Fostering Leadership in Community Development

Facilitators Training Guide

2022

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Acronyms

CHARP   Community health action resource plan

HC   Health center

MNCH+N   Maternal, newborn, and child health plus nutrition

SBC   Social and behavior change

SMS   Short message service

USAID   United States Agency for International Development

WDC   Ward development committee

Acknowledgements

Foreword

Welcome to the Ward Development Committee Facilitator's Training Guide for Stage 2 of the community health action resource plan (CHARP). We are delighted to introduce this guide as an indispensable resource for those committed to nurturing resilient and empowered communities through proactive health action. Beyond a mere compilation of methodologies and tools, this guide symbolizes our collective dedication to community empowerment and the fostering of a culture centered on self-reliance and well-being.

Crafted through collaborative efforts and enriched by the insights and experiences gained from CHARP 1, alongside contributions from professionals representing diverse backgrounds, this guide is meticulously designed to offer invaluable support to you, the facilitator, who play a pivotal role in enhancing community capacities. In addition to providing guidance, facilitators are entrusted with empowering local health teams and community members to take charge of their health outcomes. This guide serves as a compass to navigate the intricacies of community engagement using practical tools and methodologies with confidence and clarity.

Your dedication and leadership can instigate transformative change within communities. Seize this opportunity to apply the lessons learned from CHARP 1 and drive substantial progress towards constructing healthier, more resilient communities. Your endeavors are pivotal in shaping a future where health and well-being are within reach for everyone.

Structured to offer a comprehensive understanding of the community action cycle, this guide approaches each phase with clarity and purpose. The participatory tools are thoughtfully tailored to resonate with diverse contexts, facilitating effective engagement amidst the complexities of community dynamics.

As you delve into this guide, bear in mind that it embodies our shared vision for healthier communities where every individual can flourish. Your role as facilitator is crucial in translating this vision into actual results. We are confident this guide will serve as an indispensable aid in your quest to foster and sustain vibrant, healthy communities. Together, let us continue to empower communities and strive towards a future where health and well-being are universally attainable.

About This Toolkit

The Community Health Action Resource Plan (CHARP) Stage 2 training manual is a pivotal advancement in equipping stakeholders with the necessary guidance and tools to steer community development and health initiatives. It builds upon the groundwork in CHARP Stage 1, which focused on immediate challenges in maternal, newborn, and child health plus nutrition (MNCH+N) in Nigeria. Recognizing persistent MNCH+N concerns, especially in northern Nigeria, CHARP Stage 2 responds to the ongoing imperative for enhanced capacity building and action-oriented strategies.

Despite commendable efforts by both the Nigerian government and international partners, formidable obstacles such as financial constraints, limited transportation access, inadequate knowledge, and entrenched socio-cultural norms continue to hinder timely access to life-saving services. CHARP Stage 1 initiated crucial groundwork and action plans at the community level; however, a sustained and intensified approach is essential to comprehensively address underlying challenges.

CHARP Stage 2 is a vital continuation of these efforts, aiming to elevate the capacities of community mobilization teams, local government area social mobilization committees, and ward development committees (WDCs). The manual aims to equip stakeholders with the necessary knowledge and skills to mobilize communities effectively, identify health challenges, and implement sustainable solutions.

By fostering collaboration between local authorities, health professionals, and community leaders, CHARP Stage 2 endeavors to drive tangible improvements in MNCH+N indicators nationwide. Moreover, it targets the identified gaps from CHARP 1 implementation, particularly focusing on gender mainstreaming, governance, leadership, coordination, resource mobilization, financial management, and documentation.

Understanding the critical role of community development in health, CHARP Stage 2 emphasizes the urgency for sustained community-based interventions to overcome persistent challenges. Through participatory and action-oriented approaches, the manual enables stakeholders to navigate the intricacies of community dynamics and mobilize resources effectively, thereby supporting the creation of healthier and more resilient communities.

In essence, the CHARP Stage 2 training manual serves as a comprehensive guide for stakeholders, facilitating targeted interventions and collaborative efforts to achieve sustainable improvements in MNCH+N and ultimately foster a healthier future for all Nigerians.

Breakthrough ACTION-Nigeria

Breakthrough ACTION is the flagship social and behavior change (SBC) project for the United States Agency for International Development (USAID). The project is led by the Johns Hopkins Center for Communication Programs. Breakthrough ACTION-Nigeria's project goal is to increase the practice of priority health behaviors in malaria, RMNCH+N, family planning, reproductive health, and tuberculosis at the national and sub-national levels in collaboration with the relevant USAID implementing partners.

Breakthrough ACTION-Nigeria also works with federal and state Ministry of Health programs, departments, and agencies to improve their SBC capacity and coordination. The three intermediate results toward achieving this goal are

1. Improved individual and social determinants of health to facilitate individual and household adoption of priority behaviors.
2. Strengthened monitoring, coordination, and quality of SBC across U.S. government investments.
3. Strengthened public sector systems for oversight and coordination of SBC at the national and subnational levels.

The Breakthrough ACTION-Nigeria community mobilization approach has two interrelated components, community social behavior change communication and community capacity strengthening, that will be implemented simultaneously as one community-level intervention. Community capacity strengthening nurtures ownership and participation in decision making at the community level, aiming for sustainability and social change. The primary objectives of the community capacity strengthening approach are to

Help communities recognize their health issues and demand appropriate and quality health services. Empower communities to mobilize resources, enhance participation in health services, and address the underlying causes of health issues, including gender biases and norms.
Increase community ownership and sustainability by developing systems to ensure community involvement and participation.

The primary audiences of this manual are WDC leaders, health subcommittees, health management committees, women's groups, youth groups, traditional birth attendants, and other community structures. The primary users of this manual are trainers (individuals responsible for delivering the training to community workers and volunteers), community workers (frontline personnel who engage directly with the community to implement health initiatives), volunteers (dedicated individuals who offer their time and effort to support community health actions), and WDC members (dedicated individuals who dedicate their time to implement collective action for health and social change at the community level).

The manual provides a structured approach to training facilitators who then train others at the community level. It serves as a framework for trainers to facilitate engaging dialogue, visualization, and action empowering stakeholders in community mobilization efforts in the following areas.

- Participant training: Equipping community representatives with the skills to lead health initiatives.
- Community orientation: Introducing communities to the CHARP Stage 2 objectives and methodologies.
- Health issue exploration: Identifying and understanding the specific health challenges within the community.
- Action plan development: Creating strategic plans to address identified health issues effectively.

Understanding Community Mobilization

Community mobilization is an empowering, capacity strengthening process through which individuals, groups, or organizations plan, conduct, and evaluate activities on a participatory and sustained basis to improve their health and other needs, either on their own initiative or stimulated by others.

Community mobilization training should be interactive, stimulating interest through dialogue, visualization, and action. Facilitators should encourage interaction and information sharing among participants to strengthen knowledge and deepen understanding.

Getting Started

Before reading the manual, familiarize yourself with its structure and content. Review the table of contents to understand the flow of topics and locate specific sections quickly.

Conduct training sessions with community stakeholders, ensuring each session is interactive, allowing for questions, discussions, and practical exercises to reinforce the material. After training sessions, implement learned strategies in the community. Use the action plan development guide to outline steps and assign responsibilities to ensure progress.

Encourage participants to view this manual as a living document, revisiting the content to refresh their knowledge and adapt strategies to evolving community needs.

Collect feedback from participants and stakeholders to improve future sessions. Be open to adapting the manual's content to better suit the community's unique needs and circumstances

Introduction

This guide is informed by Breakthrough ACTION-Nigeria's implementation of the CHARP Stage 1 and midterm assessments conducted in Bauchi, Kebbi, and Sokoto. It equips trainers with essential knowledge, practical skills, and tools to empower WDCs in Nigeria to effectively manage their organizations. Participants will gain foundational knowledge and practical skills for promoting the uptake of MNCH+N behaviors, such as leadership, governance, financial management, resource mobilization, gender equality, and social inclusion. The key components of the training highlight six critical areas (**Figure 1**):

Figure 1
Key Components of Training
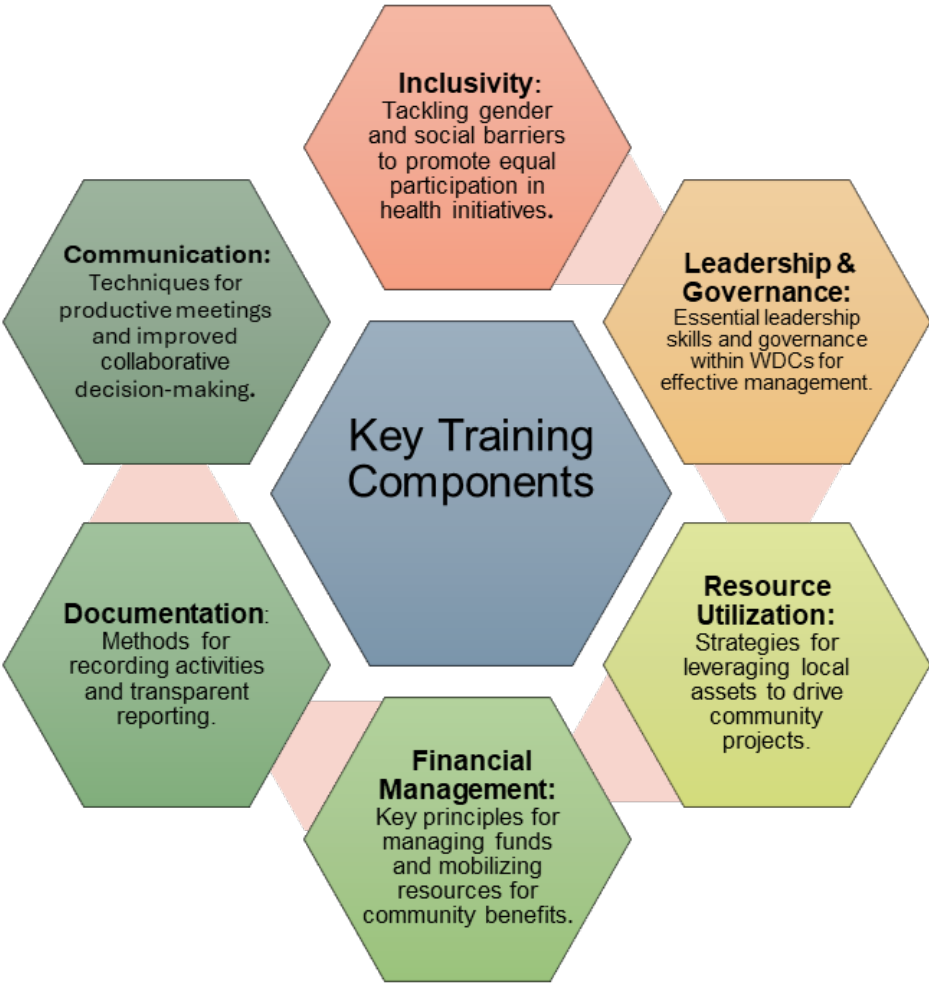
The training adopts a participatory approach, engaging participants through discussions, role-plays, and hands-on activities. Real-life examples and case studies illustrate concepts and encourage practical application.

Training Modules

This comprehensive program is structured into four distinct modules (**Figure 2**), each designed to address key areas of community health and development.

- **Introductory module:** MNCH+N priority behaviors WDCs to focus on while strengthening linkages and coordination with other community structures.
- **Module 1:** Leadership, management, and governance.
- **Module 2**: Resource mobilization and financial management.
- **Module 3:** Gender equality and social inclusion.
- **Module 4:** CHARP Stage 2 development and implementation.

Figure 2

Training Modules

Introduction	•Focus on MNCH+N priority behaviors, emphasizing the role of WDCs in enhancing connections and collaborative efforts with various community entities.
Module 1	•Dive into the core aspects of leadership, management, and governance within the WDC framework.
Module 2	•Learn about effective resource mobilization techniques and financial management practices to support community health initiatives.
Module 3	•Explore strategies for fostering gender equality and social inclusion to ensure equitable health outcomes.
Module 4	•Understand the processes involved in the development and implementation of CHARP 2, tailored to address specific community needs.

By the end of the training, participants will be empowered to lead their WDCs effectively, promoting good governance, accountability, and community development. They will possess the necessary skills to mobilize resources, foster gender equality, and drive positive change in MNCH+N behaviors.

This guide aims to enhance the capacity of WDCs in Nigeria, contributing to improved health outcomes and community well-being. By strengthening leadership, governance, and accountability, WDCs play a pivotal role in advancing MNCH+N initiatives and fostering sustainable development in their communities.

Workshop Expectations

In every workshop, participants brings their own knowledge and experiences, which the facilitator uses to focus learning on specific topics and guide everyone through fun and engaging activities. Participants learn and retain new information better when they can connect new ideas to their own culture and community. During a workshop, the facilitator learns along with everyone else and is encouraged to review and debrief daily to bring together lessons learned and improve engagement and learning.

To ensure participants are well-prepared and fully engage in the training, establish clear expectations from the start so that participants can arrive prepared, fully engaged, and ready to contribute to a more effective and enjoyable meeting experience for everyone. **Table 1** provides a concise checklist to review before training begins.

Table 1

Workshop Expectations

EXPECTATIONS	
Informed about Logistics	• Familiar with venue location and scheduled start and end times of training. • Provided with details regarding transportation options and parking facilities, if applicable.
Clear on Training Purpose	• Aware of primary objectives and goals of training. • Given overview of agenda and topics to be covered.
Introduced to Attendees	• Informed about who else will attend training, including guest speakers or special guests. • Encouraged to review attendee profiles or bios, if available, to facilitate networking.
Aware of Facilitator Details	• Informed about training facilitator. • Has contact information for any queries or concerns.
Notified about Refreshments	• Aware that refreshments will be served during training. • Provided with options for dietary requirements or preferences to accommodate all participants.
Informed about Stipends or Allowances	• Aware of any stipends or allowances provided, if relevant, along with details on how they will be distributed.

Workshop Preparation and Time Management

Workshops are structured activities with predetermined agendas and timing. It is important to start and end on time and follow the times allotted in the agenda. Flexibility may be needed for some activities (e.g., to avoid cutting off important dialogue). This section outlines best practices to manage time and logistics, from pre-workshop preparation to the final wrap-up. For example, before the workshop begins, confirm handwashing and bathroom facilities are clean and stocked. After the workshop debrief and note any adjustments for future workshops. By following these guidelines, summarized in Figure 3, facilitators can create an environment conducive to learning, collaboration, and productivity.

Figure 3

Best Practices for Effective Workshop Management

Pre-Workshop Preparation

• Venue accessibility confirmed (keys available if needed).

• Seating and equipment (flipcharts, tables) arranged.

• Set up clear and visible signs to direct participants to the venue

• Refreshments and lunch timing coordinated with service providers.

Facilitator Arrival and Setup:

• Arrive 30 minutes before the start.

• Review the day's agenda and materials.

• Ensure all materials are prepared and checklists are complete.

• Verify language and literacy accommodations (translations ready if required).

Workshop Execution

• Start and end on time as per the agenda.

• Maintain flexibility for dialogue within sessions.

• Monitor timekeeping throughout the day.

Figure 4

Workshop Expectations

Dress Code and Interaction	•Facilitators should dress informally according to local dress codes, minimizing the perception of hierarchy and authority. Interacting with participants throughout the workshop, including during breaks, fosters trust and rapport.
Introductions and Icebreakers	•Ensure that all participants and facilitators have an opportunity to introduce themselves. Use introductory activities or games to create a relaxed atmosphere from the outset.
Setting Expectations and Ground Rules:	•Clarify expectations at the beginning of the workshop and establish ground rules, inviting input from participants. This encourages mutual respect and sets the tone for inclusive dialogue.
Facilitating Dialogue	•Emphasize a participatory learning process, encouraging contributions from all participants while respecting diverse perspectives regardless of age, gender, or social status. Prevent any individual from dominating discussions.
Group Discussions	•Use small group discussions to enhance participation and idea-sharing. These activities also build confidence among participants who may be less inclined to voice their opinions in larger settings.
Energizing Activities	•Keep participants engaged and stimulated by integrating energizers at regular intervals. Seek ideas online or from other facilitators, adapting them to suit different cultural contexts.
Addressing Cultural Expectations:	•In contexts where opening and closing prayers are customary, accommodate these expectations. Invite participants to lead prayers, ensuring inclusivity in multidenominational or multifaith settings by combining or alternating prayers

Workshop Health and Safety

Ordinarily, the health and safety concerns for facilitators and participants in workshops are similar to any day-to-day activity, but the emergency of infectious diseases like COVID-19 presents unique challenges. COVID-19 has profoundly impacted health and safety concerns about contracting the virus and developing severe illness. Preventive measures include mask-wearing, hand hygiene, and social distancing. Mental health challenges also have intensified due to factors such as social isolation and economic uncertainty, necessitating access to mental health support services. Disruptions in healthcare systems have created obstacles in accessing medical care for non-COVID-related health issues, and economic downturns have heightened concerns about financial stability and exacerbated mental health conditions. Shifts to remote work and virtual learning have altered routines and created challenges in managing work-life balance. Social connections have been disrupted by lockdowns and physical distancing measures, leading to feelings of loneliness and isolation. Vulnerable populations, including the elderly and marginalized communities, face disproportionate impacts due to systemic inequalities and access barriers. Moreover, misinformation surrounding COVID-19 contributes to confusion and anxiety, emphasizing the importance of accessing accurate information for informed decision making regarding health and safety measures.

Rates of COVID-19 infection vary between regions and over time, making it crucial to adapt precautionary measures accordingly. In areas where no cases have been documented, the risk is relatively lower, but it remains unpredictable in regions with reported cases. Therefore, it is essential to exercise heightened vigilance and apply precautions where appropriate. To safeguard the well-being of all involved, facilitators and participants should adhere to comprehensive prevention strategies aligned with local epidemiology and health guidelines, as illustrated in **Figure 5**.

Figure 5
Workshop Safety

Ventilation: Ensure proper airflow by keeping windows open in enclosed spaces. When using public transport, avoid crowding and keep windows open for ventilation. Consider conducting activities outdoors and providing refreshments in open-air settings for added safety.

Face Coverings: Wear masks over nose and mouth indoors and in outdoor spaces where distancing is challenging (less than 1.5 meters). Everyone must wear masks correctly and consistently during indoor workshop activities.

Distancing: Maintain a distance of around 1.5 meters between participants, including during small group discussions and buzzgroups. This, combined with face coverings and good ventilation, helps reduce transmission risk.

Symptom Monitoring: Screen all participants and facilitators for COVID-19 symptoms daily at the venue. Anyone with symptoms like cough, fever, headache, sore throat, or runny nose

Handwashing: Encourage regular handwashing to prevent infection transmission. Avoid physical contact like handshakes or hugs to further minimize risks.

Follow Local Guidelines: In addition to these measures, adhere to any local health guidelines for further safety assurance.

Workshop Objectives

This guide serve as a valuable resource for community mobilizers tasked with training community mobilization teams, as well as engaging key stakeholders like local government area social mobilization committees and WDCs in the community mobilization process. The primary objective of this training is to strengthen participants' capacities to effectively train community structures to implement community capacity strengthening in CHARP Stage 2. By the end of the training, participants will be equipped to

- Explain the concept of leadership, management, and governance within community structures.
- Mobilize resources and effectively manage finances.
- Address gender and social norms affecting the adoption of MNCH+N behaviors and uptake of services.
- Plan for the rollout of the next phase of the CHARP Stage 2 process.

Workshop Program and Agenda

The workshop will take place over four days. The times for each session (see example in **Table 2**) are flexible and may be changed to fit the workshop's flow and participants' needs.

Table 2

Training Program Agenda

DAY 1: BUILDING FOUNDATIONS		
TIME	TOPIC	FACILITATOR(S) & CHECKLIST
8:00–8:30	Arrival and registration	
8:30–9:00	COVID-19 safety (as needed) Welcome and introductions Basic ground rules	Invited guest and bio Flipchart
9:00–9:30	Goals and expectations Review workshop program Finalize ground rules and role assignment	Program overview Flipchart
9:30–9:45	Pretest	Copies of pretest
9:45–10:30	Overview of community mobilization Linkage with community structures	
10:30–11:00	Tea break	
11:00–11:40	Dream exercise: community visit	
11:40–12:20	Community challenges involving MNCH+N	
12:20–13:00	Priority MNCH+N behaviors	
13:00–14:00	Lunch	
14:00–14:45	Governance	
14:45–15:15	Group work: community score card	
15:15–15:45	Leadership Leadership within the WDC	
15:45–16:00	Identify community groups and how to coordinate them (group work)	
16:00	Closing	

DAY 2: TIME MANAGEMENT, EFFECTIVE MEETINGS, REPORTING, DATA UTILIZATION, CONFLICT RESOLUTION		
TIME	TOPIC	FACILITATOR(S) & CHECKLIST
8:00–**8:30**	Arrival and registration	
8.30–8.45	Recap	Notes of recap
8:45–9:45	Holding effective meetings	
9:45–10:45	Reporting and documentation	
10:45–1:15	**Tea break**	
11:15–12:45	Develop activity report (group work)	

12:45–1:30	Use of data for decision making (group work)	
1:30–2:30	Lunch	
2:30–3:00	Conflict prevention, management, and resolution	
3:00–4:00	Role play (group work)	
4:00	Closing	

DAY 3: RESOURCE MOBILIZATION, FINANCIAL MANAGEMENT, GENDER AND SOCIETAL NORMS		
TIME	TOPIC	FACILITATOR(S) & CHECKLIST
8:00–8:30	Arrival and registration	
8.30–8.45	Recap	Notes of recap
8:45–9:45	Financial management (group work, developing sample budget, sample financial records)	
9:45–10:45	Resource mobilization, sample written strategy	
10:45–11:15	**Tea break**	
11:15–12:45	Gender values clarification	
12:45–1:30	Gender roles and decision making Overcoming gender inequality	
1:30–2:30	Lunch	
2:30–3:00	Seeing an ideal husband	
3:00–4:00	Gender and empowerment sub-committee of WDCs	
4:00	Closing	

DAY 4: PLANNING AND IMPLEMENTATION		
TIME	TOPICS	FACILITATOR(S) & CHECKLIST
8:00–8:30	Arrival and registration	
8.30–8.45	Recap	Notes of recap
8:45–9:45	Gender equality matrix Gender checklist and action planning	
9:45–10:45	Safeguarding	
10:45–11:15	Tea break	
11:15–12:45	Facilitation skills	
12:45–1:30	CHARP Stage 2 development: • Objectives • Strategy • Activities	
1:30–2:30	Lunch	
2:30–3:00	Group work: CHARP Stage 2 development	
3:00–4:00	Plenary presentation	
4:00	Closing	

Introductory Module

Session 1: Overview, Welcome, and Introductions (30 minutes)

Objectives:

- Review COVID-19 safety guidelines.
- Formally launch the workshop.
- Help participants get acquainted with each other and with the facilitators.
- Identify basic ground rules.

Time: 30 minutes.

Method: Large group discussion.

Materials: Face masks, flipchart paper and stand (or wall for posting materials), markers, masking tape.

Preparation: Prepare "Welcome to the Community Mobilization Workshop" sign.

Activity: COVID-19 Safety Measures

Ask all participants and invited guests to be seated (suitably distanced). Briefly introduce facilitators and officials. Review the COVID 19 safety guidelines:

- The importance of ventilation, correct and consistent use of face masks, handwashing, and social distancing.
- Know and monitor symptoms every day of the workshop.
- Invite and address any questions on COVID-19 safety.

Activity: Welcome and Introductions

Invite guests to make introductory remarks. Typically, the senior country office representative or another government official speaks for around 5 minutes. Include opening prayers or thanks if relevant.

Ask participants to introduce themselves and include a fun element (e.g., occupation, favorite activity, or other interesting fact). If COVID-19 risks are low, have pairs of participants chat for a few minutes and then introduce each other. Remind participants that everyone has knowledge and experience to share, that dialogue and interaction are vital for the learning process, and that this workshop involves group learning.

Activity: Basic Rules

Ask participants to provide inputs into basic ground rules for the workshop (e.g., turn off cell phones, adhere to schedule, respect all opinions, avoid dominating discussions, encourage participation). Write these rules on a flipchart, and invite everyone to agree on them. Once consensus is reached, mount the flipchart with the ground rules in a prominent location as a visible reminder.

Session 2a: Review Program Goals, Expectations, and Learning Environment (30 Minutes)

Objectives:

- Clarify workshop goals.
- Assess participant expectations.
- Help participants get acquainted with each other and with the facilitators.
- Create a relaxed conducive learning environment.
- Identify ground rules for the smooth running of the sessions.
- Explain workshop objectives, agenda, and activities.

Method: Large group discussion.

Time: 30 minutes.

Materials: Flipchart paper and stand (or wall for posting material), markers, ½ sheets of A4 paper or cards, masking tape, chart for workshop volunteers.

Activity: Goals and Expectations

Summarize the broad goals of the workshop using a flipchart sheet or PowerPoint presentation. Ask participants what they expect to learn through the workshop and invite two to three responses. Write these on another flipchart.

Distribute cards and markers and ask participants to write their answer to the following question: *What do you expect to learn during this course?* Non-literate participants can state their expectations for the facilitator to write on a flipchart. Collect all cards and read each aloud. Post the cards on the wall in front of the room. Work together to group cards by similar responses, and summarize each response.

Activity: Review Workshop Program

Present the overall objective of the workshop, including daily learning objectives, on a flipchart sheet or PowerPoint presentation. Explain that each day has a specific learning objective related to developing the core skills needed to facilitate the community mobilization process. Ask participants what they understood from the learning objectives, if they agree with the objective, and if they have any questions.

Activity: Finalizing Ground Rules and Assigning Roles

Review initial ground rules. Ask if any should be added now that workshop objectives are clear. What rules or guidelines should be followed to make this training successful? Write responses on a flipchart. When finished, ask participants if everyone agrees to observe the rules. If not, discuss their concerns.

Once consensus is achieved, display the rules and guidelines on the wall alongside the initial ground rules. Refer to the list when the rules are not observed.

Each day, request different volunteers to assist in performing the following roles (see **Table 3**):

- *Daily recap*: Each morning, volunteers lead a recap of learning from the previous day by asking participants to share what they have learned. Participants can use creative formats (e.g., song, poem, mock news report, slogan).
- *Energizers:* Volunteers lead others in 2–3 minutes of energizers, games, or recreation to keep the training active and fun. Energizers are useful after breaks and when participants are slow to participate or seem tired.

Write the roles on a flipchart sheet with assigned participants, and post it on the wall. Have workshop participants select two individuals, preferably one man and one woman, to act as leaders (e.g., president and vice president) responsible for gathering feedback from participants on various matters (e.g., venue, food, assisting those who are ill). The facilitator can fulfill this role or parts of this role, if necessary.

Table 3

Example of a Workshop Role Rotation Schedule

DAY	DAILY RECAP	ENERGIZER	LEADERSHIP
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Note: Rotate names of nominated participants each week. Post flipchart in a visible location throughout the workshop.

Session 2b: Pretest (15 Minutes)

Objectives

- Assess participant knowledge at baseline.
- Introduce themes.

Method: Facilitator-led pretest.

Time: 15 minutes.

Materials: Print-out of prepared questions, copies of pretest (translated if needed).

Activity: Pretest

The pretest has 10 multiple-choice questions covering topics to be addressed during the workshop. These questions can be used as a game or quiz throughout the workshop. Participants select their answer by ticking the appropriate box next to the choice.

Introduce the pretest (**Figure 6**). Explain it is a test to understand participants' knowledge at the start of the workshop, and the same test will be repeated at the end of the workshop to assess progress. The test is anonymous, so assign numbers to participants and tell them to remember their number. Suggest a memory aid (e.g., visualize two bicycles or three tomatoes to remember "23").

Read each pretest questions and its answer options aloud, and have participants write their responses. When finished, collect their responses. After the session, grade and document the results, and keep in a safe and confidential place.

Figure 6

Pretest

1. Our personal idea about ourselves as male or female (or neither or both) is referred to as
   a. Sexual orientation
   b. Gender identity
   c. Sex role
   d. Gender bias

2. Gender stereotypes include the idea that men and women should fulfill roles according to their sex. Which statement do you support?
   a. Gender stereotypes are good because they keep women in their place.
   b. Gender stereotypes are harmful because they discriminate.
   c. Gender stereotypes cannot be changed.
   d. Gender stereotypes are good because they say men should not cook or clean.

3. A community leader best serves a community when he or she _____.
   a. Shows authority
   b. Insists on obedience
   c. Inspires people
   d. Avoids advice from others

4. How do community leaders get their power and authority?
   a. By virtue of their position
   b. As a result of their personality
   c. As a result of their education and training
   d. By their personal qualities

5. Giving funding is the best way that donors can support sustainable projects in communities.
   a. True
   b. False

6. Networking is a good way to attract community resources.
   a. True
   b. False

7. When it comes to meetings, what statement do you support the most?
   a. Meetings waste time.
   b. Meetings are good for sharing information.
   c. Meetings contribute to mistrust between people.
   d. Meetings help with decision making and progress.

8. What is the meaning of resource mobilization?
   a. Reviewing contracts with donors.
   b. Begging for funding.
   c. Giving people an opportunity to give.
   d. Good financial management.

9. Good bookkeeping and documentation attracts resources to the organization.
   a. True
   b. False

10. Good financial records give organizations credibility.
    a. True
    b. False

Session 3: Overview of Community Mobilization and Linkage with Community Structures (45 Minutes)

Objectives:

- Define Breakthrough ACTION-Nigeria community mobilization approach.
- Explain community capacity strengthening approach and sustainability plan.
- Define specific linkage, roles, and responsibilities of state, local government area, and community structures.

Method: Large group discussion.

Time: 45 minutes.

Materials: Flipchart paper and stand (or wall for posting material), markers, ½ sheets of A4 paper or cards, masking tape.

Preparation: Flipchart with Breakthrough ACTION-Nigeria intervention areas; list of Breakthrough ACTION-Nigeria community personnel and their linkages; list of roles coordinating with WDCs.

Activity: Community Mobilization

Ask participants what they know about Breakthrough ACTION-Nigeria's community mobilization approach. Re-emphasize the objectives of community mobilization:

- Increase practice of priority individual health behaviors in MNCH+N, family planning, reproductive health, and malaria.
- Improve individual and social determinants of health.
- Address underlying causes of health issues (e.g., gender inequality, stigma, harmful norms) by facilitating dialogue and understanding between and among community members and health providers.
- Improve community (including women's) capacity and agency.

Focus on community capacity strengthening**,** social change at the community level, and increasing community agency. Through work with the WDCs, communities obtain, strengthen, and maintain capabilities to set and achieve their long-term development objectives.

Activity: Linkage with Community Structures

Discuss linkages between Breakthrough ACTION-Nigeria intervention areas and various community structures and personnel. Brainstorm how these components can work together at the community level:

- Community SBC: Work with community volunteers to conduct household visits, community health dialogues, and compound meetings.
- SBC-advocacy core group: Work with religious leaders and key influencers.
- Community capacity strengthening: Work with WDCs.

- Provider behavior change interventions: Work with service providers.
- Women's empowerment groups: Work with women groups in the community.
- Mass media activities: Develop and air radio dramas and spots.
- Mobile and digital activities: Use short message service (SMS), interactive voice response, Airtel 321, and *Kacici Kacici Game*.

These components offer mutually reinforcing content, activities, and messages relevant to the respective health focal areas in the various states. Explain that a major role of WDCs, as stipulated in the National Primary Health Care Development Agency guideline, is identifying and coordinating other community structures, although this role is often neglected.

Discuss other community structures the WDCs need to identify. Explain the linkages between facility management committees, village development committees, WDCs, local government areas, and the state primary health care board (**Figure 7**).

Figure 7

Linkages Between Facility Management Committee (FMC), Village Development Committee (Vdc), Ward Development Committee (WDC), Local Government (LG) Areas, and State Primary Health Care Board (SPHCB), According to National Primary Health Care Development Agency (NPHCDA) Guidelines.
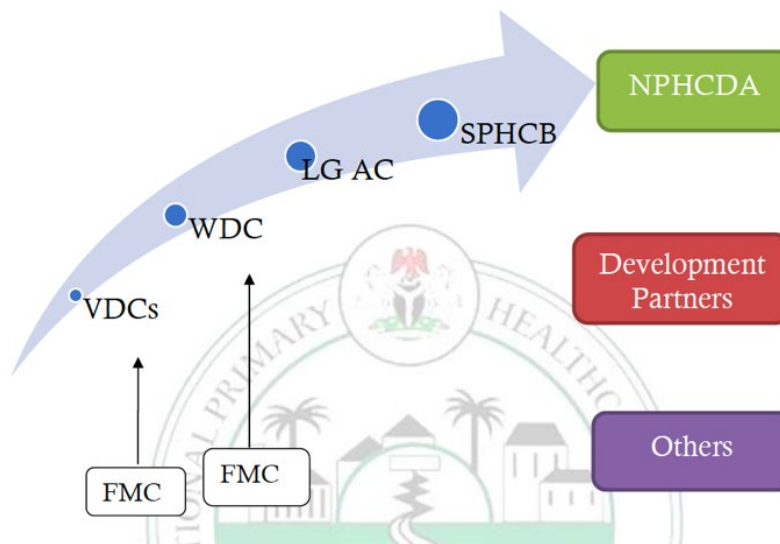
Introduce Breakthrough ACTION-Nigeria's multi-phase sustainability plan, outlined below. Explain that community mobilization teams and WDCs are key in ensuring sustainability of each phase's activities and that the government and community are expected to own and sustain the interventions.

- Entry phase:
    - Entry meetings at the state, local government area, and ward levels.
    - Selection of local government areas and wards, community volunteers, and WDCs.
    - Assessments of WDCs and women's empowerment groups.
    - Training and orientation.
- Intensive and maintenance phase:
    - During initial 12 months (i.e., intensive phase), Breakthrough ACTION-Nigeria fully supports implementation of activities.
    - After 12 months, community mobilization efforts transition to maintenance phase, during which communities and government take over and sustain ownership of activities.
- Exit phase:
    - Project closes out. The community, WDC, local government area, or state takes over implementation of intervention activities
    - Community volunteer activities are integrated into the Community Health Influencers Promoters and Services program or taken over by government.

Session 4a: Dream Exercise—Community Vision (40 minutes)

Objective: Develop a community vision.

Methods: Large and small group discussion.

Time: 40 minutes.

Materials: Flipchart paper and stand (or wall for posting material), markers, masking tape.

Activity: Dream exercise (40 minutes)

Ask participants to close their eyes and think of one thing that is relevant in their life. Allow 3-4 minutes for reflection. Then, distribute cards and pens to participants, and ask them to write down their dream.

Divide participants into three groups (e.g., group 1, group 2, group 3), with each including men and women. Note that too many groups can extend feedback time. These groups will remain the same for the duration of the workshop.

Ask each group to develop their dreams into a single shared vision and present them in a plenary. They can take notes on a flipchart. Allow 20 minutes for discussion. Remind groups to ensure all members participate using the language in which they are most comfortable. Highlight that a shared community vision is essential to lead community members into action.

Give each group 3-4 minutes for each presentation. Summarize by asking, "What makes healthy people and a healthy community?" For example, a healthy community builds a culture that supports healthy life choices and high quality of life. It aligns its practices, policies, and resource allocation to sustain itself. It continually creates and improves its physical and social environments and expands community resources.

Session 4b: Community Challenges FOR MNCH+N (40 minutes)

Objective: Identify community challenges for MNCH+N.

Methods: Large and small group discussion.

Time: 40 minutes.

Materials: Flipchart paper and stand (or wall for posting material), markers, masking tape.

Activity: Group Presentations

Have participants go back into their groups. Assign each group a specific task:

- **Group 1:** Discuss barriers to quality health care and adequate nutritious foods, including cultural beliefs about women and children.
- **Group 2:** Tell a story about one or more factors promoting health and development in their community.
- **Group 3:** Develop a short roleplay on one or more factor hindering health and development in their community.

Allow 20 minutes for group discussion and 4–5 minutes for each presentation. Below are some factors to mention that promote health and development:

- Initiatives that create solutions to problems.
- Good personal hygiene and a safe environment.
- Fairness in relationships.
- Good infrastructure (e.g., well-maintained roads, electricity, schools, and hospitals).
- Opportunities for health and other community development programs, such as partnerships with NGOs, community- and faith-based organizations, ministries, and government departments and agencies.
- Human capital development to enable access to education, health services, adequate nutrition, safety, shelter, social security, and community welfare.
- Democratic space and leadership.
- Respect for basic human rights, regardless of gender or age.
- Creation of employment and resource generation.
- Community capacity building to improve knowledge and skills.
- Community participation and involvement in development activities.

- Disaster preparedness and prevention.

These factors hinder health and development:

- Poverty, lack of resources, and unemployment.
- Large family or dependency ratio.
- Lack of access to basic health services.
- Poor nutrition.
- Gender stereotypes.
- Lack of initiatives.
- Lack of individual voice in decision making.
- Cultural beliefs, traditions, and attitudes.
- Illiteracy, lack of knowledge and skills.
- Insufficient amount or quality of land.
- Poor infrastructure.
- Poor political environment, leadership, and policies (e.g., corruption, lack of transparency and accountability).
- Disasters (natural and human-made).
- Diseases, especially chronic illnesses.
- Insecurity.

Good health promotes community development, and sound community development promotes good health of the people. Conversely, poor community development exacerbates health problems, such as common diseases and poor access to health services.

Session 4c: Priority MNCH+N Behaviors (40 minutes)

Objectives: Explain and identify priority MNCH+N behaviors.

Methods: Large and small group discussion.

Time: 40 minutes.

Materials: Flipchart paper and stand (or wall for posting material), markers, masking tape.

Preparation: Cut different colors of cardboard paper and write the 17 priority behaviors listed below (one per card) using local languages.

Activity: 17 Priority Behaviors

Explain the meaning of priority MNCH+N behaviors: the specific behaviors or actions considered crucial to improve health and nutrition outcomes among mothers, newborns, and children. The term emphasizes the importance of focusing on these behaviors to achieve positive health outcomes in these vulnerable populations

Have participants go back into their groups. Give each group at least five behavior cards, and ask each group to categorize the behaviors according to the three priority behavior focus areas (i.e., MNCH+N, family planning, and malaria). Allow 5-7 minutes for group discussion.

The 17 priority health behaviors are categorized into three focal areas:

MNCH+N

1. Completing at least four antenatal care visits and up to eight.
2. Delivering at a health facility.
3. Receiving full vaccinations per Nigerian policy.
4. Providing essential newborn care.
5. Initiating breastfeeding within 1 hour of delivery.
6. Breastfeeding exclusively during child's first 6 months.
7. Practicing appropriate infant and young child feeding for 6–24 months.
8. Attaining nutrition counseling for pregnant women.
9. Seeking prompt and appropriate treatment for diarrhea.
10. Seeking prompt and appropriate treatment for acute respiratory illnesses

Family planning

11. Using modern contraceptive methods.

Malaria

12. Sleeping inside insecticide-treated nets.
13. Taking intermittent preventive treatment in pregnancy.
14. Seeking prompt care for fever.
15. Getting a test to confirm illness before beginning any treatment.
16. Adhering to full course of artemisinin-based combination therapy
17. Adhering to full course of seasonal malaria chemoprevention.

Other crucial health behaviors (e.g., environmental and personal hygiene practices) are fundamental in maintaining public health and reducing the transmission of illnesses within communities:

- **Hand hygiene**: Regular handwashing with soap and water, especially after using the bathroom, before eating and after coughing or sneezing is crucial to prevent the spread of infectious diseases like COVID-19, influenza, and diarrheal illnesses.
- **Respiratory etiquette:** Covering the mouth and nose with a tissue or elbow when coughing or sneezing helps prevent the spread of respiratory infections (e.g., common cold, flu, and COVID-19) by stopping the spread of respiratory droplets containing viruses or bacteria.
- **Access to clean water and sanitation**: Proper disposal of waste (e.g., household and medical) helps prevent the proliferation of disease-causing microorganisms and reduces environmental contamination. Access to clean water and sanitation facilities is essential for maintaining personal hygiene and preventing waterborne diseases such as cholera and typhoid fever.

- **Food safety**: Adhering to food safety guidelines, such as cooking food thoroughly, storing perishable items at the correct temperature, and avoiding cross-contamination between raw and cooked foods, reduces the risk of foodborne illnesses caused by salmonella, *E. coli,* norovirus, and other pathogens.
- **Vector control:** Implementing measures to control vectors such as mosquitoes, flies, and rodents helps prevent the spread of vector-borne diseases like malaria, dengue fever, Zika, and Lyme. Strategies include mosquito netting, insect repellents, and environmental sanitation to eliminate breeding sites.
- **Environmental hygiene:** Maintaining clean and hygienic living environments, including homes, schools, workplaces, and public spaces, is essential to prevent transmission of infectious diseases. Regular cleaning and disinfection of surfaces, ventilation to improve air quality, and pest control measures contribute to a healthier environment.
- **Personal protective measures**: Wearing personal protective equipment (e.g., masks, gloves, protective eyewear) in healthcare settings or when caring for sick individuals helps prevent the spread of infectious diseases to healthcare workers and caregivers.
- **Vaccination**: Ensuring vaccination coverage for preventable infectious diseases (e.g., measles, polio, influenza, and hepatitis) according to national immunization schedules is crucial for community immunity and preventing outbreaks.

Share key messages booklet on priority MNCH+N behaviors. Allow 15 minutes for groups to discuss the priority behavior and its corresponding focus area. Ask them to come up with ways to support and promote these behaviors in their communities, including how to support community volunteers (e.g., identifying priority audiences and gaining community acceptance) and how to ensure a supportive environment for good health and nutrition practices.

Ask groups to provide feedback. Write responses on a flipchart to guide discussions and summarize roles and responsibilities of WDCs in promoting health in their communities, including

- Guiding the community on how to improve health and prevent illness by adopting healthy practices.
- Supporting the prompt referral of community members to health services and facilities.
- Working with community volunteers to identify pregnant woman and initiate dialogue with household members to promote the 17 priority behaviors.
- Participating in compound meetings and community health dialogue sessions organized by community volunteers.
- Modeling appropriate and promoted health behaviors.
- Motivating members of the community to adopt health-promoting practices.
- Supporting community volunteers in organizing and conducting town hall meetings to discuss community health and development.
- Supporting mobilization of food items for food demonstrations when needed.

Ask participants to share their thoughts on solutions to some of the challenges women and children face in accessing health and having nutritious food. Write responses on a flipchart and paste them on the wall. Take note of the points raised, which will be incorporated into action plans at the end of the training.

Module 1: Leadership, Management, and Governance

This module aims to describe governance, organization, management, and coordination of community structures and to instill leadership and problem-solving skills. The general objective of this module is to build leadership, management, and governance capacity and problem-solving skills. Specifically, this module focuses on governance, leadership and coordination of other community structures, effective meeting management, activities reporting and documentation, data for decision making and community collective action, and conflict resolution.

Session 1: Governance

Objectives:

- Describe the concept of good governance and its importance for proper accountability.
- Explain governance roles in WDCs.
- Learn principles of good governance to be observed in WDCs.
- Understand role of WDCs in coordinating community groups and structures.

Time: 1 hour.

Method: Plenary discussion and facilitated presentation.

Materials: Flipchart paper and stand (or wall for posting materials), markers, ½ sheets of A4 paper or cards, masking tape.

Activity: WDC History

Explain the history of WDCs in Nigeria and why WDCs are essential for development work.

- The WDC is the central planning authority in the ward, overseeing and coordinating development plans in their respective area of jurisdiction. Members include influential men and women who oversee development at the ward level and coordinate activities in their communities. WDCs also encourage community involvement in health issues.
- The National Primary Health Development Agency aims to provide adequate community health services at the ward level. In 2014, WDCs were recognized by the National Health Act as the fourth level of health care delivery in Nigeria.

Refer participants to the appropriate pages on the National DC guidelines for a summary of WDC roles, responsibilities, and terms of reference. Ask a volunteer to read them aloud.

Activity: Governance Card Mix

Good governance helps the WDC to make decisions about community actions and to measure the community's performance towards achieving those actions.

> **Governance** is the practice of transparent, fair, and honest decision making that protects and serves the interest of the community. Good governance holds leaders and organizations accountable for their actions and decisions. It entails effective community participation; access to knowledge, information, and education; empowerment of the people; equity; sustainability; and attitudes and values that foster responsibility and tolerance.

Ask participants to discuss the concepts of governance by citing typical examples from their communities. Ask them to present their findings in a plenary, and during the plenary, write down the common definitions and key words from all presentations.

Write the eight following benefits of good governance on a card (one benefit per card). Mix the cards together and ask participants to pick and categorize each benefit according to its importance to good governance.

1. Promotes trust among the WDCs and in the community.
2. Strengthens services of the community and the stakeholders.
3. Improves decision making and the quality of decisions.
4. Connects the WDCs, community, and stakeholders.
5. Involves people in decision making and implementation of those decisions.
6. Achieves common goals as a community.
7. Holds people accountable for decisions made.
8. Ensures responsiveness, dedication, and transparency among decision makers.

In a plenary session, explain the importance and characteristics of good governance, including how a good governance structure should look. Ask participants to sketch their idea of a good governance structure on a flipchart to present to the larger group.
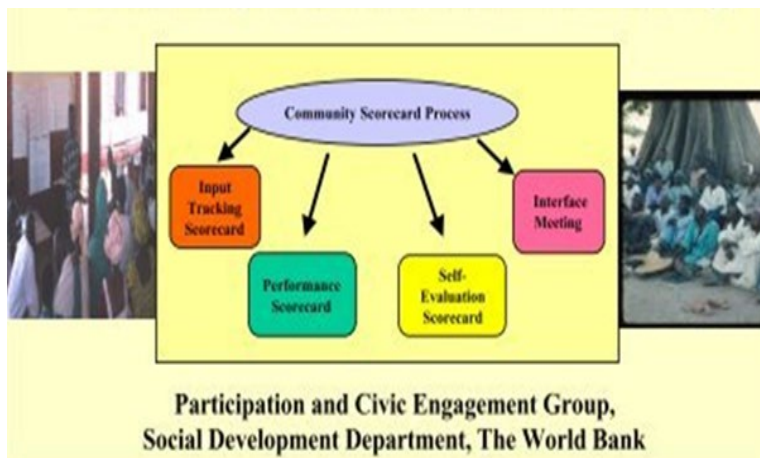
Activity: Community Scorecard

Social accountability involves citizens and communities in governance so that the decisions and actions of people and organizations in power are made public and can be questioned.

> **Social accountability** is a citizen-led action that ensures public officials and service providers fulfill their obligations to deliver public resources and services. Importantly, social accountability can influence service delivery by focusing on how efficiently and effectively services are delivered and whether they demonstrate good value for money for citizens.

Social accountability can be monitored through the use of community scorecards, a powerful tool for evaluating community services and service providers, including healthcare facilities (**Figure 8**). Citizens can use the cards to share their personal perceptions, provide encouragement for good work, or express dissatisfaction. For example, they may want improvements to health facility staffing, medicine, supplies, or infrastructure; they may need more hygiene- or nutrition-focused services; or they may have community safety concerns.

Figure 8

The Community Score Card Process

This feedback can then be used to make sustainable improvements in service quality, efficiency, and accountability. As a collaborative and ongoing participatory process, the community scorecard process seeks to strengthen mutual understanding between service providers and service users by

- Identifying how users (i.e., community members) experience services and providers.
- Establishing a feedback mechanism between users and providers.
- Ensuring informed decision making and dialogue between service providers and users.
- Tracking service and program progress and comparing performance across facilities.
- Reporting on service quality to the WDC or local government area.
- Strengthening and empowering community voices.

Ask participants to divide into groups and discuss social accountability and how it relates to service delivery. Write responses on a flipchart to be discussed with the larger group.

Activity: Sample Community Scorecard (30 Minutes)

Create a sample community score card (see example in Figure 9).

Divide participants into groups of about 8–10. Each group will serve as a community, and participants will act as community members, including women, mothers, and caregivers. Each community will develop a community score card to assess MNCH+N services provided by the local healthcare facilities.

Facilitate discussions to identify key indicators of quality MNCH+N services (e.g., access to antenatal care, skilled birth attendance, postnatal care, immunization coverage, and availability of essential medicines). Develop scorecards using these indicators and ratings based on community perceptions and experiences with healthcare services.

Community members should discuss appropriate responses to scorecard feedback, such as

- Conducting regular meetings or forums for community members and healthcare providers to review the scorecard findings together, discuss strengths and weaknesses in service delivery, and identify areas for improvement.
- Encouraging dialogue and collaboration among community members and healthcare providers to develop action plans for addressing identified gaps and enhancing service quality.
- Monitoring progress over time through follow-up assessments and adjustments to the scorecard indicators, as needed.

Figure 9

Example of Completed Community Scorecard
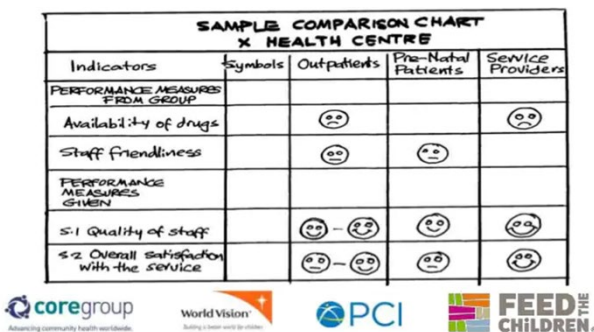
Sample Community Scorecard for MNCH+N

This community scorecard aims to assess the quality of MNCH+N services provided by your local healthcare facilities to promote accountability and improvement in service delivery. Your feedback will help us identify strengths and areas for improvement. Please rate each item below based on your experiences and perceptions of MNCH+N services. Use the following scale:

1: Poor 2: Fair 3: Good 4: Very Good 5: Excellent

Demographic Information:_____

Name of Participant: _____

Age:_____

Gender:_____

Location (Village/Town):_____

Relationship to MNCH+N (e.g., mother, caregiver, community leader):_____

Access to Antenatal Care Services:

       Availability of antenatal care appointments: [ ]

       Waiting time at the antenatal care clinic: [ ]

       Accessibility of antenatal care clinic location: [ ]

Skilled Birth Attendance:

       Availability of skilled birth attendants during delivery: [ ]

       Cleanliness and hygiene of delivery rooms: [ ]

       Availability of essential birthing supplies and equipment: [ ]

Postnatal Care Services:

       Availability of postnatal check-ups for mothers and newborns: [ ]

       Support and guidance provided during the postnatal period: [ ]

       Accessibility of postnatal care services: [ ]

Immunization Coverage:

       Availability of immunization services for infants and children: [ ]

       Knowledge and awareness of vaccination schedules: [ ]

       Accessibility of vaccination sites: [ ]

Nutritional Support for Mothers and Children:

       Availability of nutritional counseling for pregnant women and mothers: [ ]

       Access to supplementary feeding programs for malnourished children: [ ]

       Availability of micronutrient supplementation for pregnant and lactating women: [ ]

Community Health Education and Awareness:

       Availability of educational materials on MNCH+N: [ ]

       Engagement of community health workers in health education activities: [ ]

       Accessibility of MNCH+N information sessions: [ ]

Please share any additional comments, suggestions, or concerns related to MNCH+N services in your community:

The scores can be tabulated and analyzed to identify areas of strength and improvement, which can then be used to develop action plans in collaboration with healthcare providers and local authorities to address identified gaps and enhance MNCH+N services.

Activity: Accountability

Motivating community involvement in committee meetings and decision making to boost transparency and accountability in managing resources for health programs and services. Explain the importance of accountability in

- Strengthening local governance by enhancing the role of local committees in supervising development initiatives and service delivery within their jurisdictions.
- Incorporating accountability mechanisms into the operations of local committees to ensure transparency and responsiveness to community needs, particularly concerning MNCH+N.
- Establishing clear mandates for committee members to monitor and evaluate health services, distribute resources, and address community concerns.
- Encouraging communication and teamwork: Regular collaboration among healthcare providers and community members helps share important information about and adherence to priority behaviors.
- Clarifying roles and responsibilities: Everyone should know exactly what their job is, especially those in health services, resource management, and other community services.
- Building capacity in governance, monitoring, and advocacy skills to effectively champion accountability and local development.
- Training and building skills: Continuing education opportunities improve leadership, monitoring, and communication skills in the community.

> **Accountability** means that those in charge (e.g., officials and institutions) must explain their actions and decisions to the people they serve. For local groups, this means being open about what they do, listening to what the community needs, and working hard to achieve goals that help everyone.

This activity highlights the significance of accountability and reinforces participants' role in fostering transparency, responsiveness, and efficacy in local governance and service delivery.

Refer participants to page 32 of the participant's manual. Ask them to develop accountability mechanisms for the community score card they developed for MNCH+N, paying particular attention to the action steps for accountability:

- **Role review**: Look over and update the committee's roles and duties.
- **Open communication**: Set up ways to talk with health workers and people in the community.
- **Training**: Hold workshops on how to lead, keep track of things, and stand up for the community.
- **Community involvement:** Get people involved in the committee's work and decisions.

Explain that the essence of an accountability mechanism for the community scorecard on MNCH+N is to ensure transparency, responsiveness, and effectiveness in addressing community concerns and improving service delivery. Refer to the accountability framework below, which is tailored for the community scorecard:

- Hold regular meetings where committee members, health workers, and community folks discuss the scorecard results.
- Generate clear and detailed reports of the scorecard findings, and share them with everyone.
- Use the meetings to figure out what needs to get better and create action plans to do so.
- Check progress of action plans to ensure they are working and everyone is doing their part.
- Get everyone in the community involved in the planning and updates.
- Establish a feedback mechanism for people to share ideas and concerns about health services.
- Keep written records of everything (e.g., meeting notes and reports) to ensure accountability.
- Review progress regularly and make changes if needed.

By following these steps, committees can leverage community scorecard data to improve MNCH+N services in the community.

Session 2: Leadership in the Community Structure

Objectives:

- Define the concept of leadership.
- Explain the leadership role of community structure and its executives.
- Explain why communities participate in leadership and governance and why they should be held accountable.

Time: 1 hour 30 minutes.

Method: Plenary discussion.

Materials: Flipchart paper and stand (or wall for posting material), markers, ½ sheets of A4 paper or cards, masking tape, chart for workshop volunteers.

Preparation:

- Post definition of leadership and key characteristics of a leader on the wall.
- Develop 4–6 attitude or belief statements related to effective leadership. For example, "Leadership is telling people what to do," "Effective leadership demonstrates willingness to learn from others," and "A good leader is committed to working respectfully with people."
- Make three signs ("I agree," "I disagree," and "I am not sure"). Place these signs on walls or trees in different parts of the workspace.
- List executive positions within the community structure, along with their roles and responsibilities.

Activity: What is Good Leadership?

Welcome participants to the session on leadership and provide some background on this new way of thinking about leadership (i.e., everyone has the capacity to be a leader, whether male or female). Discuss the concepts below to convey the message that everyone is, has been, or can be a leader.

- Everyone develops their own personal leadership style, or their way of showing others how to achieve a certain goal. Key characteristics of a leader include flexibility, good listening, continuous knowledge seeking, wisdom, innovative and long-term thinking, creativity, awareness of time conscious, honesty, confidence to delegate, willingness to accept criticism, and trustworthiness.
- The community structure needs to be founded on the principle of transformational leadership, with leaders who have the vision and capacity to make good decisions. When thinking of leaders, we often think of men and women in political, business, or religious arenas (e.g., presidents, ministers, corporate CEOs, famous people). However, leadership can be exercised by anyone at any time and in multiple situations. In fact, we all play leadership roles in life, even if we do not think about what we do as leading.
- As someone who works in MNCH+N, you act as a leader in many situations (e.g., by modeling how to live positively, leading a support group, leading an anti-stigma campaign in your school or church, serving in a non-governmental or community-based organization).

Read aloud one of the 4–6 attitude or belief statements related to effective leadership. Ask participants to stand by the statement that best matches how they feel. For example, if they strongly agree with the statement, they should stand by the "I agree" sign; if they are unsure, they should stand somewhere near the "I am not sure" sign.

Ask participants to explain their choice. Encourage them to try to persuade others to change their minds and move to a different sign. Repeat the process for all statements.

After this activity, encourage participants to discuss the game. For example, which statements had the most agreement and disagreement? Why do people have different attitudes? To encourage even more discussion, choose the most polarizing statements and discuss people's different opinions, welcoming disagreement and allowing enough time for everyone to participate fully.

Do not move the next statement too quickly, and do not let your own attitudes influence the activity.

Summarize the session by stating that leaders help themselves and others do the right things by setting direction, building an inspiring vision, and creating something new. Leadership thus is about mapping out how to succeed as a team or organization, and as such, it is dynamic, exciting, and inspiring.

An effective leader creates an inspiring vision of the future, motivates and inspires people to engage with that vision, manages delivery of the vision, and coaches and builds a team so that it is more effective at achieving the vision. Attributes of a good leader include vision, courage, integrity, humility, strategic planning, focus, and cooperation.

Activity: What is Bad Leadership?

Poor leaders fail to inform others of decisions being made. They do not clarify important issues and are surprised when others do not understand them. They assume others share the same opinion and do not ask for feedback or are dismissive of it. They lack presence, direction, transparency, authority, listening skills, and faith.

> "It is better to lead from behind and to put others in front, especially when you celebrate victory when nice things occur." —Nelson Mandela, former president of South Africa (1994-1999), and a global leader and activist
>
> "Don't tell people how to do something. Tell them what to do and let them surprise you with the results." —Gen. George S. Patton, a U.S. Army officer best known for his leadership during World War II

Ask participants to list attributes of a bad leader to compare with the findings from their discussions about good leadership. Which do they prefer, and why?

Activity: Governance

Ask participants to brainstorm about how to structure their community governance systems. For example, they should discuss the tenure of executives, how to conduct elections, and how to evaluate feedback. Summarizes their responses and present the election of officers based on the National guideline**.**

Ask participants how local committees can invite other community structures to support and coordinate community development activities? Write the responses on a flipchart and discuss. Use the steps outlined below:

- Identify key groups. Determine which community groups are integral to the health ecosystem (e.g., women's groups, traditional birth attendants, community volunteers, village heads, and various community-based organizations).
- Update plans. Include coordination of all identified community structures in the updated community health action response plan.
- Communicate updates. Distribute the revised plan to all committees, community leaders, and identified structures.
- Organize meetings. Schedule initial meetings with at least three of the identified groups, keeping a record of contacts.
- Encourage action plans. Motivate these groups to create action plans using a simplified format of the community health action response plan.
- Share and harmonize plans. Facilitate the sharing of action plans among groups and oversee their harmonization.
- Participate actively. Ensure involvement in group meetings and activities by designating representatives to oversee the efforts.

- Document activities. Keep records of activities and feedback from other structures, and provide a simple tool for this purpose.
- Hold regular meetings. Conduct monthly meetings with key stakeholders to serve as a channel for feedback.
- Report to authorities. Submit feedback and monthly reports to the local government authority through the appropriate channels.

To coordinate efforts with a women's empowerment group:

- Link committees and women's empowerment group. Have leaders of each group connect with the women's empowerment group through sub-committees focused on gender and women empowerment.
- Attend women's empowerment group activities as much as possible.
- Incorporate feedback. Include updates from the women's empowerment group in the committee's monthly meetings to stay informed about progress and challenges.
- Maintain contact lists for gender empowerment sub-committee members.
- Include specific Coordination activities. Add coordination tasks related to the women's group in the community health action response plan under the coordination deliverable.

By following these steps, committees can effectively invite and coordinate with other community structures to enhance development activities. Refer participants to pages 44–49 in the participant's manual to review community organization structures (e.g., executive officers, sub-committees, election and inauguration processes).

Session 3: Effective Meetings

Objectives: Identify importance of holding effective meetings and elements of effective meetings.

Time: 1 hour.

Method: Brainstorming, group work, roleplay.

Materials: Flipchart paper and stand (or wall for posting material), markers, ½ sheets of A4 paper or cards, masking tape, chart for workshop volunteers.

Activity: Effective Meetings

Ask participants to describe a meeting and its functions. Write responses on a flipchart. Divide participants into groups to reflect on tasks for running efficient meetings.

A **meeting** is an event where a group of people come together to discuss things or make decisions. Meetings serve many functions by providing a space for planning and managing the progress of a project, identifying and solving problems, building relationships among members, share information and communicating with others; and using data to inform decision making.

Meetings have four primary purposes:

1. **Information sharing**. Groups get together to give updates, share research, and brainstorm new ideas. Typically, no decisions are made in an information-sharing meeting.
2. **Planning**. Participants collaborate on goals, visions, priorities, and how to complete next steps.
3. **Problem-solving.** Teams collaborate on solutions to problems by gathering data, analyzing the situation, and planning for action.
4. **Relationship building**. People build relationships with one another.

The secretary should document and compile the minutes immediately after each monthly meeting to preserve them as part of the committee's official records.

Ask participants to dramatize how typical committee meetings are usually held within the community (e.g., the strengths, weaknesses, opportunities, threats, and recommendations for improvement in subsequent monthly meetings). Observe quietly, take notes, and avoid interrupting during the roleplay.

Refer to pages 51–54 of the participants' manual on how to conduct effective meetings. At the end of the roleplay, discuss the following:

- **Meeting objectives:** Did the meeting achieve its intended purpose?
- **Attendance**: Did everyone expected attend ? If not, why? Was it a communication issue?
- **Future communication**: How can we ensure that everyone is reached and able to attend next time?
- **Follow-up**: Did you determine who is responsible for follow-up tasks and set deadlines?
- **Gather feedback**: Do you have a plan to reach out within several days of the meeting to ask those in attendance about their thoughts?
- **Meeting documentation**: How will you record meeting details, including objectives, participant count and profiles, and any significant information shared or decisions made? This documentation is crucial for transparency of committee activities and decisions.

Session 4: Reporting and Documentation

Objectives:

- Explain the importance of report writing and documentation.
- Identify good practices and tips in report writing and documentation.
- Identify what needs to be documented and how it should be done.

Time: 1 hour.

Method: Group work.

Materials: Flipchart paper and stand (or wall for posting material), markers, ½ sheets of A4 paper or cards, masking tape, chart for workshop volunteers.

Activity: Meeting Minutes

Ask participants to define what a report is and why it is important to write a report of an activity conducted. Explain the different types of reports:

- **Meeting minutes**: Detailed records of discussions and decisions made during a meeting.
- **Activity reports**: Summary of actions taken and outcomes of specific events or tasks.
- **Financial reports**: Detailed accounts of financial transactions and the financial status of the group.

Emphasize that effective meetings require accurate minutes, typically taken by the secretary, which keep track of all meeting discussions and decisions. The secretary should be well-organized and work closely with a deputy to ensure information is always accessible. In addition to the secretary as primary note taker, others can also contribute to taking notes. The secretary should maintain a dedicated notebook for all minutes and recordings of meeting proceedings.

> **Meeting minutes** are the notes taken whenever a group meets, usually recorded by the secretary, including information such as the meeting date, time, place (e.g., health center or school), title or purpose, agenda, and activities, as well as the names of members present and absent, what was talked about, the status of assignments and projects, information about decisions made (e.g., who is responsible for carrying out the decisions and by what date), and future tasks and plans.

Ask participants to think of an activity they have conducted as a committee and write a report on it, to be presented in a plenary discussion guided by the facilitator. Refer to the Participants' manual (page 47) for a sample of activity reporting and meeting minutes template.

Session 5: Data for Decision Making and Collective Action

Objectives:

- Explain the importance of tracking and interpreting health data.
- Learn to use the community information board with program data for decision making.
- Identify what activities are essential to monitor (based on community action plans).
- Determine how the community information board is to be updated and by whom.
- Learn to use a monitoring tool for supportive supervision.

Time: 45 minutes.

Materials: Flipchart, colored papers, markers, masking tape.

Preparation: Prepare samples of the community information board.

Activity: Importance of Data

Ask participants to do the following:

- Discuss why data is important to them and give a scenario where they have collected data and how it was collected.
- Identify who usually collects and uses MNCH+N program data.
- Identify any times the community gathered and used information regularly.

Activity: Community Information Board

After explaining the community information board and reviewing the sample community information board in their manual on page 44, ask participants to share some advantages of regularly collecting and analyzing community program data. Explain the various indicators (listed below) on the community information board and where such data can be collected.

Organize participants into three groups and have them play the role of members of a community action group. Assign each group the following tasks:

- What needs to be monitored regularly to show progress (or lack thereof) to community members? For instance, what does it mean if 15% of women attend antenatal care. Is that good or bad?
- What are some advantages of sharing core program data with community members?
- How can the community action group support the use of the community information board in their projects?

Community Health Information Board Indicators
1. Number of children born.
2. Number of children registered at birth.
3. Number of children under 1 year old who received first dose oral poliomyelitis vaccine at birth.
4. Number of children under 5 years old who received Penta 3.
5. Number of children not gaining weight.
6. Number of orphans.
7. Number of boys and girls attending primary school.
8. Number of households using long-lasting, insecticide-treated nets.
9. Number of households with latrines.
10. Number of functional improvements to community water sources.
11. Number of pregnant women attending an antenatal clinic.
12. Number of women who died during pregnancy or within 6 weeks of delivery.
13. Number of children who died within 1 month of birth.
14. Number of children who died before 5 years of age.
15. Number of community dialogue sessions held.
16. Number of village development association meetings held.

In addition to the community information board, other monitoring tools used by the local government area officials and community teams include Supportive Supervision Visit (SSV) tool and national

reporting register. Share copies of these with the participants and review them together, discussing why they are important and how to use them.

Session 6: Conflict Prevention, Management, and Resolution

Objectives:

- Define conflict.
- Identify sources and causes of conflicts.
- Discuss ways of preventing, resolving, and managing conflicts.
- Discuss roles in managing conflicts.

Time: 45 minutes.

Materials: Flipchart, colored paper, markers, masking tape.

Preparation: Prepare samples of the community information board.

Activity: Discussion

Help groups identify and discuss personal and community conflicts. Use their responses to guide the discussion on conflict.

Conflict may occur between people or within groups in all kinds of situations. Due to the wide range of differences among people, a lack of conflict may signal the absence of effective interactions. Conflict should not be considered good or bad. Instead, it may be viewed as a necessity to help build meaningful relationships between people and groups.

Conflict management can improve or hinder productivity. For example, two volunteers may disagree on the use of funds to construct a borehole in their community, or two communities may disagree on where to house a health facility.

Activity: Sources of Conflict

Many things can bring about conflict in our communities, such as differences in language, culture, gender, and geographical location. Discuss these various causes, categorized below into four categories:

- **Communication problems:** Poor listening and poor communication can result in miscommunication. For example, if a chairperson of the health committee asks why they are not following up on important issues, the members may misinterpret the question as an accusation (e.g., "Why are you not serious about following up on this important issue?")
- **Lack of transparency and openness:** When information is hidden or suspected of being hidden, people may become suspicious and upset. Topics involving money and ingratitude are particularly vulnerable to this kind of conflict, especially if information is known only to a few people. People may start asking questions or seeking information from the wrong people, leading to conflict and accusations.

- **Power dominance issues:** Feeling of oppression can cause conflict. For example, if the adult children in a family feel they have no choice in future plans and must instead follow their parents' decisions, they may feel their rights are violated.
- **Perceived or real injustice:** People may feel cheated if they are not acknowledged for their contributions to the success of a program. When a few people take all the glory or genuinely forget to acknowledge some people, it can result in conflict.

Other causes of conflict include differences in information, perceptions, or opinions about the same information; differences in values, beliefs, and roles; perceived scarcity of resources; competitiveness; self-centeredness; counter-dependence; lack of trust; and fear.

Session 7: Conflict Resolution and Management

Objectives:

Time: 45 minutes

Materials: Flipchart, colored paper, markers, masking tape

Preparation: Prepare conflict situation and samples of the community information board.

Activity: Review Definition of Conflict Management

> Conflict management is the process of reducing adverse and increasing positive outcomes. Leaders must use conflict management skills to provide direction and guidance towards a resolution.

Hand out sheets of colored paper. Describe a conflict community members might face, such as disagreement over how to provide resources to the primary health center.

Ask participants to sketch out this situation on the right-hand side of the page, including who is involved in the conflict, what is happening, and where. Label this "Picture 5."

Ask participants to make another drawing on the left-hand side of the page showing how this conflict started. For example, they could demonstrate a conflict regarding how to mobilize resources for the primary health center. Label this "Picture 1."

Encourage participants to think about the events that might have led to the situation in Picture 5. Ask them to fill the gap in the story by drawing Pictures 2, 3, and 4.

Starting with Picture 1, encourage participants to identify the choices each person made in each picture and how they led to the next stage in the story. Ask them to write those factors below each picture so that the conflict is fully explained. Encourage participants to discuss what their story shows. For example, who has power during each step of the story?

Refer to the Participants' manual (page 47), Skills Needed to Successfully Resolve Conflicts.

Activity: Communication Problems

Ask participants the following questions:

- When you got home yesterday, what information did you give to your wife, spouse, or other household member?
- Before you left, how much information did you share about where you were going and what you were going to do?

The answers to these questions can reveal how little information we give people. We often do this unconsciously because our culture and upbringing teach us to keep information to ourselves. Yet, sharing information allows everyone to know what is expected of them.

Activity: Transparency and Openness

To solve problems quickly, do not ignore them. As soon as you notice a problem, talk about it. Find solutions by looking at the problem critically and analyzing the root causes of the problem.

Ask participants to draw a problem tree, with roots illustrating the underlying causes. Explain the importance of identifying and acknowledging the problem and its underlying causes, addressing concerns and translating those concerns into actions, and managing any associated stress.

Activity: Power Dynamics Role Play

Divide participants into small groups of 4–5 members each. Assign each group member a role: a chairperson, a vice chairperson, a secretary, and the rest as ordinary members. Provide a scenario or allow each group to create their own scenario involving a power dominance issue within a committee. For example, the chairperson may dominate discussions and dismiss input from other members. Instruct groups to enact the scenario, focusing on the communication dynamics and power struggles among the roles.

After each role play, facilitate a discussion:

- What power dynamics did you observe within the scenario?
- How did communication contribute to or mitigate power imbalances?
- Were all voices heard and respected? Why or why not?

Encourage participants to reflect on their own experiences with power dynamics within the committee and how they can relate to the scenario. Introduce problem-solving strategies to address the power imbalance, such as

- Establishing ground rules for discussions or rotating leadership roles.
- Promoting equity and ensuring all members have equal opportunities to participate and contribute.
- Encouraging members to identify specific actions to address power dominance issues.

Have participants develop an action plan for implementing these problem-solving strategies. Assign members to various roles and responsibilities for implementing the action plan. Emphasize the importance of accountability and regular evaluation of progress in achieving the goal of improving power dynamics.

Activity: Justice and Fair Play

Explain the objective of the exercise: to foster recognition and fairness within the committee. Emphasize the importance of acknowledging contributions from all members and addressing grievances or feelings of unfair treatment.

Divide participants into small groups, and ask each group to brainstorm and write the following on sticky notes:

- Specific contributions made by committee members.
- Ways to recognize and appreciate these contributions.

Ask each group to present their ideas and discuss ways to encourage recognition within the committee.

Activity: Scenario Analysis

Give participants scenarios involving a lack of recognition or unfair treatment of a committee member. Alternatively, allow each group to create their own scenario based on their experiences. Instruct groups to analyze the scenario, focusing on communication breakdowns and problem-solving approaches. Encourage groups to identify:

- Key communication challenges contributing to the lack of recognition or fairness.
- Potential solutions or actions to address grievances and promote fairness.

Assign scenario roles to each group member. Facilitate role-play sessions, allowing groups to explore communication dynamics and problem-solving strategies. After each role-play, facilitate a discussion on the following:

- What communication challenges were evident in the scenario?
- How did the group address grievances or feelings of unfair treatment?
- What alternative approaches could have been taken?

Activity: Problem-Solving Strategies

Introduce the following problem-solving strategies to address grievances and promote fairness within the committee:

- Open dialogue for members to express concerns and feelings.
- Active listening and empathy in understanding others' perspectives.
- Mediation or conflict resolution techniques to resolve disputes and promote fairness.

Instruct participants to develop an action plan and then assign roles and responsibilities for implementing it. Encourage them to incorporate problem-solving strategies and communication skills into their plan.

Summarize key learnings from the exercise, emphasizing the importance of effective communication and problem solving in promoting recognition and fairness within the committee. Encourage participants to apply the skills and strategies learned to create a more inclusive and equitable environment within their committee.

Activity: Other Causes of Conflict

This activity aims to equip participants with skills to address conflicts arising from various sources (e.g., miscommunication, resource scarcity, competitiveness, and stress). Emphasize the importance of effective communication, problem-solving, and stress management in conflict resolution, focusing on the following:

- Miscommunication

    o Present scenarios or case studies highlighting differences in information, perception, values, and beliefs within the committee.
    o Instruct participants to identify potential communication challenges and discuss strategies to navigate these differences effectively.
    o Emphasize the importance of active listening, empathy, and clear communication in understanding and respecting diverse viewpoints.

- Scarcity of resources, competitiveness, and self-centeredness

    o Introduce scenarios depicting role conflicts related to scarcity of resources, competitiveness, and self-centeredness within the committee.
    o Divide participants into small groups, and assign each group a scenario to analyze.
    o Instruct groups to brainstorm potential solutions and problem-solving techniques to address the conflicts presented in their scenario.
    o Facilitate group discussions to share insights and strategies for resolving conflicts effectively.

- Stress

    o Discuss common sources of stress within the committee, such as fear, lack of trust, and counter-dependence.
    o Introduce stress management techniques, such as deep breathing, mindfulness, and positive self-talk.
    o Lead participants through a brief relaxation exercise or meditation to practice stress management strategies firsthand.

- Committee conflict
    - Assign roles for each group member to enact conflict scenarios within the committee.
    - Facilitate role plays, allowing groups to practice communication, problem-solving, and stress management skills to address conflicts.
    - After each role-play, facilitate a debriefing session to discuss the effectiveness of communication, problem-solving, and stress management strategies employed by each group.
    - Identify strengths and areas for improvement in conflict resolution approaches.
- Action planning
    - Instruct participants to develop an action plan for applying the skills and strategies learned to address conflicts within their committee.
    - Assign roles and responsibilities for implementing the action plan, including regular evaluation and feedback mechanisms.

Summarize key learnings from the exercise, reviewing the conflict resolution steps below and in **Table 4**, emphasizing the importance of communication, problem-solving, and stress management. Encourage participants to apply the skills and strategies learned to promote a more collaborative and harmonious environment within their committee.

Facilitating Conflict Resolution

1. Summarize the disagreement. Be objective and focus on issues, not personalities. List points of conflict. If possible, reduce these points to sub-points that are easier to address.
2. Confirm accuracy. Ask for confirmation or correction, which encourages individuals to take ownership and may help resolve the conflict without further intervention on your part.
3. Establish the last points of agreement, which focuses individuals and the group on the issue in dispute.
4. Create a shared vision. Have each side express their desired goals, objectives, or visions. It may be helpful to keep asking, "Why do you want..?" Try to stimulate self-knowledge and knowledge of others' ambitions, motives, and attitudes. Have each side identify common goals or a shared vision.
5. Generate possible solutions. Use brainstorming or other techniques. It may be necessary to bring in a third party to reach a solution.
6. Get agreement to implement and assess a solution. Ask disputants to collaborate or compromise on a solution. Explore how they will know whether the solution is successful.

By understanding and addressing the root causes of conflicts and by employing strategies to prevent, resolve, and manage them, committees can maintain harmony and cooperation within the community.

Table 4

Strategies for Dealing with Conflict

STRATEGY	APPROPRIATE WHEN…	INAPPROPRIATE WHEN…
Avoiding	The issue is relatively unimportant, or the potential damage of confrontation outweighs the benefits of resolution.	Deferring the issue may lead to more critical issues.
Accommodating	The issue is much more important to one side than the other, and there is an opportunity to demonstrate goodwill.	Commitment is required but not possible or when input is required for an effective outcome.
Forcing	Quick, decisive action is vital to implement an unpopular choice for which commitment is not required.	The cost of forcing this issue outweighs the benefits of one side getting its way.
Compromising	Goals are mutually exclusive.	The result does not satisfy anyone.
Collaborating	It is necessary to work through hard feelings, when different perspectives could lead to a superior solution, or when commitment to the solution is important.	Time is urgent.

Module 2: Resource Mobilization and Financial Management

Session 1: Resource Mobilization

Objectives:

- Understand the purpose and key elements of resource mobilization.
- Understand why it is important for committees to develop a resource mobilization plan.
- Learn how to develop a resource mobilization plan.

Time: 1 hour.

Method: Group discussion, plenary, and practical sessions.

Materials: Flipchart paper and stand (or wall for posting material), markers, ½ sheets of A4 paper or cards, masking tape, chart for workshop volunteers.

Preparation: Drawing of draft resource mobilization plan (Table 5), pasted on the wall.

Table 5
WDC Resource Mobilization Template

ACTIVITY/ PROGRAM	RESOURCES REQUIRED (WHAT KIND OF RESOURCE IS THIS?)	RESOURCE GAPS		RESOURCE SOURCES/ COMMUNITY CONTRIBUTION (HOW CAN WE SOURCE THIS?)	TIMELINE	TREASURER SIGNATURE	SECRETARY SIGNATURE	CHAIRPERSON SIGNATURE
		What do we have?	What do we need?					

Activity: Resource Mobilization

Ask participants to define resource mobilization. Note responses on a flipchart. Read and explain the definition of resource mobilization.

> Resource mobilization refers to all activities involved in securing new and additional resources for your organization. It also involves making better use of and maximizing existing resources.

Resource mobilization includes various forms of self-generated income, such as community contributions and fees for services. It also includes obtaining financial support from the local government, state government, the corporate sector, trusts, and foundations, as well as from the public.

Non-financial resources can also be mobilized to accomplish the organization's plans and activities such as land, buildings, motor vehicles, and equipment.

Activity: Small Group Discussion on Resource Mobilization

Divide participants into their groups for a 20-minute discussion. Assign each group the following question:

- Group 1: What is the aim of resource mobilization?
- Group 2: How can committee raise income and other resources to implement their community action plan?
- Group 3: Without any external or government funding, how can the committee continue to do their work in their communities?
- Group 4: What types of resources are available? What does local resource mobilization mean?

In plenary, ask each group to share their findings (3–4 minutes for each group). Explain the following points on resource mobilization:

Resource mobilization refers to the activities undertaken by committees to obtain the financial and other resources needed to achieve its objectives. This process involves identifying potential sources of funding and support from community members or other influential individuals, self-generated income, the government, and so on. Resource mobilization is an essential part of the localization movement, which aims to empower communities to participate in, influence, and make decisions on policies that affect them.

Types of resource mobilization include **local and external resources**. **Local resources** are any contributions from within the local community that assist in implementing an activity, project, or program. They include a wide range of financial and non-financial contributions from local citizens, institutions, organizations, businesses, and government authorities. **External resource** mobilization includes various forms of self-generated income, such as community contributions, fees for services, and sales of publications. It also includes obtaining support from the national government, the corporate sector, trusts, and foundations, as well as from the public. Resources include

- **Human Resources:** Local teachers, facilitators, community volunteers, local teachers, influential personalities, and others can offer indigenous and cultural knowledge, technical skills, intellectual expertise, labor, public relations, and so on.
- **Organizational Resources:** Government commitment and institutional support from both government and non-governmental organizations is another category of local resources.
- **Infrastructural Resources:** Local buildings or spaces, community land, vehicles for community use, physical environments, public facilities, transportation, and communication all serve as resources.
- **Financial Resources:** Cash or other funds raised through community efforts or received through donations or in the form of grants represent an important resource.

Resource mobilization is crucial for several reasons:

- **Funding development projects,** such as securing the necessary funds to implement development projects and initiatives that enhance community well-being (e.g., infrastructure improvements and social welfare programs).
- **Addressing community needs**, including priorities identified by the community (e.g., improving access to healthcare, education, clean water, sanitation facilities, and other essential services).
- **Promoting local empowerment** to take ownership of its development agenda. By actively participating in fundraising efforts and securing resources, community members become more invested in local projects and initiatives, leading to greater sustainability and impact.
- **Enhancing collaboration** by engaging with various stakeholders, including government and non-governmental agencies, private-sector entities, and community members. This process helps to address community needs more effectively by leveraging diverse resources and expertise.
- **Building resilience** through investments in projects and programs that strengthen infrastructure, livelihoods, and social support systems to help communities withstand and recover from natural disasters, economic shocks, and other challenges.
- **Fostering accountability** by mobilizing resources transparently and effectively and demonstrating commitment to accountability and good governance. Accountability builds trust and confidence among community members, donors, and other stakeholders, leading to increased support for future initiatives.

Resource mobilization is vital for driving local development, empowering communities, and improving residents' quality of life. It transforms community aspirations into concrete actions and outcomes, contributing to sustainable and inclusive development.

Activity: Why Create a Resource Mobilization Plan (1 Hour)

In a plenary, ask participants, "What are the challenges of resource mobilization?" Write responses on a flipchart. Choose a participant to read the following points aloud and then explain each point.

A resource mobilization plan is essential for any organization to achieve its goals. It outlines how resources will be obtained, allocated, and utilized to achieve the desired outcomes.

A resource mobilization plan …

- Helps ensure the necessary resources to succeed.
- Helps identify, secure, and manage financial and material resources to achieve goals.
- Helps identify concrete funding goals and steps to achieve them in an organized way.
- Maintains focus on the goal by clarifying priorities and funding targets, making it less likely to choose inappropriate resources that are not aligned with the mission.
- Helps identify appropriate funding sources by enabling promoting research on potential donors, grants, and other resources to support the work and mission.

Creating a resource mobilization plan requires strategic planning for how to sustain the mission over time. It thus leads to more targeted, effective, and sustainable resource acquisition.

Activity: Challenges of Resource Mobilization

Several issues can block progress of a resource mobilization plan:

- Limited funding sources.
- Lack of skilled personnel.
- Bureaucratic procedures.
- Political instability.

Overcoming these challenges requires strategic planning, effective communication, and collaboration among stakeholders.

Ask participants to develop a plan or strategy for resource mobilization that can lead to creative efforts using their own local assets to gain support. Review the steps involved in developing a resource mobilization plan.

- **Step 1**: Identify the activity or program in need of resources and exactly what the resources are needed for (e.g., mobilizing resources to conduct community sensitization on the importance of immunization for children under 5 years old).
- **Step 2**: List all resources required, including local and external resources, to carry out the planned activity (e.g., funds, materials, equipment, volunteers). For example, for the community sensitization event, the resources needed include people (community health volunteers to mobilize community members and inform them about the event), materials (fliers, posters, and banners to spread the message) and funds (to purchase refreshments for attendees and transport for volunteers).
- **Step 3:** Determine existing resources that can be used and focus mobilization efforts on obtaining additional needs. For example, if volunteers and basic information materials are already available, focus on raising NGN5,000 in funding for refreshments and transport.
- **Step 4**: Determine where to get resource, such as who to ask (e.g., potential donors, sponsors, partners). For example, local businesses, non-governmental organizations, and philanthropists may want to provide funds for refreshments and transport.
- **Step 5**: Identify intended contributors to approach for these resources (e.g., women's groups, community leaders).
- **Step 6**: Decide when to mobilize resources. Set a timeline based on resources will be needed. For example, begin mobilizing resources about 1 month before the event date to allow time to secure funds and materials.

Mobilizing resources requires thorough planning and advocacy to ensure a successful community event. Note that multiple funding sources can increase independence and flexibility in implementing programs and reducing reliance on external (or foreign) funding.

Based on the challenges identified, participants should go back to their groups and create a simple resource mobilization plan using the simple format in **Table 6**:

Table 6

WDC Resource Mobilization Template

ACTIVITY/ PROGRAMME	RESOURCES REQUIRED (WHAT KIND OF RESOURCE IS THIS?)	RESOURCE GAPS		RESOURCE SOURCES/ COMMUNITY CONTRIBUTION (HOW CAN WE SOURCE THIS?)	TIMELINE	TREASURER SIGNATURE	SECRETARY SIGNATURE	CHAIRPERSON SIGNATURE
		What do we have?	What do we need?					

Inform participants that a review of the resource mobilization plan is necessary after implementation of the CHARP. As they develop the plan, instruct participants to reflect on the following questions:

- What is the resource for?
- What kind of resource is needed (material, human or financial)?
- When will the resource be used?
- What are the resource gaps and why are they important to identify?
- Who can help raise resources (i.e., identify community members or organizations to approach for financial, human, or material resources, including as much information as possible about fundraising and other activities)?
- How will each aspect of the strategy be implemented?
- What is the timing of resource mobilization activities, and who will help achieve each?
- What methods will be used to mobilize resources from the identified sources, and how much of the resource can be attained using each method?

Close the session by explaining how mobilizing local resources to support projects benefits the WDC and local contributors in several ways:

- **Instills sense of community ownership**: By contributing their time and resources, citizens, institutions, businesses, and others can assume greater ownership of activities that directly contribute to positive development of their communities. The sense of ownership generates pride and accomplishment in knowing they helped make their community a better place to live.
- **Builds social capital**: Social capital refers to the value of social networks and increased willingness of individuals and organizations to help one another because of these relationships. By seeking local support, WDCs are more likely to build long-term relationships with other institutions and organizations. These relationships contribute to the community's social capital and provide a better base for future work.

- **Promotes sustainable solutions**: Mobilizing local resources increases the sustainability of community initiatives. As relationships and communication between WDCs and supporters develop, future support is more likely. As community members with long-term interests in community projects, local supporters are more likely than external donors to continue supporting initiatives.
- **Fosters independence**: Raising resources locally increases independence and flexibility.

Activity: Roles and Responsibilities of Resource Mobilization Committee

The resource mobilization team is a sub-committee responsible for planning, implementing, and evaluating strategies to gather resources. It should have at least five members and is ideally led by an executive committee member. This sub-committee organizes activities for fundraising, identifies individuals in the community that can give support or donations, documents all donations, reports on all monetary or non-monetary funds at committee meetings, and writes thank-you notes to donors and contributors.

Session 2: What is Financial Management?

Objectives:

- Explain why financial management is important for a committee.
- Make better decisions using simple bookkeeping for resource allocation, fundraising, and mobilizing funds.
- Use simple basic financial management tools.
- Define who is responsible for financial documentation and management within the committee.

Time: 1 hour.

Methods: Group work, demonstration, practical sessions.

Materials: Flipchart paper and stand (or wall for posting material), markers, ½ sheets of A4 paper or cards, chart for workshop volunteers, masking tape, samples of financial records and forms, rulers, copies of three different record forms (Form 1: Funds received, Form 2: Budget template, and Form 3: Finance records).

Activity: Bookkeeping

Divide participants into smaller groups and ask them to write their responses to the following questions on blank flipcharts:

- What is bookkeeping?
- Why do WDCs need to do good bookkeeping?

Ask participants to nominate someone to present what they have written on the flipchart. Summarize the following points:

- Bookkeeping requires writing down all money that comes in and all money that goes out.
- Bookkeeping involves financial management, analyzing financial performance, identifying ways to use resources efficiently, and finding creative means to generate additional resources.

Review the following questions and answers:

- Why do we need to do good bookkeeping?
    - To ensure transparency and accountability.
    - To attracts future grants and donations.
    - To match available resources to planned activities.
    - To ensure effective teamwork.
    - To create interdependent activities and systems.
    - To ensure good communication between financial and program staff.
    - To monitor the efficiency of resource use.
    - To identify ways to reduce and recover costs.
    - To develop, monitor, update, and report on the operational budget.
    - To identify ways to finance new initiatives.
    - To track resource use trends, determine future budget requirements, project cash needs, and forecast financial growth.
    - To develop long-term financial plans to meet future resource needs.
    - To manage and invest in future resources to make them profitable.
    - To lower or prevent major financial risks.

- What are instruments to consider in financial management?
    - Budget.
    - A dedicated bank book.
    - Cashbook.
    - Ledger.
    - Receipts.

- How can financial management be achieved?
    - By providing adequate information about the organization's income and expenditure.
    - By providing financial reports that are accurate, clear, complete, timely, and coordinated with program reports.
    - By providing an integrated organizational budget that reflects incomes and expenditures from all sources.
    - By conducting regular reviews and updates of the system.

Ask participants to define a financial plan and budget. Write responses on a flipchart. Discuss and explain the following:

- A **financial plan** enables a committee to know how much money they need, how much money they have at any one time, and how much they have spent or will need to spend. It provides

control over financial affairs and makes people accountable. Usually, a treasurer works with other executives to develop a financial management system and ensure the system runs correctly.

- A simple **budget** includes the activity to be done, the type of material needed, the quantity or amount needed, and the unit cost.

Ask participants how the committee maintains financial records? Write responses on a flipchart. Explain the three forms (below) and distribute copies of each.

- Form 1: Funds Received: This form records any funds or donations received. It is important to properly track all incoming funds to account for them accurately. The form includes fields for the date funds were received, the source of the funds (e.g., donor name), the amount of funds, and the total for the month.
- Form 2: Budget Template: This template helps allocate funds to each activity and records and monitors the amount needed for each item or service required. It encourages adherence to the budget and ensures everything is accounted for. It includes the following:
  - Name of activity.
  - Materials needed to execute activity (item descriptions).
  - Quantity of item needed (e.g., 3 tables for an event).
  - Unit cost (if cost to rent one table is NGN 100, the unit cost is NGN 100).
  - Total cost, calculated by multiplying quantity by unit cost. For example, for 3 tables at a unit cost of NGN 100, the total cost is 3 X NGN 100 = NGN 300.
- Form 3: Finance records. This form tracks income, expenses, and cash balances over time. It records details of money received, money spent, transfers made, and ending balance. Maintaining accurate and up-to-date finance records makes it easier to produce financial reports, file taxes, and demonstrate accountability.

Ask a participant to read the following scenario aloud:

The Committee BAKESO is working towards implementing community collective actions to address reproductive health and MNCH+N services. Recently, the WDC received a generous donation of N50,000 from a philanthropist in their community through advocacy based on their resource mobilization plan. The treasurer recorded the amount received in the funds records register to track the inflow and outflow of money and then deposited the money into the committee's bank account. The receipt was submitted for recordkeeping.

The chairperson called for a meeting to select a community health activity to spend the money on. They agreed to use the money to procure bed sheets and mattresses for the delivery ward of the health facility. With help from the treasurer, they developed a N35,000 budget to cover transportation, communication, and purchases of bedsheet and mattresses.

Three individuals were nominated to purchase these items and report back with evidence of procurements and receipts. On an agreed date, the materials were delivered to the health facility for

use by pregnant women in the community. The officer in charge of the health facility signed the financial records book to indicate receipt of the items.

At the end of the month, after all activities were completed, the chairperson asked the treasurer to prepare a financial report detailing the expenses and remaining balance to monitor spending. This report was submitted to the chairperson for a signature before presenting it at the monthly community meeting.

Thanks to the donation and meticulous expense tracking, the committee successfully achieved its goals and enhanced its support for reproductive health and MNCH+N services within the community.

Divide participants into four groups, and ask each group to use the above scenario to complete the following forms:

FUNDS RECEIVED					
S/N	Date	Name	Materials/in-kind support	Amount received	Name & Signature of committee members receiving
1.					
Total for the month					

BUDGET TEMPLATE				
Activity	Material	Quantity Material Needed	Unit Cost	Total

FINANCE RECORD							
Date of Activity	Money Received	Money Spent	Balance Cash	Balance At Bank	Chairperson Signature	Treasurer Signature	Signature of Person Receiving

Module 3: Promoting Positive Gender and Social Norms in MNCH+N

Session 1: Gender Values Clarification

Objective: To clarify the participants' own value systems with regard to men's role in reproductive health.

Time: 1 hour.

Method: Role play, brainstorming.

Materials: Four forced-choice signs (see preparation below), flipchart paper, markers.

Preparation: In large letters, print each of the following titles on cards (or pieces of paper), one title per card: "Strongly Agree," "Agree," "Disagree," and "Strongly Disagree." Display the signs around the room, leaving enough space between them to allow a group of participants to stand near each one.

Activity: Game

Start by discussing what it means to be a man or a woman. Explain that gender roles are defined as society's expectations of people based upon their gender. Ask participants to give some examples of how men and women are treated differently.

This game will demonstrate participants' feelings about different statements. Participants should feel comfortable to act upon their own feelings and not those of the group. Remind everyone to respect others' opinions.

After reading each statement below, ask participants to stand next to the sign that most closely represents their opinion. Once participants have made their decision, ask them to why they feel the way they do. If all participants seem to agree with one another on a particular statement, offer a different perspective.

Gender Statements:

- Men must make all decisions at the community level.
- It is women's duty to remain in the home.
- Women should have the same rights as men in Nigeria.
- Men are smarter than women.
- Decisions about the community should be jointly made by men, women, boys, and girls.

Which statements, if any, did you find challenging to form an opinion about? Why? How did it feel to express an opinion that was different from that of other participants? How do you think our attitudes about some of the statements may affect how planning happens in the community? Summarize the activity and responses to the discussion questions.

Session 2: Cultures Change, Changing Culture

Objective:

- Examine cultural changes in their lifetimes.
- Explore differences between respecting culture and changing culture.
- Discuss when and how to appropriately nudge changes in social and cultural norms.

Activity: Gender Beliefs

> **Sex** is the classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics including chromosomes, hormones, internal reproductive organs, and genitalia.
>
> **Gender** describes certain attitudes, roles, and responsibilities assigned through a social process to males and females that can result in different opportunities and behavior for both men and women. Gender is determined by society and influenced by cultural, economic, political, and environmental factors. It also varies within and between societies.

It is a common belief that cultural change is difficult or impossible to effect in community work. However, behavioral norms do change over time for communities and societies. This activity aims to explore how to contribute to discussions and activities that explore cultural norms while respecting and preserving traditions that work well for everyone. It also explores ways to adapt or discontinue practices that are harmful and limiting to men and boys and to women and girls.

Introduce the activity by asking participants to take some time to reflect on how things have changed since they were children. What has remained the same? What has changed? For example, who remembers a time when cell phones were not commonplace? What do children do differently today versus when participants were children? Allow 20 minutes for discussion.

- Have participants form small groups of 4–5 people (if not already in small groups).
- As each group to take about 5 minutes to talk about life when they were children and how things have changed in their communities.

Label a piece of flipchart paper with two columns as follows:

BOYS THEN	BOYS NOW

Ask participants to think specifically about things that boys were not allowed to do or were discouraged from doing when they were children (e.g., cooking). Write them in the column on the left. Ask if that limitation has changed or remained the same, and write "same" or "changed" accordingly in the right-

hand column. Similarly, ask if there were things boys were allowed or encouraged to do (e.g., rough play), and put them on the list along with whether things have remained the same or changed.

Label a second sheet of flipchart paper as follows:

GIRLS THEN	GIRLS NOW

Repeat the same exercise for girls. Note and differences between boys and girls and what, if any, changes have occurred since. Allow 15 minutes for the activity.

Repeat the exercise for adults using a third sheet of paper (see below). Ask participants to identify things that men now do that only women did when they were children, as well as things women do now that only men did before.

MEN THEN	MEN NOW

WOMEN THEN	WOMEN NOW

Facilitate a large group discussion for 15 minutes. Ask for highlights from each group. Ask the following questions:

- Did you see many changes from when you were children?
- Were some of these changes things you would consider positive changes that open up more possibilities and opportunities for men and women, boys and girls?
- Were some of these changes things you would not consider healthy or positive changes? Were valuable traditions lost, in your opinion? Did anyone lose opportunities, and if so, who?

Summarize some of the discussion, explaining (if relevant) how culture is sometimes treated as static and unchanging and tradition as something that must always be respected. Show how this activity demonstrates that cultures do change, sometimes quickly and sometimes slowly, sometimes for the better and sometimes at the expense of losing valuable traditions. In this way, culture is like a river, always moving, always changing. It never stands still.

Ask the following:

- What does it mean to respect culture? In our work, how can we know when to respect culture and when to encourage change?
- How can we encourage communities to preserve beneficial traditions?

- What are some traditions that are difficult to respect? (If none are mentioned, perhaps mention female genital cutting as an example).
- How do we handle challenging issues and support positive changes to harmful traditions?

Explain that the purpose of this activity was to introduce participants to gender issues that will arise at every stage of a community action cycle. Ask participants to explain the difference between sex and gender.

Session 3: Always, Sometimes, Never

Objectives: To explore ways to identify community participatory behaviors that are easier or harder to change.

Time: 1 hour.

Method: Small group work, large group discussion.

Materials: Flipchart, markers, masking tape, behavior cards.

Activity: Always, Sometimes, Never

Ask participants to look at both of their hands. Explain that hands are the same, yet their position and function in relation to the body are not neutral. Around the world, despite enormous cultural variability, the left and right hands are viewed and valued differently. Mention phrases such as "left-handed compliment," "right-hand man," and how the word "sinister" derives from the Latin word for left. These biases, which are not unique to English, reflect and reinforce this differential valuation.

Similarly with gender, what is considered feminine or masculine reflects power and hierarchy. This insight is essential to understand how gender inequality and restrictive gender norms lead to inequities in health and how persistent these disparities can be.

Next, introduce the activity. Tell participants to think about the people in their communities. Have them form small groups of 4–5 people, and give each group a packet of behavior cards. Explain that there are behaviors listed on the cards:

1. Attend community meetings.
2. Speak at community meetings.
3. Shout or get visibly angry.
4. Decide how money is spent on community projects.
5. Talk to the opposite sex that is not your spouse.
6. Express concerns.
7. Have control over property and resources.
8. Make decisions that will impact the community.

Ask participants to take a piece of flipchart paper and make four columns, writing "Always," "Sometimes," and "Never" on the top as follows:

	ALWAYS	SOMETIMES	NEVER
Give birth	Women		Men
Attend community meetings			

Encourage participants to add additional behaviors specific to their community or project, if you wish.

Facilitate a large group discussion (15 minutes). Ask groups to share a few of the behaviors, how they categorized them, and whether it was easy or difficult for the group to agree. Using an SBC lens, which types of behaviors would be the hardest to change (e.g., the ones that are always, sometimes or never)?

Explain that it is usually more challenging to promote change in the "always" and "never" behaviors. In many cases, these behaviors may be associated with strong social and cultural norms. To effectively promote change, it typically works best to start with the middle column: promoting an increase or decrease in a behavior that is already familiar and practiced by some women or men in the community. These behaviors are likely more feasible and acceptable in the community.

Session 4: Justice (*Adalci)* and Fairness (*Kyautatawa)* to Overcome Gender Inequality

Objective: To gain insight into how to apply the concepts of *adalci* and *kyautatawa* to help overcome gender inequalities in the community.

Time: 1 hour.

Method: Roleplay, brainstorming.

Materials: Flipchart paper, markers.

Preparation: Draw a blank table that the groups will fill out on a flipchart paper.

Activity: Justice (*Adalci)* and Fairness (*Kyautatawa)*

Explain that *Adalci* is a Hausa/Arabic word that means justice or equality between people, and *Kyautatawa* means ensuring fairness and justice. These values are widely accepted and help guide day-to-day interactions in community and family settings in northern Nigeria, where they are largely defined by religious and traditional laws and norms. Modern secular influences and common law also affect community perceptions of fairness and justice.

The concept of *Adalci* provides a culturally appropriate, overarching framework for Breakthrough ACTION-Nigeria's strategic gender approaches in northern Nigeria to achieve the project's gender objectives, gender equality, and sustained healthy behaviors. Religious and traditional leaders are well-

positioned to engage influential women and men, organizations, communities, families, and heads of households to promote *Adalci* as a way to improve public health.

Breakthrough ACTION-Nigeria's SBC advocacy core groups provide an appropriate platform for the integration of gender within the framework of *Adalci*. These groups mainly comprise religious and traditional leaders who are the custodians of community values and are best placed to influence community norms related to *Adalci and Kyautatawa*. They can use their various platforms (sermons, weddings, naming ceremonies, preaching and other community events) to address the concept.

Explain that gender inequality manifests as harmful and discriminatory norms, attitudes, and behaviors that constrain opportunities for women and girls and pressure men and boys in ways that create risks to individuals and communities. Ask participants to describe gender inequalities they think exist in their community. Examples include

- Limited social mobility and isolation of women and girls.
- Unequal access to services and resources (e.g., family planning, school) due to gender-based barriers, such as prioritizing education for boys over girls, bias in and barriers to services (e.g., poor location accessibility and safety, high fees, unsafe latrines or routes to school).
- Limited access to community forums for women and lack of (feminist) collective action to address gender discrimination in the community.
- Barriers to women's leadership and decision-making roles across public and private spaces.
- Harmful gender norms that increase risk for men and boys, such as social isolation, neglect of mental health issues, pressure to provide for families, lack of opportunity to develop loving relationships, risk of engagement in violence, discouragement of expressing emotions, and stigma around male domestic and caregiving roles.
- Women and girls disproportionately experience gender-based violence, including intimate partner violence, rape, harassment, female genital mutilation and cutting, and child, early, and forced marriage.
- Women and girls often have heavy work burdens (e.g., agricultural, domestic, income-earning, childcare) and other caregiving responsibilities.

Divide the participants into groups of 3–5 people. Ask each group to fill out a table (see Table 7) showing three examples of how *Adalci* and *Kyautatawa* can help complete community action plans and projects. Allow 25 minutes for this activity, then ask groups to display their tables on the wall and share what they discussed.

Table 7

Using Adalci *and* Kyautatawa *to Overcome Gender Inequality and Complete Community Action Plans*

EXAMPLE OF GENDER INEQUALITY IN MY COMMUNITY	HOW *ADALCI* AND *KYAUTATAWA* CAN HELP OVERCOME INEQUALITY AND COMPLETE COMMUNITY ACTION PLANS	HOW *ADALCI* AND *KYAUTATAWA* CAN BE APPLIED TO OVERCOME THIS GENDER INEQUALITY	WHO WOULD BE AFFECTED?	NEGATIVE CONSEQUENCES	POSITIVE CONSEQUENCES

> Women are not going to be equal outside the home until men are equal inside it. –Gloria Steinem

Session 5: Gender and Empowerment Sub-Committee

Objectives: To discuss women's representation on health committee and activities women can do to advance community action plans.

Time: 30 minutes.

Method: Brainstorming.

Materials: Flipchart paper, markers.

Preparation: Write out roles and responsibilities of the gender and economic empowerment subcommittee on a piece of flipchart paper.

Activity: Plenary Discussion

Summarize the concepts of *Adalci* and *Kyautatawa* as ways to overcome gender inequalities and introduce the gender and empowerment subcommittee, which assists the development committee in implementing its community action plan. This subcommittee should lead implementation of specific activities and report progress to the development committee at its monthly meetings. The gender and economic empowerment subcommittee has the following roles and responsibilities:

- Identify gender-related norms and issues and their impacts on community health.
- Empower communities to mobilize resources, enhance participation in health services, and address the underlying causes of health issues, including gender biases and norms.

- Mobilize the community to embrace education of girls in particular and primary education for all eligible children in general.
- Develop and implement action plans aimed at economic empowerment to address identified problems.
- Facilitate awareness-raising, education, and promotional activities related to relevant health issues.
- Document and report on implemented activities and provide feedback at committee meetings to share information about achievements, challenges, lessons learned, and next steps.

Ask participants the following questions:

- What other activities should this sub-committee do?
- Who should be on this committee (be specific)?

Explain that a significant gap identified is low representation and active participation of women in the committee and in community activities. Therefore, deliberate steps will be taken to encourage gender integration and representation as follows:

- Ensure all committee members are aware of the guideline that 40% of members should be women, with at least two women filling the six executive positions. The project will re-orient the committee leadership on this and support them in compliance.
- Develop specific leadership and substantial roles and responsibilities for women in the CHARP.
- Discuss barriers women face when participating in WDCs and other community activities.
- Organize a special session for female members of WDCs to orient them on their specific roles and encourage their full participation.
- Ensuring female members occupy important executive and strategic positions within the WDCs.

Session 6: Gender Equality Mainstreaming and Action Planning

Objective: To discuss how WDCs can address social and cultural norms that prevent people from accessing and benefitting from opportunities equally.

Time: 1 hour.

Method: Roleplay, brainstorming.

Materials: Flipchart paper, markers.

Activity: Group Discussion

Gender equality mainstreaming is the process or means by which unequal conditions are addressed to achieve gender equality. Ensuring a gender lens is applied to all WDC activities promotes gender equality and empowerment of women and girls. WDCs should intentionally address, adhere, and hold themselves accountable to work to positively change gender relations in their communities.

Divide participants into groups of approximately 5 people each. Ask each group to come up with at least three ideas on how gender equality could be mainstreamed into community action plans, such as

- Conducting sessions with village development committees and other community platforms.
- Working with the community youth group to develop and perform a drama depicting how traditional practices affect MNCH+N in the community.
- Identifying and recognizing male champions who support gender equality.
- Supporting girls attending or returning to school.
- Establishing a male peer education group to educate fathers about important health topics.

Ask the groups to come back for a plenary session at the end of the allocated time. Ask one reporter from each group to present their ideas, and allow others to comment.

Session 7: Checklist

Objectives: To learn how to use the checklist to assess the WDC's gender mainstreaming.

Time: 15 minutes.

Method: Group work.

Materials: Copies of the checklist.

Activity: Gender Mainstreaming Checklist

Review the checklist (Table 8), and then ask the following questions:

- Is the checklist clear and relevant?
- Should any adjustments be made to the checklist?
- Who in the WDC will be responsible for answering the questions on a quarterly basis?

This checklist is includes key elements related to gender mainstreaming. However, it does not include all elements. Rather, the checklist contains a series of questions aimed at evaluating the extent to which gender equality principles are incorporated into the functioning of the WDC. It helps identify areas where disparities may exist and provides a framework for taking corrective measures to promote gender equality and women's empowerment within the community.

The purpose of this checklist is to foster gender-responsive governance and decision making within the WDC, ultimately leading to more inclusive and equitable development outcomes. By systematically assessing and addressing gender-related issues, the WDC can enhance its effectiveness in addressing the diverse needs and priorities of all community members, regardless of gender.

Table 8

Gender Mainstreaming Checklist

QUESTIONS	YES	NO
Does the WDC have a gender and empowerment subcommittee?		
Is gender equality included as an agenda item in all meetings?		
Do women and men participate equitably in the WDC activities both in terms of physical presence and meaningful participation?		
Have appropriate measures been taken to ensure full participation of women and men equally and address any imbalances?		
Does the community action plan contain any activities that address gender inequality?		

Note: Checklist adapted from Save the Children's *Engendering Transformational Change: Gender Equality Program Guidance*.

Session 8: Safeguarding

Objective: To demonstrate understanding of how to ensure program beneficiaries, including children, are protected from harm while working or interacting with them.

Time: 1 hour

Materials: Flipchart, markers.

Activities: Safeguarding Pledge

Defines child safeguarding. Ask participants what they should do in the following circumstances, and document responses on a flipchart and discuss.

- A child or other beneficiary tells you about abuse, and the abuser is also a child.
- Your work requires you to spend time alone with a child, women, or other vulnerable individual in the community.
- You need to take videos or photos or write a story about a beneficiary, including children.

Ask participants to read the safeguarding pledge and confirm they understand it, then summarize the call to action.

I PLEDGE that I will not:

- Hit or otherwise physically assault or physically abuse beneficiaries, including children.
- Engage in sexual activity or have a sexual relationship with anyone under the age of 18 years, regardless of the age of majority, their consent, or local custom. Mistaken belief in the age of a child is not a defense.
- Develop relationships with beneficiaries that could in any way be deemed exploitative or abusive.
- Behave physically in a manner that is inappropriate or sexually provocative.
- Ask for sex or other favors from beneficiaries in exchange for services or support rendered.
- Act in ways that may be abusive in any way or may place a beneficiary at risk of abuse.
- Use language, make suggestions, or offer advice that is inappropriate, offensive, or abusive.
- Allow a beneficiary with whom we are working to stay overnight at my home unsupervised, unless exceptional circumstances apply **and** previous permission has been obtained from my line manager or supervisor.
- Sleep in the same bed as a beneficiary with whom we are working.
- Sleep in the same room as a child with whom we are working, unless exceptional circumstances apply **and** previous permission has been obtained from my line manager.
- Do things for beneficiaries of a personal nature that they can do themselves.
- Condone or participate in behavior that is illegal, unsafe, or abusive to beneficiaries.
- Act in ways intended to shame, humiliate, belittle, or degrade beneficiaries.
- Perpetuate any form of emotional abuse.
- Discriminate against or show unfair differential treatment or favor to beneficiaries to the exclusion of others.
- Place myself in a position where I am made vulnerable to allegations of misconduct.
- Get involved in any compromise settlement with parents, abusers, or authorities when a beneficiary is abused.

Activity: Discuss Safeguarding

Safeguarding is a set of internal facing, business critical, policies, procedures, and practices to ensure our organization and programming are safe for our beneficiaries, including children. Safeguarding ensures everyone associated with the organization is aware of and responds appropriately to issues of abuse and sexual exploitation of beneficiaries, including children. Representatives of our organization should always behave appropriately towards the people we work with and never abuse our positions of trust as a partner or volunteer with our organization.

Our programs aim to REDUCE the likelihood of harm and INCREASE the likelihood of detection of harm and enable effective response.

Risk to beneficiaries and children can be **internal** (inside the organization), which is when abuse or risk comes from trusted adults or other children within the organization, including staff, partners, volunteers, consultants, and representatives, or from our own activities. (Child Safeguarding: Reported within the organization.) They also can be **external** (outside the organization), which is when the abuse occurs in families, institutions, and communities. (Child Protection: Reported to local authorities outside the organization.) Your responsibility as a staff, partner or representative is to

- Become **FAMILIAR** with safeguarding and what it means.
- Be **AWARE** of abuse and risks to beneficiaries.
- Be VIGILANT.
- **FOLLOW THE RULES** for staff, consultants, and partners.
- Be clear on your **RESPONSIBILITIES** to prevent abuse and protect beneficiaries, including children.
- **REPORT** safeguarding concerns appropriately.

Activity: Understand the Call to Action

All staff, partners, and representatives must respect the basic rights of beneficiaries. Do not take part in any form of abuse or exploitation, either in our work or in your personal interactions. During program implementation, all staff, partners, and representatives must work actively to safeguard and protect beneficiaries, including children, by identifying, reporting, and responding to cases of abuse encountered.

Report safeguarding concerns to this toll-free line: **0800 225 5724 (0800 CALL SCI)**.

Module 4: Rolling out CHARP 2

Session 1: Facilitation Skills

Objective: To learn how to facilitate community meetings and other interpersonal communication.

Time: 1 hour.

Materials: Flipchart, markers.

Activity: Simulation

Explain to participants that before anyone can develop good facilitation skills, they need to know the attributes of a good facilitator. In a small simulation exercise, ask participants to recall a facilitator or trainer who they think is one of the best they have seen, then lead a discussion using the following questions:

- What did this person do that made the meeting more effective?
- What nonverbal skills were used (e.g., good eye contact, nodding approval)?

Allow 20 minutes for the activity, and write responses on a flipchart.

Explain that developing and putting the CHARP into action is an important way to improve health in a community. To make this plan work well, WDCs need to be good at guiding the process. They need skills to help everyone in the community work together, make decisions, and use resources wisely so that they can handle challenges, involve people effectively, and ensure sustainable benefits.

Ask participants to define interpersonal communication, including the skills needed to hold an effective meeting or interpersonal communication section. Write down their responses and explain that interpersonal communication is most effective when:

- The purpose of the meeting or visit is clear (e.g., "To learn how to keep your baby happy and growing well").
- It does not feel like a lecture. Lectures are often boring and make the listener feel as if you think they do not know anything.
- Simple language is used (e.g., avoid "NGO speak").
- Opinions, experience, and ideas are requested and appreciated (e.g., ask open-ended questions, take advantage of what others already know or do).
- Active and reflective listening is used to demonstrate you are paying attention and building on what people say.
- Empathy is demonstrated to show understanding of why people do not practice the behaviors you promote or why they disagree with something. Consider each person's situation and reality (e.g., do not ask people to use something they cannot afford).
- Affirmative statements and gestures are used to recognize people's strengths and acknowledge behaviors that lead in the direction of positive change, no matter how big or small (e.g., I am

impressed with the way you did that", "Thank you for …"). Affirmations help build people's confidence in their ability to change.

- Leading questions are avoided. Avoid asking "Do you understand me?" Instead, ask open-ended questions such as, "Could someone please summarize what I just explained?"
- It engages people in discussion, demonstrations, and exercises, rather than asking them to sit passively and listen. Similarly, ensure everyone participates, not just 1–2 active persons.
- Accurate knowledge is shared while also acknowledging when you do not know something.
- Attention is paid to people's expressions and body language to ensure understanding and adjust the topic as needed.
- It is authentic. If you ask people to do something, you should model the behavior yourself (e.g., washing hands with soap) or take steps to do so.
- Consensus is reached about what actions, if any, will occur.
- A summary of the discussion is provided.

Ask participants to share their experiences and other attributes not mentioned. Remind participants that WDC members should be kind, respectful, empathetic, non-judgmental, patient, and non-violent. They also should be good listeners who manage their emotions.

Session 2: CHARP Objectives, Strategies, and Activities

Objectives:

- Describe a SMART objective.
- Create SMART objectives.
- Describe the difference between a strategy and an activity.
- Develop objective and strategies to address priority MNCH+N issues.
- Identify and describe activities to implement a strategy.

Time: 2 hours 30 minutes.

Materials: Flipchart, markers.

Activity: Strategy and Activity Cards

Define goals and objectives by reaching consensus with participants. Sample mobilizing goals include "increase regular access to antenatal clinics to improve children's health" and "improve the health status of all Nigerians." Sample objectives include "increase mothers' antenatal care seeking behaviors in the village of BAKESO from 30% to 80% by December 2009" and "increase the number of women delivering at a health facility (assisted by a skilled attendant) from 5% to 80% in Chimpeni Village TA, Dzoole, by November 2008." Write their agreed-upon responses on a flipchart.

On a separate flipchart, write, "An objective is the desired results you want to achieve." Explain that an objective needs to be SMART, and write the following on another flipchart sheet:

- S   Specific
- M   Measurable
- A   Achievable
- R   Realistic
- T   Time-bound

Divide participants into groups of two and give each group a different colored card. Ask each group to write a characteristic of a strategy on one color card and a characteristic of an activity on the other color card. Provide more cards, if necessary. Collect cards and place them on the board or wall. Then, analyze the characteristics of a strategy and the characteristics of an activity, as written by the participants. Clarify any confusion by reviewing the following:

A **strategy** establishes the direction to move toward achieving a specific goal (i.e., **how** to achieve the goal). **Examples:**

- Organize and strengthen pregnant mothers' group.
- Work with traditional birth attendants to increase community acceptance on safe delivery.
- Conduct door-to-door promotion of MNCH+N practices.

An **activity** is a specific deed, action, function, or sphere of action (i.e., **what specifically** you need to do). **Examples:**

- Train 50 community volunteer health workers in how to facilitate group meetings.
- Have community youth group develop and perform a drama depicting how traditional practices affect MNCH+N in the community.

Activity: Sample Planning Matrix

Share the sample community action plan matrix (Table 9). Review each section of the plan aloud, and answer any questions.

Table 9

Sample Planning Matrix for Community Action

SAMPLE PLANNING MATRIX						
Mobilizing Goal: _____						
Objectives	**Barriers/ Opportunities**	**Strategies**	**Activities**	**People Responsible**	**Timeline**	**Indicators of Success**

Have participants practice developing an objective, strategy, and related activities as if they were a community core group. Divide participants into small groups based on their MNCH+N responsibility, and assign the following task:

- Develop a goal in your groups.
- Based on the underlying influences identified, develop

    o 1 objective.
    o 2 strategies.
    o 2 activities (per each strategy).

Ask groups to share their results and then ask in plenary:

- Do you think the objective developed will address the problem? If yes, why?
- If no, why not? How would you improve the objective?
- Do you think the strategy will address the problem? If yes, why?
- If no, why not? How would you improve the strategy?
- If you try the strategy, at what point does the community or team decide it needs to be reviewed and modified?
- Do you think the activities will support the strategy? If yes, why? If no, why not?

Emphasize the importance of creative and effective strategies and the is importance of allowing WDCs to come up with their own ideas. Share examples of successful MNCH+N strategies (e.g., teen mothers' club, youth peer-to-peer health promotion, parents' clubs).

Conclusion Module

Session 1: Posttest (15 minutes)

Objectives To assess knowledge gained by the end of the training.

Method: Facilitator-led posttest.

Time: 15 minutes.

Materials: Print-out of posttest questions.

Activity: Posttest

Introduce the posttest, noting the following:

- The posttest test assesses progress by comparing results with the pretest results.
- The test is anonymous.

Assign numbers to participants. Explain that they need to remember their number at the end of the workshop. Suggest using a memory aid, such as associating a mental image of an object with one's number (e.g., two bicycles for 2 or three tomatoes for 3).

Read each posttest question and its answer options. Ask participants to write their response. When finished, collect the tests. Grade them after the session, document the results, and keep them in a safe and confidential place.

For WDCs, the team explores concepts using picture cards, quizzes, or voice notes (pre-recorded audible instructions), and so on. The pretest and posttest is a set of 10 multiple-choice questions covering topics addressed during the training. Participants select the correct answer by ticking the appropriate box next to the choice.

Posttest

The posttest questions to be administered to the participants by the facilitators are below:

1. Our personal idea about ourselves as male or female (or neither or both) is referred to as:
   a) Sexual orientation
   b) Gender identity
   c) Sex role
   d) Gender bias

2. Gender stereotypes include the idea that men and women should fulfill roles according to their sex. Which statement do you support?
   a) Gender stereotypes are good because they keep women in their place.
   b) Gender stereotypes are harmful because they discriminate.
   c) Gender stereotypes cannot be changed.
   d) Gender stereotypes are good because they say men should not cook or clean.

---

3. A community leader best serves a community when he or she _____

    a) Shows authority.
    b) Insists on obedience.
    c) Inspires people.
    d) Avoids advice from others.

4. How do community leaders get their power and authority?

    a) By virtue of their position.
    b) As a result of their personality.
    c) As a result of their education and training.
    d) By their personal qualities.

5. Giving funding is the best way donors can support sustainable projects in communities.

    a) True
    b) False

6. Networking is a good way of attracting community resources.

    a) True
    b) False

7. When it comes to meetings, what statement do you support the most?

    a) Meetings waste time.
    b) Meetings are good for sharing information.
    c) Meetings contribute to mistrust between people.
    d) Meetings help with decision-making and progress.

8. What is the meaning of resource mobilization?

    a) Reviewing contracts with donors.
    b) Begging for funding.
    c) Giving people an opportunity to give.
    d) Good financial management.

9. Good bookkeeping and documentation attracts resources to the organization.

    a) True
    b) False

10. Good financial records give organizations credibility.

    a) True
    b) False

Session 2: Evaluation and Closure

Objective: To evaluate the workshop.

Duration: 30 minutes.

Method: Plenary discussion.

Materials: Flipchart paper, markers.

Preparation: Ask a leader to say a prayer to close the session.

Activity: Closing

Inform participants that the training has ended. Ask them to evaluate the session by suggesting improvements for the next trainings. Discuss the date for next meetings or activities so that everyone is reminded. Thank everyone for their time and for strengthening their skills and competencies, which will benefit the WDC and its work. Invite leader to say a prayer to close the session, and thank them at the end.