A SOCIAL MAPPING TOOL that enables health mothers groups (HMG) to
- Map the population out of reach with the maternal health services;
- Identify and assess community health challenges, focusing on maternal and child health;
- Seek resources as preparedness to minimize the potential risk for maternal and neonatal health; and
- Advocate for access and quality improvement for the available services.

The tool has been used in more than 2,358 mothers’ groups in 44 districts of Nepal.

**GOAL:** Strengthen mothers’ group and increase health service utilization among them.

**OBJECTIVE**
- To provide information and encourage women in 1000 days period to seek sexual, reproductive and maternal health services especially those from marginalized and vulnerable groups.
- To increase coordination between the community and HMG.
- To identify the sexual, reproductive and maternal health services including nutrition services required by women in 1000 days women.
- To address the bottlenecks including the ability of women to practice recommended healthy behaviors and/or access health services.

**CONCEPTUAL FRAMEWORK**

**STAKEHOLDERS**
- Service seekers
- Service providers (Health workers and FCHVs)
- Health workers and Health Facility and Operations Management Committee (HFOMC)

**INPUT**
- Opinion on social practices
- Information on practicing/following recommended behaviors
- Social/behavior mapping
- Information on recommended health behaviors and health services
- Monitoring and supportive supervision by health workers
- Orientation on the modality/process of SATH
- Budgetary allocation for implementation of SATH concept

**OUTPUT**
- Meaningful engagement of the community especially women and marginalized groups on local health issues
- Map the behavior and population out of reach of maternal health services;
- Identify and assess community health challenges
- Preparedness to minimize the potential risk for maternal and neonatal health
- Increased ability to monitor and validate performance of health facility; and
- Bottleneck identification and work plan design

**OUTCOME**
- Increased access and utilization of health services specially women and marginalized communities
- Improvement in effectiveness of health mothers’ group
- Work plan to overcome bottleneck
- Policy inputs to the local government

**IMPACT:** Improved Health status through empowered women
SOCIAL MAPPING IN SATH TOOL

.................................................Health Post, ..................(District)

Self- Applied Technique for Quality Health (SATH)

Health Mothers’ Group (HMG) Name: ..........................................................Date of meeting (specific day of the Month).....
Female Community Health Volunteer's Name: ..................................Group Chair’s Name: ..........................................................
Ward Number: ........ Neighborhood: ..........Health worker supervising the HMG: .................................

Social Mapping

<table>
<thead>
<tr>
<th>Women who have used all health services</th>
<th>Demographic Information</th>
<th>Symbols for various maternal health indicators</th>
<th>Index of various places</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ..............................(along with signs matching the one placed against the house of the respective lady in the social mapping)</td>
<td>Total Population:........ Male:..... Female :..... Pregnant woman (count):..... Lactating Mother (count):..... 1000 days mother (count) ...... Children &lt;2 years (count)...... Children &lt;5 years (count)...... Area or groups with rate of service utilization : ..............</td>
<td>Pregnant woman's house House with a child less than 28 days First pregnancy checkup (ANC) Four recommended pregnancy check-up (4, 6,8 and 9 months) Institutional delivery Three postnatal check-ups (PNC) Death of a child within 28 days of birth Not taking iron tablets this month</td>
<td>FCHV's house........ Health facility....... Immunization clinic... Temple........ Pond...... Forest.... Water tap..... Group chair's house... Outreach clinic.... Waterways.....</td>
</tr>
</tbody>
</table>

Note: The demographic information and symbols used are subject to change based on context.
### STEPS OF CONDUCTING SATH

#### STEP 1
**CONSULTATION MEETING WITH LOCAL GOVERNMENT**

**Agenda**
- Selection of Priority wards/Health facility in local government area to implement SATH

**The meeting is attended by**
- Deputy Mayor/Vice-chair
- Executive officer, Municipality
- Elected Representative
- Health Coordinator, Municipality

#### STEP 2
**ONE-DAY ORIENTATION TO LOCAL GOVERNMENT REPRESENTATIVE, HFOMC AND FCHV ON SATH**

**Agenda**
- Knowledge on modality and its intended outcome
- Selection of SATH sites (criteria)
  - Population of disadvantaged Community
  - Low rate of health service utilization
  - Irregular Health Mother’s Group Meeting
- Social mapping and using symbols

**Orientation on SATH is carried out in conjunction with orientation on Community Health Score Board (CHSB).**

The Community Health Score Board (CHSB) is a participatory tool for assessment, planning, monitoring and evaluation of services provided by health facilities. The CHSB brings together the demand side (“service user”) and the supply side (“service provider”) of a particular health facility to jointly analyze issues and problems of service delivery and find a common and shared way forward to address them.

(See the technical brief on CHSB for details)

#### STEP 3
**CONDUCTION OF HEALTH MOTHERS’ GROUP (HMG) MEETINGS USING SATH TOOL (Fixed day of every month)**

**Agenda**
- Social/behavior mapping update
- Analysis of maternal and child health status
- Discussion on current maternal health practices at home and service utilization
- Discussion on issues hindering practices of recommended maternal health practices

**HMG using SATH tool (Steps)**
1. Sit a circle.
2. FCHV welcomes all the participants
3. The HMG chair thanks everyone for attending the meeting and highlights overall agenda.
4. FCHV orient the participants on the importance of SATH tool, its use, outcome and outlines specific agenda.
5. Lays out the flex containing the social map.
6. For the first time, FCHV draws the social map and with the help of the participants plots the health facility, houses of pregnant and lactating women, health post, FCHV’s house, outreach clinic, school, temple, roads and other important sites in the map.
   a. She then explains which symbols should be used to denote which maternal health practices, places and service utilization of women in 1000 days period.
   b. The FCHV will then ask a question on antenatal and postnatal care practices to women in 1000 days period and put symbols or “tika” (a circular sticky material), as mentioned in the table on the left, against the house of the respective women in the social map.
7. During regular meetings, the FCHV will update the symbols marked against the houses as per changes. **Discussion is held on the importance of such practices while the symbols are being marked. Women are requested to place the symbols against their houses themselves.**
8. Those women who have been practicing as recommended are encouraged to continue. While in cases where women are unable to attend the meeting or adhere to recommended behaviors FCHV along with other participants play a part to address the bottleneck/challenges and support.

#### STEP 4
**REGULAR MONITORING AND SUPPORTIVE SUPERVISION BY LOCAL HEALTH FACILITY**
"After preparing the social map, a black tika (circular sticky material) is placed next to the houses of those pregnant mothers who missed their pregnancy checkup. Then while attending the mothers’ group meeting everyone else has a red tika (signifying that they had done the recommended pregnancy checkups) and the one who did not have the ANC checkups has a black tika against her house understands the value of regular checkups and acts on it. By observing her peers, she is also encouraged to go for pregnancy checkups and immunization."

"Female Community Health Volunteers used to talk to us about going to the health facility for pregnancy checkup and consuming iron tablets before as well. But many people did not seem serious about it. After the introduction of SATH in health mothers’ group, it has been easier to understand the recommended health practices that too in an enjoyable manner. Previously, women did not go to the health facility for delivery but by virtue of SATH tool, everyone has been able to understand its importance because now everyone is able to engage in the discussions."

Source: Finale Evaluation of SAMMAN Project, 2018