Engaging Communities for Reproductive Health and Family Planning

Community engagement is critical for encouraging positive behaviors and addressing reproductive health and family planning (RH/FP) social and structural barriers. Community engagement can foster increased uptake of RH/FP services, improved provider-client interactions, and enhanced partnership and social accountability between health and community systems.

This is a skills-building course for Ministry of Health staff, NGO program managers, and donor organization personnel to learn how to work with communities to build local strengths and support community-led action for RH/FP issues. The course consists of six sessions structured around the adapted Community Action Cycle. It outlines key steps for designing and managing effective community engagement programming, including the process, principles, and values of community engagement and the time, staffing, and budget needed to carry out community engagement for RH/FP. Additional reading materials and tools help the learner more deeply understand and apply course content.

Learning Objectives

- Articulate the role of community engagement within broader social and behavior change (SBC) programming for RH/FP
- Identify key steps in designing, implementing, and documenting community engagement for collective action
- Utilize additional resources for community engagement planning and guidance

Course Authors

Save the Children - Dr. Télesphore E. L. Kaboré, Lead Community Health Advisor; Arianna Serino; Bronwyn Pearce; Ryan F. Morris; Renuka Bery

This resource is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID or the United States Government.

USAID FROM THE AMERICAN PEOPLE

Breakthrough ACTION FOR SOCIAL & BEHAVIOR CHANGE

Introduction: Engaging Communities for RH/FP

Learning Objectives

Upon completion of the Introduction, you will be able to:

- Articulate why community engagement is an integral part of social and behavior change
- Describe the Community Action Cycle as one approach to engage communities

In this session, you will learn key concepts and definitions to start you on your journey to work effectively with communities to mobilize for social and behavior change (SBC) around reproductive health and family planning (RH/FP), or social change in general.

There are numerous ways of effectively engaging communities, however there are fundamental values and principles you should recognize and adhere to in your work to achieve effective community engagement. Community engagement involves the following fundamental values and principles:

- Communities play a crucial role in addressing their own RH/FP issues.
- Communities themselves can lead social change and have the capacity to do so. They can also work towards strengthening their skills, when required.
- Recognize and build on existing community groups, structures, histories, and social networks to foster greater problem-solving community ownership and sustainability.
- Support dialogue, debate, and negotiation to identify issues that are important to community members, rather than focusing on persuading and transmitting information to communities as outside technical experts.
- Address individual RH/FP behaviors and the social norms, policies, culture, and environmental factors that influence positive social change.
- When individuals and communities most affected own the process of engagement, SBC for RH/FP is enhanced.

Definitions of Key Terms

In this section, we will review the globally accepted definitions of some key terms that we will use throughout the course.

Community Mobilization

Community mobilization is a capacity-strengthening process through which community members, groups, or organizations plan, carry out, and evaluate activities to achieve a common goal on a participatory and sustained basis, either on their own initiative or stimulated by others.

Community mobilization is not a campaign or a series of campaigns. It is not the same as social mobilization, advocacy, social marketing, participatory research, or non-formal or popular education. Although community mobilization often uses these strategies, these terms are different.

*Please note that community engagement and community mobilization (CM) are used interchangeably throughout this course.

Community Capacity Strengthening

Community capacity strengthening is the process through which communities obtain, strengthen, and maintain capabilities to set and achieve their own development objectives over time. Community capacity strengthening and community mobilization are related terms, but they are not synonymous. Community mobilization is one of many approaches to strengthening community capacity.

The key to applying these definitions in your program design and approaches is recognizing that capacity already exists in communities and that your role is to further support and strengthen their skills and abilities.

Community Participation

Community participation is fundamental to community-led development and mobilization. However, the term "participation" is sometimes overused and not well defined. In the Degrees of Participation framework (Cornwall & Jewkes, 1995), we learn about different degrees of participation. At the lower end of participation, communities are sometimes "co-opted," they have token involvement but no real power or input because external agencies control the development process. More meaningful participation can be found with co-learning and collective action.

Reclaiming the true meaning of participation requires external organizations and partners to shift power to communities from program design, beginning with a vision of participation focused on co-learning and collective action. As the Degrees of Community Participation diagram below shows, with increased participation comes greater ownership and the potential to sustain meaningful action.

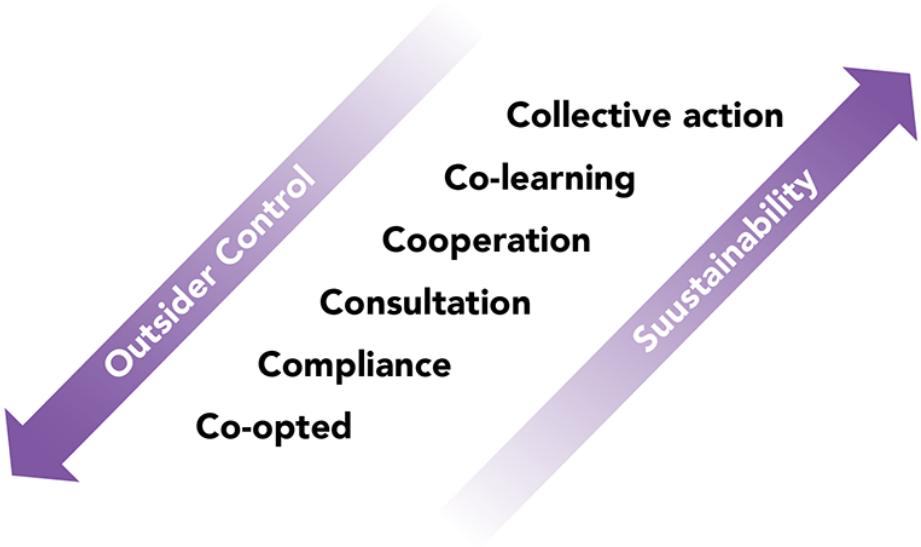


Figure 1. Degrees of community participation

Social and Behavior Change

The purpose of community engagement is to achieve positive social and behavioral change, or the uptake of priority behaviors and shifting of cultural norms that directly improve the broader health of a community. Therefore, when designing for community-led development and mobilization, we do so with a vision of the change we hope to see.

Over the years, the idea that change manifests from one-off campaigns or one-way communication activities has shifted toward a more iterative process that includes multi-level action, including two-way communication. These multi-level SBC activities or approaches are grounded in several different disciplines, including social marketing, advocacy, community engagement/mobilization, behavioral economics, and human-centered design (Nancy & Dongre, 2021).

Social and behavior change (SBC) is an umbrella term encompassing social and behavior change communication (SBCC), community-led development, and community mobilization. Different tools and approaches are part of our SBC Toolbox (see Figure 2), including community engagement/mobilization. These tools can be combined to offer a comprehensive response to address a range of socio-cultural or health challenges.

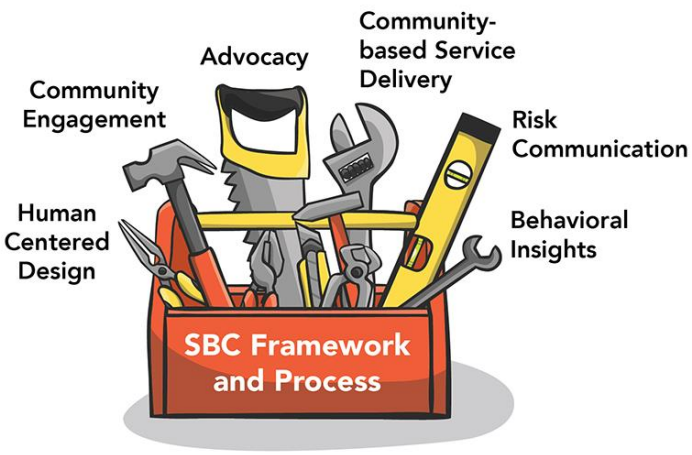


Figure 2. Social and behavior change "toolbox"

The Community Action Cycle

Various methodologies exist to engage communities for improved RH/FP. This course explores the Community Action Cycle (CAC) as one approach. The CAC is a participatory, community-led process through which those most affected and interested organize, explore, set priorities, plan, and act collectively to achieve a specific goal. The process builds on community strengths and a social systems approach to achieve specific, measurable results and sustain collective action.

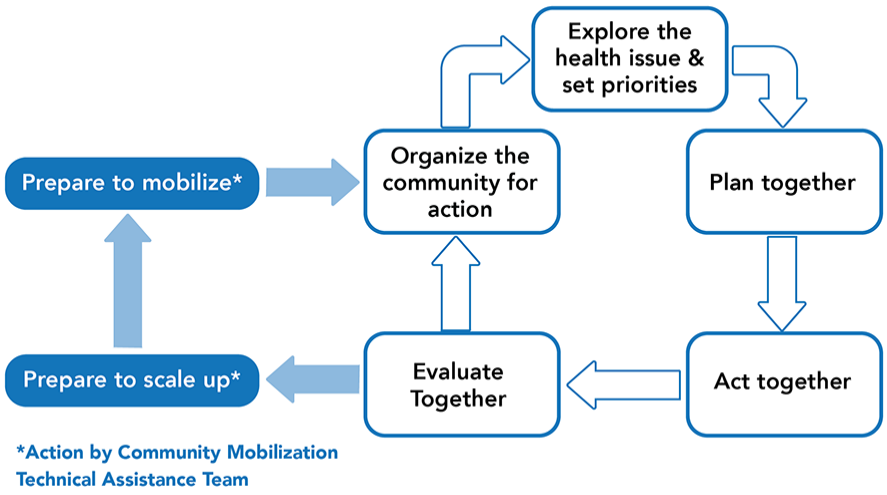


Figure 3. Community Action Cycle (CAC)

The 7 Phases of the Community Action Cycle

The CAC involves the following phases, and specific steps to foster community-led action. This course guides the learner through the seven phases:

1. Prepare to Mobilize
2. Organize for Action
3. Explore the Issue and Set Priorities
4. Plan Together
5. Act Together
6. Evaluate Together
7. Scale Up

Each CAC phase has a series of related steps that guide communities and facilitate partnerships. These phases and steps draw from global experiences of quality, community-led action and mobilization. However, while these have been used successfully by multiple community-led programs, they should be used as a guide and adapted according to the unique context at hand.

The Adapted CAC Steps and Phases

As mentioned above, the CAC can be tailored to suit situations such as emergencies, single health topic interventions, or situations within which there is a necessity to build on existing investments. Under the USAID-funded Breakthrough ACTION project, the original CAC with its 7 phases has been tailored to 5 phases presented below. Each phase of the adapted CAC has detailed steps similar to the original. These can be integrated into the RH/FP program design, implementation, monitoring and evaluation cycle.

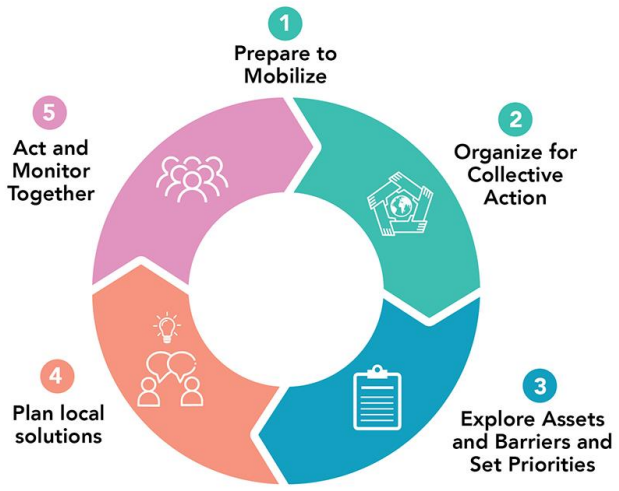


Figure 4. Adapted Community Action Cycle

PHASE 1 - Prepare to Mobilize

- Step 1 - Select the issue to address and define community.
- Step 2 - Develop the Community Mobilization Team.
- Step 3 - Gather information about community resources and constraints.
- Step 4 - Develop a community mobilization work plan to guide the community engagement process.

PHASE 2 - Organize for Collective Action

- Step 1 - Visualize positive change – community orientation and partnership.
- Step 2 - Build relationships, trust, credibility, and a sense of ownership with the community.
- Step 3 - Invite community participation.
- Step 4 - Identify and strengthen a core group in the community.

PHASE 3 - Explore Assets and Barriers, and Set Priorities

- Step 1 - Explore the issue(s) with the community core group.
- Step 2 - Explore the issue(s) with the broader community.
- Step 3 - Analyze priorities.
- Step 4 - Define key determinants to address.

PHASE 4 - Plan Local Solutions

- Step 1 - Determine who will be involved in planning and their roles and responsibilities.
- Step 2 - Design the planning session.
- Step 3 - Facilitate the planning process to create a community action plan.

PHASE 5 - Act and Monitor Together

- Step 1 - Define your team's role in accompanying community action.
- Step 2 - Strengthen the community's capacity to carry out its action plan.
- Step 3 - Support community groups to monitor progress and use data to inform micro-planning and collective action.
- Step 4 - Problem-solve, troubleshoot, and mediate conflicts.

Key Takeaways

- Community engagement or mobilization is a capacity strengthening process through which community members, groups, or organizations plan, carry out, and evaluate activities to achieve

a common goal on a participatory and sustained basis, either on their own initiative or stimulated by others.
- Community engagement is a social and behavior change approach.
- The Community Action Cycle is a methodology or a process through which the community is engaged for collective action to address RH/FP and other health and development issues.

Check Your Understanding

Thank you for completing the first lesson of Engaging Communities for Reproductive Health and Family Planning. Next is an ungraded quiz to test your understanding of the introduction.

1. The goal of community engagement for RH/FP is to have community members identify and address social norms and structural barriers impacting RH/FP in neighboring communities.
    a. True
    b. False

Feedback: The goal of community engagement for RH/FP is to have community members identify and address social norms and structural barriers impacting RH/FP in their own community, not neighboring communities.

2. The Community Action Cycle has to be implemented as presented. It should not be adapted without permission from Breakthrough ACTION.
    a. True
    b. False

Feedback: The CAC should be used as a guide and adapted according to the unique context present within the community.

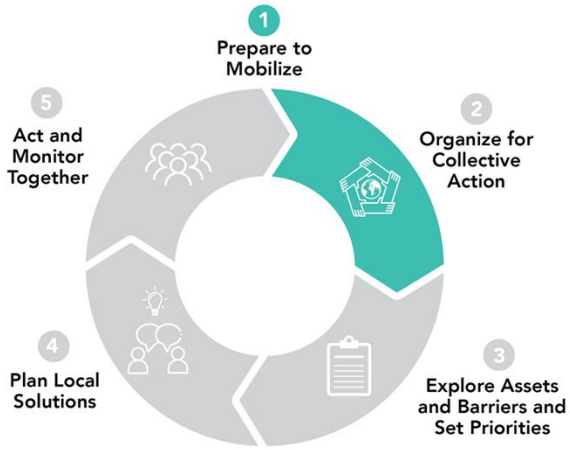
Phase 1: Prepare to Mobilize

Learning Objectives

Upon completion of Phase 1, you will be able to:

- Describe the key outcome of Phase 1 of the CAC, Prepare to Mobilize
- Explain the role of the Community Mobilization Team
- Articulate the reason for developing a community mobilization plan

Prepare to Mobilize is the first phase of the community action cycle (CAC). The four steps in this phase focus on strengthening a Community Mobilization Team's skills and abilities to foster and respect community-led action.



Adapted CAC – Phase 1: Prepare to mobilize

External organizations working with communities or communities themselves can apply the following steps:

- Step 1 – Select the issue to be addressed and define "community".
- Step 2 – Develop a Community Mobilization Team.
- Step 3 – Gather information about community resources and constraints.
- Step 4 – Develop a community mobilization work plan.

Prepare to Mobilize consists of all the activities that need to happen before initiating interventions within the communities. The key outcome of this phase is a well-prepared team equipped with a written work plan to engage communities to address the RH/FP challenges they will be prioritizing.

Phase 1: Prepare to Mobilize

Step 1 – Select the issue to be addressed and define community

The first step in any community mobilization effort is selecting the issue around which the community will eventually mobilize.

Selecting the Issue

Ideally the community itself selects the issue, but in the real world of international development assistance, the issue is often pre-selected by donors and government counterparts or by external

organizations depending on country RH/FP indicators. Often, this occurs with little or no consultation with communities.

Also, consider whether the issue is the result of another underlying problem and whether it will be necessary to mobilize around the underlying factors in order to see a change. For example, women's RH/FP challenges, such as maternal mortality or morbidity, may be a reflection of women's low status in the community. Will you mobilize communities around women dying or elevate the value of women? First, articulate the issue, then you can design a program around that issue.

Finally, defining an issue too broadly could overwhelm community members to the point where they might feel they cannot possibly tackle it, and therefore decide not to participate. A well-defined, focused issue and corresponding goal are critical at this stage and throughout the community mobilization process. In general, if you have limited time and resources, community engagement is more effective when the issue is more narrowly focused. For example, tackling low antenatal attendance is more focused than tackling high death rates amongst women.

Defining "Community"

Community engagement refers to "community" in its broadest sense. In the changing context of migration, urbanization, and globalization, the concept of community has evolved significantly beyond just a group of people who live in a defined territory. Today, community also refers to groups of people who may be physically separated but who are connected by other common characteristics, such as profession, interests, age, ethnic origin, a shared health concern, or language. Thus, you may have a teachers' community, a women's community, or a merchants' community; you may have a community of women of reproductive age, displaced refugees, teenage boys or girls, or men with sexually transmitted infections. You may be in a position to work with the district health team to choose from several communities, in which case you will need to establish selection criteria.

In selecting the community, you should also consider issues such as:

- Is there strong or weak identification among members of the community?
- How and whether minority voices are being heard?
- Which sub-groups or individuals within the community are most directly affected by the issue, facing discrimination and inequalities, or have limited access to information and services?

Example Burkina Faso and Niger

In Burkina Faso and Niger, Breakthrough ACTION through its community engagement activities which aim to address barriers to RH/FP service uptake, applied the geographical definition of "community" but combined it with audience segmentation. Working with the communities and the district-based multi-sectoral Community Mobilization Teams, the primary health care center was identified as the unit of implementation of the community collective action. Therefore, all people living in that catchment area comprised the "community" with the facility's health committee being the community core group, or

community action group, to drive and coordinate the community collective action for uptake of RH/FP services. However, to be very precise in their intervention, the health committee identified women of reproductive age as the primary segment of the community to cover and engage. Their partners and families were also identified as a secondary segment to address, but actions were needed primarily to address women of reproductive age in the selected health catchment areas.

Step 2 – Develop a Community Mobilization Team

Before you begin working with communities, you will need to put together the team of people who will support the community engagement initiative. The Community Mobilization Team plays the following role:

- Helps define the issue and community's focus
- Learns about the communities
- Develops and implements the broader community mobilization (CM) plan or framework
- Facilitates quality CM process through applying the community action cycle (CAC)
- Supports monitoring, documenting, and accountability of community-led efforts

Who should be on the team?

The Community Mobilization Team should be multi-sectoral, if possible, as the underlying determinants for change can stem from various cross-sectoral factors. The Community Mobilization Team may include local government and district staff, community leaders, and project or partner NGO staff. In the context of RH/FP, the Community Mobilization Team may include:

- District health communication or health promotion officer
- District community health officer
- District family health officer
- Local municipality community development officer
- Gender and women affairs officer
- Agriculture extension worker
- Community leaders and champions
- Among others

The Community Mobilization Team composition may change as you move through the various stages of mobilization, with different skills needed at different times.

Selection Criteria

The Community Mobilization Team members are usually selected according to the following criteria:

- Have expertise in the issue.
- Have firsthand experience with the issue such as women, people with disabilities, and those who are most excluded.
- Understand the political, socio-cultural, and economic context, such as knowledge of the community and macro environment.
- Possess basic community mobilization skills, such as interpersonal communication and facilitation skills, program design and management skills, organizational behavior or group dynamics skills, capacity-building skills, planning and evaluation skills and/or knowledge of participatory methods.
- Possess attributes that inspire respect, such as openness, flexibility, patience, good listening skills, diplomacy, and most importantly, belief in people's potential.
- Ability to communicate effectively in the local language.

The greater the variety of perspectives represented on the Community Mobilization Team, the less likely you will be to overlook important issues.

Skills of a Mobilizer

Ensure the Community Mobilization Team is well prepared prior to initiating contact with the community. A bad first impression is difficult to overcome. What you wear, how you act, which language you speak, what you say, how you say it, even how you arrive – in a car, which almost no one in the community owns, or on public transportation which almost everyone uses – all these things will be noticed and discussed by community members when you leave.

You can talk with people who are working in the community or who know about local protocol to find out which people you will need to contact first, and what will be expected of your first visit.

As you prepare to mobilize, it is important to define the roles and responsibilities of each Community Mobilization Team member. Team members need to work together in the community to assure a unified approach. Here are some possible roles related to mobilizing the community:

- **Catalyst/Mobilizer** – Facilitates implementation of the Community Action Cycle with leaders and community groups to stimulate action on issues.
- **Organizer** – Forms new organizations/groups or brings existing organizations together around an issue.
- **Capacity-Builder/Trainer** – Helps to strengthen community skills to achieve community engagement goals.
- **Partner and Coalition Builder** – Complements local organizations in a joint effort.
- **Direct Service Provider** – Provides a health or education service.
- **Liaison** – Links communities with resources and partners, builds networks.

Step 3 – Gather information about community resources and constraints

Situational Analysis

A situational analysis can be a chance to learn more about:

- **Community structures** – How are communities organized?
- **Formal and informal leadership** – How are decisions made? And who makes them?

The Community Mobilization Team will need to know the answers to these key questions before beginning work with community partners.

A situational analysis process can be "one-way" information about the community and the issue at hand. In the case of RH/FP, you might gather information about local RH/FP service access, availability, use, and quality, among other information. You can also use additional formative research on key behaviors. It will be key to identify those most affected by RH/FP issues and why, as well as where these individuals live and their socio-cultural characteristics.

Tools to Learn About Communities

Learning about the community is a continuous process. Multiple tools, including a power and relation analysis tool, can be applied at this stage.

Depending on the time and budget you have and the type of data you want to collect, consider using outside expertise such as local NGOs and universities to help with some aspects of the situational analysis and gathering existing or new information about RH/FP.

Resources Inventory

Now that you know more about the RH/FP issues and the community, you can create an inventory of the resources that can be leveraged to support the mobilization effort. Complete a simple worksheet where you list resources according to the following categories:

- **Financial resources** – project budget, local and national government budget, private sector support, coalitions, and non-profit organizations
- **Human resources** – existing community groups and leaders, collaborating partners and community members willing to address the issue, etc.
- **Material resources** – meeting space, supplies, meals, computers, vehicles, other equipment, office space
- **Time** – availability of community members, Community Mobilization Team members, core group members, time to achieve the goals of the mobilization effort

Also review constraints, which may include:

- Limited time to complete all the activities in the community mobilization plan
- Unskilled Community Mobilization Team members
- Limited financial or material resources (or excess budget with limited time)
- Limited geographical access during the year

Step 4 – Develop a community mobilization work plan

Now that the Community Mobilization Team has a better understanding of the focus issue, the work setting, and community resources and constraints, it is time to develop a community mobilization plan. This community mobilization plan is not a community action plan that will be developed by communities themselves. This plan is a general description of how the Community Mobilization Team intends to work with communities.

Community Mobilization Work Plan Elements

The purpose of the community mobilization plan is to define the overall goal and objectives of your effort and identify a process that you will follow to engage interested communities. As you create this plan, you should always keep the two overriding goals of community mobilization in mind:

- To create positive change around the RH/FP issue in focus, particularly for those most affected.
- To strengthen community capacity to address the RH/FP issue(s).

At a minimum, a typical community mobilization plan should contain the following seven elements:

1. **Background information** – May include information about the RH/FP issues affecting the community, a description of the community (including size of the community, the make-up of the community, prevailing beliefs and cultural practices), the resources available to tackle the RH/FP issues and some of the constraints that the community may face).
2. **Program goal** – The intended end result of the mobilization effort. This may include increased uptake of RH/FP services such as antenatal care attendance.
3. **Program objectives** – The overall aims of the mobilization effort. For example, support women to access antenatal care by providing transport for pregnant women.
4. **The community engagement process** – The overall methods and steps you and the community will use to achieve the goal and objectives.
5. **The stakeholders and their respective roles** – With whom you will partner, and what specifically they will do to address the RH/FP issue.
6. **A timeline of activities** – a general calendar outlining what will happen when to address the RH/FP issue.
7. **A monitoring and evaluation plan** – This might include what information you will collect, from which sources, to gauge during the community engagement process and at the end of your activity calendar to measure whether your efforts have been successful. The plan's indicators should align directly with the program's objectives.

Key Takeaways

Prepare to Mobilize is the first phase of the CAC.

- This phase is carried out by those who started the initiative outside of the communities unless the communities themselves initiated the process.
- This phase is articulated around four steps to establish a competent team that understands the community and the issues at hand and has a clear road map on how to conduct the process.

Check Your Understanding

Thank you for completing the second lesson of Engaging Communities for Reproductive Health and Family Planning. Next is an ungraded quiz to test your understanding of Phase 1.

1. The expected outcome of the Prepare to Mobilize phase is to form a community core group.
    a. True
    b. False

Feedback: The Prepare to Mobilize phase takes place at the beginning of the process. It is the first phase whereas the core group formation happens in the second phase after the community entry is conducted.

2. The role of the Community Mobilization Team is to implement the Community Action Plan.
    a. True
    b. False

Feedback: The Community Mobilization Team serves as a facilitator or coach to the community as community members themselves implement the Community Action Plan.

3. The purpose of the mobilization plan is to define the overall core program goals and objectives, and to identify a process that will help interested communities achieve them.
    a. True
    b. False

Feedback: The community mobilization plan serves as a road map for the multi-sectoral Community Mobilization Team to follow.

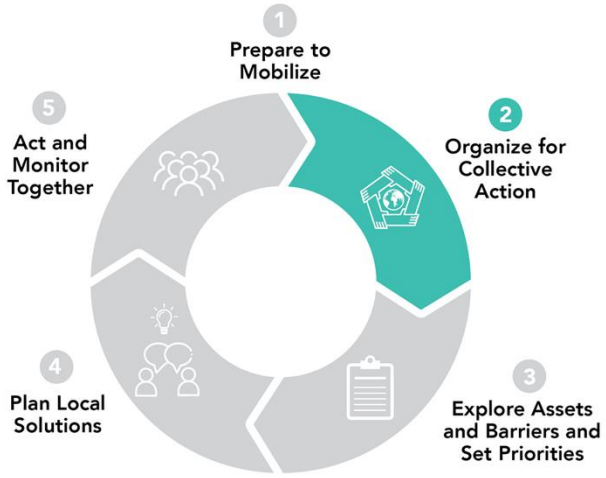
Phase 2: Organize for Collective Action

Learning Objectives

Upon completion of Phase 2, you will be able to:

- Describe how to approach communities in a way that generates buy-in and collective action for RH/FP issues
- Explain how to form and strengthen community action groups

This session explores how communities can organize themselves around focused RH/FP issues to increase the participation of those most affected and excluded, and enhance broad engagement at community, institutional, and policy levels.



Adapted CAC – Phase 2: Organize for collective action

Organize for Collective Action is the second phase of the Community Action Cycle and it is articulated around four steps:

- **Step 1** – Visualize positive change – community orientation and partnership.
- **Step 2** – Build relationships, trust, credibility, and a sense of ownership with the community.
- **Step 3** – Invite community participation.
- **Step 4** – Identify and strengthen a core group in the community.

Communities need to understand who is excluded and address barriers to participation to ensure that the most affected and interested in the specific RH/FP issues have a voice, play a central role, and benefit from the outcomes.

At this stage of the CAC, the Community Mobilization Team will have already met informally with community and faith leaders to learn more about the community history, gender and social norms, values, formal and traditional social structures, decision-making power, and male engagement in RH/FP issues. The Community Mobilization Team will have also already gathered information from health facilities, national databases, and other sources on the magnitude of the issue being addressed as mentioned in Phase 1.

Using the data and information gathered from the situational analysis carried it out in the prepare to mobilize phase, the Community Mobilization Team will now support communities to articulate a vision for positive change and formalize community partnerships and ownership, and engage all relevant multi-sectoral government and civil society partners to support the mobilization goal through a series of orientation and partnership visualization meetings that you will be studying now.

The two key expected outcomes of the Organize for Collective Action phase are: (1) community buy-in and (2) the formation/identification of a community core group.

Phase 2: Organize for Collective Action

Step 1 – Visualize positive change – community orientation and partnership

An essential step in the Organize for Collective Action phase is planning for a series of broad-based community visualization and orientation meetings to begin a dialogue related to RH/FP goals (e.g., increase uptake of antenatal care during the first trimester of pregnancy, reduce adolescent childbearing and early marriage, increase access to contraceptive services, etc.). Community visualization and orientation meetings create ownership and invite participation.

Determine who will convene the orientation meetings at the community level to reach those most affected by, and interested in the issue and include those most often excluded. Prepare trusted leaders to support the orientation process within their own communities. Consider that individuals often decide to attend a meeting based on whether or not they think they belong at a meeting, not because of the subject.

Ensure that respected formal and informal community leaders are prepared to bring together the broader community and facilitate the community visualization and orientation process. Trusted community leaders need to own the process! External partners can co-facilitate during community orientation sessions to bring additional data and information that highlight the severity and facts related to the issue.

Example Burkina Faso and Niger

In Burkina Faso and Niger, the orientation or community entry was organized in three (3) meetings:

- Community leaders meeting

- Village meeting
- Community leaders feedback meeting

The community leaders meeting was attended by the comité de gestion (COGES) or health facility management committee members, representatives of women's groups, farmers' associations, religious leaders, etc. This discussion was introduced by a mini drama depicting early ANC attendance challenges in the community. After debriefing the mini drama, the midwife presented the RH/FP indicators of the health facility for the community leaders to better understand and appreciate their own situation.

Visualization Meetings

Who might be invited to a community orientation session?

- Leaders (formal and traditional)
- People most affected/excluded
- Grandparents, aunts, and uncles
- Men and boys
- Women and girls
- Faith-based leaders
- Community media outlets
- Government extension workers (health, nutrition, child protection, education, etc.)
- Community-based organizations (e.g., youth-led, women-led)
- RH/FP service providers and administrators

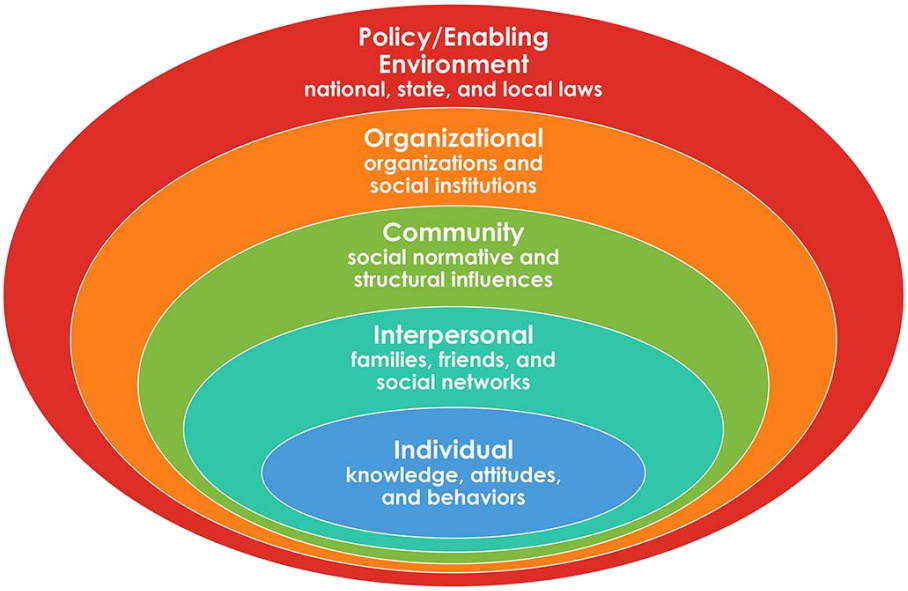


Figure 5. Socio-ecological model depicting how factors at various levels reinforce or impact a given normative or social challenge, including reproductive health and family planning issues.

Community engagement for SBC requires broad base support. Do not limit community orientation and visualization sessions to groups that might appear to be aligned to the RH/FP issue being addressed. For example, if the focused issue is low uptake of antenatal care (ANC) visits during the first trimester of pregnancy, invite a wide range of participants beyond women of reproductive age, such as men, husbands, mother in laws, grandmothers, etc. Other social issues, as depicted in Figure 5, may be causing the poor uptake of early ANC, such as social norms and fear of criticism. Thus, it is critical to involve the wider community, including internal and external stakeholders, such as traditional leaders, women's groups, and local institutions.

When will the meetings take place?

The visualization-orientation meetings might be organized around other events that are taking place in the community, such as traditional community events, development activities (e.g., nutrition demonstrations), women's groups meetings, national celebration events, and human rights activities (e.g., women's day, youth days, etc.).

What topics should be included?

Plan for these meetings with key community stakeholders. Identify topics to cover, organize an agenda, and identify who can best speak to the different topics. Most visualization-orientation sessions include:

- Welcome by community leaders
- Community participants and the Community Mobilization Team introduction
- External partners introduction and overview of their roles and responsibilities
- Discussion on the focus FP/RH issue (e.g., teen pregnancies)
- Sharing data on the issue, soliciting community views and priorities
- Presenting the mobilizing goal
- Exercise to visualize positive change
- Forging a respectful partnership that promotes co-learning and ownership
- Presenting community-led development, and the CAC
- Recognizing community strengths and needs
- Inviting participation, including those most affected, discriminated, and excluded
- Discussion on how the community has worked together in the past, and what are some next steps

Presenting data on the RH/FP issue can be extremely helpful during community visualization-orientation sessions to raise awareness of hidden issues related to gender norms, stigma, or attitudes that might prevent change. Using culturally appropriate ways to present data such as mini drama, role play (rather than lectures), as well as information from recent situational analysis, local government monitoring systems, or research can be helpful.

Step 2 – Build relationships, trust, credibility, and a sense of ownership with the community

Every time you follow through on a promise, others learn that you can be trusted. It is a deposit in an "emotional bank account" (Covey, 2020). Every time you break a promise or mistreat someone, you make a "withdrawal" from your emotional bank account. If you are new to a community, you will begin with no "money" in the bank, so you need to establish a positive balance in community members' emotional bank account.

You can build trust among community members you wish to work with by:

- Establishing convenient **meeting times based on community members' availability** and creating **safe meeting spaces**, where participants can express themselves freely and confidentially.
- Learning about and accepting where individuals and community groups are in their own realities, skills, and understanding and organizing around **community strengths**.
- Being **honest and transparent**. For example, in the West Africa Breakthrough ACTION (WABA) Project, they fostered honesty by first separating like groups (e.g., youth, religious leaders, men, women, service providers) to discuss FP issues, and then brought all groups together for a facilitated conversation to ensure the tone stays safe and solution-oriented.
- Ensuring that all members of your CM team **communicate consistently** with community members, which means all team members embrace the community engagement principles and philosophy, are well informed about community engagement activities, and can explain them to community members.
- Calling community members' attention to times when they do not fulfill their promises and commitments, in a respectful way that promotes reflection and fosters **greater accountability**.
- **Apologizing and accepting responsibility** when mistakes are made or promises are broken.
- **Identifying an activity that community members enjoy**, such as a sporting event or a community fair, and working with the community to help organize action around existing activities to leverage time and resources.

Step 3 – Invite community participation

Early in the Organize for Collective Action phase, invite individuals most affected by and interested in the mobilization goal to participate. Children, women, minority groups, those with disabilities, and others who are often excluded from participation and decision-making are frequently the ones who experience the problem most directly and need to participate in finding appropriate solutions.

Consider how developing RH/FP activities that target men and boys as partners who grow and nurture their families alongside female partners, and serve as social activists in their communities will complement and strengthen existing RH/FP programs and promote gender equality (Hook et al., 2021).

Who participates?

Participating in community engagement for SBC often starts with a small, committed group. However, who participates, and how, is related to whether individuals feel they have the right to participate, and the power to overcome barriers to participation. Who holds power is related to issues of gender, race, ethnicity, sexual identity, and economic status, amongst other factors. Make sure that those most affected and often marginalized have a voice in the community engagement process.

Each society has its own exclusionary processes, and yet some groups are excluded from many societies across the globe. The most prevalent excluded groups in the context of RH/FP typically fall into the following categories:

- Rural/pastoral, poor women and families
- Women with disabilities
- Refugees, migrants, and displaced women and households
- Girls, especially those married early
- Women and families affected by disaster or living in disaster-prone areas
- Ethnic or religious minorities
- Women from households that are distant from health facilities

The “60/40 percent rule” draws attention to the balance of power and voice in community decision-making. True representation of the voiceless requires that at least 60 percent of participants come from the groups most often discriminated against and excluded from community structures.

Identifying and overcoming barriers to participation

While working only with people who respond to a general call to action (i.e., inviting those who are often included) is easier, this strategy will not be most effective if you truly want to reach priority groups. Those most affected by the issue often face the greatest barriers to participation even if they genuinely wish to participate.

Community mobilizers are critical for identifying and overcoming barriers to participation. Knowing about these barriers and devising ways to overcome them can yield obvious benefits. This also relates to youth participation. Often programs are planned and implemented without young people’s insight, contributions, or active engagement.

Common barriers	Strategies to overcome barriers
Limited physical access to meeting sites.	Hold meetings close to where people live and work to maximize chances for everyone to participate.
Cultural limits to mobility and participation (e.g., religious and social practices of secluding women, caste structures, age).	Consider meeting marginalized or vulnerable groups separately or even form a group with them while working with leaders and the broader community for more support.
Time constraints due to responsibilities at work or at home with caring for children and household chores.	Work within the timeframe and the calendar of the community. If there is no time or it is an emergency situation, some tailoring can be made, e.g., by doing home visits, etc.
Family members or social structures that prohibit someone's participation (e.g., husbands may initially object to their wives participating in meetings because they may not see the benefit, particularly if no tangible incentives are provided.)	Work with formal and informal leaders to find ways to progressively develop trust and increase participation.
Perception that the meeting is for others, particularly if the individual has never been invited to participate in community meetings or has been actively discouraged from participating.	Engage with local leaders and other influential community members to help encourage all individuals to participate. Use participatory tools such as games or drama so that anyone can relate to what is being presented.
Opportunity costs (e.g., "If I attend this meeting, I will not be doing something else that may be more beneficial to me or my family.")	Work with influential community members over time to help build trust and demonstrate that there are benefits and something to gain in solving RH/FP issues. Establish feedback loops through which successes will be shared with everyone.

Low self-esteem (e.g., "I don't have anything to contribute.")	Ensure that the activities start with and build on people's direct personal experience with the issue.
Lack of identification with other participants (e.g., "My needs are different and they won't understand.")	Find activities to strengthen group cohesion, bonding, and identification with the issues that will be addressed. Separate meetings for subgroups of people can be held initially. Meeting outputs can then be synthesized later when groups meet together.
Fear of group processes (e.g., "Must I speak in front of a group? I do not like speaking in front of others.")	Maximize the use of participatory tools and techniques, like mini drama and small group work, and encourage all participants to contribute.

Create awareness for the issue

When people are aware of and concerned about a particular issue they are more likely to participate in finding solutions. Create awareness and invite participation by doing the following:

- Identify and invite individuals and groups that have the most direct experience with the issue, even if only a small number want to participate at first.
- Use this small group to launch a general awareness campaign using local media, community meetings, enlisting respected leaders as spokespeople, and so forth.
- Advocate with local leaders about this issue using research data, so that local leaders put the issue on their agenda.
- Share comparative data on the prevalence of the issue in the community to emphasize the need for action.

In the context of the Sahel RISE II program presented above, women of reproductive age using RH and FP services as well as their husbands were identified in collaboration with health workers to join the various orientation meetings so that, through experience sharing, other community members could better appreciate the issues that were being addressed.

Step 4 – Identify and strengthen a core group in the community

Community organizing for collective action can involve organizing groups in various configurations— small groups or large coalitions— to address the drivers of RH/FP issues, reach those most in need, link to internal and external resources, and advance broader support systems. Women's and men's support

groups, youth-led groups, community health committees, and care groups are a few examples. Understanding local government organizations and processes that link community-based groups to local planning, budget, and advocacy systems is also important.

Community Core Groups

A community core group is a group of 15-20 community-based individuals most interested and most affected by the issue who will work together to achieve positive change. At least 60 percent of the members should come from the most affected/interested to ensure their voices are heard. The community core group:

- Acts as the engine to mobilize the broader community around the issue
- Is responsible for advancing the CAC
- Monitors and shares results with the broader community

Working with an existing group or a new group?

As a Community Mobilization Team, you must facilitate discussions to help communities decide whether to work with an existing group or to form a new one. Existing core groups might include traditional leadership structures, faith-based groups, informal women's groups, parent teacher associations, community health committees, etc. It will be important to use the information gatherers during the prepare to mobilize phase to discuss with community leaders the relevance of working with existing community groups or forming new ones.

Sometimes, a core group might exist in name, but does not function or include those who need to participate. Strengthening this group's capacity is important as you work to support community-led action. The table below outlines the advantages and disadvantages of working with existing groups.

Advantages to working with existing groups	**Disadvantages to working with existing groups**
Avoids start-up delays. You do not need extra time to organize new groups and wait for members to become acquainted. **Group cohesion** has usually been established in existing groups. The group is usually stable, with defined teams, and can turn its attention to new topics. **Trust**. After working together for years, group members develop a common bond and learn to trust each other. This trusting relationship	**Inflexibility**. Some groups may not be open to taking on new issues or different approaches. **Dependence on incentives**. Groups formed to receive some tangible benefit, such as food supplements, may not be motivated to attend group meetings without concrete incentives. **Dysfunctional structure**. Some groups may be structured in ways that discourage the active participation of all group members and that

creates space for them to have a more open discussion about the realities of their lives. **Altruism**. Group members have demonstrated their interest in supporting others.	restrain members from divulging personal information. **Unequal structures**. The existing group structure may perpetuate inequities. When minority subgroups do not participate in existing groups, their issues are not included on the community agenda and their needs remain unarticulated and unmet. **Same old solutions**. Existing groups may exhibit patterns that discourage new ways of thinking and problem solving. The group arrives at solutions in the same way and when they are not effective, the group is unable to generate new ideas. Changing the group composition and dynamics may help the group function better.

Selecting the Core Group

Communities must decide if a new or existing group will be the core group to advance the mobilizing goal. Sometimes subgroups are formed under an existing umbrella group to take on the role of a core group to focus on the issue. It is important to explore how the existing group is perceived by the community and government systems, and to determine if they are likely to repeat previous patterns in their decisions and actions. In the case of the Sahel RISE II project in Burkina and Niger, communities decided to reinforce the existing health committees (COGES) and support them to carry out the community action plan.

Strategies for Identifying and Recruiting Core Group Members

Recruit core group members from those most affected and/or interested in the issue. **Remember the 60/40 percent rule mentioned earlier to ensure that those most excluded have a voice!** Some tactics for creating functioning core groups are:

- **Self-selection** – Ask people to divide into small groups based on people with whom they are comfortable working with. Women who know and trust each other may be more comfortable participating in group discussions and more willing to provide assistance to other members. When the topic is highly personal, for example, RH/FP, some members may prefer the anonymity of a group composed of relative strangers, if possible.
- **Common characteristics** – This could be a group of teenagers, religious leaders, or a group of pregnant women who can support each other.

- **Recruitment by volunteer leaders** – Identify volunteer leaders and ask them to form groups. Volunteer leaders can inspire people to join their groups.
- **Nominations by community leaders** – Ask community leaders to suggest candidates for core group membership. To avoid favoritism the nominees must be approved at a general community meeting.
- **Public promotion** – Hold a public event and recruit group members from among the attendees. However, since this approach opens up group membership to a diverse audience, finding common ground may be more difficult.

Creating a Common Purpose in the First Meeting

Help a core group achieve its mobilizing goal by creating a clear foundation of purpose and identifying what the group has in common at the first meeting.

- Establish the group's purpose so all members understand the mobilizing goal they wish to achieve.
- Ensure group membership roles, responsibilities, and norms are clear.
- Help group members express why they are interested in the mobilizing goal/issue.
- Encourage members to get to know one another and share stories about how the issue affects them.
- If the group is shy, the facilitator should share a real story from the community on how the issue affects individuals and families.

Establishing Core Group Roles, Responsibilities, and Norms

Establishing norms for working together is essential. Group members will want to discuss:

- How to make decisions (e.g., consensus, vote, leaders decide).
- How to assign roles and responsibilities and whether to hold elections.
- How to communicate with each other and how often to meet.
- What role members want to play.
- How core group members will document their meetings, activities, and results.

Effective and sustained community-led action requires organizing and strengthening groups in an ongoing, dynamic manner. This capacity strengthening occurs throughout the CAC.

Groups need to assess their own progress over time. In general, discussions are richer when members first assess the group's capacity individually and then share their observations with the others in the group. In session 6, tools for assessing community groups' capacities are shared and can be also used at this stage. The CM Team can also observe the group's progress and provide feedback to the members.

Key Takeaways

Organize for Collective Action is the second phase of the CAC.

- The Organize for Collective Action phase is the moment during which the first formal contact is established with the community.
- It aims at obtaining community buy-in and establishing or identifying a community core group to work with throughout the process as the representative of the broader community.

Check Your Understanding

Thank you for completing the third lesson of Engaging Communities for Reproductive Health and Family Planning. Next is an ungraded quiz to test your understanding of Phase 2.

1. If a community or a village is not willing to be part of the process, you should respect their choice.
    a. **True**
    b. False

Feedback: Respect and democracy is at the core of community engagement. If a village or group of community members are not interested, you can continue with other villages/groups while simultaneously working to convince more to join.

2. Election is the best way to form a community core group.
    a. True
    b. False

Feedback: It will depend on the context. Sometimes we should work with an already existing group or find a less controversial way of forming the group, such as consensus or volunteering.

Phase 3: Explore Assets & Barriers and Set Priorities

Learning Objectives

Upon completion of Phase 3, you will be able to:

- Articulate the key expected outcome of phase 3 of the CAC, Explore Assets & Barriers and Set Priorities
- Describe participatory tools and techniques to explore and prioritize key RH/FP issues at community level

Adapted CAC – Phase 3: Explore assets & barriers and set priorities

The Explore Assets & Barriers and Set Priorities phase is the third phase of the Community Action Cycle (CAC) and is articulated around four key steps:

- Step 1 – Explore the issue(s) with the community core group.
- Step 2 – Explore the issue(s) with the broader community.
- Step 3 – Analyze priorities.
- Step 4 – Define key determinants to address.

This phase provides an important opportunity to initiate community conversations around the RH/FP issue(s). The process supports community reflection and analysis on how RH/FP issues affect their lives, and that of their children, family, and community at large. By applying various participatory tools in this phase, first the core group, and then the broader community, will explore the issues at hand, prioritize those to address and realize positive change, and explore the root causes or determinants of the prioritized issues. This phase also fosters exploration of community assets to identify feasible solutions.

Key to exploring RH/FP issue(s) with communities is engaging members of the community core group in participatory exploration that creates two-way community dialogue, promotes a common understanding of the issues, strengthens skills, and builds relationships between individuals and groups who are most affected by and are interested in solving RH/FP issue(s). When carried out in partnership with community members, this exploratory phase fosters community ownership and creates an impetus for change by bringing together and mobilizing key actors.

The key expected products of this phase are a list of prioritized RH/FP issues and a list of their determinants or root causes. Both will be used to establish a plan for local solutions. The Community

Mobilization Team will help facilitate this process using participatory tools described in greater detail in this session.

Phase 3: Explore Assets & Barriers and Set Priorities

Step 1 – Explore the issue(s) with the community core group

The exploration phase begins with an in-depth examination of the RH/FP situation. Core group members learn as much as possible about current feelings, knowledge, practices, and beliefs related to the issue and their capacity to address their needs. This first step is usually carried out in one or several meetings with core group members and health facility workers. The number of sessions dedicated to this internal exploration of RH/FP issues will depend on:

- The level of trust and confidence established within the group and with facilitators.
- Participants' availability to meet, donor constraints, and CM team members' availability.
- Tools used: Some tools employ several sessions and in-depth analysis, which may require training of community members over a period of time.
- Logistical concerns: Geographic access, seasonal concerns (e.g., rains, planting, harvest), transport, other community activities, etc.
- Who facilitates the exploration process, i.e., you may need time to train new facilitators. Are the CMT members competent enough to facilitate the exploration or will you call upon different expertise?
- Session length: If participants need to discuss the topic with their families, friends, or others before they set priorities, they may prefer several sessions. Attention span and information processing time should also be factored. People can get tired or preoccupied with other things that they need to do if sessions are too long.

Communities can use many different participatory tools and methods to gather information and or identify priority RH/FP issues. These participatory exploration tools include but are not limited to:

1. Appreciative inquiry (interviews and/or focus group discussions (FGDs) with appreciative questions)
2. Picture cards
3. Mini drama
4. Score card
5. Social Norms Exploration Tool
6. Community Resource Floor Map

The Community Mobilization Team and the community core groups do not need to apply all the tools. One or a combination of two tools will suffice. Select the tools based on certain factors, such as the nature of the issue(s), the availability of data and information, and the level of literacy required to be

able to use a particular tool. The descriptions of the tools may help you decide which tool is most appropriate for your context.

Participatory Exploration Tools

Appreciative Inquiry (Interviews and/or FGDs with Appreciative Questions)

Conducting interviews and focus group discussions provides key information to help communities identify issue(s) and set priorities. The main task here will be to design interview/focus group questionnaires for different individuals affected by RH/FP issues, including women of reproductive age, husbands, and other influential family members (e.g., mothers-in-laws and grandmothers), community- and facility-based providers, and religious and community leaders.

The most useful questions are appreciative ones:

"A question that seeks to uncover and bring out the best in a person,
a situation, or an organization" (Whitney et al., 2002).

Appreciative interviews are designed to collect rich qualitative information in story form that carries a wealth of meaning, and sometimes a powerful emotional charge, rather than dry quantitative data consisting of figures and statistics. The story form tries to uncover motivations, priorities, facilitators, barriers, interests, perceptions, and experiences of community members about core program issue(s). Below are 2 examples of appreciative inquiry questions one may use:

- How did you feel when you visited the health facility during your ANC visit?
- Can you describe what made you happy last time you went to the health facility for family planning?

Picture Cards

Picture cards can stimulate group discussion about key program issue(s) in the community and help to prioritize issues. This tool supports participation from those with low literacy levels and facilitates dialogue on the issue and ranks priorities.

Picture cards can be used in several ways. One way is described below.

- The facilitator lays out all cards representing RH/FP issues already identified on the ground and asks participants to choose one that they know about.
- The facilitator asks one participant who has chosen a card what the card represents and what they call it in this community.
- The facilitator can ask probing questions about the issue to ensure that core group and broader community members understand the nature and causes of the problem.
- The facilitator asks participants to add any other issues that may not have been captured.

- The facilitator asks the group to put the cards into two piles – one for problems they consider important or urgent to address, and the other for problems they don't consider to be very important.
- The facilitator asks the group to prioritize/rank the pictures/issues from most to least urgent, important, and within their power to address. The pictures are ranked 3 times or more based on the number of criteria and the one that gets the highest rank is picked as the priority.

Mini Drama

Mini drama is a powerful participatory and democratic tool for exploring issues—particularly delicate or sensitive issues in communities. After the mini drama, everyone has the power to talk because the discussion focuses on the mini drama and progressively generalizes what happened in the mini drama to the existing community context.

The mini drama is most powerful when community members perform it. Community members need about 30 minutes to rehearse and master the scenario. The mini drama, depicting a fictitious community with different RH/FP challenges, should be prepared before the meeting by volunteers with the support of the CM team and should not be longer than 10 minutes. After the mini drama performance, the facilitator should debrief the participants by asking a series of questions starting with the easiest ones to answer and ending with the ones that require more thought and reflection. For example:

- What have you seen and heard?
- At what moment of the drama were you excited? Or unhappy?
- What key issues is the story about?
- What ideas from the story are very important for you?
- Do you experience the same issues in your community?

Example Burkina Faso and Niger

Under the Sahel RISE II examples in Burkina Faso and Niger, Breakthrough ACTION applied a combination of mini drama, review of health facility data, and group discussions. The West Africa Breakthrough ACTION (WABA) project in both countries utilized a combination of "community dialogue" and "site walk through" to explore and identify the RH/FP issues.

Community Resource Floor Plan

Community core group members create a map of their community by drawing or using locally available objects. Maps are drawn to reflect resources and services available to community members, as well as gain a better understanding as to whether these resources and services are used and why or why not. In addition, this mapping process seeks to understand what new services and resources may be needed, and by which groups (e.g., men, women, youth, etc.). Using the map, participants can show where individuals and families live, how many people live in each house, who has challenges accessing RH/FP services, and other such characteristics that relate to the health and wellbeing of communities.

Community Score Card

The Community Score Card is a social accountability and monitoring tool used by community core groups to track priority indicators they want to focus on. Communities can discuss the changes in their indicators and discuss together what they will do to improve indicators. The score card can motivate or incentivize community members to contribute to activities that address RH/FP challenges. Based on the RH/FP information generated by the primary health care center or community health workers, indicators such as uptake of ANC visits, facility deliveries, or use of FP methods are calculated and appreciated in terms of achievement compared to objectives/targets initially set. Communities, in partnership with health service providers, identify gaps, analyze them to find bottlenecks, and act to solve the identified problems.

Social Norms Exploration Tool

The Social Norms Exploration Tool is a table that community core group members can discuss and complete. It identifies social norms, specific behaviors associated with that norm, priority groups (e.g., the target audience), reference groups (e.g., influencers), sanctions and rewards for following the norm, whether the norm is public or private, and proposed actions needed to address the norm.

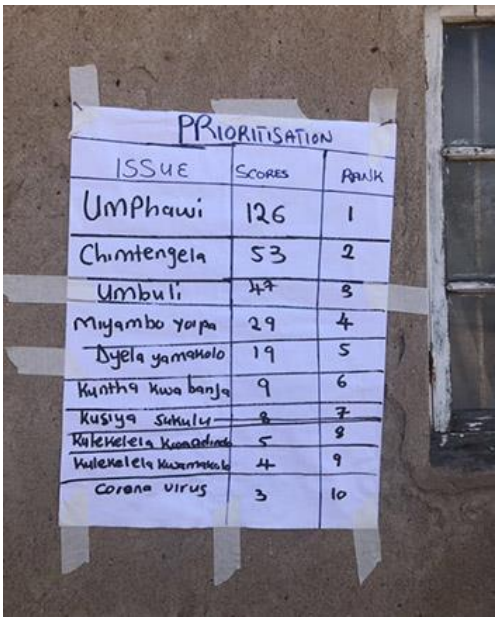
Step 2 – Explore the issue(s) with the broader community

In the second step, community core group members prepare to enter the community to learn about and facilitate dialogue around the RH/FP issue(s), as well as the experiences and priorities of those most affected and others who are interested in the issue. They repeat the activities in Step 1, involving the wider community members as participants.

By involving the wider community, the core group broadens its understanding of the RH/FP issues affecting the community and ensures that the perspectives of those most affected and people who have knowledge and experience in RH/FP are considered.

Core group members, supported by the Community Mobilization Team, will choose one tool from the list of participatory tools described above and use it to deepen their understanding of the RH/FP issues affecting the wider community. The tool will determine which questions they will ask people in the broader community, how they will ask them, what material they will use, if any, to stimulate discussion and/or record people's answers. Core group members may decide to organize small groups to discuss the issues or do individual interviews. In the context of a primary health care center for example, core group members can purposefully select to conduct the exploration with communities that are geographically far from the health services and/or villages that are not using the services.

Step 3 – Analyze priorities



This step helps the core group select one or a shortlist of priority RH/FP issues to choose to address. The community core group should focus on what they can handle in a period of six months to one year.

Before determining priorities, the community core group should organize the information collected during the explorations with core group members and the broader community (Steps 1 and 2). Then organize a meeting in collaboration with health service providers, the core group, representatives of the most affected, and other community leaders. Facilitated by the Community Mobilization Team, this group will compile the findings and identify a comprehensive list of RH/FP issues. The group should then answer the following questions about the information collected:

- What are the most common themes in the results? (What phrases, attitudes, opinions, beliefs, values, and perspectives are repeated in the data?)
- How are these themes or perspectives the same or different depending on who is responding?
- What do these results say about people's belief systems (not just individual practices but the interconnected "whys" behind them)? For example, what beliefs do young women have about how the reproductive process works?
- Are there any surprising results? Why are they surprising?
- What conclusions can we draw from the results?

Underlying themes discovered during the Explore phase help to focus on those social change issues that affect attitudes and practice. If the community mobilization issues relate to RH/FP, there will be many potential priorities to choose from. For example, if the community engagement goal is to reduce maternal mortality and morbidity, the community might choose from the following possible issues: low uptake of ANC in the first trimester, malaria, few health facility deliveries, low use of family planning methods, etc.

Participants need to examine the list of issues, compile the information gathered, and establish criteria to decide which issue to address first. Some suggested criteria to consider include:

- **Severity** – Is this problem life-threatening? Are there consequences later in life if it is left unaddressed now, such as poor performance in learning and achievement?
- **Frequency** – How often does the problem occur?

- **Magnitude** – How many people experience the problem or condition?
- **Gateway problem** – Would solving the problem resolve other problems?
- **Feasibility of a response or vulnerability** – Can the community solve the problem themselves? Have any effective responses to the problem been identified? Is financial, material, and resource support available? Do people possess now or could they develop the necessary skills and abilities to make a difference?

One way to systematically apply these criteria is to use the following matrix to rank the issues. In the first column, list the issues raised while exploring the issues. In the row at the top, list the first four criteria (severity, gateway, magnitude, and feasibility.

Ask participants to rank the problems across all the criteria, using a Likert scale of 0 to 5 (0 being the lowest score and 5 being the highest). Once a criteria is picked, rank all problems based on that criteria before moving to the next criteria.

Ranking problems can create discussion and disagreement; however, eventually the group should come to consensus on the ranking given. Once each issue has been ranked, total the numbers and identify the top priority problems. Limit the number of priorities to two or three to focus the group's effort.

This is an example from a priority ranking for RH/FP services in Niger.

Problems Identified	Severity	Gateway	Magnitude	Feasibility	Total
High number of teen pregnancies	5	5	4	4	18
Very few health facility deliveries	4	4	5	4	17
High numbers of early and forced marriage	3	5	5	4	17
Very low uptake of ANC during the first trimester	4	5	5	5	19
Low uptake of family planning methods	2	5	5	4	16

In this case for example, very low uptake of ANC was priority number one the communities decided to work on, followed by high number of teen pregnancies.

Other Methods to Set Priorities or Make Decisions

- **Voting** – Core group members can vote on which priorities they wish to focus on.
- **Pair-wise ranking** – Participants take two problems represented by two picture cards and decide which of the two is most important. They put the least important card in a pile on the ground

and take the next problem card and compare it with the one that was most important in the previous ranking. Continue comparing cards until the exhaustion of cards and retain the card that was found to be the most important.

- **Picture cards** – When the group has identified all potential priorities related to the CM goal, members can develop picture cards representing each problem, condition or issue for ranking and pile sorting. To encourage full discussion and greater participation of each group member, divide the core group into smaller groups of three to five people each. Give these smaller subgroups a copy of the cards to help them sort their priorities. Individuals can rank their priorities using the cards and then share their priorities with other subgroup members. Pile sorts can help the group organize the cards. Cards not deemed priority by all group members can be set aside, while others can be sorted and discussed using the criteria (above) to arrive at a consensus on the top priorities.
- **Pile sorting** – It is a systematic data collection technique used to further explore a topic of interest by allowing informants to group together items according to their own system of categorization. Informants are asked to sort cards on which relevant items are written, drawn, or attached. They are then asked to explain the basis on which they sorted the cards (WV, 2000).

Step 4 – Define key determinants to address

The fourth step is about finding root causes or identifying determinants to address. Now that the community core group has a list of prioritized issues, further analysis is needed to identify determinants to address in the planning phase.

A determinant describes any factor that strongly influences and affects a behavior. This factor produces a desirable or undesirable behavioral effect. Community members should be encouraged to work on factors they have control over.

Communities in the Niger example in Step 3 identified fear of stigma and criticism from relatives and friends as the main barriers to uptake of ANC in the first trimester.

Different tools exist to explore the determinants of an issue or to conduct a root cause analysis that include the "problem tree", the "three whys", and social norms exploration tool.

Example: Using the Problem Tree Methodology

In the context of low literacy, core group members often use the problem tree to examine key factors that contribute to the main issue identified. In the case of Niger, the core group used the problem tree to identify the root causes that contribute to low uptake of ANC in the first trimester.

To create a problem tree related to low uptake of ANC in the first trimester, ask group members to draw a tree with roots, a trunk and branches. On the trunk, write the problem: low uptake of ANC in first trimester.

Then you ask group members to think about why the uptake of ANC in the first trimester is so low. Write every response on a root. Then keep asking “Why does this happen?” for each thing written on the roots to get deeper and deeper into the roots, until the responses end.

Then do the same thing for the branches, only this time ask, “What happens as a result of low uptake of ANC in the first trimester?” Every response becomes a new branch. For each branch, keep asking, “What does that lead to?” In the end, the community will have painted a full picture of how low uptake of ANC affects maternal health, families, and their community.

Regardless of the tool used, take the root causes or prevalent behaviors and match them to one of the four determinants from the SBC framework presented in the Introduction, namely, behavior, resilience, community capacity, or service delivery.

Key Takeaways

Explore Assets & Barriers and Set Priorities is the third phase of the CAC.

- In the Explore Assets & Barriers and Set Priorities phase, communities identify priorities and the key determinants they will address through collective action.
- Using participatory tools such as mini drama, problem trees, and score cards, community members and health service providers come together to carry out this activity.
- A concrete output of this step is a list of determinants per RH/FP issue.

Check Your Understanding

Thank you for completing the fourth lesson of Engaging Communities for Reproductive Health and Family Planning. Next is an ungraded quiz to test your understanding of Phase 3.

1. Developing a community action plan is the key output expected at this stage.
    a. True
    b. False

Feedback: A key output of this stage is a list of determinants or root causes per RH/FP issue.

2. Among the various tools available, the picture cards can be utilized to explore issues with communities with low literacy.
    a. True
    b. False

Feedback: Picture cards are a great tool to use to explore and prioritize issues with communities with low literacy levels.

Phase 4: Plan Local Solutions

Learning Objectives

Upon completion of Phase 4, you will be able to:

- Describe key features of participatory action planning to address root causes or determinants of RH/FP behaviors
- Explain strategies to mitigate common pitfalls associated with developing a community action plan

Plan Local Solutions is the fourth phase of the community action cycle. In the Plan Local Solutions phase, the community core group develops a community action plan to address the RH/FP issue(s) that the broader community has explored and prioritized.

Adapted CAC – Phase 4: Plan local solutions

This phase includes the following three steps:

- Step 1 – Determine who to involve in planning and their roles and responsibilities.
- Step 2 – Design the planning session.
- Step 3 – Facilitate the planning session to create a community action plan.

Many questions may arise in this phase, such as:

- Why do communities need to plan?
- Why shouldn't the core group members develop the action plan on their own?
- Why not develop an action plan with community leaders or service providers, such as health workers, teachers, and so on, as they have the knowledge and power to do something about the problem?
- Why doesn't the Community Mobilization Team develop the plan, and then present it to community leaders for approval?

These questions will be answered in this session.

Phase 4: Plan Local Solutions

Step 1 – Determine who will be involved in planning and their roles and responsibilities

Before beginning the community action planning process, determine who needs to participate. Often, when communities are asked, "Who should be involved in planning?" the list grows until everyone is listed.

Who to Involve?

While involving everyone in the planning process may be desirable from a participation perspective, everyone in the catchment area cannot participate. These questions will help the core group and others decide who to invite to participate in the planning:

- Is the person/group directly affected by the RH/FP issue?
- Does the person/group have decision-making authority over policies or resources that relate to the RH/FP issues?
- Is the person a local leader (formal or informal) or key opinion leader and does this person influence community members' RH/FP attitudes and behaviors?
- Is the person very interested in the RH/FP issue?
- Does the person/group make or influence decisions or access to information or services for those who are directly affected by the issue?
- Does the person/group possess special skills, knowledge, or abilities that could help the planning group make more informed decisions or implement the action plan when it is completed?
- If the person/group was not invited, would they try to obstruct the implementation of the action plan or create other problems?
- Do any of the action plan strategies require a specific person's or group's approval as they may have access to or influence over resources needed?

If answers to any of the questions above are yes, the core group should consider inviting these persons or group representatives keeping in mind that the number of participants should be manageable in the context of a community workshop. Usually 30 participants, including the core group members, is a workable number.

Similar to how community members collectively prioritized RH/FP issues in the Explore phase in the last session, during the planning session, the facilitators and core group members need to ensure that those most affected have an equal voice, and that activities planned for are decided by consensus, through voting, and/or using picture cards to prioritize activities. The facilitator should not dominate this step.

If some groups' members are interested in a particular task but are unsure as to whether they can effectively complete the task, consider pairing the person with someone who has more experience to boost her/his confidence or serve as a mentor.

Selecting a Facilitator

Core group members and the multi-sectoral Community Mobilization Team should discuss openly who should facilitate the action planning session(s). Some Community Mobilization Team members and skilled community leaders can be selected if they meet the following criteria:

- Have participatory facilitation skills
- Have previous experience in participatory planning
- Have expertise in RH/FP
- Are able to speak the local language

Community Planning Sessions

Community action planning sessions help to strengthen core group members' teamwork, organizational skills, and accountability to the broader community. Some key planning preparations include:

- Planning session design
- Facilitating the planning sessions
- Planning logistics (where will the sessions take place, when, and how to invite participants)
- Documenting and using the planning matrix

Remember!

Make sure representatives from the group(s) most affected by the prioritized RH/FP issue(s), such as women of reproductive age not accessing or using services, join core group members, other community leaders, and health service providers to develop the community action plan.

Step 2 – Design the planning session

Learn how community members have previously undertaken planning in their community. Likely this will not be the first time communities have planned together. Traditional ceremonies, celebrations, crop

planting, and other activities all require community cooperation and planning. Learn and adapt, where appropriate, from those experiences.

Designing the Planning Sessions

A written community action plan normally will guide community activities for six months to one year. This allows the community to see change, and adapt their action plan to what is or is not working. Usually, the community action plan can be developed at the village and/or at primary health care center catchment area level depending on what the Community Mobilization Team or district health officials decide to consider as "community". It is important to keep in mind that community action planning for collective action is happening within the context of the bigger health system and should be aligned with the district health team planning and their budgeting timeframe.

The design of the planning session will require the community core group to review and prepare its findings from Phase 3, Explore Assets & Barriers and Set Priorities, to highlight key information that needs to be shared during the planning sessions. In designing a participatory planning process, it is helpful to think about planning from the community's point of view:

- What are the community's planning goals and expectations?
- What has been their prior experience participating in groups and with planning processes in particular?
- What do community members need to learn from the Explore phase and the underlying determinants that are preventing positive change?
- What planning and other relevant skills do communities possess?
- What are the existing power relations between participants?
- How does the cultural context in which they live affect how they are expected (or expected not to) participate in planning for collective action (e.g., age, sex, ethnic group, socioeconomic class, and political or religious affiliations)?
- Are there a wide range of experiences in dealing with community planning and or RH/FP or is the group fairly homogeneous?
- Will there be more men than women? Do groups need to be gender specific to encourage women to speak more freely?
- Will participants be representing other organizations or individuals, or are they participating as individuals?

Planning sessions should be held at a time when community participants are most available. This could be a two-day workshop or several two- to three-hour sessions until the action plan is developed.

Key Features of Participatory Planning

Participatory planning should build on existing skills and knowledge and help all participants to:

- Articulate what is happening and why, such as the purpose of the meeting and what the group tasks are
- Feel safe and comfortable to express themselves
- Challenge assumptions and think creatively
- Contribute their knowledge, experience, and skills in positive ways that help the group
- Share and maximize the group's collective experience
- Produce an action plan that clearly states what they want to achieve and how they intend to do it

Techniques for Crafting Strategies or Interventions to Address Barriers

- Organize a mini-drama or comedy to depict the barriers and obstacles to resolving the RH/FP issues (e.g., show what happens in the community when uptake of ANC visits is low, and identify what led to this).
- Use a list of barriers and obstacles to resolving the problem and then develop solutions to address these barriers (e.g., develop a mechanism to help track pregnant women who miss ANC appointments).
- Invite health service providers to share ideas for improving youth-friendly services and discuss feasible, acceptable, and practical activities to adopt (e.g., discuss "recommended practices" or share successful experiences from other communities).
- Use "problem tree" findings to suggest ways to address the prioritized issue or its exact root causes.

When brainstorming possible strategies or solutions, ask participants the following:

- Do they think the strategy that has been developed will address the root cause or the determinant of the prioritized RH/FP issue?
- If yes, why?
- If not, why and how would they improve the strategy?
- If they are uncertain and decide that it is best to try out the strategy, then at what point does the community/team decide that the strategy needs to be reviewed and modified?

Effective Partnerships and Coalitions to Address Social Determinants and Increase Equity

Effective partnerships and coalitions bring together diverse partners and stakeholders who can help identify and address other social determinants in ways that a single program could not. Continually foster strong collaboration and coordination with other efforts and initiatives to maximize efficiencies, reach, and impact.

Remember!

Design the community action plan so community members and those most affected by the RH/FP issues feel safe and comfortable to express themselves, challenge assumptions, think creatively, and contribute their knowledge, experience, and skills.

Step 3 – Facilitate the planning process to create a community action plan

A Community Mobilization Team member or another community member will facilitate the planning process with the support of the Community Mobilization Team. Plan to address challenges that may arise during community planning sessions. The table below highlights common challenges and possible solutions that you can adopt or adapt.

Common challenges	**Possible solutions**
There is not enough time to complete all planning tasks within a six-month or one-year timeframe.	Prioritize the most important tasks and/or cut some time from some tasks. Let the purpose and objectives of the RH/FP CE effort guide decision-making.
Participants are completing all the tasks but are coming up with strategies that are not likely to have any impact on the issue(s).	Ask participants how they think the strategy will address the issue(s), so that the actions planned are relevant and address the issue(s).
	Challenge hidden assumptions. Could the strategies have a positive impact but external technical providers do not think so because of their own assumptions?
	Take time to explore the range of knowledge with other people on how to address the issue.
	Address personal agendas making their way into the planning process.
Participants have developed strategies that will favorably impact the issue(s), but are not within the same sector (e.g., road improvements to facilitate transport to health services), and your organization/project only has resources and technical expertise to assist with a specific, focused issue.	Help participants think about linking with other organizations and resources internal or external to their community.

The participants are stuck in the planning process.	Share experiences and solutions from other communities. Make sure these experiences do not dictate solutions.
Participants cannot agree on a strategy.	Agree to disagree and decide to try both strategies (if feasible) to see which one works best.
	Combine the strategies if possible.
	Seek a new strategy that all agree to by determining what they wish to accomplish and exploring new approaches to accomplishing it.
	Recommend collecting more information on each proposed strategy before making a decision.
	Suggest postponing any decisions until a future date when new options may be discussed.

Facilitating the Planning Session

The quality of the community action plan will be largely determined by the quality of the facilitation. An effective workshop facilitator should:

- Present the results of the exploration and priorities setting phase.
- Validate the analysis that identified the underlying causes of the RH/FP issue(s).
- Outline a process to identify the group desired results/specific objectives. These should be "SMART-G" (specific, measurable, achievable, realistic, time-bound and gender sensitive).
- Develop a process to identify activities to implement.
- Help participants select coordination and monitoring mechanisms to track progress in achieving the specific objectives.

In addition to the above, a good facilitator should have strong soft skills such as:

- Ability to ensure everyone's voice is heard/all have a chance to contribute.
- Ability to facilitate coming to consensus.
- Awareness of and ability to maneuver around group power dynamics and personality differences.

Sharing Action Plans with the Wider Community

Social accountability is a key expected result of the community engagement process. It is, therefore, important for community members to consider the action plan they develop as a draft until it is shared with the wider community and validated. Communities often require several planning sessions before finalizing a sound action plan. Consider the following: Once a draft community action plan is developed, the community core group should share it with the broader community to create ownership, elicit additional support and broad participation, and set expectations for social accountability.

Community Action Plan Sample

Issue/behavior What is the prioritized issue to be addressed?	Pregnant women do not attend ANC visits during 1st trimester of pregnancy			
Root causes/drivers	1. Lack of transportation to go to facility		2. Fear of criticism and bullying from relatives	
Objectives What do we want to achieve specifically?	Increase the number of pregnant women attending ANC visits during the 1st trimester of their pregnancy by 50%			
Strategies How are we going to achieve our goal?	1. Work with the transporter association to establish a local transport mechanism for pregnant women		2. Work with local community radio to address fear of criticism about early ANC	
Activities What are we going to do to achieve the result?	Meeting with transporter to work out an agreement	Implementation of transport agreement	Approach local community radio to define a program and negotiate airtime	Develop and broadcast a community radio program addressing early ANC
Responsible person/group Who is responsible for each activity?	Chair of the core group	Chairs of transporters and core group	Chair of the core group and leaders at the health facility	Community radio program officer

Resources What do we need to achieve the result?	Meeting venue Note books	Transport allowance	Meeting venue	Meeting venue Transport allowance Airtime
Timeline	By the end of the 1st month of fiscal year	Ongoing throughout the year	During the 1st month of the year	Ongoing once per week
Indicators How will we know when we have achieved the desired result?	1. Number of pregnant women transported		2. Number of radio program conducted	

Key Takeaways

Plan Local Solutions is the fourth phase of the CAC.

- This session focused on who needs to be involved in the planning process, what makes community action planning sessions run smoothly, including who should facilitate and participate, where community action planning will take place, and time commitments required.
- It covered samples of simple community action planning, and techniques to identify strategies to address barriers and enablers.
- Lastly, the session reviewed how to address challenges that might arise during community action planning sessions, and the importance of sharing community actions plans with the wider community.

Check Your Understanding

Thank you for completing the fifth lesson of Engaging Communities for Reproductive Health and Family Planning. Next is an ungraded quiz to test your understanding of Phase 4.

1. Participants in the planning sessions should feel safe enough to challenge assumptions.
    a. True
    b. False

Feedback: Participants should not get involved in this exercise if they fear making mistakes as the process is based on their creativity and imagination. Fear and a sense of insecurity can prevent their full participation.

2. If there is no agreement on a strategy, participants can agree to disagree and decide to try both strategies, resources permitting.
    a. True
    b. False

Feedback: Participants can agree to disagree and decide to try both strategies when there are disagreements on the community action plan, or to try to combine the strategies into one.

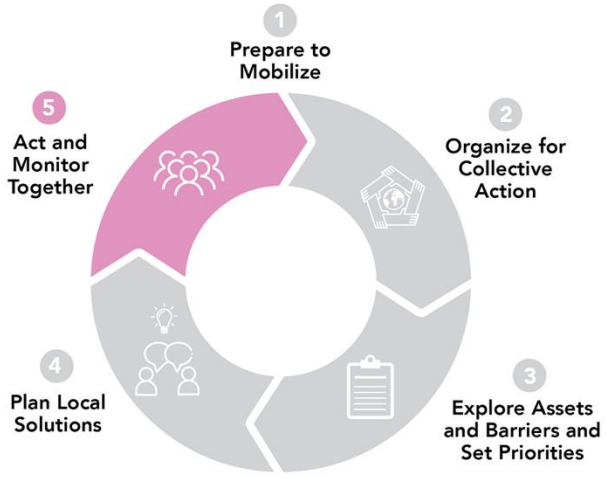
Phase 5: Act and Monitor Together

Learning Objectives

Upon completion of Phase 5, you will be able to:

- Define the roles and responsibilities of key actors involved in this phase
- Describe how to monitor activities and use data for decision making with the community

Act and Monitor Together is the fifth phase of the adapted Community Action Cycle (CAC) and focuses on implementing the community action plan.



Adapted CAC – Phase 5: Act and monitor together

It has four steps:

- Step 1 – Define the Community Mobilization Team's role in accompanying community action.
- Step 2 – Strengthen community capacity to implement its action plan.
- Step 3 – Support community groups to monitor progress and use data to inform micro-planning and collective action.
- Step 4 – Problem-solve, troubleshoot, and mediate conflicts.

This session provides guidance on ways communities can strengthen their capacity and build internal and external linkages and social networks to implement their community action plans effectively, act collectively, and achieve the positive RH/FP change they visualized together.

Strengthened community capacity may involve assessing existing capacity as well as gaps. This session explores how to reinforce local skills in leadership, planning, resource mobilization and management, proposal development, monitoring results and data use for decision making. You can also reflect on your role as a member of the Community Mobilization Team, as you accompany and support communities during this phase.

Phase 5: Act and Monitor Together

Step 1 – Define your team's role in accompanying community action

The Community Mobilization Team's role changes throughout the CAC.

Communities and external organizations often have different perspectives on the role each should play. Throughout the CAC process, ask whether you are creating or reinforcing dependency, or respecting and fostering a sense of agency and capacity within the community. Once communities develop their community action plans, think about the roles of the Community Mobilization Team or partner organizations. Use the questions below to help you reflect upon and readjust your role.

- What have we done (inadvertently or out of necessity) that has made the community core group need and depend on external support?
- What happens if we stop doing these things?
- How might we re-focus efforts to recognize existing community agency and capacity?
- What responsibilities have we done in the past that now need to be transferred to the core group or others?
- What can we do now to prepare community groups/committees to take on greater responsibilities?

Step 2 – Strengthen the community's capacity to carry out its action plan

Defining community capacity

Community capacity strengthening, as defined in Session 1, is the process through which communities obtain, strengthen, and maintain the capabilities to set and achieve their own development objectives over time.

Community capacity strengthening is fundamental to communities mobilizing effectively to achieve their desired goal. To strengthen community capacity requires working with individuals, community groups or networks, and/or whole communities. To have capacity or agency to act, a community group needs:

- Motivation and commitment
- Resources to take action (financial, material, human, and physical)

The more skills, assets, and strengths a community has, the better prepared they will be to achieve their goals, sustain outcomes, and address new issues as community needs change. The types of skills that are critical to community engagement include:

- Leadership
- Critical thinking/reflection
- Creating a sense of community
- Understanding community history, power, and values

Focusing on the mobilizing goal, such as **improving maternal health**, will help communities think about different skills they may need to achieve their desired results. The literature identifies different community capacity "domains" under two broad categories.

- **Technical capacity** consists of the knowledge, skills, and attitudes necessary to perform a particular task related to "what" the community wants to achieve. For example, if a community wants to improve uptake of ANC in the first trimester of pregnancy, a community capacity domain might be the ability to advise women on the benefits of early ANC. Particular competencies may involve strong interpersonal and woman-centered interpersonal communication, the ability to conduct home visits, speak about specific reproductive health topics, facilitate a small group discussion, fill out referral slips, etc.
- **Capacity strengthening topics**
    - Technical skills on facilitating home visits, interpersonal communication or compound meetings on RH/FP issues
    - Support to community health workers in the provision of RH/FP services
    - Management and documentation of meetings
    - Monitoring and reporting of activities

    - Effective and participation leadership
    - Local resource mobilization; data for decision-making
    - Resource mobilization and financial management
    - Group maintenance
    - Data utilization to inform planning and management
    - Accountability to the community
    - Proposal development skills
    - Advocacy
- **Capacity for collective action and working together** consists of cross-cutting competencies including leadership (creating a shared vision, aligning resources, motivating people), management (planning, budgeting, monitoring), group management, resource mobilization, building linkages, advocacy, conflict management, and accountability.

Most SBC programs pay some attention to both, but the degree to which they are weighted in any given program varies widely. Programs with a very strong technical delivery focus can benefit from community capacity, community-led action, and shifting power to strengthen community agency to act.

Assessing Community Capacity

All communities have existing commitment, resources, and skills (capacity) to apply to a given community RH/FP issue. Community members can also identify gaps in capacity that need to be strengthened to successfully achieve the desired results. Ask the following questions before designing a community capacity strengthening approach:

- What does the mobilizing goal seek to achieve?
- How committed are communities to the mobilizing goal?
- What capacities will communities need to achieve the desired results?
- What assets, strengths, resources and skills do communities bring to the program – and which can we work together to strengthen?
- How has the community worked together in the past on this or other issues?

Design a simple matrix that the community core group can complete with the broader community to outline exactly which capacities require strengthening. Community core groups should reflect on the existing resources in the community to help strengthen capacity and identify what they need from external sources. Set dates for when and how this will be done.

Once the community has identified its capacity strengths and needs related to the community action plan, discuss how you can support them.

The tools listed below can be used with community core groups and other community stakeholders to assess strengths and gaps in capacity required to implement their community action plan.

- Tool #1 Community Asset Mapping
- Tool #2 Gifts of the Head, Heart, and Hands
- Tool #3 Group Capacity Questionnaire
- Tool #4 Community Capacity Growth Measure

Below is an example of a community capacity strengthening plan based on planned community core group activities.

Proposed activity in Community Action Plan (Year 1)	**Example: Increase uptake of RH/FP services through women's support groups**
Gaps to be addressed (knowledge, skills, resources needed)	• Organizational development and leadership skills • Technical content (knowledge of current evidence) • Ability to link to external resources • Advocacy for quality RH/FP services • Use of data for monitoring results
Existing strengths	• Previously trained health volunteers exist • Some linkages exist with traditional authorities
How will capacity be developed?	• 4×1 – hour sessions on group maintenance • 4×1 – hour sessions on leadership • Begin linking with district health to advocate for better RH/FP services • Community-to-community exchanges with neighboring communities already achieving results • 4×1 – hour sessions on group decision-making
By whom?	• District council • District health officers • Community Mobilization Team • Local NGO on use
By when? (Year 1)	• Q1 – training on group maintenance • Q2 – training on Partnership Defined Quality • Q3 – use of data for informing micro-planning. • Q4 – community- to-community visits

Methods for Strengthening Community Capacity

The list below shows many different ways to strengthen community capacity.

- Develop community "champions" who can support capacity across communities.
- Organize short 1- to 2-hour workshops with the core group and key traditional and formal leaders.
- Organize community-to-community exchange visits.
- Develop small grants for NGO/CBO to fund capacity strengthening.

Step 3 – Support community groups to monitor progress and use data to inform micro-planning and collective action

Monitoring happens at multiple levels of the health system by various actors. In community engagement initiatives, you will need to perform monitoring at district level but also at the health facility/community level.

At district level, the Community Mobilization Team will need to monitor overall community mobilization successes and challenges, progress on strengthening community capacity, and apply an adaptive management approach to working with communities to adjust strategies, as needed.

At the health facility/community level, the community core group needs support to use data generated by the health facility and other community stakeholders, such as volunteers, to monitor changes in the RH/FP issue(s). During this phase and throughout the CAC, community actors use a combination of formal and informal systems, methods, and tools to monitor progress.

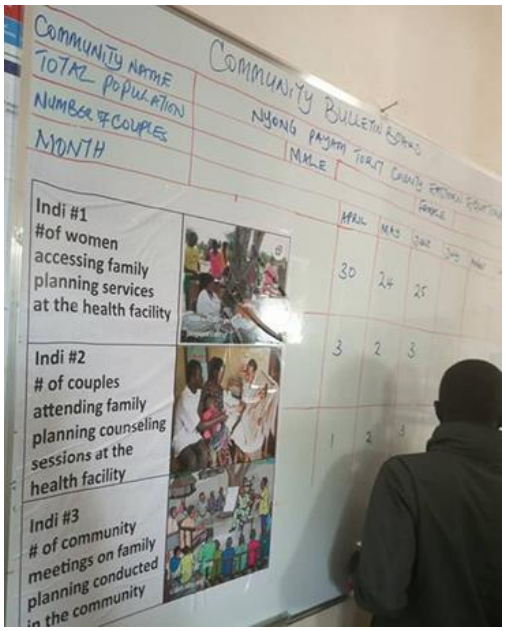
It is important to work with communities to understand which changes to monitor to gauge progress in achieving their goal, to course correct, to inform current and future plans, and to celebrate successes! Here are some general monitoring questions to consider asking:

- What is the mobilizing goal and the desired results?
- What does the community want to monitor, and how will they do this? What tools and processes will they need? What indicators are needed to determine progress, success, or failure?
- How do we currently monitor change related to this goal? What data or information currently exists to share observations about progress?
- What additional data do we need to share observations about progress toward the goal? What is required to access these new data?

Specific monitoring tools can be tailored to the specific focus issue and community capacity strengthening goals. The table below is an example of a fictitious community information board that a health committee could use at primary health care center level.

Antenatal care visit attendance and family planning use information board			
Name of community –			
Priority population – Pregnant women			
[Space for picture card]	**Month**	**Month**	**[etc.]**
[Space for ANC]			
[Space for FP picture card]			

Community access to data relevant to their lives drives greater participation, action and results. Data generated with and by communities, and analyzed collectively has been adapted in various contexts with positive results. For example, where health surveillance systems and community participation in the collection and analysis of health indicators has taken place there has been improved community ownership, engagement and RH/FP outcomes.



Community use of data and accompanying monitoring tools should be appropriate to community literacy levels and culturally relevant.

In low literacy communities, visual symbols have been used such as colors from a flag or banner, picture cards, or stages of planting to benchmark progress. Work with community members to develop a monitoring system that works for them.

Community groups and organizations will need to monitor and document progress on their action plans, specifically, whether they are carrying out what they planned, and if mobilization strategies are working, or not. Documenting discussions about data through routine meetings is key. The core group can use these data for accountability and future advocacy.

Example Burkina Faso and Niger

It is helpful for communities to review plans quarterly, so that strategies and activities can be adjusted, if needed. In the case of Sahel RISE II and WABA programming in Burkina and Niger the COGES adopted semi-annual plan review meetings as common practice. The review meetings are conducted in

collaboration with health workers of each facility and attended by district and regional health officials based on their availability.

Step 4 – Problem-solve, troubleshoot, and mediate conflicts

In spite of the best planning, forethought, and intentions, things do not always proceed smoothly. Good monitoring systems and regular two-way communication will help address potential problems in a timely way. Every culture has developed strategies to prevent, avoid, and resolve conflicts. It can be helpful to discuss with community groups how they have addressed differences of opinion and conflict in the past, and understand how communities typically address conflicts in case they arise. Communities may need you to intervene when the problem concerns:

- Your organization, team, or individual team members,
- Mismanagement or misappropriation of resources,
- Donor withdrawing funding, or a major policy change that will affect implementation,
- Strategy differences among partners that require outside mediation and/or additional information or experience, and/or
- Important ethical issues that your organization or team cannot or will not support and that could jeopardize the overall program (e.g. coercion or violence to force compliance).

How you intervene depends on the role(s) you want to play in relation to the community and your organizational responsibilities.

Common Challenges	**Possible Mediation Approaches**
An individual or group tries to block actions, usually because action threatens this individual or group's power or interest	• Re-share information on benefits • Work with leaders to limit threats • Seek ways to renew trust in the process • Demonstrate that engagement increases safety and gives a chance to ensure concerns are taken into consideration
The community does not have sufficient capacity to take action	• Identify gaps and strengthen the community's skills • Develop a mentoring approach to coach communities through the process
A proposed action does not improve the focus issue or contribute to the mobilizing goal	• Work with the community to review the determinants and identify new actions

Participants lose interest in the issue	• Remind the community core group to share information on the changes • Celebrate successes publicly with the whole community
External funding is diminished or ended altogether	• Remind core group that their action plan does not depend on external funding • Identify additional partners who can get involved • Organize an advocacy training to help community members advocate to government for necessary inputs
Other organizations "compete" for community participation by offering incentives	• Meet with other organizations to inform them about the process

Community Accountability

Accountability to and by communities can mitigate challenges that may arise during community engagement. Accountability occurs through regular and frequent two-way communication between the Community Mobilization Team, the community core group, and the broader community. The Community Mobilization Team can also work with local leaders to review and address overall mobilization strategies and monitor and share data to foster accountability to communities. In addition, tracking and addressing rumors and mediating conflict can foster accountability to communities.

Other Implementation and Managerial Considerations

As you embark on designing and implementing the CAC as your community engagement methodology, there are some key considerations to keep in mind.

- **Community engagement is an essential part of the community health system and the health system as a whole** – Health authorities at all levels of the health system should understand the community engagement methodology, and it should be integrated into the district health operational plan and budget, as well as the primary health care center's supervision and monitoring procedures.
- **Facilitation is a key function in community engagement** – The Community Action Cycle is implemented by a team of community facilitators who are part of the Community Mobilization Team. The team should be multi-sectoral and led by the district community health unit, the health promotion officer, or whoever is assigned by the district to lead the community engagement effort. In addition, extension workers from other sectors, such as agriculture, water

and sanitation, social welfare, local government, and municipalities, are local resources that the health sector can involve forming a competent Community Mobilization Team. In health systems in low- and middle-income countries where districts have ten to 15 health primary care centers, a Community Mobilization Team will typically consist of ten members.

- **The duration of each of the phases of the CAC for one primary health care center catchment area is shown in Figure 6 below** – Depending on the number of villages/communities in the catchment area, the team can develop a community action plan to address local RH/FP issues within two to three weeks. It is important to align the development of the community action plan with the country's health sector planning cycle. Action plans can be developed annually or semi-annually and fed into district planning cycles, with budget recommendations.

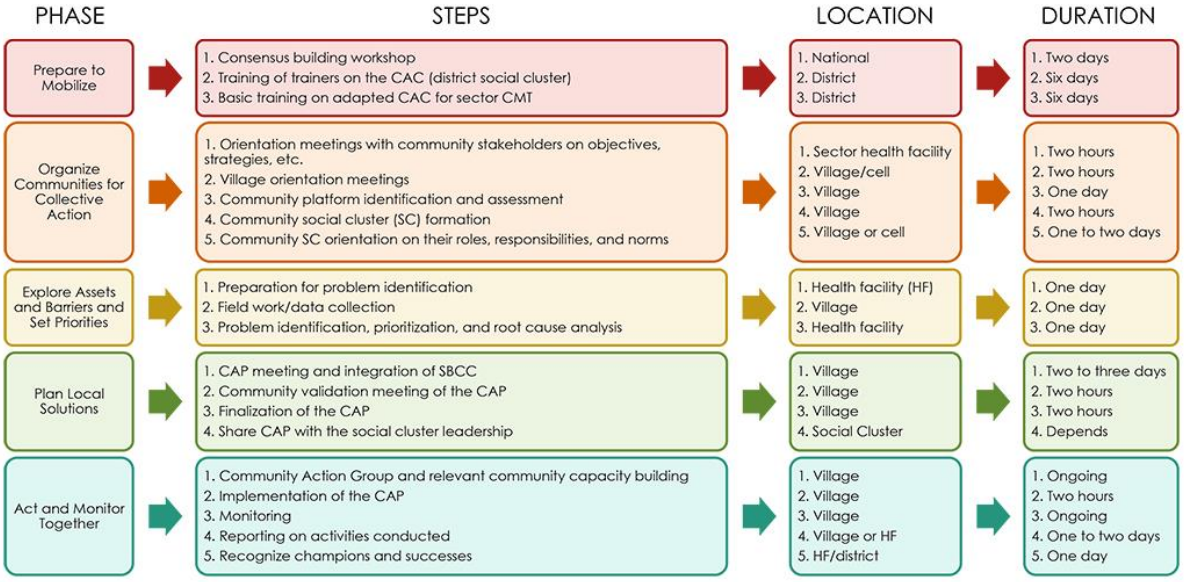


Figure 6: Community Action Cycle Summary

- **Cost considerations** – Implementing the community action plan requires training, transport, and activity funding. These costs should be included in the district budget as part of the health promotion budget. Each country or district will have to develop its budget based on its context and unit costs.

When budgeting for community engagement, consider the following cost categories:

- **Community Mobilization Team training** – Costs may include local transport, accommodation and training venue, training materials, meals, and refreshments.
- **Community Mobilization Team activities** – Transport and lunch allowances for Community Mobilization Team members to facilitate the process within each catchment area.

- **Community meetings** – Transport, meeting materials, communication materials, lunch or refreshment allowances for community core group or broader community members to attend community workshops and training.
- **Implementing community activities** – Funds to support the implementation of community action plans.

Key Takeaways

Act and Monitor Together is the fifth phase of the CAC.

- This session defined the Community Mobilization Team's role in facilitating community collective action.
- This session explored definitions and dimensions of community capacity and methods and tools for strengthening community capacity to act to achieve its community action plan.
- This session reviewed the importance of communities deciding which data and information are most relevant and having access to these data to inform their plans, to monitor progress, and to celebrate achievements.

Check Your Understanding

Thank you for completing the sixth lesson of Engaging Communities for Reproductive Health and Family Planning. Next is an ungraded quiz to test your understanding of Phase 5.

1. The Community Mobilization Team's role during the Act and Monitor Together phase is to implement the community action plan.
    a. True
    b. False

Feedback: The Community Mobilization Team's role is to accompany the community core group through coaching, training, and capacity strengthening activities so the core group can carry out the plan by themselves with the community.

2. The monthly or quarterly community core group meeting is the right moment for its members to use available data to inform micro planning and other decisions.
    a. True
    b. False

Feedback: Adaptive management is relevant even at the community level. Community group members should be micro planning, and adapt their plans based on the data they collect about the issue.