Core to the success of the MAMaZ-supported community engagement efforts is a training approach which builds the capacity of community health volunteers to facilitate the process of change. Experience so far suggests that the training approach is not only effective, in that it is bringing about the desired changes at community level, but also that it is building sustainable capacity among community health volunteers and among the district and national level government personnel who train, coach and mentor the volunteers.

MAMaZ is being implemented in six districts in support of the Government of Zambia's efforts to achieve millennium development goals 4 and 5, which focus on reducing child and maternal mortality. The districts are Serenje and Mkushi in Central Province, Chama in Muchinga Province, Kaoma and Mongu in Western Province, and Choma in Southern Province.

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Safe Motherhood Action Groups (SMAGs) have been established in some districts and are part of the national safe motherhood policy response. At the start of MAMaZ, the capacity of many of the volunteers was found to be low, regardless of whether or not they had been trained. Many volunteers had only partial understanding of the health issues about which they were supposed to educate other members of the community, and their community mobilisation skills were weak. One problem was that the volunteers were expected to learn about a wide range of health issues in a single short training. Another problem was that the training methodology, with its heavy emphasis on lectures and note-taking, was not very suitable for a low literacy setting. Hence, recall of key facts was poor and some of the volunteers seemed to lack the confidence to carry out their work.

Taking into account the role of the SMAGs in supporting communities to respond to MNH barriers, their literacy level and prior training experiences, MAMaZ devised a new training approach based on the content of the MAMaZ Community Discussion Guide for Maternal and Newborn Health Care.
The MAMaZ Community Discussion Guide for Maternal and Newborn Health Care covers a range of health and related topics, but begins with a focus on maternal health issues, and in particular, maternal emergencies. This is an emotive issue around which communities can be quickly mobilised. Other topics that have an impact on women’s and newborns’ health are also covered, including the impact of gender violence and of social problems such as alcoholism.

Many of the community volunteers leading the community mobilisation process in the MAMaZ districts (called ‘Mama SMAGs’) have poor literacy, with a large number lacking reading and writing skills altogether. Hence, as far as possible it was important to devise a ‘paper free approach’ – in other words an approach that did not rely on the community volunteers being able to access and utilise a training manual.

In addition, although some of the volunteers had received some form of training prior to the start of MAMaZ, there were large gaps in their knowledge and their facilitation skills were generally quite weak. Innovative teaching and learning methodologies were therefore required – ones that would enable the volunteers to acquire knowledge quickly, to retain this knowledge, and to develop the capacity to train others effectively. Two such methods were the rapid facilitation imitation method and the use of communication body tools.

Rapid Facilitation Imitation Method

The rapid facilitation imitation method is central to the MAMaZ training approach. This innovative method is used to train core trainers and community volunteers to become competent facilitators of community health discussions regardless of prior experience. All activities in the MAMaZ Community Discussion Guide are expertly demonstrated by a senior trainer and then imitated by trainees, who are then reviewed by other trainees. This enables the trainers and the community volunteers to memorise with relative ease both the content and the methodology of the Community Discussion Guide. Dividing the sessions into discrete segments focuses the trainees’ attention on one or at most two facilitation techniques at a time making it easier for them to learn each skill.

An emphasis on peer review allows trainees to get positive feedback or to learn from their mistakes in a constructive and supportive environment. The repetition of training segments and support given to participants to critically review their own and other trainees’ efforts enhances their learning and their ability to assimilate a large amount of material. The Rapid Imitation Method has proved to be extremely effective in the MAMaZ-supported districts, and is especially appropriate in a low literacy context.

Comments from Mama SMAGs

“The information we got through the workshop was an eye-opener. I like the demonstrations, showing the danger signs. Using the signs helps us to remember. They are easy to understand.”

“We were not encouraged to write. We were encouraged to use demonstration, which made things easy to remember.”

“‘Saying and doing’ helps us all to remember in a way we will never forget.”

“The community like these things. They enjoy it when you demonstrate the danger signs, the importance of ANC and so on. When you sing, they remember automatically.”
Communication Body Tools

Communication body tools are participatory behaviour change communication tools. Key messages are represented by a gesture or ‘pose’ that helps participants remember the verbal message associated with the action. Participants learn to ‘do’ the action and to ‘say’ the message. For example, to teach participants that fever is a maternal danger sign, the facilitator demonstrates fever by clasping their folded arms across the shoulders and shaking as though they have a chill. The facilitator then says “fever”. The link between the body movement and the statement conveys the message and helps participants remember the message. Participants then take it in turns to ‘do and say’. Comprehension of and willingness to participate in doing the action and saying the message are enhanced primarily because the gestures utilised in the tools are usually those that are locally recognised and therefore culturally appropriate and the messages are in the local dialect. In addition, practicing the ‘do and say’ messages is fun.

Feedback on the MAMaZ training approach from training participants has been positive at all levels, whether from members of the District Health Management Teams (DHMTs), representatives of the Ministry of Community Development, Maternal and Child Health (MCDMCH) or Ministry of Health (MOH), or from the Mama SMAGs. Some trainees were initially reluctant to embrace the new training methodologies because they deviated from the traditional training methods of using the written word, including flipcharts, pictorials, note-books and pens. Many of these individuals went on to embrace the new methods and to become firm advocates for them. Trainers at different levels can see how quickly new ideas are assimilated and how quickly trainees pick up the facilitation methods and enjoy using them. For the community volunteers, seeing how effective the methods are at community level – and how willing community members are to respond to the call to action – is highly motivating.

Comments from Members of the DHMT

“Instead of an emphasis on reading, there was an emphasis on discussion and practical where everyone was involved. It was very participatory. We were put in groups of three to five, and everyone had to participate.”

“I am confident to train without the Community Discussion Guide. If you do it frequently, it is on your finger tips.”

“It’s a new type of technology and works well with those with low literacy skills; a very effective way to fully involve community members and give them a sense of ownership.”
Cascade Training Approach

Considering the large number of communities to be supported by MAMaZ (289 across six districts) and the large number of community health volunteers to be trained (just under 3,000) a cascade training approach was adopted. The basic principle in a cascade model is that each level of trainers trains the next level down. The MAMaZ cascade training approach has four levels (Figure 1).

The process of cascading the training has offered good value for money in several ways. It has enabled the programme to train a pool of 41 core trainers across six districts. These trainers are providing ongoing support to communities and comprise a valuable resource for scaling up community engagement activities within and outside the MAMaZ-supported districts in future. The cascade training process has also allowed MAMaZ and its partners to reach a large number of volunteers and community members within a relatively short timeframe. As with all cascade training approaches, it is probably true to say that there has been a degree of dilution of training quality. However, the key question that programmers have to ask is whether the training is good enough to achieve desired outcomes. In the case of MAMaZ, early evidence suggests that it is.

CONCLUSION

The MAMaZ training approach is distinctive for several reasons. First, the material is learner-centred and the teaching methodologies are problem-based and participatory. Second, the approach utilises a number of training methodologies that are conducive to adult learning, enabling quick assimilation and good capacity to train others. Third, training methods which help participants remember information are given priority, reducing the need to refer to training manuals or notes in order to remember key content. The training approach also does away with the need for multiple training aids, which lowers replication costs. The approach is also relatively low-cost to implement. The cost of training and providing follow-up coaching and mentoring support to each volunteer is ZMW 82 (£10). This is low considering the potential health benefits.

In a context where the MCDMCH is in the process of scaling up the training of Safe Motherhood Action Groups, it will be important to look at the ‘winning features’ of the MAMaZ approach and look for ways to integrate these into the national SMAG training strategy and approach.