public health centers, criteria of (inclusion, exclusion), spaces (formal), access, resources (benefits), purpose and structure of MNCH mes.

9. **Tell me about spaces existing around you with reference to MNCH mes?**

**Probes:** Types of spaces (hospitals, BHU, THQ, RHC, dispensary, LHW/V house or centers, FP centers, shops, maternity homes, midwife house or center, any other), location, nature of spaces, culture of spaces, information, type of facilities, motivation or mobilization, products, assistance, concept of inclusion and exclusion, behavior of facilitator, who will address to whom (according to socio-economic), agenda of discussion, your participation, days for formal community spaces, community action after participation in spaces.

10. **Tell me about informal community spaces?**

**Probes:** Fields, neighborhood, social gatherings, ceremonies, religious events, social events, funerals, bemar pursi (enquiring after one’s health).

11. **Tell me about the effect of formal community space on informal community spaces?**

**Probes:** Discussion on MNCH issues, impact on females (ability and freedom of expression, feeling safe, information sharing, modifying the social structure, norms and values, religious expressions, adaptation in terms of changing behaviors, dealing with conflicts, improvement in inter-person communication, impact on MNCH, birth spacing (willingness), empowerment.
12. Tell me about the impact of informal community spaces on formal community spaces?

Probes: Beliefs, values, relationships, status in family and society, ability to communicate, fatalistic behaviors, victimization, ability to challenge, freedom, motivation, mobilization, sensitivity towards MNCH, personal experience of MNCH problems like death of child, etc.

13. How have the informal and formal community spaces affected your health and empowerment?

Probes: Impact on your life, challenges to be faced in this regard (domestic restrictions), views of household members on participation, relationship with other female participants, relationships with non-participating members in family, social circle and community, decision making, mobility, mobilization, collective action by community, awareness about rights and entitlements related to health, accountability of healthcare providers and state machinery, ability and authority to decide about health related matters (access, medication, selection of products and medicine, traditional ways of health medication with comparison to modern one, hygiene, Family Planning Products, Birth spacing and etc.), empowerment.
Tools for Field Work

1. Guidelines for Transect Walk

Purpose

The purpose of the transect walk is to get a general feel of the community (walk about). It can also be accompanied by a discussion with the community members on MNCH issues as the observations are being made. It will facilitate the purposive selection of participants to be included in the groups.

Objectives

1. To observe the inequalities and exclusion in social interactions between different population groups.
2. To identify the type of community spaces and structures (physical and social) existing in the village (including the formal ones created by the selected MNCH programmes and the informal ones).
3. To mark community spaces existing in the village and their distances.

Participants

The participants of the transect walk will include the field researchers and three to four community members. The community members must include a woman and a man from one of the marginalized groups in the village. If local customs are not supportive of taking a woman and man together, then two separate transect walks should be conducted to get the different perspectives in data.
Action 2) Observe the following (Observation checklist)

1. Overall environment – i.e. sights, sounds, smells, buildings construction, roads, religious places, institutions (governmental and non-governmental), health facilities, lady health worker’s health house, traditional birth attendants house, drainage, garbage, water/phone/electricity lines, open spaces and formal and informal community spaces?

2. Where are the public or private healthcare facilities located and their distances? Are they accessible to the women, poor and marginalized?

3. Which castes are living in this area/community? What is their influence in the community?

4. What kind of maternal, newborn and child health problems exist here?

5. Where are the communities with more maternal, newborn and child health problems?

6. What informal and formal community spaces exist in the village?

7. Who participates in each of the identified spaces?

8. Where are the formal community spaces created by the selected MNCH programmes located? Are they accessible to the women, poor and marginalized?

9. What is written on advertisements, signboards, and the kinds of images visible? What messages are coming across?

10. Where are the women, poor and marginalized visible? Market as buyers as sellers? Health facility, Basic Health Unit (BHU)? Public transport?

NB: Formal community spaces include female, male or community group village committees or support groups created or influenced by external agents like health or related programmes. Informal spaces are places or instances where people get together and have conversations of any kind. They may include celebrations, festivals, communal water sources, neighborhood gatherings, etc.
11. What are they doing? Activity?
- جسماني حرکات
- سکنان
- مانند
- چگونه بولند چو می‌گوین
- تا چهار

12. How are they dressed?
- بدنی حرکات
- سکنان
- مانند
- چگونه بولند چو می‌گوین
- تا چهار

13. How do the women, poor and marginalized interact among themselves?
- چهار گاه چو مانند سکنان
- مانند
- چگونه بولند چو می‌گوین
- تا چهار

14. How do they interact with others?
- بدنی حرکات
- سکنان
- مانند
- چگونه بولند چو می‌گوین
- تا چهار

15. How do others interact with them?
- بدنی حرکات
- سکنان
- مانند
- چگونه بولند چو می‌گوین
- تا چهار

2. Guidelines for Social Map

Purpose

The social map sketches out the physical and social universe of the participants making the social map. It shows resources within their immediate geographical boundary (village/mohalla) and the resources outside those boundaries. Participant's access to resources can also be gauged by asking them when and how they access the resources shown, and whether they face hurdles to access, and what constitutes those hurdles. (For example, in accessing health resources, women may face financial and non-financial barriers). Access thus can be seen as a proxy indicator of empowerment.

Objectives

1. To identify who lives (different communities/groups) in the specified space under review (mohalla/village).

2. Identify households/clusters of the poor and the better off.

3. To understand the location/placement of the formal community spaces created by the selected MNCH programmes.

4. To explore the accessibility of the formal community spaces created by the selected MNCH programmes, especially with respect to the women, poor and marginalized.

5. To identify those at risk with respect to maternal, new born and child health issues.
Participants

The participants of the social mapping exercise will include the field researchers and 8-10 women and 8-10 men from the community. Separate social maps will be constructed for the women's group and the men's group. Members in each group must include people living in different areas of the village as well as those who have a good understanding and more information about the whole village.

Step 1 – Making the Social Map

Action 1) Invite participants to make the social map using locally available resources.

Action 2) Choose a suitable space (try a courtyard or open space that is acceptable to all if possible as maps have a tendency to expand).

Action 3) Help participants to get started by explaining the process.

Note: You may start by saying, we want to learn about your village/mohalla, can you make a map on the floor/ground to explain where the households are, what are the resources?

You may also start by making a circle on the ground, and say: if this is your village/mohalla, could you now show us where the households are and what you think are the important resources/areas that you would want us to know about?

NB: Encourage the use of symbols

Probes:

- Where are we right now – can you locate us?
- What are important places and roads for you in your community?
- How are the households distributed/divided in your area?
- Are there different sections allocated to different population groups like poor or rich or different ethnicities/tribes? (division of space)
How is the space (within and outside the house) divided between women and men?

Who can go to places like schools, bazaars, water sources, roads, transport depots/Addas, BHUs/Clinics/Hakims/Hospitals and government offices?

Where are the formal community spaces created by the selected MNCH and other health related programmes located within your village/mohalla?

Who goes there? And why?

Who does not go there? And why?

Who cannot go?

Why do some people have more MNCH problems as opposed to others?

Step 2 – Feedback and Thank you

1. Ask the participants how do they feel about this session? Would they like to say something about it?

2. What did you learn from today’s interaction?

3. Was there anything new? What?

4. What you did not like?

5. What did you find difficult?

6. Anything specific that you remember from today’s session?

7. Facilitator should relate his/her thoughts.

Thank the participants for their time; for the ideas they shared; and that this would help everyone to learn from each other.
3. Guidelines for FGD on Community Spaces

Objectives

1. To explore participants' understanding of community spaces.

2. To identify the type of community spaces existing in the village (including the formal ones created by the selected MNCH programmes and the informal ones).

3. To explore the participants' perspectives of the mandate and objective of the formal community spaces created by the selected MNCH programmes.

4. To explore the processes within the formal community spaces created by the selected MNCH programmes.

Participants

The participants of the focus group discussion will include the field researchers and 8-10 women and 8-10 men from the community. Separate group discussions will be held with the women's group and the men's group. Members in each group must be purposively selected to include 4-5 people who have participated in activities of the MNCH programmes and 4-5 of those who have been left out or who have not participated in activities of the MNCH programmes. People living in different areas of the village must be selected as participants to get the different perspectives in data.

Step 1 – Understanding Community Spaces

Q1) What is meant by community spaces?

NB. Note the Urdu translation for community spaces is ‘baat karnay ki jagah ya muaqae’.
Q2) What kind of community spaces exist in your village?

**Formal community spaces include female, male or community groups village committees or support groups created or influenced by external agents like health or related programmes. Informal spaces are places or instances where people get together and have conversations of any kind. They may include celebrations, festivals, communal water sources, neighborhood gatherings, etc.**

**NB. Encourage examples of both informal and formal spaces**

Q3) Ask participants to share their understanding of the mandate and objective of the formal community spaces created by the selected MNCH programmes in their village.

**Step 2 – Processes in Community Spaces**

Q1) How is a formal MNCH health promotion community space set up/organized?

**Probes:** Which programme personnel contact community people? Who do they meet first? How do they select community participants? How are participants included or excluded? Where do meetings/discussions take place? How is the place for meetings/discussions selected?

Q2) What usually happens in the formal community spaces created by the selected MNCH programmes?
Probes: What is the frequency of meetings/discussions? How many community people participate? What are the age group, gender, poverty level and social status of participants? What topics are discussed? Do these topics include maternal, newborn and child health issues like antenatal care, tetanus immunization, delivery by trained birth attendant, postnatal care, family planning, breast feeding, child care and immunization and social determinants of health like transportation, education and livelihood?

Step 2 – Feedback and Thank you

1. Ask the participants how do they feel about this session? Would they like to say something about it?

2. What did you learn from today’s interaction?

3. Was there anything new? What?

4. What did you not like?

5. What did you find difficult?

6. Anything specific that you remember from today’s session?

7. Facilitator should relate his/her thoughts.

Thank the participants for their time; for the ideas they shared; and that this would help everyone to learn from each other.

Q3) Which participants in the formal community spaces created by the selected MNCH programmes raise voice, make decisions and take actions?

Probes: How do participants act? Any differences with respect to gender, age groups, poverty level and social status of participants?
4. Guidelines for Network Diagram

Purpose

The network diagram shows the relationships between people and institutions. The modes of communication, influence and strength of relationships can be studied through it.

Objectives

1. To understand the relationship between facilitators and participants of the formal community spaces created by the selected MNCH programmes.
2. To identify the role of MNCH programmes and their facilitators in influencing decisions and happenings in the village/mohalla.

Participants

The participants of the network diagram will include the field researchers and 8-10 women and 8-10 men from the community. Separate network diagrams will be constructed with the women's group and the men's group. Efforts must be made to include the same participants in each group as those in the focus group discussion on community spaces. Members in each group must be purposively selected to include 4-5 people who have participated in activities of the MNCH programmes and 4-5 of those who have been left out or who have not participated in activities of the MNCH programmes. People living in different areas of the village must be selected as participants to get the different perspectives in data.

Step 1 – Relationship between Facilitators and Participants

Action 1) Draw a point (or use a symbol) and tell the participants that it represents the facilitators of the selected.
Action 2) Ask the participants to draw a point or choose a symbol representing themselves.
Action 3) Ask each participant to connect the point or symbol representing themselves to the point or symbol representing the facilitators.

NB: Separate network diagrams can be drawn for each selected MNCH programme.

NB: Show them how the points or symbols can be connected by means of arrows. The thickness of arrows can be used to represent the strength of association while the direction of arrows can be used to show the information flow or power dynamics in the relationship.

Action 4) Also ask participants to show connections between themselves using the arrows.

Step 2 – Role of MNCH Programmes

Probes: How do the MNCH programme management and their facilitators interact with office bearers/community leaders? How do they support the community? How do they influence decisions or happenings in the village? What efforts (if any) do they make to include the women, poor and marginalized in community decision making processes?

What is the difference (if any) between the 3 selected MNCH programmes, their management and facilitation mechanisms, especially with respect to modes of inclusion and exclusion of the women, poor and marginalized?
Step 2 – Feedback and Thank you

1. Ask the participants how do they feel about this session? Would they like to say something about it?

2. What did you learn from today’s interaction?

3. Was there anything new? What?

4. What you did not like?

5. What did you find difficult?

6. Anything specific that you remember from today’s session?

7. Facilitator should relate his/her thoughts.

Thank the participants for their time; for the ideas they shared; and that this would help everyone to learn from each other.

The cause and effect diagram depicts the outcomes and impact of phenomenon/problem/issue. In this case the community spaces are being considered as a phenomenon that is expected to have immediate and long term effects on the community, particularly the empowerment of its people.

5. Guidelines for Cause and Effect Diagram

Purpose

The cause and effect diagram depicts the outcomes and impact of phenomenon/problem/issue. In this case the community spaces are being considered as a phenomenon that is expected to have immediate and long term effects on the community, particularly the empowerment of its people.

Objectives

1. To understand the impact of the formal community spaces created by the selected MNCH programmes

Participants

The participants of the cause and effect diagram will include the field researchers and 8-10 women and 8-10 men from the community. Separate cause and effect diagrams will be constructed with the women’s group and the men’s group. Efforts must be made to include the same participants in each group as those in the focus group discussion on community spaces. Members in each group must be purposively selected to include 4-5 people who have participated in activities of the MNCH programmes and 4-5 of those who have been left out or who have not participated in activities of the MNCH.
programmes. People living in different areas of the village must be selected as participants to get the different perspectives in data.

Step 1 – Impact of Formal Community Spaces

Action 1) Draw a point (or use a symbol) and tell the participants that it represents the formal community spaces created by the selected MNCH programmes.

Action 2) Ask the participants to identify the impact of the formal community spaces in form of symbols or writing emerging from the first point.

NB: Separate cause effect diagrams can be drawn for each selected MNCH programme.

NB: Ask for examples of how the formal community spaces created by the selected MNCH programmes have empowered communities and have.

• Raised awareness on health services and availability of health services.
  - صحت چی سطح چی خدمات چی دستیابی چی لاه شعور پیدا کنیم

• Raised awareness about rights and entitlements related to availability of healthcare services and providers.
  - صحت چون اسناد چی سلیمان چی متعلق آگاهی چی متعلق اتیاب

• Provided a safe space for interaction for the women, poor and marginalized.
  - منابع غربی مالک چی پردازش چی متعلق آگاهی چی متعلق کنیم

• Supported community mobilization.
  - چی کمیونتی چی متعصب چی متعلق زمرد فراموش کنیم

• Created linkages between healthcare consumers and providers.
  - صحت چون اسنادون چی وارد چی متعصب وارن چی متعلق ناهی
Promoted local accountability of healthcare providers and quality of healthcare services

• ستحت جی سمولنون معاشره حکمرانی سنرفه نمونه جی و/or اختصاص حکمرانی /پیچاپا اچاکی فروغ ژیو

• Promoted citizen-state interaction for addressing the broader socio-cultural issues affecting access to information and healthcare services

• امری سامیا عو منظوری مسواکی جی سمولنون معلومات/جین کی مانتر مکرور هرها آهن جی مرف توجه کل شریهین

حوکومت جی و/or متعلق کی فروغ ژیو

How have the formal community spaces affected the empowerment of women, poor and marginalized individuals, especially in their personal lives?

بَریمه گَلِه بوله حکمرانی واریون جیا یا سکچری حکمرانی واریون جیا بولون. غربی ما‌کهن‌پیل. دنیسول م‌آهنن جی خود‌مشتریاری

تی مکشیین اثراندزا لینک تیون، خاص سکچری اهنن جی دانتی زندرگی می؟

What actions have been taken by the community as a result of the formal community spaces created by the selected MNCH programmes to ensure inclusion of the women, poor and marginalized in shaping local public policies?

چوندیل ایلام این سی این پرگرامون جی تحت لحیل گَلِه بوله حکمرانی واریون جیا یا سکچری حکمرانی واری جیا جی چی ووجی م اچن جی نتیجه‌یی و مکبمو

تینی جی مورون. غربی ما‌آهنن ین. پینی پیل/دنیسول م‌آهنن آوانزی می یوامی باشیبین ناون می شامب کهن جی لی امشاکا قدم کنیا

آهن؟

What actions have been taken by the government and/or healthcare providers in response to the community actions?

مکبمو تی پینی جی ورلی ایلام جی چوپ م گرمنت م‌سیخت جی سمولنون معاشره حکمرانی و/or متعاقب قدم کنیا و/or آهن؟

Step 2 – Feedback and Thank you

1. Ask the participants how do they feel about this session? Would they like to say something about it?

شکریه کان چیچنیت اهنن کی سیشن مکشیین لگو؟ می هم چی باری م سکچر جون چه مهندی؟

2. What did you learn from today’s interaction?

اج جی چوگل‌ دوله مان اوهان چا سکیو؟

3. Was there anything new? What?

اوهن کی سکچر نتون لگو؟ چا تنو لگو?

4. What you did not like?

اوهان چا پسند ن دنلیو؟

5. What did you find difficult?

اوهان کی چا مشکل لگو?

6. Anything specific that you remember from today’s session?

اج جی سیشن کی چا نشیخ کی گَلِه جیکا اوهانو یاد کی رچی وی؟

7. Facilitator should relate his/her thoughts

سلمانیکاری ی پرگرامون خیابان جو اظهار مکری گرمی

Thank the participants for their time; for the ideas they shared; and that this would help everyone to learn from each other.

سیشن م شرکت کی بندن ما اهنن کی انگیچی وقت دینی خیابان جی اظهار تی مربی شیو تان سان سنی کی هنک کی کان سکچر جو موجود میلیو.
6. Guidelines for Key-Informant Interviews

Purpose

The key-informant interviews are meant to understand the design, implementation and impact of Maternal, Newborn and Child Health (MNCH) programmes with respect to gender, social exclusion and poverty (GSEP).

Objectives

1. To understand the purpose and objectives of selected MNCH programmes.
2. To understand the implementation processes of selected MNCH programmes with respect to GSEP.
3. To identify the outcomes and achievements of selected MNCH programmes with respect to GSEP.

Participants

The key-informants will include the designer/planner of the selected MNCH programme and a programme manager and field staff of the same.

Questions

1) What are the important issues related to maternal, newborn and child health in Pakistan?
2) What are the maternal, newborn and child health issues in this village?
3) Which population groups are more affected by the maternal, newborn and child health issues in this village?
4) What do you understand from the term health promotion?

5) How do you think health promotion is related to maternal, newborn and child health?

6) How (when and why) was the MNCH programme that you are part of conceived and initiated?

7) Why was this area/village chosen for implementation of the MNCH programme that you are part of?

8) What are the objectives of the MNCH programme that you are part of?

9) How is the MNCH programme that you are part of funded?

10) What change does the MNCH programme that you are part of wish to bring about? (What are the expected outcomes of the MNCH programme that you are part of?)

11) How does the plan (scope of work and activities) of the MNCH programme that you are part of promote MNCH in this village?

12) How does the plan (scope of work and activities) of the MNCH programme that you are part of support the inclusion women, poor persons and the marginalized?
13) How do the human resource policies and arrangements in the MNCH programme that you are part of support women, poor persons and the marginalized?

NB: With respect to hiring, selection and deputation of staff. Eg. How does your programme depute human resource in the area/village? How does this arrangement support women, poor persons and the marginalized?

14) How do the budgeting and financial arrangements in the MNCH programme that you are part of support women, poor persons and the marginalized?

NB: with respect to fund allocation.

15) How does the monitoring, information and reporting system in in the MNCH programme that you are part of support women, poor persons and the marginalized?

16) How is the effectiveness or success of the MNCH programme that you are part of measured?

17) How far do you think has the MNCH programme that you are part of been successful in promoting MNCH in this village?

NB: Ask about evaluation studies/mechanisms or any reports.
18) How far do you think has the MNCH programme that you are part of supported empowerment of the women, poor persons and the marginalized?

Empowerment may include awareness, capacity building, inclusion and action to ensure state-citizen interaction and accountability.

19) What were the major challenges that faced by the MNCH programme that you are part of in including and supporting the women, poor persons and the marginalized?

20) What lessons can be learnt from the MNCH programme that you are part of, to make future MNCH programmes more inclusive and empowering for the women, poor persons and the marginalized?

21) What changes have you made or suggested for improvement of the MNCH programme that you are part of?

7. Guidelines for Brief Ethnographic Study

Purpose

Brief Ethnographic studies aim to find out in-depth realities of respondents' lives. Collection of life stories can be used as a method to achieve this objective in a limited time frame. Furthermore, the method of life story will provide insight on maternal newborn and child health issues in the community, particularly those existing in the informal community spaces and the ones emerging from the effect of formal community spaces on the informal ones and vice versa.

Objectives

1. To gain in-depth understanding of MNCH issues in the community/village.
2. To understand the interaction of formal and informal community spaces.

3. To get deep insight of the impact of formal and informal community spaces on the empowerment and health of women, poor and marginalized people.

Steps

Action 1) Researcher will find residence in the village with the help of community.

Action 2) Rapport building in the community by frequent tours in the village accompanied by informal conversations with the villagers.

Action 3) Researcher will make a village profile.

- Collection of primary data to know the socio-economic demographic characteristics of the village.
- Participation in informal community spaces to understand social structure (caste, class, political organization, livelihoods, economic structure, access and control over resources, kinship).
- Village profiling that will comprise of gathering information about physical structures, landmarks, kinship, social and political organization of community, resources (health, economy, water, sanitation, electricity, security), places for social gatherings/ceremonies, population demographics, interactions, influences, presence and work of MNCH programmes, roads and transportation, religious places and groups and any other important detail.

Action 4) Researcher will identify the respondents for collection of life histories.

Respondents will be identified on the basis of gender, poverty, socio-economic status, inclusion or exclusion in community spaces, caste, tribe, ethnicity or any other form of social class.
Action 5) Researcher will collect life stories from the identified respondents.

Process will begin from informal discussions and consent taking from the respondent.

Observations will continue throughout the collection of life stories.

Issues for discussion will follow a general to specific approach.

Discussions will be completed in several sittings.

Collection of Life Stories

1. Please tell me about your life and your household.

   Probes: Number of males, females, age stratification, children, school going children, other relations, division of roles and responsibilities, power structure (with respect to gender, age, economic status, relationship), physical structure of house and division of space in it.

2. Please tell me what you do during the day (daily routine).

   Probes: Work, responsibilities, time spent on different activities, entertainment, sleep/rest, frequency of visits to places like fields, tube well, neighborhood, relatives, social gatherings.

3. Please tell me what you understand from mother and child health.
Tell me about your marital status. Also ask about the issues of maternal and child health during different stages of life.

Probes: Issues (marriage, family planning, birth spacing, pregnancy, antenatal care, delivery, postnatal care, child care, nutrition, hygiene, medication, emotional and mental health, physical structure of living place, relationship with spouse and family, household responsibilities and workload, violence, awareness of rights, information and access to health facilities, access to economic resources and transportation, decision making) sources and kind of information (where, when, how, what, why, who), benefits of information, impact of information on MNCH health, ways of information sharing (direct and indirect), spaces (formal and informal) to share MNCH information, ability to share MNCH information, existence of safe spaces to share MNCH information, time and space (when and where you got information)

Pre-Pregnancy

Knowledge about puberty/menstruation and issues related to that, tetanus immunization, marital age, choice of marital partner, consent, situation, feelings on marriage day, any health issue, relationship with spouse, division of labor, roles and responsibilities, relationship with household members, level of interaction, decision making about first pregnancy, mobility (access to market and other places), financial problems in the family, family planning, permission to participate in

During Pregnancy

Nutrition, hygiene, vaccination, blood pressure, diabetes, swelling of hands, feet and body, bleeding/spotting, anemia, fits, LHW/V visits, medication (traditional and modern), visits to BHU and hospital, (with someone?) dietary care, work and division of labor in household, relationship with spouse, relations between household members, behavior of household members (accommodative or non-cooperative, violent), mobility (access to market and other places), issues related to change in physique, antenatal care, registration in hospital, planning for delivery, saving money,

Child Birth and Care

Place of delivery, person who conducted delivery (LHV/W, dai/doctor/lady doctor/midwife/natural), health issues (blood pressure, diabetes, breast feeding, visits of/to health provider, birth spacing and contraception), behavior of the family (accommodative or non-cooperative, violent), division of labor in household, diet, issues regarding child health care (vaccination, diet, transportation), financial problems in the family, celebrations, other forms of medication/treatment or
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</table>
5. Can you please tell me about miscarriage? Have you had a miscarriage?

Probes: Causes of miscarriage (marital relation with spouse, workload, diet, tension, anxiety, accident, domestic violence, inadequate health care, anemia, weight loss), intentional abortion (forced, self, financial problems in family, disease in family) premature delivery (before the 7th month of pregnancy), effect of miscarriage (on respondent, family members, relationship with spouse and other family members, fears, information seeking, motivation, health care, understanding of the problems, results)

6. Tell me what you know about family planning and birth spacing?

Probes: No information, receiving first time information, husband response to family planning, visit to family planning office, attitude of household members with regards to family planning, challenges for using or making decisions of family planning, benefit of family planning, impact of FP on your health, information of dai regarding FP, centers of FP, methods of FP used, times of using FP (on the birth of which child), impact of FP on family (economy), religious response to FP

7. Tell me about Dai for MNCH in your village?

Probes: Experience of dai, expertise of dai (caste), economic relations with dai, roles of dai (pre delivery, delivery and after delivery), responsibilities of dai, complications during pregnancy due to dai, availability of dai, communication with dai, assistance of dai, knowledge of dai (use of modern tools related to MNCH), use of traditional medication, advices, visits, decision making

Probes: Causes of miscarriage (marital relation with spouse, workload, diet, tension, anxiety, accident, domestic violence, inadequate health care, anemia, weight loss), intentional abortion (forced, self, financial problems in family, disease in family) premature delivery (before the 7th month of pregnancy), effect of miscarriage (on respondent, family members, relationship with spouse and other family members, fears, information seeking, motivation, health care, understanding of the problems, results)

Probes: No information, receiving first time information, husband response to family planning, visit to family planning office, attitude of household members with regards to family planning, challenges for using or making decisions of family planning, benefit of family planning, impact of FP on your health, information of dai regarding FP, centers of FP, methods of FP used, times of using FP (on the birth of which child), impact of FP on family (economy), religious response to FP

Probes: Experience of dai, expertise of dai (caste), economic relations with dai, roles of dai (pre delivery, delivery and after delivery), responsibilities of dai, complications during pregnancy due to dai, availability of dai, communication with dai, assistance of dai, knowledge of dai (use of modern tools related to MNCH), use of traditional medication, advices, visits, decision making
8. Tell me what do you know about MNCH programmes?

Probes: Information about LHW/V centers, maternity homes, family planning (FP) centers, FP products, sources of mobilization, offices, NGOs, public health centers, criteria of program (inclusion, exclusion), spaces (formal), access, resources (benefits), purpose and structure of MNCH programmes.

9. Tell me about spaces existing around you with reference to MNCH programmes?

Probes: Types of spaces (hospitals, BHU, THQ, RHC, Dispensary, LHW/V house or centers, FP centers, shops, maternity homes, midwife house or center, any other), location, nature of spaces, culture of spaces, information, type of facilities, motivation or mobilization, products, assistance, concept of inclusion and exclusion, behavior of facilitator, who will address to whom (according to socio-economic), agenda of discussion, your participation, days for formal community spaces, community action after participation in spaces.

10. Tell me about informal community spaces?

Probes: Fields, neighborhood, social gatherings, ceremonies, religious events, social events, funerals, bemar pursi(enquiring after one's health).

11. Tell me about the effect of formal community space on informal community spaces?

Probes: Discussion on MNCH issues, impact on females (ability and freedom of expression, feeling safe, information sharing, modifying the social structure, norms and values, religious expressions, adaptation in terms of changing behaviors, dealing with conflicts, improvement in inter-person communication, impact on MNCH, birth spacing (willingness), empowerment)

Probes: Information about LHW/V centers, maternity homes, family planning (FP) centers, FP products, sources of mobilization, offices, NGOs, public health centers, criteria of program (inclusion, exclusion), spaces (formal), access, resources (benefits), purpose and structure of MNCH programmes.

Probes: Types of spaces (hospitals, BHU, THQ, RHC, Dispensary, LHW/V house or centers, FP centers, shops, maternity homes, midwife house or center, any other), location, nature of spaces, culture of spaces, information, type of facilities, motivation or mobilization, products, assistance, concept of inclusion and exclusion, behavior of facilitator, who will address to whom (according to socio-economic), agenda of discussion, your participation, days for formal community spaces, community action after participation in spaces.

Probes: Fields, neighborhood, social gatherings, ceremonies, religious events, social events, funerals, bemar pursi(enquiring after one's health).

Probes: Discussion on MNCH issues, impact on females (ability and freedom of expression, feeling safe, information sharing, modifying the social structure, norms and values, religious expressions, adaptation in terms of changing behaviors, dealing with conflicts, improvement in inter-person communication, impact on MNCH, birth spacing (willingness), empowerment)
12. Tell me about the impact of informal community spaces on formal community spaces?

**Probes:** Beliefs, values, relationships, status in family and society, ability to communicate, fatalistic behaviors, victimization, ability to challenge, freedom, motivation, mobilization, sensitivity towards MNCH, personal experience of MNCH problems like death of child, etc.

13. How have the informal and formal community spaces affected your health and empowerment?

**Probes:** Impact on your life, challenges to be faced in this regard (domestic restrictions), views of household members on participation, relationship with other female participants, relationships with non-participating members in family, social circle and community, decision making, mobility, mobilization, collective action by community, awareness about rights and entitlements related to health, accountability of healthcare providers and state machinery, ability and authority to decide about health related matters (access, medication, selection of products and medicine, traditional ways of health medication with comparison to modern one, hygiene, Family Planning Products, Birth spacing and etc.), empowerment.
**Annexure IV: Consent Form**

(English, Urdu and Sindhi)

<table>
<thead>
<tr>
<th>Project Information</th>
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<tbody>
<tr>
<td>Research Title: The Role of Community Spaces and Mechanisms in Health Promotion amongst the Poor Communities in Rural Pakistan</td>
</tr>
<tr>
<td>ERC Ref No: TBD</td>
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<td>Principal Investigator: Mr. Fazal Ali Khan</td>
</tr>
<tr>
<td>Location: Islamabad</td>
</tr>
<tr>
<td>Co- Investigator: Dr. Ayesha Aziz</td>
</tr>
<tr>
<td>Location: Islamabad</td>
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1. **Invitation to Participate**

We ask you to participate in a research study on the role of community spaces and mechanisms in health promotion amongst the poor communities of rural Pakistan. Your participation is requested because we think that you can provide a good perspective of the situation in your village and you will openly share your views with us.

2. **Purpose of the Study**

The main purpose of this study is to see in what ways do community spaces empower, or disempower women, poor persons, and marginalised groups in the selected villages with respect to maternal and child health issues.

3. **Procedures and Process of the Research Study**

If you agree to participate in this study, you will be asked questions about your village and its community spaces (places for dialogue). We think that a community usually has informal places for dialogue that include tea houses or communal water pumps, while sometimes formal places for dialogue on certain issues are created by external people like the Maternal, Newborn and Child Health (MNCH) programmes create village committees or women’s groups. We would like to ask you about the type of community spaces that exist in your village, which of them have been created by the MNCH programmes, how they include or exclude the women, poor persons and marginalised groups and how they affect empowerment, accountability and citizen-state interactions. A trained researcher will be asking you questions that you may refuse to answer at any point. Your refusal will not affect your relationship with
us, however we would appreciate if you respond to all our questions to the best of your understanding. In case you need some health related information or service we will refer you to a suitable and accessible sources.

4. Possible Risks and Discomforts

We think that the whole discussion will not pose any risk to you. The session may take about 60-90 minutes of your time and with your permission we would like to record the discussion on audio and paper. Recording is important for us because the data collected will be transcribed and used for reporting later. We would like to ensure you that all information gathered will be treated as confidential. While reporting our findings we will ensure that all information is de-identified so that your responses remain anonymous and cannot be linked to you. In group discussions we will encourage all participants to refrain from disclosing the contents of the discussion outside of the group, however we cannot control what other participants do with the information discussed.

5. Possible Benefits

There are no direct benefits to you for participating in this study. However the results of this study will help to develop program and policies for improvement in community spaces for inclusion and empowerment of the poor, women and socially excluded people for Maternal, Neonatal and Child Health services.

6. Financial Considerations

There is no financial compensation for your participation in this research study.

7. Termination of this Research Study and Voluntary Participation

We understand that sometimes some people chose not to participate in the study for many reasons. You are free to choose whether or not to participate in this study. If you do choose to participate, you are free to withdraw from the study at any time. If you choose not to participate or you choose to withdraw, your decision will not adversely affect your position in community or relationship with any health program in the village.

8. Available Sources of Information and Questions

Please feel free to ask about anything you don’t understand and consider this research and consent form carefully. If you would like to ask for further clarifications then you can contact the Field Supervisor [Name] and research team available in the village for three weeks or contact the local community leader [Name]. You can also contact the Co-Investigator of this study Dr. Ayesha Aziz at 03002119733

9. Authorization (VERBAL)

I have understood the consent form and decided that I will voluntarily participate in the study described above. Its general purposes, the procedures, and possible risks and benefits have been explained to me.

The consent taken by: Name:_________________________ Signature:_________________________
Consent verified by: Name:_________________________ Signature:_________________________

The Field Supervisor verifies that a verbal consent was obtained, by signing this document.
<table>
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<th>Title</th>
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### 1. Mobility (File 2)

1. **Purpose of the Factory:** To coordinate and manage the movement of goods and materials within the factory. The factory structure is divided into various sections, each responsible for specific activities. The mobility team ensures smooth transition of goods, materials, and personnel across these sections.

2. **Types of Mobility:**
   - **Internal Mobility:** Movement within the same factory or site.
   - **External Mobility:** Movement between different factories or sites.

3. **Key Responsibilities:**
   - Coordinate with other departments for smooth operations.
   - Ensure timely delivery of goods and materials.
   - Maintain records and reports for internal and external audits.

### 2. Safety (File 3)

1. **Overview:** Safety is a top priority in the factory. Strict adherence to safety protocols ensures a healthy and productive work environment.

2. **Safety Measures:**
   - Regular safety training for all employees.
   - Implementation of safety protocols in all departments.
   - Regular inspections to identify and address safety concerns.

3. **Emergency Preparedness:**
   - Development of an emergency plan.
   - Regular drills to test the effectiveness of the plan.
   - Coordination with external emergency services.

### 3. Human Resources (File 4)

1. **Objectives:**
   - Recruitment and selection of new employees.
   - Training and development of existing employees.
   - Management of employee performance.

2. **Key Activities:**
   - Conducting interviews for new hires.
   - Developing training programs for employees.
   - Performance appraisal and feedback.

3. **Support Services:**
   - HR support for day-to-day activities.
   - Coordination with external contractors for specialized services.

### 4. Finance (File 5)

1. **Responsibilities:**
   - Budgeting and financial planning.
   - Cost control and financial analysis.
   - Financial reporting and audit.

2. **Strategic Planning:**
   - Development of financial strategies to support business goals.
   - Implementation of financial controls to ensure compliance.

3. **Accounting:**
   - Record-keeping and financial data management.
   - Preparation of financial statements.

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This manual is a comprehensive guide for all employees, providing essential information and guidelines for effective performance in their respective roles.
4. کمپیوتر آپ کے قدر کے مطابق، ہر دن 70 سے 90 مینٹ کی خودکاری کا مطالعہ کیا جاتا ہے۔

5. کمپیوتر آپ کے قدر کے مطابق، ہر دن 70 سے 90 مینٹ کی خودکاری کا مطالعہ کیا جاتا ہے۔

6. ماحولیاتی خصوصیت

7. ماحولیاتی خصوصیت

8. ماحولیاتی خصوصیت

9. ماحولیاتی خصوصیت

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1- شرکت تیکت چی لاه دموت
اسان اوهان کی دیجی پاکستان چی غربی کمپیوتریز و صحت چی فروش لاه موجود گیاده روله رکر وارین چاین چاینی چی نظام چی
درکارتی مه تحقیقات مطالعه و شرکت تیکت چی دموت ذهون گیا اوهان کی شرکت تیکت چی در دخواست طبیب تا چو تال سیاست تا تا اوهان
پنجمین گود چی حاتم چی باری و یا مبت جمو سان باشگاه شگفتی زمستان ایمیت تا طبیب یا اوهان اسات سن پنجم چی خیاچ چی اظفار سی
نمونی سان سندا.

2- مطالعه جوی مقصود
هم مطالعه جوی مقصود اما دیس ایمیت سعی ای می تموینی سان چوندیل گون و گیاده روله رکر اربین چاینی مورت چی غربی مانگ چی چی
ماالگن چی گریون و مان چی چی نمونی چی متعلق فیو مکتیاری بی اختیار مکت چی.

3- تحقیق جوی طریق سناریو عمل
چیکن چی اوهان تحقیق مقدم شامل تیکت چی چی و راحتی ایموم دیه اوهان کان اوهان چی گوت چی ایم و موجود گیاده روله رکر وارین چاین چی باری سوال
مریا ویدندا، اسان چی خیلی م طبع کمپیوتری و غیر رسمی گیاده روله رکر واریون جامعه موجود گیاده روشن چی ایمنی و چاین چی روشن چی
یرن چه پیشام شامل ایمیت، جدی تنک هدیه دیه چی ماپریان ایمیندژن چی طرفان حکنین خاص موفقیت تی گیاده بوله رکر چی لاه روشنی گیاده
برنده کریک واریون تونون ویدندا، اسان ماپریان چی طرفان لپل گیاده چی پون نیستیکن یا
دومونت چا گروپس آهن. اسان اوهان کان اوهان چی گوت چی ایم و موجود گیاده روله رکر وارین چاینی چی قسمت چی باری و پنوم چه هین چی
من مکتیاری ایم ایمیت یا پیو پاریون چی ایمیت. ایمیت مانگ چی بیشی مکت مدل ماین چی شاپ چی مانگ چی پون
نمونی سان ایم مکتیاری، اختصاص، حکم و چاینی چی می تعلق ایمیران ذهون چین. هک مکت آییرت پاری نیام ایمیت کان سوال
عندوند/عندی. اوهان انتخاب سوال چی چاو چی ایمیت چی مکتیاری سوال چی اوهان کان سوال چی انتخاب سیاسی چی چاینی چی لعل کان چی
پونوند پاریز سن گیاده چی تعریف کیهن سنی چی مکتیاری چی سنو سوال چی چاچاین پنجمی سپه چی مکتبی دیئد. چیکن چی
اوهان چی نمونی چی متعلق چاپ چی خدمت چی ضرورت ایم ایمیت اس اس اس اس چی منتسب چی قابل ذهوبنی تناین پیغ و رهبانیتی مکتیاری.

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4. خطای‌رخ خدشا

اسان سرخ پیام داده‌شده در انگلیسی آمده که اطلاعی از صورت اجرای کارهای زمینی در محل‌های کلسیم که به دلیل خرابی در محل‌های جریان آب و راه‌های جریان، از طریق افزایش کاهش مصرفی آب می‌تواند باعث کاهش کارایی محیط‌زیستی شود.

5. فاقدا

جی نتیجه براورد نمی‌دهد که تحقیق پیامدهای تاثیرگذاری محیطی در حوزه‌های کشاورزی کانال آب شیرین نشان دهنده است. انتقال این مباحث به جای که در محل‌های کشاورزی به روز به‌روز می‌باشد، در محل‌های کشاورزی به روز به‌روز می‌باشد.

6. مالی فاقدو

فاقدا در این پیام اطلاع نمی‌دهد که تحقیق پیامدهای تاثیرگذاری محیطی در حوزه‌های کشاورزی کانال آب شیرین نشان دهنده است. انتقال این مباحث به جای که در محل‌های کشاورزی به روز به‌روز می‌باشد، در محل‌های کشاورزی به روز به‌روز می‌باشد.

7. سمجعی می‌گوید که این پیام بیانگر اطلاعاتی است که تحقیق پیامدهای تاثیرگذاری محیطی در حوزه‌های کشاورزی کانال آب شیرین نشان دهنده است. انتقال این مباحث به جای که در محل‌های کشاورزی به روز به‌روز می‌باشد، در محل‌های کشاورزی به روز به‌روز می‌باشد.

8. معلومه‌ها موجود ذریعه‌های عالی

معلومه‌ها موجود ذریعه‌های عالی می‌گویند که تحقیق پیامدهای تاثیرگذاری محیطی در حوزه‌های کشاورزی کانال آب شیرین نشان دهنده است. انتقال این مباحث به جای که در محل‌های کشاورزی به روز به‌روز می‌باشد، در محل‌های کشاورزی به روز به‌روز می‌باشد.

9. اجرازت (زیارت)

مون اجرازت نامی پژوهشی نشان می‌دهد که تحقیق پیامدهای تاثیرگذاری محیطی در حوزه‌های کشاورزی کانال آب شیرین نشان دهنده است. انتقال این مباحث به جای که در محل‌های کشاورزی به روز به‌روز می‌باشد، در محل‌های کشاورزی به روز به‌روز می‌باشد.

فیل بررسی‌های درست می‌گویند که تحقیق پیامدهای تاثیرگذاری محیطی در حوزه‌های کشاورزی کانال آب شیرین نشان دهنده است. انتقال این مباحث به جای که در محل‌های کشاورزی به روز به‌روز می‌باشد، در محل‌های کشاورزی به روز به‌روز می‌باشد.

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