11 INTRODUCING COMMUNITY PROFILING

SESSION 11
INTRODUCING COMMUNITY PROFILING

Aims

- To enable students to understand the meaning of community profiling, and how a community profile can be used to plan community-based care.
- To enable students to identify and consider important issues when working to promote safe motherhood within a community.

Objectives

On completion of Session 11, students will be able to:

- Define profile and community profile.
- Discuss the importance of recognizing the unique features of a community, in order to provide effective health care.
- Explain the use of the terms ratio, average and percentage, and calculate ratios, averages and percentages.
- Define maternal mortality ratio and rate and calculate maternal mortality ratios.
- Outline the details needed to compile a community profile, with particular emphasis on safe motherhood.
- Explain the importance of finding out the community's own concerns and priorities regarding health issues, and working in cooperation with community members to promote safe motherhood.
- Identify ways of discussing important issues related to safe motherhood with community members with a view to building a good relationship with the community.
- Compile a community profile, including information about maternal deaths, taboos and traditional practices associated with pregnancy and childbirth, health facilities and resources, and decision-making in the community.
- Write an action plan based on the findings of the community profile.

Plan

Modified lecture (1½ hours).
Practical exercises (1½ hours).
Group discussion (1½ hours).
Small group tutorials (2 hours).
Optional use of role play.
Community visit (at least several days).
Private study for work on profile.

Resources

Community profile.
Worksheet.

INTRODUCTION

In preparation for the community visit in this session, review the information related to community visits, included at the beginning of the introduction to Session 2. In addition, review (a) the instructions under "Compiling a community profile" and (b) Parts 1 and 2 of the Community Profile.

This session covers the following topics and activities:

1. *The meaning of "profile" and some practical exercises in order to illustrate it.*

2. *The meaning of "community profile" and the information needed to compile it.*

3. *Basic mathematics needed to compile a community profile and practical exercises.*

4. *Community visits during which the students will collect information to complete a community profile (the outline to be used is given at the end of the session).*

Profiles

Introduce the subject by explaining the meaning of a profile:

"A drawing, silhouette, or other representation of side view, particularly the human face" as illustrated in ***Figure 9.1***.

Figure 9.1: Profiles

The teacher may wish to demonstrate the meaning of profile with any of the following exercises.

Exercise 1

*Ask students to place their left hand on a piece of paper. Then take a pencil and draw around the hand (**Figure 9.2**).*

They will each produce a unique "profile" of their own hand.

Next, ask the students to exchange the profile of their own hand with the person sitting next to them.

They should now try placing their hand on someone else's profile.

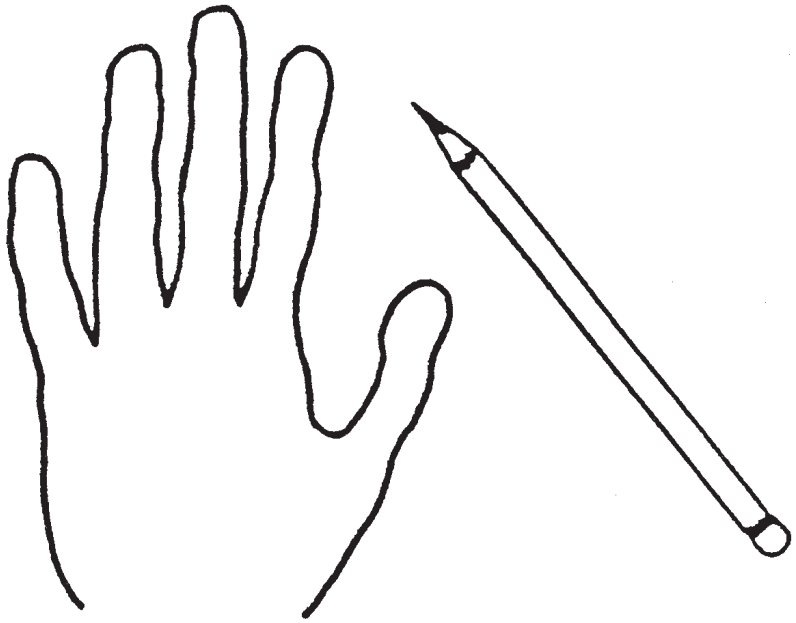

Figure 9.2:

They will find that they cannot do this exactly. There will be differences in size and shape. Some profiles will be similar, but they will never be exactly the same.

A shadow can also make a profile. Demonstrate this.

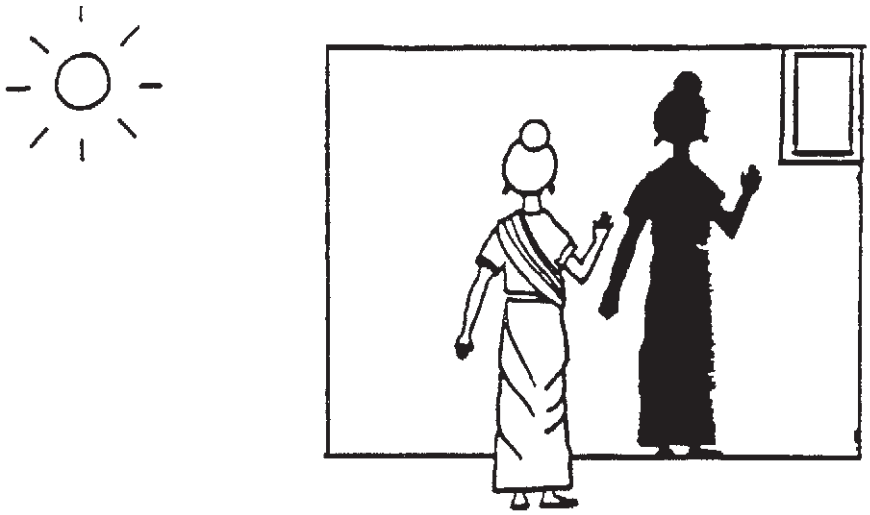

Figure 9.3

Exercise 2

*Ask some students to stand in the sunshine in front of a wall so that their shadows fall onto the wall (**Figure 9.3**). Again you will have a unique profile for each student.*

At midday, shadows will be very short because the sun is high in the sky. Try the exercise first to see what time of day is best to get a shadow that can be recognized as an individual profile.

*When doing this exercise, demonstrate how a person's profile can be changed when someone gets in the way (**Figure 9.4**).*

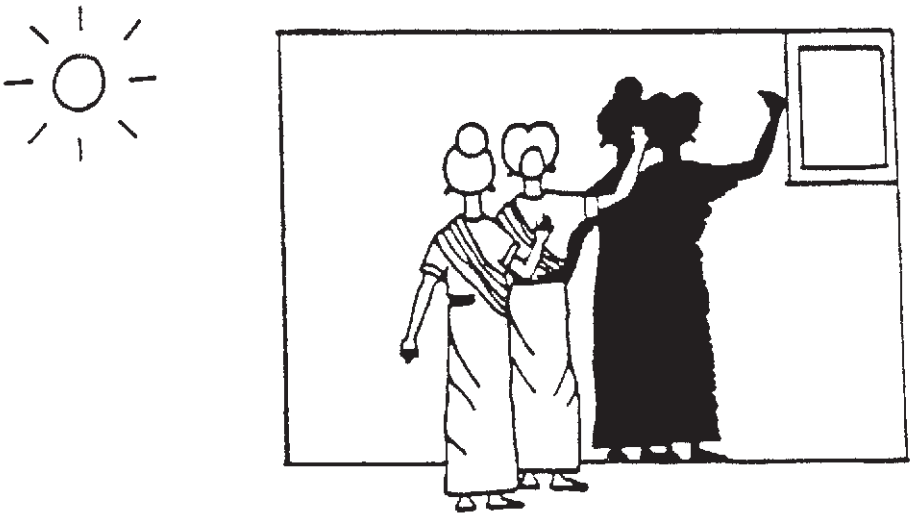

Figure 9.4

Use this example later to explain to the students how we can get in the way ourselves when we are trying to produce an accurate community profile. It is possible to have an incorrect profile of a community:

- *if we do not obtain accurate information*
- *if we do not obtain complete information*
- *if we make judgements without proper assessment.*

In the same way that a drawing or shadow can illustrate the special and unique features of a person, so a profile can be made by studying a community. A community profile provides the starting information. More detail can be obtained later.

Compiling a detailed community profile is a large undertaking. To help students look at the things that are relevant to promoting safe motherhood, the following approach is suggested.

What is a community profile?

Write down the description below on a blackboard, or use an overhead projector.

A community profile will describe:

- the unique features of the community
- the size and characteristics of a population
- the main health factors of a community.

The following information is needed:

- population statistics, including facts and figures about maternal deaths in the community
- information on how the community functions, such as
  - leaders, their control and decision-making
  - occupations and income
  - transport and communication
  - taboos and traditions associated with childbirth
  - health resources (including facilities, staff and costs)
  - maternal health services, including access to and use of services, and referral systems
  - sanitation
  - water supply
  - food supply.

A community profile essentially answers the question

"Where are we now?"

and provides baseline information on the present situation. The information can then be used for planning purposes.

BASIC MATHEMATICS

To compile a community profile it is necessary to understand certain definitions and to be able to make some calculations.

It is essential that students understand the basic mathematics needed to compile a "community profile". Give examples and use some practical exercises to help understanding.

It is advised to work through basic mathematics first before starting on community profiles.

Definitions and calculations

(A) Ratios

A ratio describes the relationship between two figures. It is determined by the number of times one will fit into the other.

***Exercise 1**: Take one book and two students.*
Ask the students to stand in front of the class and hold the book.

There is one book for two students, therefore:

the ratio is written as
books : students = 1 : 2

Write this down on the blackboard.

Now, ask more students to come forward and ask the group to calculate the ratio of books : students.

While you have 1 book, you can demonstrate a variety of ratios, such as

books : students
1 : 2
1 : 3
1 : 5
1 : 10
1 : 24 ... *and so on.*

There are 2 books. Help the students to understand that:

2 books for 4 students is the same as
1 book for 2 students.

Application:

This can be used to demonstrate whether we have enough books for students. A ratio of books : students of 1 : 24, or even 1 : 10 means that we are short of books!

Summarize.

Ask if there are any questions.

Apply this to the ratio of beds to the number of population.

Beds : population.

***Exercise 2**: Estimating the bed : population ratio.*

You will need 10 chairs or stools, and 10 pieces of paper.

Write on the 10 pieces of paper, as follows:

100 people	100 people	100 people	100 people	100 people
100 people	100 people	100 people	100 people	100 people

1. *Ask students to imagine that 1 chair is 1 bed in a hospital or health facility.*

2. *Give 10 students one piece of paper each. Tell them that they each represent 100 people.*

3. *Place the chairs in pairs, facing each other. Then ask one student (holding 1 piece of paper) to lie across the 10 chairs. This student represents 100 people. Each chair represents 1 bed. Now ask the students:*

If there are 10 beds for every 100 people, how many people are there per bed?

Here explain that the little word "per" is used in statistics to mean

"for each" or "for every".

Therefore, we are asking how many people are there for each bed?

***Answer**:*

If there are 100 people for every 10 beds, there are 10 people for every (1) bed.

Therefore the ratio of people to beds = 10 : 1.

4. *Ask another student to come forward.*

This student also represents 100 people. There are still only 10 beds.

Now the ratio of people : beds = 200 : 10 or
20 : 1.

5. Call more students forward to demonstrate ratios of:

people : beds

300 : 10 or
30 : 1
500 : 10 or
50 : 1
700 : 10 or
70 : 1 … and so on.

6. Ask the students:

What is the ratio of people (or population) to beds of this whole "community" (represented by the 10 students)?

Let them count that there are 1000 people and 10 beds.

***Answer**:*

For the total population of the community of 1000

the ratio of people : beds = 1000 : 10, or
100 : 1.

Application: This can be used to state whether there are enough beds for a population.

(B) Averages

An average is obtained by adding all the individual figures in a group and then dividing by the total number of figures in the group.

An average gives a general idea of the numbers, amounts or values involved.

The word "mean" can be used instead of "average". These words share the same definition.

***Exercise 3**: Average attendance at an antenatal clinic.*

1. Write on 5 large pieces of paper the names of 5 days of the week.

Monday	Tuesday	Wednesday	Thursday	Friday

2. *Place these papers in 5 different places in the room. Leave the centre of the room clear.*

3. *Ask 20 students to help. Tell them that they each represent one woman attending an antenatal clinic.*

4. *Send them to the 5 places in the room representing the clinics on those 5 days, e.g.*

Monday	*5*
Tuesday	*6*
Wednesday	*3*
Thursday	*2*
Friday	*4*

5. *Ask the students to count how many women attended on each day. They will the have a list as above.*

6. *In order to calculate an average attendance, ask all the students to leave their "clinic" and stand in the middle of the room.*

7. *Now ask 2 or 3 other students (who are not in the "clinics") to count the total number of "pregnant women".*

   ***Answer** = 20*

   Then count the number of "clinics" if one is held each day.

   ***Answer** = 5*

Divide the number of pregnant women by the number of clinics, i.e. 20 divided by 5 = 4. This is the average.

Therefore, we can say that at this health centre, the average attendance at antenatal clinics is 4 women per day.

8. *Now ask the students to return to the 5 clinics, but with an equal number in each. (They will find that there has to be 4 to each clinic). This is the average number of women who attend a clinic each day.*

Students may ask what happens if there is a number that does not divide evenly (leaving no remainder) into 5.

This is a good question which shows the students are thinking about it. The answer is that in statistics this would be shown by a decimal point - e.g. 4.5.

Of course it is impossible to have 0.5 or ½ a woman attend a clinic! If students do not ask you this question, you should ask them.

Application:

We can use averages to give us a general idea about such things as clinic attendances.

***The advantage** is that an average gives a better idea than just looking at the totals for one day.*

***The disadvantage** is that an average does not show which clinics are busy and which are quiet.*

Obviously the more clinics that are taken into account, the better idea of clinic attendance is obtained. The following averages may be obtained:

- *weekly totals for 1 month can be added up and divided by 4 (providing there are 4 weeks in the month) to give the average for a week*
- *monthly totals for 1 year can be added up, and divided by 12 (i.e. 12 months in a year) to give the average for a month.*

Summarize.

Ask if there are any questions.

(C) Percentages

Students must understand that "cent" means 100.

They may be familiar with money that has cents. There will be 100 cents to the dollar or other currency.

Per cent means out of 100.

***Exercise 4**:*

1. *Prepare 24 cards or pieces of paper and write the number 5 on each of them.*

   Now take 20 of the cards.

   *On 18 of the cards mark **A** (for anaemia).*

   *On 6 of the cards mark **H** (for hypertension), so that 4 of the 20 cards will be marked both A and H.*

Follow the example.

5 A	5 A	5 A	5 A
5 A	5 A	5 A	5 A
5 A	5 A	5 A	5 A
5 A	5 A	5 A H	5 A H
5 A H	5 A H	5	5
5	5	5	5

Cut the cards/papers into 24 pieces along the lines.

2. *Ask 24 students to help you.*

   Give 20 of them a card marked A, or H, or A and H.

   Tell them that they each represent 5 pregnant women attending a clinic.

   You will have 20 students each representing 5 women - i.e. 100 women.

3. *Ask the other 4 students to sit on one side for the present and give each of them a card marked only with the number 5, and not A or H. This will make demonstration easier.*

4. *Now ask the students to:*

   (a) *Count all the women*
   (Answer = 100)

   (b) *Count the number of women with anaemia (marked **A**)*
   (Answer = 90)

   (c) *Count the number of women with hypertension (marked **H**)*
   (Answer = 30)

5. *Because there are 100 women, the answers above can be expressed as per cent - i.e. "%".*

   90% (90 in 100) are anaemic, and

   30% (30 in 100) are hypertensive.

Show the students the formula they need to use in order to calculate a percentage. The first one is easy because the total is 100.

Using the blackboard, show how this is calculated.

Formula:

$$\frac{\text{Number measured}}{\text{Total number}} \times 100$$

Using that formula:

$$\frac{\text{Number measured}}{\text{Total number:}} \quad \frac{90}{100} \times 100 \text{ i.e. } \frac{90}{100}$$

= 90, i.e. 90%

and $\frac{30}{100} \times 100 = 30$ *i.e. 30%.*

6. *Ask the remaining 4 students to join in. You now have 120 women.*

7. *Now ask the students to count again:*

   (a) *Count all the women*

   (Answer = 120)

   (b) *Count the number of women with anaemia (marked **A**)*

   (Answer = 90)

   (c) *Count the number of women with hypertension (marked **H**)*

   (Answer > 30).

The students can now work out the following percentages in the same way:

$\frac{90}{100} \times 100 = 75\%$ *of women are anaemic*

and

$\frac{30}{120} \times 100 = 25\%$ *of women have hypertension*

Make sure that the students understand how to do this.

The answer can also be expressed as a fraction. Dividing both figures in the fraction by the same numbers will reduce them both by exactly the same amount leaving no remainder.

In this case:

1. *Divide by 10 to make 90 becomes 9, and 120 becomes 12. An easy way of dividing by 10 is just to cross off the zeros.*

   90 divided by 10 = 9

   120 divided by 10 = 12.

2. *Divide this figure by another to reduce it further. Ask the students: What figure can we now use that will divide evenly (leaving no remainder) into 9 and 12? (Wait for them to realize that 3 will divide into both 9 and 12. This will give ¾ which cannot be reduced any further by division).*

Guide the students through the following calculation. (You must be satisfied that they understand. You should give them other examples if necessary until you are sure they understand how the calculation is made).

Help them by showing them:

$$\frac{90}{120}$$

$$\frac{90}{120} = \frac{9}{12} = \frac{3}{4}$$

Write in the lowest figures:

$$\frac{3}{4} = \text{three–quarters}$$

Now look at the fraction:

$$\frac{30}{120}$$

Write in the lowest figures:

$$\frac{30}{120} = \frac{3}{12} = \frac{1}{4}$$

$$\frac{1}{4} = \text{one–quarter}$$

Important

Emphasize that a percentage will give the same proportion of the whole whatever the size of the sample. You can demonstrate this by showing the students that 50% or ½ (half) of a melon is larger than 50% or ½ (half) of an orange, but both are 50%.

When the students understand this, they understand percentages!

Students should now find it easy to apply this knowledge. They have already seen how the percentage of women with anaemia and hypertension can be calculated.

A word of warning!

Students will have seen how 50% of a large fruit is the same proportion as 50% of a small fruit. But the amount of fruit involved is very different. To emphasize this you could ask them to look at 50% of a small nut.

We have to realize that in order to know how much fruit we have, we need to look at the size of the whole fruit (or total).

In the same way we need to know the total size of the population we are studying.

If we say that 50% of the women who came to the family planning clinic came with their husbands, what do we mean?

If 50 women came to the clinic, then we mean that 25 came with their husbands, but …

… if only 2 women came to the clinic, then just 1 came with her husband.

You can give other examples that will be meaningful to your students. It is important for them to understand that:

- *percentages are useful, but they must be interpreted in the light of the total numbers involved*
- *it is only by using percentages that we can compare one health area to another. No two will have the same population, number of pregnant women, new babies, etc.*

Summarize. Ask if there are any questions.

Maternal mortality ratio and rate

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First of all, ask the students to recall the definition of maternal death introduced in Session 3, and then discuss the following definitions:

Maternal mortality ratio: *the number of maternal deaths divided by the number of live births.*

Maternal mortality rate: *the number of maternal deaths divided by the number of women of reproductive age.*

Now teach students how to calculate the maternal mortality ratio (usually written as MMR).

A maternal mortality ratio tells us how many maternal deaths there are by comparison with a fixed number of live births.

In dealing with statistics in larger populations, it is useful to state the figures by comparison with larger fixed numbers of the population:

i.e. 1000, 10 000 or 100 000 instead of 100 (or per cent).

The maternal mortality ratio tells us how many women for a given number of live births die as a result of pregnancy and childbirth in a given year.

We can then work out the risk of dying from a given pregnancy. We are now going to calculate maternal mortality ratios per 100 000 live births.

How to calculate the maternal mortality ratio

The maternal mortality ratio in any one year is written as a fraction.

- *The number of maternal deaths is the numerator*, and the total number of live births is the denominator**. Multiply by a constant figure (or a figure which does not change) called "k".*
- *k = 1000, 10 000 or 100 000.*

Explain to the students that:

- *A formula is used and this is written as a fraction*
- ** The numerator is the figure on the top of the fraction*
- *** The denominator is the figure on the bottom of the fraction.*

MMR ratio =

$$\frac{\text{Number of maternal deaths in a given year in an area}}{\text{Number of live births in the same year and area}} \times k$$

Example:

Number of maternal deaths in 1990 = 10
Number of live births in 1990 = 10 000
Therefore:

$$MMR = \frac{10}{10\,000} \times 100\,000 = 100$$

i.e. 100 per 100 000 live births

This means that in that area in 1990, a pregnant woman has a chance (or risk) of dying in pregnancy or childbirth of

1 in 1000.

(Make sure that students understand how this figure is obtained. Write down on the blackboard how to simplify the figures by crossing out the zeros).

100 in 100 000 becomes
1 in 1000.

***Exercise 5**:*

Write on 9 cards or pieces of paper, the following information:

120 live births	2 live births	38 live births
33 live births	125 live births	35 live births
28 live births	10 live births i.e. 5 sets of twins	9 live births

Give 9 students one each of these cards.

Now ask the class: How many live births (babies) are there?

(Answer = 400)

Ask the student holding the card with "2 live births" to sit down and state: "These mothers have died".

Ask the students to calculate the maternal mortality ratio per 100 000 in this population.

Answer:

$$\frac{\text{No. of maternal deaths}}{\text{No. of live births}} \times k, \text{ MMR} = \frac{2}{400} \times 100\,000 \text{ live births}$$

$$= \frac{2}{4} \times 1000 \quad = \frac{1}{2} \times 1000 = 500 \text{ per } 100\,000 \text{ live births}$$

Next, ask the students to count the mothers.

Answer 395, because there are 5 sets of twins.

Now give the students the definition of "Maternities": "a count of the number of mothers who delivered as distinct from the number of babies born".

This corrects for twins and multiple births when the maternal mortality ratio is calculated.

Help students understand that this will give slightly higher maternal mortality ratios.

(This can be demonstrated by using 395 instead of 400 in the above calculation).

As you start looking at statistics, read, think about and discuss the note below with your students and your colleagues.

Explain how to use the community profile outline.

Note:

The statistics compiled by the students might show that the situation is worse than expected. This could be discouraging. However, it is essential to recognize and acknowledge the situation before it can be improved.

COMPILING A COMMUNITY PROFILE

Having worked through the examples on basic mathematics, the next exercise (compiling a community profile) can be started. The Community profile has two parts.

***Part 1** of the community profile consists of collecting information on a selected community. Students will be asked to collect information about*

maternal deaths in the community visited, and taboos and traditional practices associated with childbirth. Students will be familiar with this topic from Session 6. Finally, students will assess the situation of transport and communication.

*In **Part 2** of the community profile, students will collect information on health facilities and resources, different aspects of maternity health care and information on the decision-makers in the community visited.*

Finally, based on the information collected, students should draw up an Action plan (a sample sheet for students is provided) outlining the intended action and how they plan to carry out the action, etc.

Introduce Part 2 after students have completed Part 1. It may become necessary to help students with Part 2 through small group tutorials. Students will be ready at different times.

Summarize each section (Part 1, Part 2 and the Action plan) when completed by the students, and then answer questions.

The following group discussion and/or role play may help to prepare students for the community visit.

Group discussion

During the discussion, ask the students the following questions:

1. *Why is it important that we find out from community members how they view health issues in their own community?*

2. *How can we find out what community members know about the risks to mothers - e.g. about obstructed labour?*

3. *As well as compiling a community profile, we also want to build up good relationships with the community. What is the most appropriate way of doing this?*

The following questions may help to think about this.

- *What preparations need to be made?*
- *What problems could we meet?*
- *How can we try to avoid or overcome these problems?*

Allow approximately 45 minutes for discussion, and a further 45 minutes for feedback.

Ask if there are any questions.

Summarize.

Role play

In class, practise through role play how students should approach their discussion in the community. Individuals interviewed in the community can be women, men, TBAs, community leaders, teachers, midwives, doctors, mothers-in-law, etc. Divide students into four groups.

***Group 1**:*

Discussion with mothers-in-law and other women in the community. Find out:

- *what they know about factors contributing to women's ill health*
- *what ideas they have about reducing risks.*

***Group 2**:*

Discussion with TBAs and midwives. Ask about the usefulness of

- *a health committee, and/or*
- *a safe motherhood committee.*

***Group 3**:*

Discussion with community leaders and other members of the community. Find out about:

- *transport and/or communication problems which may affect safe motherhood.*

***Group 4**:*

Discussion with teachers and other women in the community. Find out:

- *the main occupations of the people, and*
- *the socioeconomic problems of the community.*

Allow time for the groups to prepare their role play.

Discuss important points from the role play.

These should be points which will help to compile a profile when visiting the community.

Collecting the information

The following pages contain an outline which students should use to complete the community profile.

1. *Students should work in small teams (approximately 3 in a team) in order to collect the data.*

2. *Where statistics already exist, direct students to them. Data sources could be birth and death registries, hospital and health centre records. Ensure that time is not wasted in doing work that has already been done.*

3. *Ensure that students have a copy of the Community profile form, the Instructions for writing an action plan, and the Worksheet included at the end of the session. Students can add extra pages if necessary. Profiles should be as accurate and concise as possible.*

CONTENTS OF COMMUNITY PROFILE

COMMUNITY PROFILE

PART 1

A. POPULATION AND STATISTICS

Statistics for ..... for the year .....
(community)

(a) Estimated total population .....

(b) Total number of births (live and stillbirths) .....

(c) Number of live births .....

(d) Average female population aged 15–49 years .....

(e) Total number of maternal deaths .....
i.e. Number officially registered, plus number reported by families/others

Note: **Women have died. In some communities, very few maternal deaths will be registered. Try to get an accurate figure. This will take time, but it is very important.**

Remember: A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

Remember: $$MMR = \frac{\textit{No. of maternal deaths (e)}}{\textit{No. of live births (c)}} \textit{ x 100 000 live births}$$

B. STUDYING MATERNAL DEATHS

Fill in one of these forms for each maternal death.

1. Date and time of death (include day of the week) .....

2. Age of mother and duration of pregnancy at death .....

3. When the death occurred: (a), (b), (c) or (d):

   (a) before the start of labour pains
   (b) after the start of labour pains
   (c) during her delivery
   (d) after her delivery.

4. If (c) or (d), i.e. during or after her delivery.

   What was the length of time between the start of labour pains and delivery of the baby?

   .....

   .....

If the baby was delivered, what was the length of time between the delivery and the mother's death? (in hours or days)

.....

What was the date of delivery?

.....

5. Place of death:

- Home
- During journey/travel/transit
- Private hospital
- Health facility
- Other (please state).....

6. If death occurred at home, explain in detail why you (the midwife) believe the woman did not go to hospital for treatment.

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7. Was any worker called from the primary health centre to help in the emergency? YES/NO

If YES, who was called, and how long after the women experienced difficulties?.....

Did the person come?.....

How much time elapsed between being called and arriving at the woman's home?.....

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8. If death occurred in hospital, describe the condition of the woman when she arrived at the hospital.

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9. What sort of transport was used to take the woman to hospital?

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10. What was the distance between home and hospital?

..... km

..... miles, or length of journey in hours .....

11. Who accompanied the woman to hospital? .....

12. Did anyone advise the woman or her family that she needed to go to hospital? YES/NO

If YES, who? .....

13. How many days or hours did the woman stay in hospital before her death .....

14. What signs/symptoms did the woman have before she died? (Ask questions about bleeding, fever, respiratory problems, level of consciousness, oedema/swelling, offensive smells, etc.).

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15. What treatment was the woman given in hospital, and who provided the treatment?

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16. If the woman delivered in hospital, what was the mode of delivery, and was it a live or stillbirth?

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.....

17. If death occurred at home, who attended the woman?

- Untrained TBA
- Trained TBA
- Relative
- Neighbour
- Auxilliary nurse/midwife
- Nurse with MCH training
- Enrolled midwife
- Registered midwife
- Government doctor
- Private doctor
- Other (please specify) .....

18. What do you think were the main causes of death?

- Spontaneous abortion
- Induced abortion
- Haemorrhage before delivery (APH)
- Haemorrhage after delivery (PPH)
- Retained placenta
- Obstructed labour (ruptured uterus)
- Sepsis/infection
- Eclampsia
- Tetanus
- Other (please specify).....

19. (a) Was the woman ill before she became pregnant? YES/NO

If YES, give details:

.....

.....

.....

.....

(b) What were the factors that you believe led to her death, and how could they have been overcome?

.....

.....

.....

.....

C. TABOOS AND TRADITIONAL BELIEFS AND PRACTICES ASSOCIATED WITH CHILDBIRTH

1. Write down the things which you think are relevant to this community. These should include food, customs, local beliefs about health and illness related to pregnancy and childbirth, and remedies for problems (e.g. for prolonged labour, swelling/oedema, bleeding, fever).

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2. Carefully analyse the information you have collected, and decide whether the practices are **beneficial, neutral, uncertain or harmful**. Also refer to information collected, analysed and discussed in Session 9, if you are now completing a profile for the same community.

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D. TRANSPORT AND COMMUNICATION

1. How do people travel to health facilities, hospitals, schools, markets, etc.? What distances are involved? Who pays?

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2. How can messages be sent and received, and how long does it take to obtain help in an emergency?

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3. Add any other details which are important in the life and health of the community - e.g. is there a clean water supply, adequate sanitation, good food supply, adequate employment? (Give details)

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PART 2

A. HEALTH RESOURCES

Personnel who can provide community-based midwifery care.

Number of qualified midwives and nurses with midwifery skills:

Registered midwives/Nurse-midwives .....

Enrolled (2nd level) midwives .....

Nurses with MCH training .....

Auxiliary nurses/midwives .....

Number of TBAs:

Trained TBAs .....

Untrained TBAs .....

Number of doctors and other key personnel:

General practitioner .....

Obstetricians .....

Laboratory technicians .....

Other technical personnel .....
(Specify type)

Home visits:

Do the health centre staff provide antenatal care and care during labour in the woman's own home? YES/NO. If YES, please specify:

- main reasons for visits .....
- frequency of visits .....
- number of home births attended .....

Is the TBA present during home visits?: Always/mostly/rarely/never

Does the TBA visit the health facility? Regularly/rarely/not at all

Do the health facility staff visit the TBA? Regularly/rarely/not at all

Health facilities (Health stations, posts, clinics, etc.)

Number available to community .....

How many days per week are health staff available at the facility?.....

How many hours per day are health staff available at the facility?.....

Is the health facility within 1–2 hours walk of approximately 75% of the population?.....

What percentage of the population are more than 4 hours walk from the health facility?.....

How do people living a long way from the health facility get there? (e.g. if over 4 hours walk)

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Hospitals:

Total number of maternity beds available .....

"Population to bed ratio" .....
(To estimate this, compare the total birth rate with the number of maternity beds available).

How do people living a long distance away get to the hospital? .....

What are the particular problems associated with travelling to the hospital? .....

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Laboratory:

Are laboratory services available for women receiving maternity care in this community? YES/NO

If YES, what services are available? (tick those available)

- Haemaglobin tests
- Syphilis screening
- Urine culture
- Blood typing and cross-matching
- Blood screening for transfusion (e.g. HIV, Hepatitis B, syphilis)
- Malaria testing
- HIV screening (as part of voluntary counselling and testing)
- Other (***please specify***)

Are there any problems related to laboratory services? (If yes, write down the details)

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B. MATERNAL HEALTH CARE

Estimated number of pregnant women in the community in a one–month period.

Total number of births for the year = ...

Divide this number by 12 = ...

Antenatal care:

Number of women who have received antenatal care in one month

(i) at home .....

(ii) at a health facility .....

TOTAL .....
(Add (i) + (ii))

Percentage of women who received antenatal care:

Number of women making first visit,

before 16th week .....

= .....%

after 16th week .....

= .....%

Number of women not continuing attendance,

after first visit .....

= .....%

Is a **birth plan** developed with each woman who attends antenatal care? YES/NO

Is **voluntary counselling and testing** for HIV available for antenatal clients? YES/NO

What medical conditions are common in the community?
(tick those that are common)

- Anaemia
- Malnutrition
- Tuberculosis
- Hypertension
- Sexually transmitted diseases (including HIV/AIDS)
- Woman not fully immunized against tetanus
- Malaria
- Other (***please specify***)

What action, if any, is being taken at present to address the problems?

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How effective has the action been?

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What are the perceptions of community members with respect to future actions to address these problems?

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What are the most common serious complications associated with pregnancy and childbirth? (tick those that are common)

- Abortion
- Antepartum haemorrhage
- Pre-eclampsia and eclampsia
- Prolonged or obstructed labour
- Postpartum haemorrhage
- Puerperual sepsis

What action, if any, is being taken at present to address the problems?

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How effective has the action been?

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What are the perceptions of community members with respect to any future action to address these problems?

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Care in labour and birth:

Number of births in one month attended by:

- Registered midwives (nurse-midwives) .....
- Enrolled midwives .....
- Nurses with MCH training .....

- Doctors .....
- Auxiliary nurses/midwives .....
- **TOTAL** .....

Number of births in one month attended by:

- Trained TBAs .....
- Untrained TBAs .....
- Relatives .....
- Neighbours/friends .....
- **TOTAL** .....

Number of unattended deliveries (the woman delivered alone):

- **TOTAL** .....

Percentage of births attended by skilled personnel .....%

Postnatal care:

Outline the arrangements for this. **Who** provides care? **Where**? **What** are the arrangements for the identification and referral of **complications**?

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Referral system:

For women during pregnancy, labour or puerperium:

Number referred from community to health centre .....

Number referred from health centre to hospital .....

Number referred from community to hospital .....

Number referred from district hospital to secondary/tertiary level hospital .....

List reasons for referral:

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Family planning services:

Are these services provided in the health facility? YES/NO
Are they provided by mobile clinics? YES/NO

If YES, how often are the mobile clinics available?.....

Are they provided in the homes? YES/NO

If YES, how often is this service available?.....

Do adolescents have access to these services? YES/NO

If NO, what are the reasons?.....

If YES, do they use the srvices?.....

Uptake:

Estimated number of couples using family planning services = ...(year).....

i.e. ..... % of couples including women of 15–45 years.

(e.g. if there are 50 women aged 15–45 years and 10 of them are using the family planning services, the uptake is 20% [i.e. 10/50 or 1/5th]).

Costs:

What is the average cost a woman and her family would have to pay for normal routine care:

Each antenatal visit .....

Labour and birth .....

Postnatal care .....

Complications .....

(Calculate actual costs, (formal or informal), cost of equipment, cost of drugs, cost of travel, loss of earnings and child care (if appropriate) etc. List any additional costs).

Total cost of prenatal care .....

Total cost of labour and childbirth .....

Total cost of postnatal care .....

Total cost for family for care during each pregnancy .....

Average additional costs if a complication occurs .....

C. ASSESSMENT OF INTERNAL HEALTH SERVICES IN YOUR COMMUNITY

Using all of the above data, write down your general assessment of the maternal health services in this community. Include answers to the following questions.

- Are all of the essential maternal health services available?
- Are there sufficient numbers of staff?
- Are there sufficient beds for managing the number of complications?
- Are the services accessible for women and their families?
- Are the services affordable for women and their families?
- Are the services acceptable to women and their families?
- What improvements need to be made to promote safe motherhood?

My general assessment of maternal health services in ..... community

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D. COMMUNITY LEADERS AND COMMUNITY MEMBERS

Include details of the persons who make important decisions about the community or have influence over the community - i.e. community leaders, religious leaders, other individuals or groups in the community.

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List the main occupations in the community - e.g. farmers, labourers, weavers, etc.

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In this community, is there

(a) **a Health Committee?** YES/NO

Comment:

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(b) **a Safe Motherhood Committee?** YES/NO

Comment:

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Talk to community leaders and other members of the community and find out their main concerns about maternal health and safe motherhood in the community. What do they know about risk factors (e.g. anaemia in pregnancy, obstructed labour) and what do they want to do about the risk factors present in the community?

Summarize your discussion, identifying the most important problems that should be tackled first.

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E. .....WRITE AN ACTION PLAN FOR THE COMMUNITY YOU HAVE STUDIED

Based on the findings of the community you studied, write down an action plan for the community on the Worksheet provided. Remember that your intended actions should be consistent with the problems and needs perceived by community members. Follow this example:

Intended action	How we intend to do this?	Who we will approach?	Review date
Provide at least 1 home visit for each woman in pregnancy	We will start with families in area x of the village	Community leaders, women's groups, TBAs, health centre staff, manager in main hospital, doctor in main hospital	6 months (Date .....)

Intended action	How we intend to do this	Who we will approach	Review date