**PARTICIPATORY RURAL ACCESS SURVEY (PRAS) FOR MATERNAL HEALTH**

**About this tool:** This tool is designed for participatory discussions with rural communities and other stakeholders, focusing on maternal health.

**Step One: Gather the Stakeholders**

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| Gather stakeholders in an environment where open and honest input is possible. Initial stakeholders include: * Village heads
* Religious heads
* Community members

Have separate meetings with official and civil society heads including: * The Police
* Local authorities
* Regional authorities.
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| **Explain the Ground Rules:** |
| * Agree on ground rules e.g. use of mobile phones, need to listen to the speaker etc.
* Agree on penalty for breaking ground rules
* Agree on custodian for ground rules
* Explain the logistics of the workshop, e.g. prayer time, closing etc.
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| **Explain the Objectives of the Workshop:** |
| * To discuss maternal mortality
* To share problems and work together to develop solutions
* Answer any questions that the participants might have at this early stage
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**Step Two: Setting up the Context**

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| Establish the context for the survey; “What is the need which we are trying to address?”In this case, the need is for prompt, safe and affordable referral of maternal cases to health facilities to minimise maternal death.  |
| **Why the need is so important:** |
| * Approximately 75% of maternal deaths are avoidable
* Minimizing the three delays (see fig.1) is seen as one of the most effective strategies for reducing maternal mortality
* A woman can die in 2 hours from Post-Partum Haemorrhage, 8 hours from Ante Partum Haemorrhage, and 24 hours from Eclampsia
* Successful interventions have been undertaken across the developing world to establish effective transport solutions for maternal referral. Many of these interventions are low tech, non-motorized projects which results in many lifesaving trips.
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**Step Three: Experience Sharing**

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| Build on the context to realise the issues and to find practical examples of the problem at hand. Ask a series of open questions and allow the participants to tell stories of their experiences. You should allow the participants time to think about the question and then allow those who want to answer an opportunity to share their experience |
| **If their answer does not provide a lot of detail you can ask the following questions:** |
| * Did the mother survive?
* Did the baby survive?
* What form of transport was used? e.g. stretcher, donkey…
* How was the transport arranged?
* How much did the transport cost?
* How was payment arranged?
* How many hours did the journey take?
* What was the distance to the health facility?
* Was the outcome positive or were there problems?
* What were the problems?
* What are the solutions for these problems?
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| **Once these questions have been covered, ask more questions including the following (and encourage participants to expand):** |
| * Of the experiences which we have heard, which ones had sad outcomes?
* Why were they sad outcomes?
* Of the experiences which we have heard, which ones had happy outcomes?
* Why were they happy outcomes?
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| **Discuss the non-transport related reasons why pregnant women don’t always receive timely treatment. Ask each participant to explain an appropriate experience if they have witnessed any of the following reasons for delayed treatment:** |
| * **Knowledge of the Danger Signs:** the pregnant woman and her family did not know the danger signs; they did not know the mother was in danger.
* **Savings:** The family had not saved money for any emergency, so there was no money for transport or blood or medicines and supply.
* **Standing Permission:** The husband did not give standing permission so people could take the pregnant woman to the hospital.
* **There was no woman helper:** The pregnant woman had no one to help her identify the danger signs.
* **There was no blood:** The family of the pregnant woman has not identified blood donors and the blood was too costly.
* **There was no transportation:** The road was bad; there was no transport; the family has not identified a driver who could help in case of an emergency.
* **The problems at the hospital:** The family did not want to go to the hospital; because of poor staff attitudes, the hospital did not attend to the pregnant woman on time.
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**Step Four: Problem Solving**

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| **Some basic questions will help people to think about possible solutions to the problems identified earlier:** |
| * What transport resources are available in the community?
* What is the frequency of motorised transport in the village?
* Are there transport associations or local transport groups and if so what role do they play?
* What are the key problems and solutions for rural transport?
* Do transport requirements change according to changes in seasonal weather?
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| **Offer suggestions for how some of the problems identified earlier can be resolved:** |
| * If money for transport was highlighted as a problem might it be possible for the husbands of pregnant women to save a small amount of money each week which can be placed into a central fund for paying for transport?
* Can the men in the community work together to ensure that if a woman has to be moved by stretcher there are enough people to help?
* Are there any transport resources in the community or in nearby communities which can be used to transport pregnant women?
* Can bicycles, motorcycles or mobile phones be used to communicate when a pregnant woman needs to be moved?
* Can arrangements be made so that transport can be paid for after the woman has been transported to help minimise delay?
* Might it be possible to build something within the community which can be used to safely transport pregnant women?
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**Step Five: Possible Solutions**

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| **There are a number of potential transport solutions that can be used to carry pregnant women to local health facilities. Discuss these with the participants, and encourage them to give their feedback on any designs. Explain to them that some designs would need to be pulled by a horse or donkey, and most designs need to have a number of volunteers to help transport it. Discuss the significance of this, and how it might work. Also, explain any aspects of the designs that are unclear using the notes next to the image. You can offer some suggestions of things to consider:** |
| * Who would provide the donkey/horse (if needed) and how would they ensure that it was always available?
* Who would help to transport the stretcher, and how would they ensure that they were always available when needed?
* Would they feel comfortable using the stretcher to carry a pregnant woman? Why/why not?
* Would they feel comfortable allowing their wife to be carried in the stretcher? Why/why not?
* If they had to sit on the stretcher, would they feel safe? Why/why not?
* How well would the stretcher be suited to the paths it would need to travel along?
* Are the materials suggested to make the stretcher available locally or in the nearest town? Would they be suitable to cope with the local weather and terrain?
* Would local mechanics be able to build the stretchers, and who would repair it if it broke?
* Would one design of stretcher suit all seasons, or is there a need for a summer design and a winter design (for example)?
* What is good about the designs?
* What is not good about the designs? What would they change about them if they could?
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**Step Six: Others Questions and Closing**

It is appropriate to ask the participants if they have any questions, or any ways in which they think such sessions could be improved. Finally you can thank the participants before closing the session.

**Figure One: The Three Delays**

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