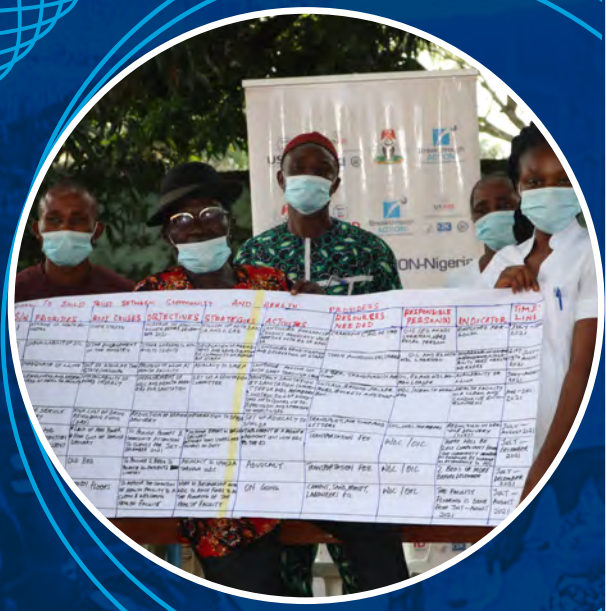

Community Provider Dialogues

Operational Guide

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Breakthrough ACTION FOR SOCIAL & BEHAVIOR CHANGE

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Contents

Abbreviations

BA-N	Breakthrough ACTION Nigeria
CHARP	Community Health Action Resource Plan
CHIPS	Community Health Influencers, Promoters and Services
CMT	Community Mobilization Team
CPD	Community-Provider Dialogue
CPT	Community-Provider Trust
CV	Community Volunteers
IHP	Integrated Health Project
LGA	Local Government Areas(s)
MNCH	Maternal, Newborn, and Child Health
PDQS	Partnership Defined Quality Scorecard
PHC	Primary Health Care
SBC-ACG	Social and Behavior Change Advocacy Core Group
USAID	United States Agency for International Development
WDC	Ward Development Committees

Introduction

Background

In 2021, Breakthrough ACTION Nigeria conducted a human-centered design formative assessment to identify the drivers of Maternal, Newborn and Child Health (MNCH) services in Nigeria. A prototype called “Community-Provider Trust” (CPT) was developed to connect facility-based providers with communities. The CPT prototype leveraged BA-Nigeria's existing approaches, the fishbowl discussion method and the community capacity-strengthening approach. During fishbowl discussions clients, providers, and community leaders have a dialogue, share their challenges, and understand each other's needs while the community capacity-strengthening approach leverages existing community structures (Ward Development Committees - WDCs) to mobilize community participation and resources for health. Following testing, the CPT approach was adapted to include components from the Partnership Defined Quality Scorecard approach (PDQS). The PDQS is a methodology to improve the quality and accessibility of services with community involvement in defining, implementing, and monitoring the quality improvement process. Notably, PDQS uses community scorecards to link quality assessment and improvement with community mobilization.

The new (slightly renamed) “community-provider dialogue” approach:

- Gives WDCs ownership and responsibility of accountability for supporting planning and monitoring of health care services within their communities as stated within the National DC guidelines.
- Uses a participatory process whereby the opinions and ideas of various groups of people can be collected simultaneously and implemented at the ward/catchment facility level.
- Brings together community members and service providers to discuss their impressions and work to improve service uptake and delivery.
- Is NOT about finger–pointing or blaming, NOT designed to settle personal scores, nor is it supposed to create conflict.
- Ultimately seeks to improve empathy and understanding between community members and providers, strengthening relationships between the providers and the community they serve, and ultimately improve service delivery.

Purpose of this guide

This community-provider dialogue (CPD) operational guide has been developed to guide BA-N staff, State and LGA Community Mobilization Teams (CMTs), service providers, and Ward Development Committees (WDCs) on the CPD facilitation

process and support communities to raise critical health service issues that will lead to improvements in provider behavior, service quality, client experience and in the uptake and utilization of quality services for women and children through dialogue.

The guide also drew from the Partnership Defined Quality Scorecard (PDQS) training guide for WDC members developed by Save the Children to implement the PDQS approach in Jigawa state.

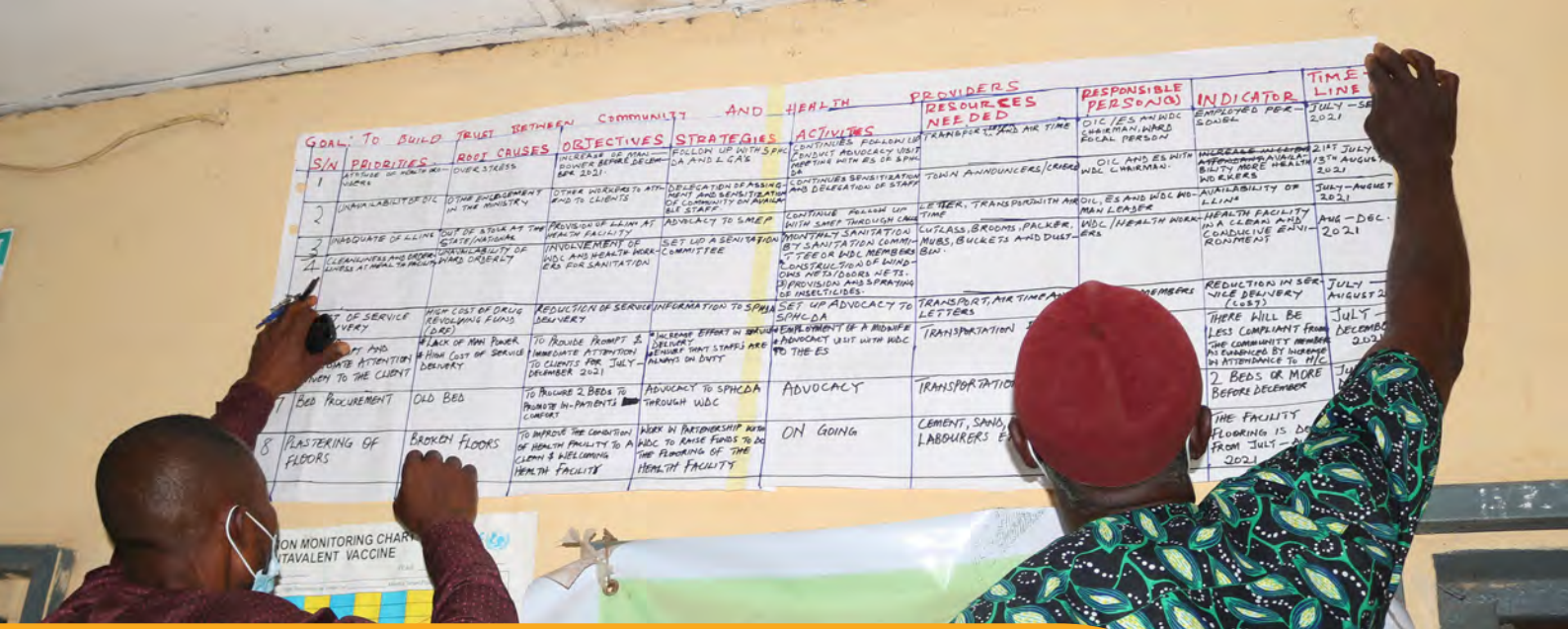
Benefits of community-provider dialogues

- Help facility staff learn directly from communities about which aspects of their services are working well and which are not
- Promotes dialogue and improves relationships with service users and the service provider.
- Facilitates a common understanding of issues and solutions to problems
- Empowers service users, leading to community monitoring of services and increased community ownership of services and projects
- Facilitates accountability, transparency, and responsibility from service providers.
- Clarifies the roles and responsibilities of the service user in service delivery
- Promotes community participation and open dialogue and improves relationships
- Improves the behavior of the service users which can assist in improved service delivery
- Promotes a common understanding of issues and solutions to problems

Role of Ward Development Committees in Community-Provider Dialogues

- Two members of the WDC will be trained per ward on how to facilitate the CPD process.
- WDC facilitators will work with service providers and community groups/members to consolidate the barriers to service uptake and delivery from respective groups, turn the prioritized issues into indicators, develop a scoring matrix, and score the indicators every three months.

- The WDC facilitators will facilitate the interface meetings where the action plan will be shared and progress reported.
- The WDC facilitators will coordinate with the cluster facility's Facility Management Committee to track action plans.
- WDC members will liaise with the LGA PHC Department to share the action plan and follow up on the progress.
- WDC members will convene the next meeting after doing the necessary follow-up plans.



Step-By-Step Guide

Step 1: Planning and preparation

This phase begins by identifying the geographical areas, facilities, community groups, and communities that will participate. The workplan is developed and WDCs are identified and trained. Service providers are engaged to support the process. WDCs meet separately with community stakeholders and providers to identify and score priority indicators.

1. **Select wards. Below are the criteria that were used during the pilot:**

- Representativeness: One ward was selected from the north of the country (Sokoto), one was selected from the south (Ebonyi), and one ward was from the Federal Capital Territory.
- Adequate security
- Proximity to the project's state office
- The WDC scored more than 90% in the midline assessment (or was a CHARP II WDC)
- The primary health care (PHC) is a functional facility from the "one PHC per ward" initiative that has been trained by the Integrated Health Project (IHP) and BA-Nigeria

2. **Engage key stakeholders:** These include relevant LGA health authorities, WDCs, and service delivery partners
3. Identify and train WDCs/community leaders as facilitators.

> **Key point:** A good facilitator is key to the community-provider dialogue's success. The WDC facilitator needs skills in active listening, participatory facilitation, documentation, and report writing to facilitate a process that will make a positive difference in people's lives.

4. Meet with community stakeholders and providers to identify priority issues and develop preliminary scores. The WDC conducts a series of meetings with community leaders, service providers, and representatives of various community groups from the PHC's catchment area. Examples include: Community Volunteers (CVs), Social and Behavior Change—Advocacy Core Groups (SBC-ACG), Community Health Influencers, Promoters and Services (CHIPS), women's groups, and affinity groups.
    - Identify key quality issues perceived by each group. ***See Annex 1: Discussion questions.***
    - At these meetings or at follow-up meetings, develop a scorecard with the community stakeholder and provider groups. To do so, the WDC and the group will propose priority indicators based on their previous discussions. Priority indicators are defined as the first set of issues where the representatives want to see changes. ***See Annex 2: Sample Scorecard***
    - Next, invite community stakeholders and providers to score the indicators. The column for consolidated scores should be left empty. It will be completed during the community-provide dialogue discussion. ***See Annex 3: Steps for Completing Scorecards with Community Representatives and Providers.***

5. Conduct a planning meeting with the facility in-charge, community leaders, and WDC members, to prepare for hosting the joint community-provider dialogue activity, including:
    - Selecting a date and time for the CPD
    - Selecting appropriate community representatives to invite to the CPD
    - Identifying essential logistical preparations to be made
    - Assigning specific roles and responsibilities for leading different daily discussions or sessions.
    - Sending invitations to partners and government officials.
6. WDCs will liaise with CVs and LGAs to recruit community members for the CPD. Providers and community members are recruited from the same ward. Using the following criteria, 20 people will be invited:
    - Participants will be drawn from the various community groups from no. 3 above
    - Ensure adequate representation of diverse audiences.
    - Ensure representatives are persons who utilize services at the health facility.
7. Facilitators and the community should confirm the invitations to local chiefs, politicians, and any other stakeholders that the groups feel should be present.

Considerations for selecting stakeholders to invite to CPD sessions

- What levels of government need to be represented?
- Who are the people who can make decisions about the issues raised so far?
- Who is mandated to take the issues forward, including budgeting for certain activities?
- Which community leaders and institutions/committees, etc. must be invited?
- Have any issues relevant to other stakeholders, including churches and mosques, been raised? If so, consider inviting them.
- Who can explain why certain services are provided poorly, and why others are provided well?

Step 2: Conduct a community-provider dialogue session

This is the point where service users and service providers finally come together. Representatives from the facility and community groups present their scores and agree on an aggregate score for each indicator. Open and participatory discussion of scores and recommendations takes place during this step. Actions are discussed and agreed upon to address low-performing indicators. The community members agree to take community-related actions for action. A small team is formed consisting of representatives from facilities and communities.

Session objectives: Service users and health providers will:

- Be introduced to each other.
- Engage in constructive discussion around health issues and agree on common solutions.
- Develop a joint action plan to address the issues identified.

Illustrative Agenda

Agenda Item	Duration
1. Welcome and introductions	10 minutes
2. Objectives of the meeting	5 minutes
3. Presentation of scores (community)	10 minutes
4. Presentation of scores (service providers)	10 minutes
5. Dialogue and discussions	30 minutes
6. Joint action planning	30 minutes

1. This meeting should be facilitated by the WDC chairman or selected community leader, a health provider, and an LGA-level person (PHC Director or representative from the State Primary Health Care Development Agency.
2. Then, the WDC or co-facilitator presents the scorecard, showing community and facility scores, (the column for consolidated scores should be empty).

- Present each indicator and ask participants to agree on a consolidated score.
- Guide the discussion by asking questions such as, "Looking at the different scores, what is the real picture? Which score can represent all scores and the real situation?"
- Enter the new score and note the reasons for each score.

Sample scorecard completed during a CPD session

Indicators	Community Score	Facility Score	Consolidated score	Reasons
Availability of Sta (clinic opening hours, waiting period, emergencies)	2	3	2	Only one staff member is available at the facility and sometimes not around
The attitude of Health Workers (greetings, tone of communication)	2	5	3	Some health workers usually shout at us. But some of them are very nice.
Availability of medicines (all medicines and drugs)	4	4	4	Medicines are mostly available and affordable

3. After all indicators have been (re) scored/have consolidated scores, review all the scores with participants and identify the low-performing indicators. (i.e. those from 3 and below). Facilitate a brainstorming session on how those can be improved.
4. At this point, allow for an **open and participatory dialogue/discussion and questions** for clarity, with each side given ample time to respond to and question the other. Identify burning issues to resolve and prioritize into action for change.

Managing community-provider dialogue sessions: The community-provider dialogue session might become confrontational if not handled carefully and correctly. A skilled facilitator with negotiation skills and a strong personality must be in charge of this meeting. Make sure that service users, as well as service providers, are well prepared for this meeting and understand its purpose. Avoid personal confrontations.

5. Developing a Joint Action Plan:

- After the discussions, let the members jointly prioritize which indicators/issues to be dealt with first to the least and list them in order of priority on a separate flipchart with their suggestions for improvement. Be realistic about any suggestions for improvement:
  - What is the most possible and realistic?
  - What is short-term, and what is long-term?
- Discuss each priority indicator and record agreed actions, who will be responsible, the timeframe, and what resources will be needed to achieve the activity. It is best to keep the duration of the action plan to a minimum of 6 months and a maximum of one year for proper follow-up and evaluation. Document responses in the planning matrix as shown below.
- After all indicators have been covered, inform representatives of men's and women's groups to note activities the communities will be responsible for and include in their groups' actions.
- Inform participants that there will be a need to establish a Quality Improvement (QI) Team responsible for monitoring the various activities and tracking the progress. This should include representatives from community members and health providers. Form the QI team and agree on how activities will be monitored.
- Wrap up by informing participants that indicators will be scored again after three months to track progress.

Sample planning matrix

Priority Indicator	Action (activities to be done)	Who will Lead	By When	Resources Needed
Availability of Staff	Adoption of an attendance register to track resumption and closure time Advocacy for more staff	Facility in-charge	October 2021	Register and pens
Attitude of health workers	Orientation for Health workers (HWs) on interpersonal communication	Facility in-charge	October 2021	Needed a resource person to facilitate the orientation
The facility roof is leaking water	Mobilize the community to repair the leaking roof	WDC	October 2021	Financial resources to buy roofing zinc, nails, mobilize youths for labor

6. Post-CPD Activities:

- After the CPD, it is important to disseminate details of the meeting, scorecard results, and planned actions with the wider community. Ideal communication channels should involve a two-way dialogue so that community members can have their questions answered. This could happen in a town hall meeting, where community members and/or local leadership present the key points of the process and scorecard results. Sufficient time must be given for community members to have their questions answered.
- The action plan should be integrated into the Community Health Action Resource Plan (CHARP)

Step 3: Follow-up

1. The WDCs will monitor actions every month within the health facility and community.
2. Repeat the scoring of indicators (scorecard after three months, and develop additional actions to address low-performing indicators.
3. Before the quarterly discussions, encourage providers to reflect on what they have learned in a safe space (e.g., provider cluster meeting, supportive supervision). This session can be led by a mentor (for example, someone from the LGA PHC team). Feedback and changes that are made are communicated during subsequent CPDs. This reflection exercise can help community members and providers continue to build trust.
4. Document learning throughout the process **(See Annex 4. Knowledge Management and Documentation)**

Annexes

Annex 1. Sample questions for discussing issues with community and facility representatives

Barriers to accessing services at the facilities

- What factors affect people's decision to seek services at the facility in this community? What makes you think this way? How can it be improved?
- What services do you know are being offered in this facility?
- What can the WDC do to help the community members know the services offered in this facility?

Availability of sta

- What is the total number of staff available at the facility?
- Are staff available at the facility? (How might we improve the number of staff available?)
- Are these staff sufficient enough to cater for the community members that access

services here?? (If no, what suggestions do you have to help manage the ones we have presently in the facility?

- How many staff are available during the morning, afternoon and evening shifts?
- What time does the facility staff open for work?? (What do you think is the ideal time for staff to resume)

Attitudes of healthcare workers

- Tell me about a time when you felt particularly good about interacting with a provider/client.
  a) PROBE: What makes a good healthy interaction and provider-client relationship? What enhances a good relationship with providers?
- Tell me about particular challenging interactions you have had with service providers/client
  a) PROBE: Do you ever have disagreements with providers/clients? How are they resolved? What hinders your relationship with providers/clients?
- What do you think needs to be done to ensure people in this community are treated with respect when seeking care in health facilities? By whom and how? What would you do if you had a say?
- How does talking to your provider/client make you feel?

Availability of medicines and other consumables

- Are medicines mostly available and affordable?
- Do you always receive/give diagnostic tests when you/a client visits the facility for a health problem ? (If no, why do you think so? What do you think can be done to improve on it)
- Do you always receive/give medication for treatment anytime you visit the facility? (If no, why do you think so? What do you think can be done to improve on it)
- What can you say about the sprices of services here compared to patent vendors? (PROBE: What can you say about delivery services, family planning/ reproductive health services, treatment for fevers, immunization, etc.)

Transportation to a health facility

- How easy is it for you to get to the health facility?
- PROBE: What barriers do community members face in a bid to access the health facility? What do you suggest we can do to address these barriers?

Facility amenities

- What areas can we improve for patient comfort in the facility (ex: chairs, toilet facilities, privacy, window screens, patient beds, and examination beds, etc.)?
- Does the facility have functioning WASH (Water Sanitation and Hygiene) components?
- How can we help the facility to achieve all these?

Quality of services

With providers, look at the facility's data. Identify key issues of concern to share with community stakeholders.

- What are the leading causes of illness in this area?
- Are rates of service utilization for immunization/antenatal care, etc. improving or worsening?
- What challenges limit providers' ability to provide quality care in these areas?
- What factors contribute to those challenges?

Annex 2. Sample scorecard

Question On a scale of 1-5, how would you rate the...	Very Bad	BAD	Neutral	Good	Very Good	Remarks
						
	1	2	3	4	5	
1. Availability of staff (clinic opening hours, waiting periods, emergencies)						
2. Attitude of health workers (can be noted by greetings)						
3. Availability of medicines (drugs in general)						
4. Timely referrals to next level of care						

Annex 3. Steps for completing scorecards with community representatives and providers

1. **Welcome** the participants and thank them for coming.
2. **Ensure** everyone is clear about the process, what has been done to date, and the next steps.
3. **Explain** that the overall purpose of the activity is to engage in constructive discussion around health issues, agree on common solutions and develop a joint action plan identifying concrete actions and persons responsible who will actively address the issues identified. Explain that you are meeting separately with community stakeholders and providers to prepare for this activity, and that a joint meeting with providers and stakeholders will be held soon.
4. **Ask** everyone to briefly introduce themselves by saying their name and acting out one activity they enjoy (e.g. dancing, singing, cooking, reading).
5. **Recap** the issues discussed to date. Inform them that priority issues now need to be identified, formalized as indicators, and scored by the group.

6. **Show** them the scorecard matrix they will use to score the indicators. **Review** what the rows and columns mean.
7. **Propose** priority issues discussed earlier and see if the group agrees that these should be prioritized and invite suggestions. Make any edits/rewrite indicators. Arrive at a consensus on the wording of each indicator.
8. **Present** the indicators one after the other and ask participants to give a score to each. Explain how the **scoring** works (see below for notes on scoring)
    - Starting with the **first indicator**, ask the group to give it a score. Use one scoring methodology that the groups will be conversant with for uniform results.
    - Ensure the group agrees on the score before writing it on the matrix.
    - Also, check that each score represents the views of the quieter people. This can also be done by show of hand and counting.
    - After giving the score to the first indicator, ask for the reason/s for the score and write it on the matrix. **Repeat** the same process for all the indicators.
    - If it is a low score, ask for any suggestions for improvement. Similarly, ask for suggestions on how to maintain indicators that have been awarded high scores. Note all these discussions in your notebook.

Notes on Scoring: The sample scorecard uses 1 to 5 as potential response options. 1 is the lowest score (very bad), 5 is the highest score (very good), and 3 means middle or neutral (not bad, not good). This technique requires the facilitator to be very focused and able to explain clearly the analogy for the community members to understand and give correct scores. One option could be to call out each number from 1 to 5 and invite participants to raise their hands to indicate which score they wish to use. Another option is to draw a line on the ground (or designate areas for each score) and invite participants to move to that spot.

Sample matrix developed during the preparatory stage with community representatives and providers separately, before a CPD session. Note that the consolidated column is empty. This will be completed during the CPD session.

Indicators	Community Score	Facility Score	Consolidated score	Reasons
Availability of Staff (clinic opening hours, waiting period, emergencies)	2	3		
Attitude of Health Workers (greetings, tone of communication)	2	5		
Availability of Medicines (all medicines and drugs)	4	4		

Close of Meeting:

1. After scoring, **thank** the community representatives /service providers again for their time and ideas.
2. **Inform** the group that there will be a meeting at the health facility where the users and providers will present and discuss their results. (Sometimes referred to as the **"Interface Meeting"**). The WDCs should inform the community about the date and time for the meeting because this will already have been planned and appointments booked with the service providers.

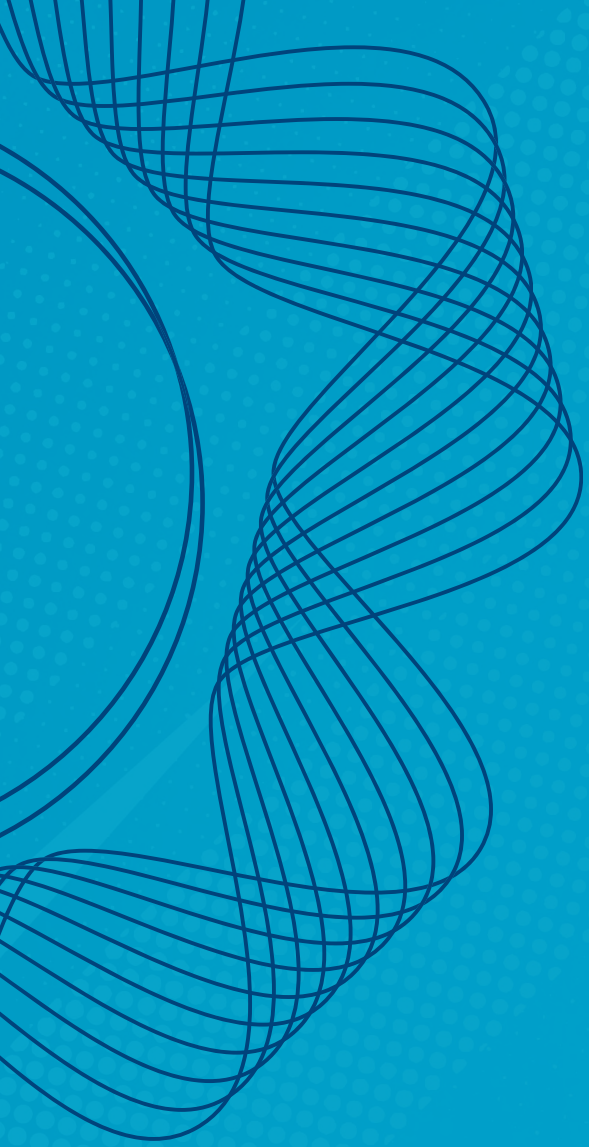
Annex 4. Knowledge management and documentation

The community-provider dialogue approach will deploy a comprehensive knowledge management approach that covers the generation, capture, sharing, and application of information and knowledge. The ultimate goal is to ensure continuous learning, collaboration, and adaptive management.

Below is a sample knowledge management and documentation plan:

1. Develop a roadmap to document step-by-step processes for implementing the approach. This involves capturing information from planning to training, implementation, and follow-up.
    - Make a list of the information to be captured. This can include names and affiliations of stakeholders, trainees, identified issues, scores over time, and joint actions.
    - At the ward level, create a repository and designate point persons for archiving all digital and paper documents, e.g. pictures, activity reports, data, success stories, etc.
    - The BA project's knowledge management team will also provide designated Google folders for archiving documents.

2. Train WDCs on success story documentation.
    - Use a simplified story capture tool to document successes and learnings.
    - Incorporate story collection in supportive supervision visits.
3. After-action review: BA-N will organize after-action review sessions inviting Service Providers, WDCs, and CMTs to share lessons learned and best practices.
4. Peer-to-peer learning visits: Building on the existing WDC intra-state peer-to-peer learning and experience-sharing visits, BA-N will strengthen cross-learning among WDCs, SPs, LVs, CMT, and other officials relevant to program operations. This will encourage the scale-up of good practices, enhance the scope of replicating new ideas, and strengthen the knowledge of diverse programmatic issues. A checklist will be developed as a guide for facilitators within the WDC and LGA SBC teams.
5. Dissemination and recognition:
    - BA with local partners and WDCs, will present program results to other stakeholders, including those at the ward, LGA, state, and national level.
    - The BA knowledge management unit will produce communication materials for the CPD, including factsheets, newsletter and bulletin publications, documentaries, and blogs
    - BA will develop presentations and posters for implementing partner and donor audiences
    - BA and other stakeholders will be encouraged to recognize and promote the work of WDCs, communities, and facilities using locally available mediums like local radio stations.



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