Fostering Leadership in Community Development

Participant Training Guide

USAID
FROM THE AMERICAN PEOPLE

Save the Children

JOHNS HOPKINS
Center for Communication Programs

Breakthrough ACTION
FOR SOCIAL & BEHAVIOR CHANGE

Table of Contents

Acronyms

CHARP	Community Health Action Resource Plan
LGA	Local government area
MNCH+N	Maternal, neonatal, and child health plus nutrition
SBC	Social and behavior change
SBCC	Social and behavior change communication
USAID	United States Agency for International Development
VDC	Village development committee
WDC	Ward development committee

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

Acknowledgements

Breakthrough ACTION is funded by the United States Agency for International Development (USAID) and based at Johns Hopkins Center for Communication Programs. The project would like to acknowledge the Nigerian Federal Ministry of Health, the National Primary Health Care Development Agency, and the State Ministries of Health and State Primary Health Care Development Agencies in Bauchi, Ebonyi, Federal Capital Territory, Kebbi, and Sokoto for their support during the project implementation. The project also thanks its partner organizations for their contributions and support towards the development of this toolkit.

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Foreword

Welcome to the Community Health Action Resource Plan (CHARP) Stage 2 training manual. We are thrilled to introduce this manual as an essential resource for individuals committed to nurturing resilient and empowered communities through proactive health action. More than just a compilation of methodologies and tools, this guide embodies 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 insights and experiences gained from CHARP Stage 1 and by contributions from professionals representing diverse backgrounds, this guide has been meticulously designed to offer you support in your crucial roles enhancing community capacities. Your involvement goes beyond passive learning as you are entrusted with actively engaging in the empowerment of local health teams and community members to take charge of their health outcomes. This guide serves as your roadmap, providing practical tools and methodologies to navigate the intricacies of community engagement with confidence and clarity.

Your dedication and participation can inspire transformative change within communities. Seize this opportunity to apply the lessons learned from CHARP Stage 1 and drive substantial progress towards constructing healthier, more resilient communities. Your contributions 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 describes each phase with clarity and purpose. The participatory tools provided 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 a participant is crucial to translate this vision into tangible results.

We are confident this guide will be 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 Manual

The Community Health Action Resource Plan (CHARP) Stage 2 training manual is a pivotal advancement in equipping stakeholders with the necessary guidance and tools vital for steering community development and health initiatives. It builds upon the groundwork laid by CHARP Stage 1, which primarily focused on addressing immediate challenges in maternal, newborn, and child health plus nutrition (MNCH+N) in Nigeria. Recognizing persistent concerns regarding MNCH+N, especially in northern Nigeria, CHARP Stage 2 addresses 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 remains essential to comprehensively address underlying challenges.

CHARP Stage 2 is a vital continuation of these efforts aimed at elevating the capacities of community mobilization teams, local government area (LGA) social mobilization committees, and ward development committees (WDCs), as well as empowering 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 gaps identified in the CHARP 1 implementation, particularly those related to 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, ultimately fostering 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), led by the Johns Hopkins Center for Communication Programs. The project is implemented closely with federal- and state-level Ministry of Health programs, departments, and agencies, as well as relevant USAID implementing partners, to improve SBC capacity and coordination.

Breakthrough ACTION-Nigeria's project implementation period is 2018–2024, during which its goal was to increase the practice of priority health behaviors in malaria, MNCH+N, family planning, reproductive health, and tuberculosis at the national and sub-national levels in collaboration with the relevant USAID implementing partners. The three intermediate results for achieving this goal are as follows:

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 to be implemented simultaneously: community social behavior change communication (SBCC) and community capacity strengthening to nurture ownership and participation in decision making aimed at sustainable social change. The primary objectives of the community capacity strengthening approach are as follows:

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

Primary Audiences and Users of this Manual

The primary audiences for 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

- **WDC members**.
- **Trainers** responsible for delivering the training to community workers and volunteers.
- **Community workers** and other frontline personnel engaged directly with the community to implement health initiatives.

- **Volunteers** who offer their time and effort to support community health actions.

This training guide supports the second training of the trainer's activity as part of stage 2 of the community capacity strengthening. A team of trainers at the state level work with multi-sectoral partners to train the local government-level health teams on leadership, management, and governance, as well as the use of data for decision making. These teams facilitate the community engagement process and support the WDC and other existing community platforms to conduct collective community actions addressing SBC barriers and contributing to healthy communities. The training contains participatory tools modified to suit the facilitation of each phase of the community action cycle.

Background

The Government of Nigeria has taken substantial steps in recent years to address some of the major challenges and barriers in practicing priority health behaviors. For example, it has reduced costs for MNCH+N services in some states, changed the task shifting and sharing policy for community health extension workers and midwives, expanded access to the state-level basic health insurance scheme, and worked to ensure each ward has a primary health care facility. Additional state and local resources have been dedicated to improving MNCH+N services and interventions, including a constant stream of international assistance. However, much remains to be done, especially in the northern part of the country, to ensure healthy lives and promote wellbeing for all mothers, infants, and children at all times.

In Nigeria, MNCH+N services are situated in a health system structured along different levels of government, each of which is insufficiently resourced and often not well coordinated. Availability and quality of services remain inconsistent, dissuading many women from seeking care for themselves and their children at a health facility and further contributing to poor MNCH+N indicators.

Access to healthcare services is critical to good health. Primary health care is the first level of contact for individuals, family members, and the community, as outlined in the WHO's Alma-Ata Declaration of 1978. Engaging communities to address health-related issues and promote well-being can contribute to achieving positive health outcomes.

Community Mobilization Approach

Community mobilization is an empowering, capacity strengthening process through which community 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. The Breakthrough ACTION-Nigeria Community Mobilization approach has two interrelated components: community SBCC and community capacity strengthening. Community capacity strengthening supports nurturing sustainable ownership and participation in decision making by focusing on social change at the community level and increasing community agency. These efforts include engaging and strengthening capacities of community leaders and members for collective

decision making and participation and action on health-related issues (e.g., gender equity) in the community.

The goal of community capacity strengthening is to contribute to and increase effective and efficient community leadership by facilitating a sense of ownership, social cohesion, changes in social norms, gender equality, community participation, information equity, and collective self-efficacy. The primary objectives of the community capacity component are as follows:

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

The primary audiences are leaders of WDCs and relevant community structures (e.g., health subcommittees and health management committees), WDC members who represent their village development committee (VDC), representatives of women's groups and youth groups, traditional birth attendants, and other community structures.

Trainers, community workers, and volunteers can use this manual to learn about and understand the community mobilization process to empower community members as agents of change in support of measurable improvements in health. Other guides in this series include a community mobilization participant's manual, a guide for orienting communities for action, a guide exploring health issues, and a guide for developing a community action plan. This manual also serves as a reference for those attending the training.

Introduction

This guide is based on findings from Breakthrough ACTION-Nigeria's implementation of CHARP Stage 1 and the midterm assessment conducted in Bauchi, Kebbi, and Sokoto. The guide provides trainers with the core knowledge, practical skills, and tools to train WDCs in Nigeria to manage their WDCs and lead their organizations effectively.

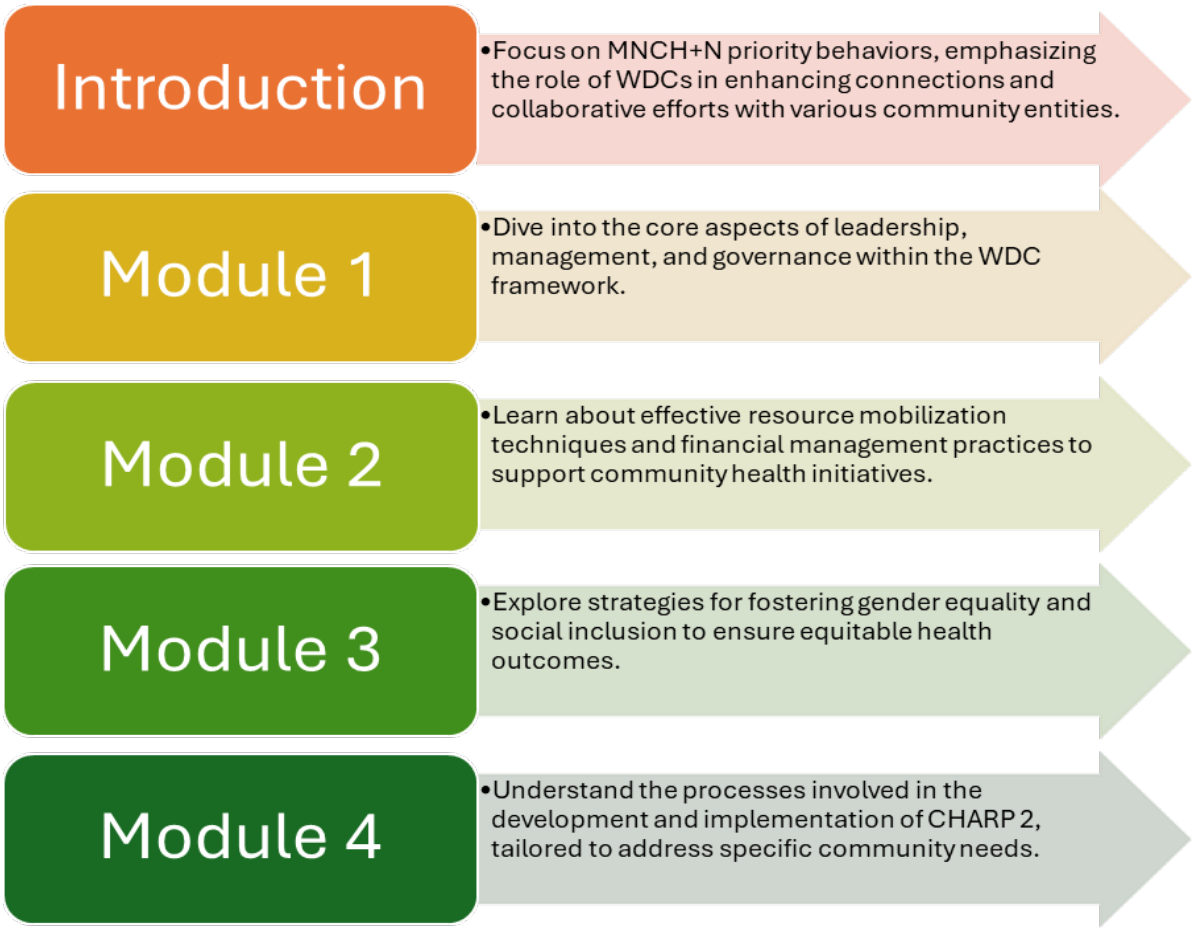
WDCs are recognized by the National Health Act 2014 as the fourth level of health care delivery in Nigeria. Participants across the states will learn the basics of WDC leadership and governance, financial management, resource mobilization, gender equality, and social inclusion related to promoting the uptake of MNCH+N behaviors. The training will offer opportunities to discuss perspectives and challenges of leadership and how WDCs can be effectively managed. It also teaches communication and leadership skills, how to hold meaningful meetings, and how to harness, mobilize, and manage local resources that benefit communities while also addressing gender and other social norms with negative effects on MNCH+N. Lastly, the training informs participants on how to document and report activities as implemented. The overall aim is to enhance good governance and accountability.

The training comprises an introductory module plus four focused modules:

- **Introductory module:** MNCH+N priority behaviors WDCs can 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.

Table 1

Training Modules



Workshop Objectives

This guide can assist community mobilizers train community mobilization teams and other key stakeholders (e.g., LGA social mobilization committees and WDCs) on the community mobilization process. The general objective of the training is to strengthen participants' capacities to train community structures in rolling out the community capacity strengthening of the CHARP Stage 2. By the end of training, participants should be able to

- Define concepts of leadership, management, and governance in 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.

The workshop is designed to be completed in four days.

Workshop Health and Safety

Ordinarily, the health and safety concerns for facilitators and participants are similar to any day-to-day activity. However, COVID-19 has profoundly impacted individuals' health and safety concerns across various dimensions. Increased risk of contracting the virus and developing severe illness has prompted preventive measures like 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. Additionally, economic downturns have exacerbated concerns about financial stability and mental health as remote work and virtual learning environments alter routines and threaten the work–life balance. Limited social connections have led 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, the abundance of information and misinformation surrounding COVID-19 contributes to confusion and anxiety. All of these factors underscore the importance of accessing accurate information for informed decision making regarding health and safety.

COVID-19 infection rates vary between regions and over time, making it crucial to adapt precautionary measures accordingly. Although the risk is relatively lower in areas where no cases have been documented, it is essential to exercise heightened vigilance and caution where cases have occurred recently or are currently prevalent. To safeguard the well-being of all involved and mitigate the risk of COVID-19 transmission, especially in areas where cases have been reported or are prevalent, workshop facilitators and participants should adhere to comprehensive prevention strategies aligned with local epidemiology and health guidelines, as illustrated in **Figure 2** below.

Table 2

Figure label

Overview of Community Mobilization and Linkage with Community Structures

Community mobilization is a popular term describing activities from vaccination campaigns to sensitization on youth sexual and reproductive health. In the context of a health initiative, community mobilization is a sustained process in which community members participate in all aspects and phases. Specifically, community mobilization is a 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.

Note that community mobilization is not a campaign or a series of campaigns, and it differs from social mobilization, advocacy, social marketing, participatory research, and non-formal or popular education, although community mobilization may use or incorporate these strategies to be successful. Key elements of community mobilization include participation, ownership equality, sustainability, and dialogue of knowledge. As participation is a fundamental element, it is important to consider the degree to which the ward-level health interventions promote community participation.

Social change at the community level involves working with WDCs to increase community agency so that communities obtain, strengthen, and maintain the capabilities to set and achieve their development objectives. Breakthrough ACTION-Nigeria's objectives of community mobilization are to

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

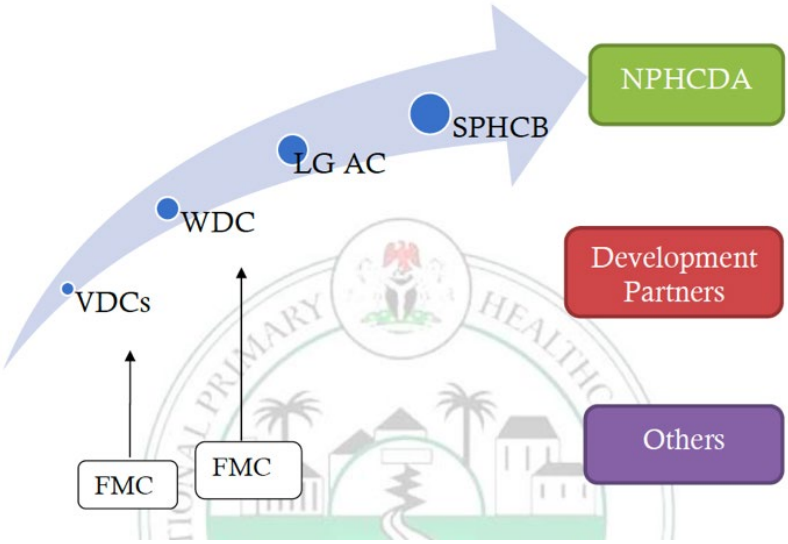
Breakthrough ACTION-Nigeria works with various community structures and personnel in its intervention areas to mutually reinforce content, activities, and messages relevant to the respective health focal areas in various states. These areas include

- Community SBC (e.g., working with community volunteers to conduct household visits, community health dialogues, and compound meetings).
- SBC advocacy core group (e.g., working with religious leaders and Key influencers).
- Community capacity strengthening (e.g., working with WDCs).
- Provider behavior change interventions (e.g., working with service providers).
- Women's empowerment group (e.g., working with women's groups in the community).
- Mass media activities (e.g., radio dramas and spots).
- Mobile and digital activities (e.g., SMS, interactive voice response, Airtel 321, Kacici Kacici game)

Figure 3 shows the linkages between the facility management committee, VDCs, WDCs, LGA, and State Primary Health Care Board according to the national guidelines.

Table 3

Linkages Between Facility Management Committee (FMC), Village Development Committees (VDCs), Ward Development Committees (WDCs), Local Government Areas (LGAs), State Primary Health Care Board (SPHCB), and National Primary Health Care Development Agency (NPHCDA)



Breakthrough ACTION-Nigeria's sustainability plan has four phases, outlined below. Throughout the phases, the community mobilization teams and WDCs ensures sustainability of the project's community activities, and the government and community take ownership and help sustain the interventions.

During the **entry phase** for implementing the SBC approach, the following will occur:

- Entry meetings at the state, LGA, and ward levels.
- Selection of LGAs and wards.
- Selection of community volunteers and WDCs.
- Assessment of WDC and women's empowerment group.
- Training and orientations.

During the **intensive phase**, Breakthrough ACTION-Nigeria provides full support to the implementation of activities. The intensive phase lasts for at least 12 months, after which the maintenance phase begins.

During the ongoing **maintenance phase**, Breakthrough ACTION-Nigeria's support gradually shifts to support from the communities and government. A transition plan is piloted as the project moves from intensive to maintenance phase.

During the **exit phase**, the project is closed, and the community, WDC, LGA, or state take over (e.g., community volunteer activities are integrated into the Community Health Influencers Promoters and Services Program).

Priority MNCH+N Behaviors

Priority MNCH+N behaviors are crucial behaviors for improving the health and nutrition outcomes of mothers, newborns, and children due to their significant impacts on these populations. The term emphasizes the importance of focusing on key behaviors to achieve positive health outcomes in these vulnerable populations. Communities should prioritize promoting various health behaviors to improve overall well-being and prevent illness. The 17 MNCH+N priority behaviors include the following:

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

The family planning priority behavior is

11. Using modern contraceptive methods.

Malaria priority behaviors include the following:

12. All Sleeping inside insecticide-treated nets.
13. Taking intermittent preventive treatment of malaria in pregnancy.
14. Seeking care withing 24 hours of the onset of a fever.
15. Confirming malaria diagnosis via proper testing before starting treatment.
16. Adhering to full course of artemisinin-based combination therapy.
17. Adhering to full course of seasonal malaria chemoprevention.

Other crucial health behaviors include environmental and personal hygiene practices to prevent the spread of infectious diseases and protect public health. Some examples of priority health behaviors in this category include the following:

- Hand hygiene: Regular handwashing with soap and water, especially after using the bathroom, before eating, and after coughing or sneezing, is crucial for preventing 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 such as the common cold, flu, and COVID-19 by containing respiratory droplets.
- Sanitation practices: Proper disposal of waste, including household garbage and medical waste, 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 like salmonella, E. coli, and norovirus infections.
- 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 virus, and Lyme disease. Strategies may 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 for preventing the transmission of infectious diseases. Regular cleaning and disinfection of surfaces, sufficient ventilation to improve air quality, and pest control measures contribute to a healthier environment.
- Personal protective measures: Wearing personal protective equipment such as masks, gloves, and 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.

A healthy community builds a culture supporting healthy life choices and quality of life by facilitating sustainable practices, policies, and resource allocation and by continually creating and improving physical and social environments to expand community resources. Factors that promote community health and development include

- Good personal hygiene habits.
- Environmental safety.
- Fairness in relationships.
- Well-maintained infrastructure (e.g., roads, electricity, schools, and hospitals).
- Partnerships with NGOs, community-based and faith-based organizations, and government departments to implement community health and development programs.
- Human capital development (e.g., access to education, health services, adequate nutrition, safe environments, shelter, social security, and community welfare).
- Democratic space and leadership.
- Respect for the basic human rights of all people, regardless of gender or age.
- Employment and resource generation.
- Community capacity building to improve knowledge and skills.
- Community participation and involvement in development activities.

- Disaster preparedness and prevention.

Factors that hinder health and development include

- Economic insecurity (e.g., poverty, resource constraints, unemployment).
- Large family size (e.g., high dependency ratio).
- Lack of access to basic health services.
- Poor nutrition.
- Gender stereotypes.
- Lack of initiatives.
- Lack of individual agency in personal decision making.
- Strict or oppressive cultural beliefs, traditions, and attitudes.
- Illiteracy, lack of knowledge, and skills.
- Insufficient availability and quality of land.
- Poor infrastructure.
- Poor political environment, leadership, and policies (e.g., corruption, lack of transparency and accountability).
- Disasters (e.g., natural and man-made).
- Diseases (e.g., chronic illnesses, infectious diseases).

Good health promotes community development, which in turn promotes good public health. In contrast, poor community development contributes to increased health problems, such as higher rates of disease and barriers to health services. The WDC has the following roles and responsibilities in promoting public health in their various communities:

- Guide community on how to improve health and prevent illness by adopting healthy practices.
- Support referred community members to access health services and facilities promptly.
- Work with community volunteers to identify pregnant woman and initiate dialogue with household members to promote the previously mentioned MNCH+N and family planning priority behaviors.
- Participate in compound meetings and community health dialogue sessions organized by community volunteers.
- Model the promoted health behaviors.
- Motivate members of the community to adopt health-promoting practices.
- Support community volunteers in organizing and conducting town hall meetings for discussions about community health and development.
- Support the mobilization of food items for food demonstrations, when needed.

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 is to build the capacity of participants on community leadership, management, and governance, including imparting knowledge and skills to WDCs on community governance; building the capacity of WDCs in leadership skills; and imparting problem-solving skills to WDCs. More specifically, this module focuses on

- Leadership and governance.
- Effective meeting management.
- Coordination of other community structures.
- Use of data for decision making and community collective action.
- Activities reporting and documentation.

Session 1: WDC Governance

According to the national guideline for development committees, every political ward should have a WDC. This section describes the composition, terms of reference, and roles and responsibilities as indicated by the guidelines for each development committee.

A WDC has 15–20 members, at least 40% of whom are women, and at least one woman should hold an executive post. The composition of the WDC is as follows:

- A senior traditional leader in the ward, who serves as patron.
- One representative (the chairperson) from every VDC (maximum of 6) in the ward.
- A council member who represents the ward in the local government.
- An officer-in-charge of the primary health center (e.g., ward focal person or supervisor).
- Community engagement focal persons.
- A ward community development officer, if available.
- A religious leader.
- One representative of an occupational group in the ward.
- Co-opted members of health-related sectors (e.g., headmaster of primary school; agriculture extension workers; electric, water, and works infrastructure personnel).
- A representative of NGOs and community service organizations in the ward.
- Executive officers (chairperson, secretary, assistant secretary, treasurer, and women's leader), to be elected by members. Elected executive officers serve for three years in the first instance and are eligible for re-election to a second and final term of three years in the same posts.

The WDC has the following roles and responsibilities:

- Identify and plan for the health and development needs of the ward.
- Develop and forward ward community action plan to local government health authority.
- Identify local human and material resources to meet needs.
- Ensure implementation of the community action plan.
- Mobilize and stimulate active involvement of prominent and other local people in the planning, implementation, monitoring, and evaluation of activities.
- Actively supervise and monitor the drug revolving fund scheme and the proper use of free or donated health commodities in the ward.
- Raise funds for health and development programs, when necessary, at the facility, village, and ward levels.
- Ensure accountability by providing regular feedback to the ward on how funds raised are utilized.
- Ensure women, children, and those with low-income can access necessary health services.
- Liaise with local government and other voluntary agencies to solve health and development challenges in the ward.
- Supervise VDCs, facility management committees, community health extension workers (including junior workers), Community Health Influencers Promoters and Services Program agents, and community engagement focal persons.
- Oversee the functioning of all health facilities in the ward.
- Support Community Health Influencers Promoters and Services Program agents and community engagement focal persons.
- Maintain a dedicated bank account for the selected primary health center in the ward at a reliable commercial bank for the basic healthcare provision funds. The signatories shall be the WDC chairperson and officer in charge of the primary health center.
- Maintain a separate WDC bank account for WDC fundraising activities. The signatories shall be the WDC chairperson, secretary, and treasurer.
- Monitor essential medicines, consumables, equipment, and infrastructure at monthly intervals.
- Ensure proper functioning and regularly scheduled maintenance of ward health facilities.
- Monitor the timely submission of monthly service data at community and facility levels.

The terms of reference for the WDC are as follows:

- Use the primary health center as the WDC meeting venue and secretariat.
- Hold monthly meetings, and record minutes of all meetings. Minutes should be signed by the chairperson and secretary after adoption at a follow-up meeting.

- A quorum (at least two-thirds of members) is required to hold a meeting.
- The treasurer is authorized to record and pay all monies into the appropriate bank account and must record all income and expenditures, to be discussed at every monthly meeting. The WDC must approve all transactions.
- Ensure two signatories (WDC chairperson and officer in charge of the primary health center) for the bank account dedicated to the basic healthcare provision funds.
- Submit meeting minutes to the local government health authority.
- Establish sub-committees as required for specific assignments.
- The basic healthcare provision funds shall be used to cover each WDC member's transportation to and from the meeting venue and refreshments. Funds shall be distributed at the end of every monthly meeting.

Activity: Review Definitions of Governance

Governance is the practice of transparent, fair, and honest decision making in service of the community. Good governance entails effective participation; access to knowledge, information, and education; empowerment and equity among people; the fostering of responsibility and tolerance; and accountability among leaders and organizations. These factors promote trust among WDCs and in the community, strengthen the services of the community and the stakeholders, improve decision making, and foster connections among the WDCs, community, and stakeholders. Characteristics of good governance include

- Involving people in decision-making and its implementation.
- Achieving identified goals, as agreed, in the community.
- Demonstrating accountability for decisions.
- Acting with responsiveness, dedication, and transparency.

These characteristics help the WDC choose appropriate community actions and measure the community's performance towards achieving results.

Activity: Review Social Accountability

Social accountability is about involving citizens and communities in the processes of governance so that the decisions and actions of those in power are made public and can be questioned. As a citizen-led action, social accountability ensures public resources and services are delivered as promised by public officials and service providers. Importantly, social accountability can influence service delivery by focusing on how budgeted services are delivered, whether these services are implemented appropriately, and whether they demonstrate good value for money for citizens. In terms of social accountability for the WDC, the WDC shall

- Submit quarterly action plans (derived from the community action plan) in triplicate to the State Primary Health Care Board through the local government

health advisory. Triplicates will be signed at the local government health advisory, and copies will be shared as follows: one copy remains at the State Primary Health Care Board, one at the local government health advisory, and one with the WDC.

- Submit a quarterly report of implementation progress to the local government advisory committee detailing achievements, challenges (if any), and areas of improvement.
- Leverage the ward's monthly town hall meetings to interact with community members on health and development issues and the generation and use of funds raised for health and development.
- Undergo quarterly performance review by the local government health advisory using quarterly reports, assessment checklists, and health facility spot checks.

Understanding Accountability

Accountability is the cornerstone of effective governance, ensuring that public officials and institutions are responsible and accountable for their actions and decisions affecting the communities they serve. Accountability within WDCs enhances their ability to achieve development goals by ensuring transparency, responsiveness, and effectiveness in local governance and service delivery.

- **Strengthening the Role of WDCs**. As WDC members, you play a crucial role in a local governance structure responsible for overseeing development initiatives and service delivery within your respective wards. By effectively fulfilling your roles, you can help improve the well-being and livelihoods of community members.
- **Incorporating Accountability Mechanisms**. It is essential to incorporate accountability mechanisms into the functioning of WDCs to ensure transparency and responsiveness to community needs. Accountability measures include establishing clear mandates and responsibilities for WDC members, promoting regular communication and collaboration, and providing training and capacity-building opportunities.
- **Key Components of Accountability**. These components include the following:
  - Establish clear mandates and responsibilities. Define WDC member roles and responsibilities, particularly regarding monitoring and evaluation of MCNH, resource allocation, and community engagement.
  - Promote regular communication and collaboration between WDCs, healthcare providers, and community members to foster mutual accountability and information sharing.
  - Provide training and capacity building for WDC members in governance, monitoring, and advocacy roles so that they effectively fulfill their roles in promoting accountability and driving local development efforts.
  - Encourage community participation in WDC meetings and decision making to enhance transparency and accountability in the allocation and use of resources for MNCH programs and services.

Activity: Review Accountability Mechanism for the Community Scorecard on MNCH+N

An accountability framework (outlined below) for the WDC's community scorecard on MNCH+N ensures transparency, responsiveness, and effectiveness in addressing community concerns and improving service delivery.

- Regular review meetings.
  - Schedule regular review meetings for WDC members, healthcare providers, and community representatives to discuss community scorecard findings.
  - Establish a regular frequency for meetings (e.g., quarterly or bi-annually) to ensure consistent monitoring and evaluation of MNCH services.
- Transparent reporting.
  - Require WDCs to prepare comprehensive reports summarizing community scorecard findings, including comments and suggestions provided by community members.
  - Make these reports accessible to the public by posting them on community notice boards and websites and by distributing them during community meetings.
- Action planning.
  - Facilitate discussions during review meetings to identify priority areas for improvement based on community scorecard results.
  - Develop action plans with specific goals, timelines, and responsible parties for addressing identified gaps and enhancing MCNH services.
- Follow-up and monitoring.
  - Monitor implementation of action plans through follow-up meetings and progress reports.
  - Assign accountability for each action item to relevant stakeholders, including WDC members, healthcare providers, and community leaders, to ensure timely and effective implementation.
- Community engagement.
  - Engage community members in the accountability process by soliciting their input on action plans and progress updates.
  - Encourage community participation in monitoring and evaluation activities to ensure their voices are heard and needs addressed.
- Feedback mechanism.
  - Establish a feedback mechanism for community members to provide ongoing input and suggestions regarding MNCH services.
  - Ensure feedback channels are easily accessible and responses to community concerns are provided in a timely manner.
- Documentation.
  - Maintain thorough documentation of all accountability-related activities, including meeting minutes, action plans, progress reports, and feedback from community members.
  - Maintain organized and easily accessible records for future reference and evaluation.

- Evaluation and adaptation.
  - Conduct periodic evaluations of the accountability mechanism to assess its effectiveness in improving MNCH services.
  - Use evaluation findings to identify strengths and weaknesses of the mechanism and make necessary adjustments to enhance its impact.

By implementing this accountability mechanism, WDCs can ensure the community scorecard findings on MNCH are effectively utilized to drive positive change and improve health outcomes for women and children in their communities.

Session 2: Community Scorecard

The community scorecard (see example in Figure 1) is a powerful and participatory tool used to monitor and improve service quality and empower community members to improve the accountability of public service providers (e.g., healthcare facilities) in a mutual, ongoing, participatory process. The scoring exercises provide citizens the opportunity to analyze health and other services based on their personal perceptions. By highlighting both good work and areas to improve, the scorecard process aims to improve the quality, efficiency, and accountability of services at the community level. As a collaboration between rights holders and duty bearers, the community scorecard aims to do the following:

Sample "Community Score Card" results

SAMPLE COMPARISON CHART
X HEALTH CENTRE

Indicators	Symbols	Outpatients	Pre-Natal Patients	Service Providers
PERFORMANCE MEASURES FROM GROUP				
Availability of drugs		☹		☹
Staff friendliness		😐	😐	
PERFORMANCE MEASURES GIVEN				
5:1 Quality of staff		😐–🙂	🙂	😀
5:2 Overall satisfaction with the service		😐–🙂	😐	🙂

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Figure SEQ Figure * ARABIC 1
Example of Completed Community Scorecard

- Strengthen mutual understanding and collaboration between service providers and service users in the community.
- Overcome gaps in service provision to create sustainable improvements in service quality.
- Identify how community members experience providers and their services.
- Establish a feedback mechanism, informed decision making, and dialogue between users and providers.
- Track service and program progress and compare performance across facilities.
- Report the quality of services to the WDC and LGA.
- Strengthen community empowerment and community's voice.

For example, WDCs can advocate for healthy facility services such as better staffing; adequate medicines, supplies, and equipment; infrastructure improvements (e.g., electricity, maintenance, land); and provision of water, sanitation, hygiene, nutrition, and security services. See the sample community scorecard for MNCH+N below.

The community scorecard aims to assess the quality of maternal, child, and newborn health services (including nutrition) provided by local healthcare facilities. It also helps promote accountability and improvement in the delivery of these services. Your feedback is valuable in helping us identify strengths and areas for improvement.

Instructions: Please rate each indicator based on your experiences and perceptions of services for maternal, child, and newborn health, including nutrition. 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 maternal and child health
(e.g., mother, caregiver, community leader):

Scorecard indicators:
- 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 maternal and child health: [ ]
- Engagement of community health workers in health education activities: [ ]

- Accessibility of maternal and child health information sessions: [ ]

After collecting responses from community members, the scores can be tabulated and analyzed to identify areas of strength and improvement. This information 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.

Session 3: Leadership and the WDC

Leadership is the ability to show others how to achieve a certain goal. A good leader is a good listener who shares knowledge with and seeks knowledge from others. Good leaders demonstrate flexibility, innovation, creativity, honesty, and confidence when communicating and delegating tasks, and they accept criticism with grace. Leaders consider alternative viewpoints and offer timely, trusted guidance. Leaders often work in political, business, or religious arenas as presidents, ministers, and corporate CEOs. However, leadership can be exercised by anyone at any time and in multiple situations. In fact, we all play leadership roles in life. We just do not think of what we do as leading.

The WDC must be founded on the principle of transformational leadership, and its leaders should share this vision. As someone who works in MNCH+N, you act as a leader in many situations and model how to live positively. For example, you may lead a support group or an anti-stigma campaign in your school or church, or you may hold a leadership role in an NGO or community-based organization.

Leaders help themselves and others to do the right things through guidance, inspiration, and creativity and by navigating a path to success for the team or an organization. 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 that achieves the vision. Attributes of a good leader thus include vision, courage, integrity, humility, strategic planning, focus, and cooperation.

Poor leaders fail to inform others of decisions and do not clarify important issues. They assume others share the same opinions and are surprised when they do not. They avoid feedback and dismiss it when given. Poor leaders 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), 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, US Army officer best known for leadership during World War II

Activity: Linking with Community Structures

Linking key personnel in the health ecosystem to the WDC involves several steps. These coordination activities will be added as a fourth deliverable on the CHARP. The following WDC activities will be added to the next micro plan:

- Identify community groups within the community health ecosystem. Key structures include women's groups, proprietary medicine vendors, traditional birth attendants, TBAs, the Community Health Influencers Promoters and Services Program, Mama 2 Mama, community volunteers, village heads, SBC advocacy core groups and other community-based and faith-based organizations, and the National Union of Road Transport Workers.
- Update CHARP to reflect how WDCs will coordinate with all identified community structures.
- Ensure all WDC and community leaders and other identified structures have the most current CHARP.
- Plan entry meetings with at least three identified groups and maintain accurate contact information for these groups.
- Encourage identified groups to develop action plans using adapted and simplified CHARP format.
- Share and harmonize other groups' action plans.
- Participate actively in onsite or offsite meetings and activities of other groups by assigning WDC representatives to supervise activities.
- Provide a simple tool for feedback on the WDC and document other structures' activities and feedback.
- Hold monthly meetings with key representatives of stakeholders to serve as a feedback channel.
- Submit feedback and monthly reporting to the LGA through the Ward Community Engagement Focal Person.

Activity: Define WDC and Women's Empowerment Groups

Community capacity strengthening emphasizes women's empowerment as a key component of a sustainable community system. The WDC supports women's empowerment groups in their wards in several ways:

- Women leaders in the WDC link the WDC to women's empowerment groups through relevant sub-committees, they serve as WDC representatives in women's empowerment groups, and they attend women's empowerment groups' activities as often as possible.
- The WDC monthly meetings incorporate feedback from women's empowerment group representatives on progress and challenges that the WDC can support.
- As they do with other identified community groups, the WDC secretaries maintain contact records of gender empowerment sub-committee members.
- To keep abreast of the women's group activities, specific coordination activities are included in the CHARP under the 4th deliverable (i.e., coordination).

Figure 4 lists the steps for formation or reactivation of a WDC.

Figure 4

Steps for Formation and Reactivation of a WDC

Constitute	Inaugurate	Formalize
• Inform LGA chairperson and ward and village heads to constitute development committee. • Map wards in LGA and number of settlements or population centers per ward to ensure adequate committee representation. • Constitute development committee according to guidelines.	• Notify persons of their committee roles and appointments. • Send invitations for formation or reactivation (this task can be merged with the above notification task). • Train members on their roles and responsibilities, committee terms of reference (e.g., use roleplaying to internalize the training). • Conduct election of executive officers and inauguration of members.	• Present all newly formed or reactivated WDCs to LG advisory committee chaired by LGA chairperson. • WDCs are represented by WDC chairperson for presentation ceremony. • Send report to State Primary Health Care Board on WDC formation or reactivation. Include steps followed for formation or reactivation and names and designations of all members in every ward.

Election of WDC Executive Officers. Only WDC members can elect WDC executive officers. These five officers include the chairperson, secretary, assistant secretary, treasurer, and women's representative. Election is by a simple majority on an agreed date at the usual meeting venue (e.g., the health facility). Newly elected executive officers serve for 3 years starting on the day of election; incumbent officers are eligible for re-election for a second and final term of three years each in the same posts.

At least 40% of the WDC membership must be women, and at least one woman should hold an executive post. If any executive offices or positions become vacant (e.g., by death, resignation, or relocation of the officer), a by-election shall be conducted, and the new winner will complete the tenure. Outgoing executives must hand over all WDC assets and documents in their possession to the newly elected executive no later than the next monthly meeting; this handover must occur in the presence of WDC members, who serve as witnesses.

Inauguration of WDC and VDC Executive Officers. Newly elected WDC and VDC executive officers shall be inaugurated at a ceremony to be presided over by the LGA chairperson for WDCs and the LG Health Secretary for VDCs, respectively. The ceremony should be attended by a cross-section of village or ward members, as appropriate. The ceremony aims to promote community members' acceptance of the VDC or WDC to represent their interests, and it confers credibility to both the executive officers and other members of the development committees.

Duties of WDC Chairperson. The chairperson develops the agenda and calls for meetings, opens and closes the meetings, and leads or delegates someone to lead part or all of the meeting proceedings. The chairperson also facilitates the assignment of responsibilities to members and signs the meeting minutes. This role also is responsible for communicating with people of authority on behalf of the WDC and sharing a copy of its monthly report with the LGA health authority (e.g., health promotion officer). The WDC secretary performs these tasks in the absence of the WDC chairperson.

Duties of WDC Secretary. The WDC secretary makes all necessary arrangements for meetings (e.g., developing agendas with chairperson, writing and sending invitation letters to members), records and maintains minutes of all meetings, signs meeting minutes, and reads previous minutes when needed as reminders of previous issues. The secretary also documents and keeps records of implemented activities and sits in the place of the WDC chairperson if they are absent.

Duties of WDC Assistant Secretary. The WDC assistant secretary performs the duties of the WDC secretary, if absent, and may perform other duties delegated by the WDC secretary.

Duties of WDC Treasurer. The WDC treasurer keeps records of all properties, funds, and accounting documents of the committee and writes all necessary entries in relevant accounting books. The treasurer also disburses payments on behalf of the committee and gives reports of all monetary transactions.

Duties of WDC Women's Leader. The WDC women's leader ensure the committee addresses issues affecting the wellbeing of women and children. This person serves as the voice of women and children in the ward and mobilizes women and children to participate in all health and development activities.

Duties of WDC Committee Members. WDC committee members participate in decision making by voting or consensus building. They regularly attend meetings and help resolve disputes between members. They also fulfill their assigned responsibilities from the chairperson, secretary, or treasurer and participate in other community activities.

Duties of WDC Sub-Committee Members. To assist in the implementation of the community action plan, ad-hoc sub-committees should be established to lead implementation of specific activities. Sub-committee members then report on their progress at monthly meetings. No more than six sub-committees should operate at any given time, and they should be dissolved upon completion of their activities. Members should not serve on more than two sub-committees at a time. Recommended sub-committees include the following:

- Gender and economic empowerment
  - Identifies gender-related norms and issues with impacts on community health.
  - Empowers communities to mobilize resources, enhances participation in health services, and addresses underlying causes of health issues, including gender biases and norms.
  - Advocates for and mobilizes the community to embrace education, particularly primary education for girls and for all eligible children in general.
  - Develops and implements action plans for economic empowerment to address identified problems.
  - Facilitates awareness-raising, education, and promotional activities related to relevant health issues.
  - Documents and reports on implemented activities.
  - Documents activities, participates and provides feedback at the VDC and WDC meetings on achievements, challenges, lessons learned, and next steps.
- Health
  - Identifies key health issues prevalent in the community.
  - Develops and implements an action plan to address identified problems.
  - Facilitates awareness-raising, education, and promotional activities related to relevant health issues.
  - Links community initiatives with health facility or other social services and vice versa.
  - Holds regular meetings to monitor progress indicators and plan activities accordingly.
  - Documents and reports on implemented activities.
  - Identifies and coordinates other actors in the health space to address identified health issues.
  - Participates in activities and provides feedback at VDC and WDC meetings to share achievements, challenges, lessons learned, and next steps.
- Water and environmental sanitation
  - Maintains and repairs community water supply sources.
  - Organizes monthly general sanitation needs in the community.
  - Sensitizes community on hand washing, use of toilets, personal hygiene, and sanitation.
  - Organizes construction of water supplies and communal work when needed.
  - Ensures women are equally represented, including in influential and decision-making roles and action, on relevant committees.
  - Participates in activities and provides feedback at VDC and WDC meetings to share achievements, challenges, lessons learned, and next steps.
- Works and infrastructure

- Advocates and supports maintenance of community roads, health facilities, schools, and community infrastructure.
- Organizes community for action on infrastructure repair and maintenance.
- Participates in activities and provides feedback at VDC and WDC meetings to share achievements, challenges, lessons learned, and next steps.
    - Household food security
- Empowers community farmers.
- Identifies agricultural gaps in the community and advocates for government and proffer solutions.
- Supports access to fertilizer and other tools, including mechanized farming.
- Sensitizes community on food hygiene, appropriate nutrition, and livestock farming, as well as locally available foodstuffs to reduce malnutrition.
- Advocates for school feeding programs in all early childcare and primary schools to improve nutritional status (e.g., learns capacities and enrollment and retention rates of school-aged children through community participation).
- Participates in activities and provides feedback at VDC and WDC meetings to share achievements, challenges, lessons learned, and next steps.
    - Grievances redress
- Initiates disciplinary steps according to guidelines on any member who is unable to perform their committee functions or who demonstrates poor performance.
- Investigates any allegation against any a committee member.
- Recommends disciplinary measures as needed. All disciplinary measures are to be communicated to the patron.
- Receives and addresses any concerns, complaints, notices of emerging conflicts, and grievances from community members.
- Assists in resolution of grievances between the community members, health facility, community service organizations and partners, government, community structures, and personnel.
- Participates in activities and provides feedback at VDC and WDC meetings to share achievements, challenges, lessons learned, and next steps.

Session 4: Holding Effective Meetings

A meeting is an event at which a group of people come together to discuss things or make decisions. Meetings serve many functions. They provide a space for planning and managing the progress of a project; offer a forum for identifying and solving problems, celebrating progress, and building relationships among members; facilitate sharing of information and communication; and they provide a space for using data to inform micro-planning and decision making (e.g., real-time monitoring). Meetings have four primary purposes:

- **Information sharing,** during which groups get together to give updates, share research, and brainstorm new ideas. Typically, no decisions are made in an information-sharing meeting.
- **Planning**, which involve taking ideas to the next step. Participants collaborate on goals, visions, priorities, and needs, and they define next steps.
- **Problem-solving**, during which teams analyze the issue, gather data, collaborate on solutions, and plan for action.
- **Relationship building**, which involves people getting to know one another.

Activity: Conduct an Effective WDC Meeting

Having planned ordinary meetings or extraordinary meetings is important for operational efficiency. A key success factor for WDC meetings involves meeting regularly to monitor activities and make informed decisions, micro-plan based on results of monitoring community activities, and share information and update each other. These activities must be prepared for and taken seriously. A successful meeting usually requires the completion of tasks before, during, and after the meeting.

Meeting Purpose: To share information about the need for an emergency transportation system in the community to support MNCH+N services.

Meeting Goals: To identify challenges with WDC emergency transportation services, gather ideas from members about how to improve this process, identify additional drivers, and discuss with WDC chair about whether to expand the services provided.

Before the meeting, define the meeting location, purpose, and goals. Select a comfortable and accessible location with enough space for participants to sit comfortably, usually in a circle or semicircle and with a table or other surface for writing. Agree on a suitable meeting date and time. Work with the WDC leader to determine whether the meeting is for information sharing, planning, problem solving, or relationship building.

Create the meeting agenda (see below). Agendas are an essential part of effective meetings. They alert participants to the purpose and topics of the meeting and its goals. They also provide structure to help the chair or facilitator stay on schedule. Preparation of the meeting agenda should be handled by the chair and secretary, with involvement from all other WDC members. Ideally, agendas should be developed well in advance of the meeting and distributed to members with sufficient time to review. Information about agenda items (e.g., presenters, topics), times, and venue should be included.

Sample WDC Meeting Agenda

- Opening remarks
- Minutes of last meeting
- Matters arising/action tracker
- Reports: Health services, community groups and village areas
- Gender and social norms
- Action plan

- Annual operating budget
- Closing

Notes:

- Gather materials and set up meeting room: Facilitator asks participants to come up with the list of materials required to hold an effective meeting. Write list items mentioned on a flipchart. The facilitator summarizes all necessary inputs and materials for a successful meeting (e.g., flipchart, biro, paper, list of drivers, chairs, key representatives).
- The secretary should send a meeting reminder (e.g., SMS, voice call) two days before the meeting. The facilitator should ask participants how they want meeting reminders to be communicated. Take note of their suggestions on a flipchart and collectively agree on a method.

During the meeting, the chairperson presides over the agenda. However, it is advisable that all WDC members take turns chairing the WDC meetings in the interest of teamwork. The designated meeting chair should allow all members to share ideas and ensure meetings follow this format:

- The chairperson welcomes participants and thanks them for attending while noting those who could not attend, then quickly reviews the meeting purpose, goals, timeline, and role assignments, making adjustments as needed.
- The chairperson introduces the agenda and requests amendments.
- The secretary reads the previous minutes and solicits changes or corrections, if any.
- The chairperson facilitates the meeting following the agenda.
- Members who received assignments during the previous meeting provide an update. The facilitator should encourage members to share their successes and challenges and to identify possible solutions. The secretary takes notes on these points.
- If the WDC has a performance monitoring plan, a member should present the level of indicators for discussion.
- The chairperson ensures lessons and action points are drawn from the monitoring exercise.
- Based on the community action plan, the chairperson leads a micro-planning exercise to guide the community action between now and the next meeting.
- At the end of the meeting, the chairperson concludes by summarizing important points on which the group has agreed.
- The secretary repeats what was recorded during the meeting, repeating important dates as needed.
- The chairperson asks participants for feedback on how to improve the organization of future meetings.
- It is important that the chairperson thank members again for coming so that members know their time is appreciated and that they are not taken for granted.
- For members who are ill or otherwise in need, the group can arrange to visit that member. These visits help support cohesiveness of the group.
- Agree on action items, those responsible for them, and when they are to be conducted.
- Announce the date of the next meeting before dismissing members.
- Write meeting minutes.

After the meeting, some tasks still need to be completed:

- Tidy the meeting venue (e.g., clean benches, dispose of snacks).
- Share the minutes.
- Archive meeting documents (e.g., minutes, agenda) for safekeeping and future reference.
- Follow up on action items.

Activity: Conduct an Effective Community Meeting

Meeting with broader community members or other groups is an important activity for WDCs to plan and facilitate. Community meetings raise awareness, disseminate information, and provide opportunities to seek input, feedback, and consensus. These meetings can be standalone activities or be included in larger events (e.g., open days, community forums). The quality and productiveness of community meetings depends on how well they are prepared. The following guidelines explain how to prepare for and facilitate a community meeting.

Before the meeting, several tasks should be completed:

- Visit the community leader to inform them about the meeting agenda and why you want to call for a meeting. This serves two purposes: gains buy-in from the leader before the meeting and allows the leader to inform people about the meeting day.
- Meet as WDC members to review the meeting agenda and share responsibilities. Review meeting roles (e.g., who will welcome attendees, who will speak, who will take minutes).
- Determine how many participants are expected and who they are. Consider the total number, ratio of men to women, languages(s) spoken, level of education, prior experience working in both this committee and other groups, social status and relationships, age, relevant issues, and so on.
- Determine the time, date, and length of the meeting so that it is convenient for invitees. Allow ample time for people to plan to attend, and it is recommended that invitations come from respected leaders.
- Choose an accessible meeting place appropriate for community meetings.
- Define the meeting objectives (e.g., topics, sequence of agenda items, time alotted for each topic).
- Select speakers and facilitators (e.g., staff to run the meeting, staff or community members to prepare and present information).
- Prepare methods and tools to encourage and support participation.
- Document meeting processes and outcomes for use in future planning and evaluation.
- Prepare materials as needed.

On the meeting day, ensure the following steps are completed:

- WDC members arrive early at the venue to greet attendees, enhance people's confidence, and guide people on where to sit.
- Start the meeting with a welcome remark, acknowledging community leaders or other attendees as appropriate.
- Thank everyone for attending to ensure people do not feel they are being taken for granted and to convey that their time is valuable.

- Introduce the subject of discussion, and let the meeting flow. To encourage participation among larger groups, consider dividing into smaller groups and then holding a plenary session at the end of the meeting.
- The facilitator should ensure everyone participates in the community mobilization activities by inviting specific attendees to contribute to the discussion or using other methods.
- To reach consensus on a particular issue, write down or record all talking points. Then, repeat each point so that everyone can agree on what to choose.
- The facilitator should emphasize the main points agreed to and then conclude the meeting.
- Announce any future meetings, if applicable, and thank all members for coming.
- Thank the leadership for making the meeting possible. Explain that you will negotiate the date for the next meeting (or share the date if a consensus was already made).

After the meeting,

- Review the outcomes with other community action group members, time permitting, or choose a different time to conduct this evaluation.
- Review what went well during the meeting and where improvements are needed.

Session 5: Reporting and Documentation

Meeting minutes are the notes taken whenever a group meets. The WDC secretary is usually responsible for writing these minutes, which should include the following:

- Date, place (e.g., health center, school), and time of meeting.
- Meeting title or purpose.
- Agenda
- Attendee list, including name, sex, position, phone number, and signature, to be filled out by members present in the meeting.
- Record of all discussions.
- Record of all reports and assignments presented and discussed.
- Record of all decisions made (e.g., who is responsible for the decision and by what date).
- Future follow-up and other tasks.
- Date, venue, and time of the next meeting.

Table 5 shows a sample activity report template.

Table 5

Template for Meeting Minutes

LGA		
WARD		
DATE		
LOCATION		
NUMBER OF PARTICIPANTS	Male_____ Female_____ Total_____	
AGENDA		
DISCUSSIONS (WHAT WAS TALKED ABOUT)		
CHALLENGES/ BARRIERS IDENTIFIED		
RECOMMENDATION		
NEXT STEPS/KEY ACTIONS	DUE DATE	PERSON RESPONSIBLE
CONCLUSION		
Prepared by:		
Designation:		
Signature and date:		

Session 6: Using Data for Decision Making and Collective Action

In 2007, the Government of Nigeria, with support from UNICEF, developed the concept of a community information board. The board is designed to capture basic social and development data for communities to track the health and well-being of their children and women and to drive community dialogues, collective decision-making, and communal action. The board also helps communities take concrete actions that improve services for and rights of children, women, and families. The community information board tracks 16 indicators on a quarterly basis:

1. Number of children born.
2. Number of children registered at birth.
3. Number of children under 1 year old who received the first dose of 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 of girls attending primary school.
8. Number of households with 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.

Each indicator is recorded on the information board, which is placed in a prominent position in the village and updated quarterly by a designated recorder, typically a member of the community development association. As a community tool, it requires participation from all segments and groups in all stages of its use. The principal moderators of the board are the traditional leader, the community or village development committee, and the recorder. The audience is the entire community — women, youths, children, and men. The board is intended to complement existing community engagement processes, such as community dialogues and community theatre.

Session 7a: Understanding Conflict

Many things cause conflict in communities (e.g., individual differences, language, culture, gender, geographical location, position, situation in life). These causes can be grouped into four categories:

- **Miscommunication:** Poor listening often leads to conflict. For example, if the chairperson of a health committee asks members, “Why are you not following up

on important issues?", members may interpret the question to mean the chairperson thinks they are not serious about addressing those issues.

- **Lack of transparency and openness:** If members of group suspect other members are hiding information, such as money-related issues, they may become suspicious and upset, which leads to conflict. For instance, members may feel left out if they are not informed about the group's budget, income, and other money-related issues. They may start asking questions, which can lead to misinformation, gossip, and even accusations.
- **Power imbalance:** If a person feels oppressed or unable to express their feelings, tempers eventually flare, causing conflict. For example, parents who interfere with their grown-up children's life decisions may cause the child to feel that their rights are violated.
- **Perceived and actual injustice or unfair treatment:** People often feel cheated when their contributions to a project or task are not acknowledged, especially if the task was successful. Failure to acknowledge these efforts can result in conflict and resentment.

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

Session 7b: Preventing, Resolving, and Managing Conflict

Conflict management is the process of reducing adverse outcomes while increasing positive outcomes. Leaders must use conflict management skills to provide guidance towards a resolution. Several skills are needed to successfully resolve conflicts in the WDC and to align problems with skillful solutions.

For conflict related to **miscommunication** (skills solution: communication), the leader should

- Encourage truthful and frank communication among WDC members.
- Emphasize active listening and effective information sharing.
- Cultivate better listening skills to ensure understanding and empathy.
- Ask probing questions to illustrate the importance of clear communication in avoiding misunderstandings.

For conflict related to **lack of transparency and openness** (skills solutions: communication and problem-solving), the leader should

- Foster an environment of transparency by openly sharing information and addressing suspicions.
- Develop communication skills to effectively convey information and address concerns.
- Use problem-solving techniques to address suspicions and resolve conflicts stemming from a lack of transparency.

- Discuss problems promptly as soon they are noticed; do not ignore them. Solve problems promptly by critically analyzing the root causes.
- Use the problem tree exercise:
    - Draw a problem tree showing a conflict and its underlying causes.
    - To resolve conflict, one must be aware of problems and their underlying causes.
    - Acknowledge others' concerns and seek additional feedback.
    - Translate concerns into actions.

For conflict related to **power imbalances** (skills solutions: communication and problem-solving), the leader should

- Encourage open dialogue where all members feel empowered to express their opinions and feelings.
- Use communication skills to ensure all voices are heard and respected.
- Implement problem-solving strategies to address power imbalances and promote equity within the WDC.

For conflict related to **perceived and actual injustices or unfair treatment** (skills solutions: communication and problem-solving), the leader should

- Promote recognition and acknowledgment of contributions from all members.
- Use communication skills to ensure credit is appropriately distributed and individuals feel valued.
- Address any grievances or feelings of unfair treatment through open dialogue and problem-solving approaches.

For **other causes of conflict** (skills solutions: communication, problem-solving, stress management), leaders can

- Develop communication skills to navigate differences in information, perception, values, and beliefs.
- Use problem-solving techniques to address role conflicts, resource scarcity, competitiveness, and self-centeredness.
- Implement stress management strategies to mitigate fear, lack of trust, and counter-dependence in the WDC.

The following steps should be followed when engaging in conflict resolution:

1. Summarize the disagreement. Be objective and focus on the issues, not personalities. List the points of conflict. If possible, reduce these points into sub-points so that they are easier to address.
2. Confirm accuracy. Ask for confirmation or correction, which encourages individuals to take ownership and may aid in resolving the conflict without further intervention on your part.
3. Establish the last points of agreement to focus 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 move the conflict toward a solution.
6. Get agreement to implement and assess a solution. Ask disputants to collaborate or compromise on choosing a solution. Explore how they will know whether the solution is successful.

Table 6 summarizes the strategies leaders can use when engaging in conflict resolution.

Table 6.

Strategies for Dealing with Conflict

STRATEGY	APPROPRIATE WHEN…	INAPPROPRIATE WHEN…
Avoid	The issue is relatively unimportant and potential damage of confronting the conflict outweighs the benefits of resolution.	Raising the issue may lead to more critical issues.
Accommodate	The issue is much more important to one side and goodwill can be demonstrated.	A commitment is required that cannot be accommodated or when a leader’s input is required for an effective outcome.
Force	Quick, decisive action is vital or when an unpopular choice must be implemented for which commitment is not required.	The cost of forcing this issue outweighs its benefits.
Compromise	Goals are mutually exclusive.	The compromise does not satisfy anyone.
Collaborate	Working 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: Financial Management and Resource Mobilization

Bookkeeping means that you write down all money that comes in and goes out. This record keeping promotes transparent financial management, analysis of financial performance, identification of ways to use resources efficiently, and creative use of resources to generate additional resources. Good bookkeeping ensures transparency and accountability in WDCs, who are entrusted by the community to manage resources wisely. It also offers several benefits:

- Attracts future grants and donations.
- Allows matching of available resources for planned activities.
- Ensures effective teamwork, interdependent activities, systems, and communication between financial and program staff.
- Ensures efficient resource use.
- Helps identify ways to reduce and recover costs and finance new initiatives.
- Aids in developing, monitoring, updating, and reporting on the operational budget.
- Tracks resource use trends to determine short-term and long-term future budget requirements, project cash needs, and forecast financial growth.
- Enables investment in future resources to make them profitable.
- Helps prevent major financial risks.

The instruments of financial management include a budget, dedicated bank book, cashbook, ledger, and receipts. These tools ensure adequate recording of information about the organization's income and expenditures from all sources, as well as the provision of financial reports that are accurate, clear, complete, timely, and coordinated with program reports. The WDC's bookkeeping system should be regularly reviewed and updated.

Activity: Budgeting Scenario

In this scenario, the WDC BAKESO is working towards implementing community collective actions to address reproductive health and MNCH+N. Through advocacy based on its resource mobilization plan, the WDC recently received a generous donation of N50,000 from a philanthropist in the community. The WDC treasurer recorded the amount received in the funds records register to track the inflow and outflow of money, deposited the money into the WDC account in the bank, and stored the receipt.

The WDC chairperson called for a meeting to decide which CHARP activity to spend the money on. The members agreed to use it to procure bed sheets and mattresses for the delivery ward of the health facility. Led by the treasurer, the WDC developed a budget to cover the expenses (e.g., transportation, communication, purchases of bedsheets and mattresses), amounting to N35,000.

The WDC nominated three members to purchase these items and report back with evidence of procurements and receipts. On an agreed-upon date, the WDC delivered the materials to the health facility, where members ensure the items were received and signed for by the officer in charge of the health facility. All paperwork was recorded and stored in the WDC financial records book.

At the end of the month, after completion of all activities, the WDC chairperson asked the treasurer to prepare a financial report detailing the expenses incurred and the remaining balance. The completed report was submitted to the WDC chairperson for signature before presenting it for review by the larger WDC membership and community members during their community monthly meeting. Thanks to a generous donation and careful bookkeeping, the WDC achieved its goals and improved its ability to support reproductive health and MNCH+N in the community.

Table 7–**Table 9** provide samples of the forms used in this scenario.

Table 7

Sample Funds/Materials Received

S/N	Date	Name	Materials/In kind support	Amount received	Name & Signature of WDC Members receiving
1.					
Total for the month					

Table 8

Sample Budget Template

Activity	Material	Quantity Material Needed	Unit Cost	Total

Table 9

Sample WDC Financial Record Template

Activity Date	Money Received	Money Spent	Balance Cash	Balance at Bank	Chairperson Signature	Treasurer Signature	Signature OF Person Receiving

Session 1: Resource Mobilization

Resource mobilization refers to all activities involved in securing new and additional resources for your organization, as well as those involved in making better use of and maximizing existing resources. Financial resource mobilization includes generating various forms of income (e.g., community contributions and service fees) and obtaining financial support from local and state government, the corporate sector, trusts, foundations, and the public. Non-financial resources (e.g., land, buildings, motor vehicles, and equipment) also can be mobilized to accomplish the organization's plans and activities.

The WDC obtains financial and other resources needed to achieve its objectives by identifying potential sources of funding and support from the community, other influential individuals, self-generated income, government, and so on. Resource mobilization is an essential part of the localization movement, which aims to empower communities to participate, influence, and choose policies that affect their resilience.

Resources can be local or external. Local resources include a wide range of financial and non-financial contributions from individual citizens, institutions, organizations, businesses, and government authorities. External resources include various forms of self-generated income, such as community contributions, service fees, and publication sales, as well as support from the national government, corporate sector, trusts, foundations, and public. Some examples of resources are as follows:

- **Human resources** can be a great source of capital from the community. Human resources include potential learners, teachers, facilitators, community volunteers, local teachers, and influential personalities. These individuals offer indigenous and cultural knowledge, technical and intellectual expertise, community wisdom, labor, public relations, and many other assets.
- **Organizational resources,** or technical assistance from governments and other institutions is another category of local resources.
- **Infrastructural resources** include physical amenities (e.g., meetings space, community land), materials, transportation, and communication.
- **Financial resources** can be cash raised through community efforts or funds received through donations or grants.

Resource mobilization is crucial for WDCs for several reasons:

- **Funding development projects**: Resource mobilization allows WDCs to secure the necessary funds to implement community development projects and initiatives ranging from infrastructure improvements to social welfare programs.
- **Addressing community needs:** By mobilizing resources, WDCs can address priorities identified by the community, such as improving access to healthcare, education, clean water, sanitation facilities, and other essential services.

- **Promoting local empowerment**: Resource mobilization empowers the community to take ownership of its development agenda. By actively participating in fundraising efforts and securing resources, community members become more invested in the projects and initiatives implemented by the WDC, leading to greater sustainability and impact.
- **Enhancing collaboration**: Mobilizing resources often involves engaging various stakeholders, including government agencies, NGOs, private sector entities, and community members, which fosters collaboration and partnerships and enables WDCs to leverage diverse resources and expertise to address community needs more effectively.
- **Building resilience:** Resource mobilization allows WDCs to build resilience within the community by investing in projects and programs that strengthen infrastructure, livelihoods, and social support systems. This process helps communities better withstand and recover from natural disasters, economic shocks, and other challenges.
- **Fostering accountability**: By mobilizing resources transparently and effectively, WDCs demonstrate their commitment to accountability and good governance, which builds trust and confidence among community members, donors, and other stakeholders, leading to increased support for future initiatives.

Overall, resource mobilization is essential for WDCs to fulfill their mandate of driving local development, promoting community empowerment, and improving the quality of life for residents. These resources enable WDCs to translate community aspirations into tangible actions and outcomes, ultimately contributing to sustainable and inclusive development.

Activity: Resource Mobilization Plan

A resource mobilization plan is essential for any organization to achieve its goals. It outlines concrete funding goals, as well as how those funds will be obtained (e.g., donors, grants) and allocated (e.g., prioritized goals, projects) to achieve the desired outcomes. This strategic approach helps ensure sustainable and effective resource acquisition and success in organizations.

Resource mobilization can entail challenges, such as limited funding sources, lack of skilled personnel, bureaucracy, and political instability. Overcoming these challenges requires strategic planning, effective communication, and collaboration among stakeholders.

Developing a resource mobilization plan entails several steps:

- **Step 1**: Identify the activity or program in need of resources, and clarify goals for mobilizing resources (e.g., mobilizing resources to conduct community sensitization on the importance of immunization for children under 5 years old).
- **Step 2**: List all local and external resources (e.g., funds, materials, equipment, volunteers) needed to carry out the planned activity. For example, the community

sensitization activity above requires people (e.g., community health volunteers to mobilize community members and inform them about the event), materials (e.g., fliers, posters, and banners to spread the message), and funds (e.g., to pay for refreshments for attendees and transport for volunteers).

- **Step 3:** Determine current resources that can be leveraged and then focus efforts on acquiring the additional ones needed. For example, for the community sensitization activity, 10 volunteers already have been assigned and basic information materials prepared, so the team should focus on raising at least NGN5,000 for refreshments and transport.
- **Step 4**: Determine where to acquire resources (e.g., reach out to advocates, donors, sponsors, partners). For example, for the community sensitization activity, ask local businesses, NGOs, and philanthropists to help cover the costs of refreshments and transportation.
- **Step 5**: Make a list of contributors to approach for the resources you require (e.g., women's groups, community leaders). Note that multiple funding sources can increase independence and flexibility in implementing programs and reduce reliance on external or foreign funding.
- **Step 6**: Decide when to mobilize these resources and create a timeline based on the results. For the example above, the team would begin mobilizing resources about 1 month before the event date to allow time to secure all the needed funds and materials.

Mobilizing resources requires thorough planning and advocacy to ensure a successful community event. The template in **Table 10** below provides an example that can be used to plan a WDC resource mobilization effort.

Table 10

WDC Resource Mobilization Template

Activity/ Program	Resource required (Type and amount)	Resource availability		Source of support	Timeline	Treasurer signature	Secretary signature	Chairperson signature
		Have	*Need*					

Mobilizing local resources for use in project benefits the organization and local contributors in several ways:

- **Instills sense of ownership:** By contributing their time and resources, citizens, institutions, businesses, and others can assume greater ownership of activities that directly contribute to the positive development of their communities. The sense of

ownership comes from the pride in knowing they helped make the community better.

- **Builds social capital:** Social capital refers to the value of social networks and increased willingness of individuals and organizations to help each other. Seeking local support helps build long-term relationships with other institutions and organizations, which in turn contributes to a community's social capital and provides a better base for future work.
- **Enhances sustainability:** Mobilizing local resources increases the sustainability of community initiatives. As relationships and communication develop locally, future support is more likely to continue because all parties have long-term interests in the community.
- **Promotes independence:** Raising resources locally gives an organization more independence and flexibility.

In writing a resource strategy plan, whether it is one page or five pages, participants should be able to answer the following questions:

- Why do we need these resources (i.e., what will the resources be used for)?
- What type and how many resources do we need?
- What is an effective action plan for resource mobilization?
- Who will we ask for each of these resources?
- How much will it cost to raise funds from each source with each method?
- Who is responsible for raising the resources with each method?
- How will the WDC measure the results of income and expenditure?

The facilitator should guide the participants in coming up with a resource mobilization committee in the WDC and agree on their roles.

Activity: Roles and Responsibilities of the Resource Mobilization Committee

The resource mobilization committee is a sub-committee of the WDC responsible for planning, implementing, and evaluating resource mobilization strategies. It comprises a minimum of five people and should be chaired by an executive member. The committee performs the following fundraising activities:

- Identifying individuals in the community to ask for support or donations.
- Compiling and documenting all donations.
- Reporting on all monetary and non-monetary resources to the larger WDC meeting.
- Acknowledging and writing thank-you notes to all those who contributed.

Module 3: Gender Equality and Social Inclusion

Gender inequality is a leading barrier preventing children and adults from claiming their full and equal rights. Gender inequality prevents individuals from accessing and using health services, and it influences how health systems respond to their differing needs. Moreover, power imbalances contribute to inequalities in economic and education opportunities, resulting in poor human development outcomes.

Gender inequality manifests as harmful and discriminatory norms, attitudes, and behaviors. These constraints limit women and girls' opportunities and prevent men and boys from reaching their potential and living as equals with women and girls. Women and girls continue to have less power than men and boys in almost all places (e.g., parliament, businesses, at home and in the workplace, and in WDCs). Harmful gender norms contribute to this imbalance of power, particularly when they are entrenched in laws and policies that fail to uphold—or even violate—girls' rights, like laws that restrict women from inheriting property. Exposure to gender inequality can influence women and girls to endorse, rather than change, norms about women.

Men and boys play key roles as fathers, brothers, partners, peers, community leaders, mentors, and role models in private and public spheres. Harmful gender norms deny men and boys the opportunity to be responsible, loving, and supportive, especially when social conceptions of masculinity fuel child labor, gang violence, disengagement from school, and recruitment into armed groups.

The sessions in this module are designed to help WDC members, community volunteers, and other community health workers understand how gender norms can impact health and development in their communities; explore their attitudes, beliefs, bias, and behaviors; and feel comfortable, confident, and capable in addressing social, cultural, and gender norms that prevent people from accessing and benefitting from opportunities equally. Some approaches to promote positive gender and social norms in MNCH+N include

- Expanding women's choices to fully and freely access, participate in, and benefit from resources and opportunities in their communities.
- Strengthening women's voices in community decision making through equitable participation and representation and collective organizing to express concerns and create social and institutional change.
- Transforming unequal power relations in patriarchal systems, wherein men hold disproportionate and inequitable power in political leadership, community-level decision making, moral authority, social privilege, and control of property and resources.

Sex and Gender

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. Gender identity is influenced by cultural, economic, political, and environmental factors. It can vary within and between societies, and it often results in different opportunities and behavior for both men and women.

Session 1: Using Concepts of *Adalci* and *Kyautatawa* to Overcome Gender Inequality and Complete Community Action Plans

The concept of *Adalci* provides a culturally appropriate, overarching framework for Breakthrough ACTION-Nigeria's strategic gender approaches in northern Nigeria. These approaches aim to achieve the project's gender objectives, gender equality, and sustained healthy behaviors. Religious and traditional leaders are well-positioned to engage influential individuals, organizations, communities, families, and heads of households to promote *Adalci* for the improved health status of families and communities.

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

- Limited mobility and socially isolation.
- Unequal access to services and resources due to family planning, dropping out of school, prioritizing the education of boys over girls, biases in and barriers to services (e.g., unsafe locations, fees, lack of latrines or routes to school).
- Limited access to community forums and lack of (feminist) collective action to address gender discrimination in the community.
- Barriers to leadership and decision-making roles in public and private spaces.
- Harmful gender norms pressuring men and boys to provide for their families but discouraging them from expressing emotions or taking on domestic and caregiving roles, leading to social isolation and other negative outcomes that increase risk of conflict and gender-based violence.
- Disproportionate rates of gender-based violence, including intimate partner violence; rape; harassment; female genital mutilation and cutting; and child, early, and forced marriage.

- Heavy work burdens (e.g., agricultural work, domestic work, income-earning work, childcare, and other caregiving responsibilities).

Activity 1: Examples Action Plans and Projects

Table 11 can be used to define the concepts of *Adalci* and *Kyautatawa* to overcome gender inequality and complete community action plans.

Table 11

Using Adalci *and* Kyautatawa *in the Community Action Plan*

EXAMPLE OF GENDER INEQUALITY IN COMMUNITY	HOW CAN ADALCI AND KYAUTATAWA HELP OVERCOME THE INEQUALITY AND COMPLETE THE COMMUNITY ACTION PLANS?	HOW EASY WOULD IT BE TO APPLY ADALCI AND KYAUTATAWA 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 2: Gender and Empowerment Sub-Committee of the WDC

The WDC's gender and empowerment sub-committee implements community action plans, leads implementation of specific activities, and reports progress at WDC monthly meetings. It has the following roles and responsibilities:

- Identify gender-related norms and issues that impact the health of the community.
- Empower communities to mobilize resources, enhance participation in health services, and address the underlying causes of health issues, including gender biases and norms.
- Advocate for and mobilize the community to embrace primary education for all girls and for eligible children in general.
- Develop and implement action plans targeted at economic empowerment to deal 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 VDC and WDC meetings about achievements, challenges, lessons learned, and next steps.

The specific steps to encourage gender integration and representation are as follows:

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

Session 3: Gender Mainstreaming Checklist

The gender mainstreaming checklist tool (**Table 12**) assesses the integration of gender considerations within the activities and decision-making processes of the WDC. Gender mainstreaming ensures that gender equality and women's empowerment are central considerations in all aspects of development initiatives. The checklist comprises a series of questions aimed at evaluating the extent to which gender equality principles are incorporated into the functioning of the WDC. It also helps identify areas of gender disparity and provides a framework for taking corrective measures to promote gender equality and women's empowerment within the community.

The purpose of using 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 12

Gender Mainstreaming Checklist

QUESTIONS	YES	NO
Does the WDC have a gender and empowerment sub-committee?		
Is gender equality included as an agenda item in all meetings?		
Do women and men participate equitably in WDC activities, both in terms of physical presence and meaningful participation?		
If there are imbalances in participation, have appropriate measures been taken to ensure full participation of women and men equally?		

Does the community action plan contain any activities that address gender inequality?		

Session 4: Safeguarding Pledge

Safeguarding is a set of internal facing, business-critical policies, procedures, and practices that ensure the safety of beneficiaries, including children. Safeguarding ensures everyone associated with the organization is aware of and responds appropriately to issues of abuse and exploitation. Anyone who represents the organization must behave appropriately and never abuse their position of trust as a partner or volunteer.

All programming aims to **reduce** the likelihood of harm and **increase** the likelihood of detection of harm to enable effective responses. Assessing and reducing risks to beneficiaries, including children, is a crucial part of program activities.

Risk to beneficiaries and children can be **internal** (inside the organization), such as abuse perpetrated by trusted adults or other children in the organization, including staff, partners, volunteers, consultants, and representatives, or by organizational activities. In such cases, child safeguarding entails reporting within the organization. It can also be **external** (outside the organization), such as abuse occurring in families, outside institutions, and communities. These cases of child protection are reported to local authorities outside the organization.

WDC members, staff, partners, and representative must be familiar with safeguarding and what it means. They must be aware of abuse and risks to beneficiaries and be vigilant in this awareness. All WDC members, staff, partners, and representative must understand their responsibilities to prevent abuse, protect beneficiaries (including children), and report safeguarding concerns appropriately.

Review the safeguarding pledge below:

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, consent, or local custom. Mistaken belief in the age of a child is not a defense.
- Develop a relationship with any beneficiary that could be deemed exploitative or abusive.
- Behave in a physically or sexually inappropriate or provocative manner.
- Ask for sex or other favors from beneficiaries in exchange for services or support rendered.
- Act abusive in any way or place a beneficiary at risk of abuse.
- Use language or offer 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 or supervisor.
- 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, degrade, or otherwise harm beneficiaries.
- Perpetuate any form of emotional abuse.
- Discriminate against, show unfair differential treatment towards, or favor 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.

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 your 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 they come across during programming.

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

Module 4: CHARP 2 Development and Implementation

Developing and putting into action a CHARP is an important way to improve health in a community. To optimize this plan, WDCs guide the process so that everyone in the community works together making decisions and using resources wisely. WDCs should have the skills to handle challenges, involve people effectively, and ensure sustainable health projects that benefit everyone

To facilitate effective interpersonal communication, WDC members should

- **Explain the purpose of the meeting or visit,** highlighting the benefits (e.g., "to learn how to keep your baby happy and growing well").
- **Avoid lecturing people**, which can be boring and may imply you think others do not know anything.
- **Explain things clearly** by using short sentences and simple language (avoid "NGO speak").
- **Use open-ended questions** to ask for opinions, experience, and ideas and to leverage others' expertise.
- **Use active and reflective listening**, which means listening carefully to and demonstrating genuine interest in what people tell you and then building on what you learn from them.
- **Empathize** with others to try and understand why they may not practice the behaviors you promote or disagree with you. Consider each person's situation and reality (e.g., do not ask people to use something they cannot afford).
- **Affirm** people's strengths and acknowledge behaviors, big and small, that lead to positive change. Affirmations help to build people's confidence in their ability to change (e.g., "I am impressed with the way you … ," "Thank you for …").
- **Avoid leading questions** that may provoke a certain answer; use open-ended questions instead. For example, avoid questions like "Do you understand me?" Instead, ask, "Could someone please summarize what I just explained?"
- **Engage people** in discussion, demonstrations, and exercises. Avoid passive listening by ensuring everyone participates.
- **Understand the topic** you are talking about, and admit when you do not know something.
- **Observe** people's expressions and body language to see how well you are communicating. Respond to what you see.
- **Be authentic**. Model desired behaviors (e.g., washing hands with soap) and actions.
- **Reach consensus** on what actions will be taken after the meeting.
- **Summarize** the discussions

The CHARP comprises an objective with mobilizing goals, as well as the strategies and activities to achieve that goal. For example, an objective could be to

- Increase mothers' antenatal care seeking behaviors in the village of Bakeso from 30% to 80% by December 2009. Mobilizing goal: Increase regular access to antenatal clinics to have healthy children.
- Increase the number of women delivering at an appropriate health facility (assisted by a skilled attendant) from 5% to 80% in Chimpeni Village TA, Dzoole, by November 2008. Mobilizing goal: Improve the health status of all Nigerians.

The strategy establishes the direction in which you move to achieve a specific goal (e.g., **how** to achieve the goal):

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

Consider the objective to train 50 community volunteer health workers on how to facilitate group meetings. A specific strategy for this objective is to have the community youth group develop and perform a drama depicting how traditional practices affect MCNH+N in the community. **Table 13** shows an example planning matrix that can be used to develop the CHARP.

Table 13

Sample Planning Matrix

MOBILIZING GOAL:						
OBJECTIVES	BARRIERS/ OPPORTUNITIES	STRATEGIES	ACTIVITIES	PEOPLE RESPONSIBLE	TIMELINE	INDICATORS OF SUCCESS

Note. Adapted from Save the Children's "Engendering Transformational Change: Gender Equality Program Guidance and Guide."

Participatory Facilitation

Participatory facilitation is a learning methodology that engages participants actively in the learning process, incorporating their needs, questions, capacities, reflections, and strategies for change. Participatory facilitation is useful for training, workshop design, and group meetings. It also is important throughout the community action cycle to effectively support an empowering community mobilization process and thus is useful for anyone in community health planning, from public health officials to community organizers, who wishes to enhance their ability to lead and engage others in meaningful action.

Conversation with the people requires a profound rebirth. – Paulo Freire (1993)

A participatory facilitator equips individuals with the skills and knowledge necessary to effectively guide groups in collaborative processes. The participatory facilitator's purpose is to

- **Educate**. Provide a foundational understanding of facilitation skills, including how to manage group dynamics, encourage participation, and drive collective decision making.
- **Equip**. Offer practical tools and techniques to apply in various settings to foster productive and inclusive discussions.
- **Empower**. Enable others to lead by example, demonstrating how participatory approaches can lead to more democratic and effective outcomes.

As a key component of successful community engagement, participatory facilitation is particularly important in the context of developing and implementing CHARPs. Effective facilitation ensures all community members have a voice in the health initiatives that affect them, leading to more sustainable and accepted outcomes.

Becoming a participatory facilitator requires practice. Basic learning theories and facilitation methods can help you develop the skills to become a learner-centered facilitator. It is only through practicing and openly receiving feedback from colleagues that you can become a better participatory facilitator who supports a process of positive change through honoring everyone’s contributions, recognizing each individual’s creative resources and creating a supportive learning environment.

The Foundation of Facilitation: Non-Formal Learning Theory

An initial step to becoming a participatory facilitator is to have a better understanding of non-formal learning theory. Traditionally, learning has been viewed as a transfer of expertise from a teacher or trainer to a learner. The teacher defines what the learner needs to learn. This approach to learning assumes the teacher holds the key to knowledge and the learner passively absorbs what is being taught.[1] Often referred to as the “banking approach,” it gives total control of the learning process to the

[1] Society for Participatory Research in Asia. (1995). *A manual for participatory training methodology in development.* Society for Participatory Research in Asia.

teacher or trainer and discourages learners' active participation because the trainer does everything from defining the objectives to evaluating the learner. Brazilian educator Paulo Freire saw the banking approach as a root cause for oppression and contrary to a process that empowers poor and marginalized groups.[2] Some major assumptions of the banking approach to learning are as follows:

- New knowledge by learners will automatically lead to action or change in behavior.
- The trainer owns the knowledge and can therefore transmit or impart it as an instructor.
- Learning depends essentially on the trainers' capacity to teach and the learners' capacity to learn.
- Training is the responsibility of the trainer and training institution.
- The teacher possesses all the important information.
- The learner is an "empty vessel" needing to be filled with knowledge.
- The teacher talks, and the learner listens passively (i.e., the teacher is the subject of the learning process, and the learner is the object).
- The teacher chooses the program content, and the community members must adapt to it.

In this dynamic, teachers confuse the authority of knowledge with their own authority, which is set in opposition to the freedom of the learner. Over the second half of the twentieth century, an alternative view of learning evolved from the view of *transferring expertise* (i.e., *imparting* knowledge) into learning as a process of *discovery* and *growth*. This approach focuses on examining one's own values, attitudes, and orientation; on discovering one's assumptions and patterns of behavior; and on questioning, rethinking, and relearning.

Non-formal learning is sometimes referred to as popular education or adult learning (although it may be applied with children as well). It is an ongoing process through which both facilitators and participants learn from each other. This approach to training is intended to build the learners' confidence and their capacity to observe, analyze, criticize, and understand their own behavior, reality, interests, issues, and concerns. Through this process, learners begin to cooperate rather than compete and are encouraged to explore their own reality based on their own experience and voice their own ideas as they work to solve their own problems. Non-formal education is often defined as out-of-school learning that is planned and agreed upon by both facilitator and participants. This approach is learner-centered and experience-based. The non-formal approach to learning is based on several assumptions:

- People cannot be developed; they develop themselves.
- New knowledge does not automatically lead to action or changed behavior: individuals first need to understand and internalize the importance of change.
- Learners are a rich and diverse source of information and knowledge about the world.
- Collective reflection and experience are powerful tools for learning and change.

[2] Freire, P. (1997). *Pedagogy of the oppressed*. Continuum Press.

- The learner is active.
- Learning is practical, flexible, and based on the real needs of the learner.

The purpose of non-formal education is to improve the life of the individual or community, rather than to teach isolated skills or knowledge. Non-formal education emphasizes trust and respect while encouraging questioning and reflection. In this way, facilitators and participants are partners in learning.

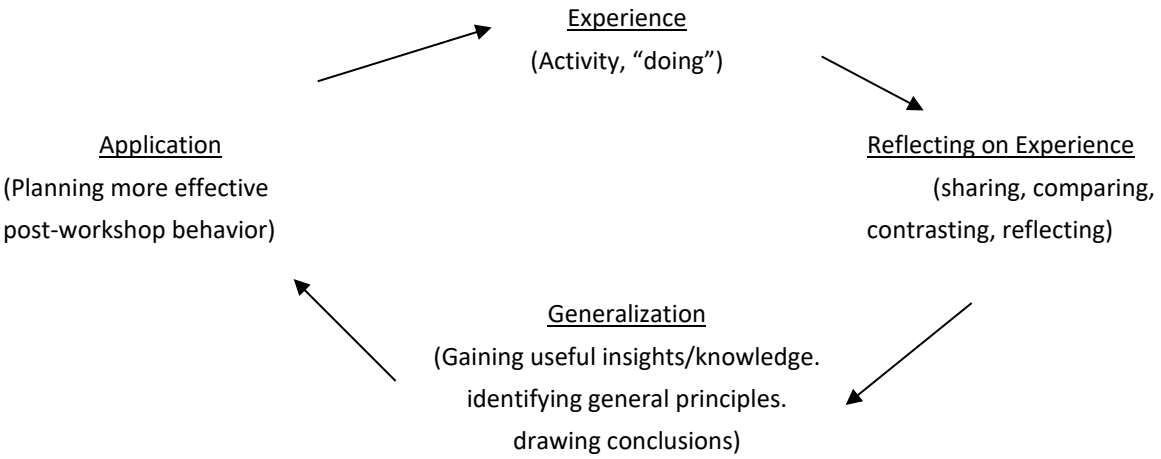
The Experiential Approach to Training

The Experiential Learning Cycle is a training method developed by the Training Resources Group.[3] Specifically, it outlines a process for facilitators working with individuals and groups learning or promoting collective action through community mobilization. The learning cycle requires the learner to move through four phases of learning: experience, process, generalization, and application.

Experiential learning is exactly what the name implies: learning from experience. The experiential approach (see Figure 10) is learner-centered and allows participants to manage and share responsibility for their own learning with their facilitators. Effective community mobilization strategies that use experiential learning approaches provide opportunities for a person or group to engage in an activity, review this activity through dialogue and reflection, gain useful insight or knowledge from this reflection, and apply what is learned in a practical situation in life.

Table 14

The Experiential Cycle Approach to Learning



The nature of each phase is driven by the goals of the training or group objective. Once the goal and objectives are defined, then the session can be designed using the model as a framework. The role of

[3] Freire, P. (1997). *Pedagogy of the oppressed*. Continuum Press..

the facilitator is to create a safe and respectful space for the group of learners and to help them through the following processes of learning:

- **Experience:** Provides participants opportunities to experience a situation related to an objective of the training session. This experience is structured to enable the participants to become actively involved in doing something (e.g., case study, skit, drama, role play, demonstration, small group task, site or field visit, skill practice). The experience evokes feelings and thoughts to initiate the learning cycle.
- **Process:** Once the experience stage is completed, the trainer or facilitator guides the group into the process part of the cycle. During this phase, participants reflect on what they did during the experience phase and share their reactions with the group. Participants are encouraged to link their thoughts (cognitive) with feelings (affective) to derive meaning from the experience. The processing phase is also an opportunity to challenge learners to analyze the activity from a variety of perspectives. Many times, facilitators emphasize experiential learning without paying enough attention to preparing a set of processing questions to help learners gain the most from the experience and to build a foundation for the generalization phase. Some examples of processing questions include

  - What are your observations about …?
  - Where did you have difficulties?
  - What surprised you?
  - What worked?
  - How did you feel about …?
  - What were your reactions?
  - What strategies were used?
  - What were the turning points in the experience?
  - How does what you said relate to ... or differ from ...?
  - What are some similarities that you notice in what people have said?

- **Generalization:** The generalization stage helps participants develop conclusions derived from the first two phases of the cycle. During this phase, participants step back from the immediate experience and draw conclusions about what might be applied in practice. Some sample generalization questions include

  - What have you learned about …?
  - What conclusions can we draw from … ?
  - Have you gained any new insights about …?
  - Are there any lessons to be learned?
  - What general advice could we give about …?
  - What principles can we develop from this?
  - What are some significant points to remember from this section of the course on …?
  - From this session, the readings, and the discussions we have had all week, what insights do you now have about …?

- If you were to synthesize all that we have been addressing in this unit, what would you say are the two most important conclusions you have reached about …?
    - **Application**: In the application phase, participants draw upon insight and conclusions reached in the previous phases to incorporate more effective behavior into their lives. The facilitator encourages participants to place themselves in everyday situations and identify what they will do better or differently because of what they have learned. Some sample application questions are
- How can you apply …?
- How can you use …?
- As a result of our work on …, what will you now do differently when you return to your job?
- Identify at least three ways you can become more effective at …?
- What do you (or the group) still need to work on?
- What are some ways that you can change your approach to …?
- How can the group help to support your efforts to change?
- Choose two things to work on when you return to your family or home, how you will undertake these activities, and how you will know if you are being successful at them.

A skillful trainer should have the competence to understand what goes on in each phase of the experiential learning cycle and to facilitate the learning process. Trainers also should consult resources that can provide much greater detail on how to effectively use an experiential approach to learning.[4]

Facilitation Methods

Several methods can be used to facilitate learning:[5]

- **Brainstorming:** Generate ideas in a group by eliciting quick contributions without comment or opinion.
- **Case study**: Examine a fictitious or true account of something.
- **Checklist:** Select items from a prepared list.
- **Contracting**: Agree to carry out a future behavior and invite a fellow participant to follow up on the agreement.
- **Creative exercise**: Participate in an activity that calls for original or innovative thinking.
- **Debate**: Assign participants to take pro and con positions to stimulate discussion.
- **Demonstration:** Show participants how a concept, procedure, or skill looks in action.
- **Dyadic discussion**: Ask participants to form groups of two and hold a brief conversation.

[4] Lewin, K. (1951). *Field theory in social science*. Harper Collins.

[5] Silberman, M. L. (1997). *Twenty active training programs, volume III.* Pfeiffer & Co.

- **Experiential exercise**: Perform an activity that dramatically illustrates training content by allowing participants to experience it.
- **Feedback**: Ask participants to share their reactions to each other's behavior.
- **Fishbowl**: Form two groups, a discussion circle and a listening circle. Ask the discussion circle to observe the discussion group (i.e., fishbowl).
- **Game**: Use a quiz format or playful activity to experience or review training material.
- **Group discussion**: Conduct an exchange of ideas with all participants.
- **Group inquiry**: Share interesting training material and invite participants to ask the trainer questions about the subject matter.
- **Guided teaching**: Shape trainer's knowledge and teach an approach by pulling from participants' knowledge of the subject matter.
- **Icebreaker:** Help participants get acquainted or immediately involved in the training program using a structured exercise or game.
- **Information search**: Ask participants to search for information in source materials or training handouts.
- **Interviewing:** Invite participants to ask one another questions.
- **Jigsaw:** Merge the learning of two or more subgroups of participants.
- **Learning tournament**: combining cooperative learning and team competition.
- **Lecture**: Briefly present key points about a training topic.
- **Mental imagery**: Guide participants through an event or experience visualized in their minds rather than through real observation.
- **Observation:** Watch others without directly participating.
- **Panel discussion**: Promote an exchange of ideas among representatives of the training sub-groups as others listen and ask questions.
- **Peer consultation**: Ask participants to provide instruction for one another.
- **Physical continuum**: Ask participants to arrange themselves in a line that represents their relative responses to the trainer's question.
- **Polling:** Survey a group by requesting a show of hands.
- **Presentation:** Briefly inform participants about the trainer's objectives and other key information.
- **Press conference:** Ask participants to devise difficult questions to be answered by the trainer.
- **Problem-solving activity**: Ask participants to find solutions to problems posed to them by the trainer.
- **Project:** Assign a challenging activity to participants.
- **Questionnaire:** Administer a survey or instrument to participants to complete and obtain structured feedback.
- **Quiz:** Invite participants to take a short test (usually self-scoring) to become acquainted with or to review course materials.
- **Response cards:** Ask participants to state something anonymously on an index card and share that information by passing the completed card around the group.

- **Role play/socio-drama**: Ask participants to act out and demonstrate real-life situations.
- **Self-assessment or self-evaluation**: Ask questions that require participants to reflect on their attitudes, knowledge, or behavior.
- **Simulation**: Perform an activity that reflects reality in a symbolic or simplified manner.
- **Skill practice**: Try out and rehears new skills.
- **Study groups**: Ask participants to read and then discuss the contents of a training handout or short written assignment in small groups.
- **Subgroup discussion**: Exchange ideas in subgroups or "buzz groups" of four or more participants each.
- **Subgroup exchange:** Arrange a discussion in which two or more subgroups or teams exchange views and conclusions.
- **Trio discussion or trio exchange**: Conduct an exchange of ideas with subgroups of three participants each.
- **Whip:** Rapidly share information or ideas by going quickly around the group soliciting contributions.
- **Writing task**: Ask participants to compose a written response (e.g., action plan or a learning journal) to a training assignment.

Facilitative Dialogue Creation

Asking questions is a critical facilitation skill.[6]

Closed questions generally result in yes/no or other one-word answers and should be used to elicit precise, short answers. For example, asking "Do you think that recommendation will work?" will likely result in a one-word answer (e.g., "No"). Closed questions thus can inhibit discussion.

Open-ended questions require elaboration on how, what, or why. For example, "What did you like about that recommendation." The response might be "I think it is a good strategy for resolving the issue, one that can be implemented without expending a lot of resources." Another example is "What kinds of goals did the group set?" to which one might respond, "They set a wide range of goals. The first was …"

Paraphrasing is simply restating what the other person has said in your own words. The prefix "para" means alongside, as in the word parallel. The process of paraphrasing is like catching a ball and throwing one back except the ball you throw back is your own and perhaps a bit different from the original ball. Nonetheless, it is still a ball. You can throw back the other person's ideas by using phrases such as:

- You are saying ...
- In other words ...
- I gather that ...
- If I understood what you are saying ...

[6] Adapted from James A. McCaffery, Training Resources Group, Inc.

The best way to paraphrase is to listen intently to what the other is saying. Worrying about to say next or mentally preparing a response can prevent one from being able to paraphrase accurately. It is helpful to paraphrase when you want to make sure you and others understand a key point. You can even politely interrupt to indicate you are really striving to understand. For example, "Pardon my interruption, but let me see if I am clear about what you are saying ..."

Summarizing pulls important ideas, facts, or data together; to establish a basis for further discussion or to make a transition; to review progress; and to check for clarity and agreement. Summarizing can encourage people to reflect on their positions as they listen for accuracy and emphasis. Some starter phrases to help you begin a summary are

- From our work this morning, I conclude that ...
- Let me try to summarize …
- I think we agree on this decision and we are saying that we intend to …

A benefit of summarizing is the opportunity to check for any disagreement before a task is completed or a deadline missed. A common complaint is that some people think an agreement has been reached, yet things do not occur as planned afterwards. In many instances, an agreement was not actually reached.

Encouragement makes people more likely to contribute or speak up in one-on-one or group situations when they feel their views are valued. Encouragement enhances this process by asking questions, paraphrasing, and summarizing with both non-verbal and verbal cues, such as nodding one's head, maintaining eye contact and an open body position, building on the last word or two of someone else's sentence, and repeating what someone said. Phrases that offer encouragement include “say more about that,” “that's good!” and “does anybody else have anything to add?”

Cultural Implications

Facilitation skills vary from one culture to another, in particular those related to encouragement. Adjustments may be necessary to account for diverse cultural backgrounds. Ideally, the learning environment will be characterized by

- **Active people.** People feel personally involved in their own and others’ learning processes.
- **Respect.** Individuals are valued, and a sense of caring prevails.
- **Acceptance.** People feel they can be themselves and express their beliefs without fear.
- **Trust.** People trust in themselves and in others.
- **Self-discovery.** People learn about themselves and how to meet their own needs, rather than having their needs dictated to them.
- **Safety.** People feel they can confront each other and challenge ideas without fear.
- **Openness.** Concerns, feelings, ideas, and beliefs can be expressed and examined openly.

- **An emphasis on the uniquely personal nature of learning.** Everyone knows their values, beliefs, feelings, and views are important and significant.
- **Appreciation of differences.** Differences in people are as acceptable as differences in ideas.
- **Recognition of the right of individuals to make mistakes.** Errors are accepted as a natural part of learning.
- **Tolerance of ambiguity.** Alternative solutions can be explored without the pressures of having to find an immediate single answer.
- **Co-operative evaluation and self-evaluation.** People see themselves as they really are, with help from peers.

Activity: Facilitation Observation Guide

Use the following facilitation observation guide[7] with your team members to practice the skills and methods needed to become a participatory and effective facilitator and to provide feedback to each other.

Facilitator's Name: _____

Observer's Name:_____

Arrival

- □ Has arranged seating in informal or relaxed configuration, such as a circle or horseshoe shape.
- □ Greets people as they arrive, develops rapport, and makes people feel welcomed and at ease.

Introduction

- □ Formally greets group, thanks them for coming.
- □ Introduces self and role as facilitator.
- □ Explains purpose of meeting.
- □ Asks participants to introduce themselves.
- □ Facilitates appropriate icebreaker[8] to build comfortable environment.

Discussion

- □ Reinforces that group has knowledge and the role of facilitatior as helper.
- □ Begins discussion with opening question or statement.
- □ Uses open, probing, redirecting questions (list specific examples).
- □ Paraphrases (lists specific examples).
- □ Encourages quiet members (lists specific examples).
- □ Regulates overly dominant members in culturally appropriate ways.
- □ Handles difficult participants while maintaining their self-esteem (list examples).

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[7] Modified from materials developed by the Peace Corps (*Promoting Powerful People*), USAID, and Academy for Educational Development.

[8] An icebreaker is a creative exercise to build group trust and establish a safe learning environment. Icebreakers should be culturally appropriate. For example, in some cultures, touching is prohibited between men and women. Icebreakers should not make participants uncomfortable, and they need to be performed at the appropriate time so as not to distract from group work.

Non-verbal communication skills

- □ Uses eye contact to encourage participants.
- □ Uses other gestures to encourage participants (e.g., smiles).

Verbal communication skills

- □ Speaks clearly and slowly for all to hear.
- □ Paraphrases when trying to provide clarity and create dialogue.
- □ Uses open-ended questions.
- □ Uses local or (if working with translator) easily understood language.

Pulls discussion to close

- □ Summarizes or has participants summarize.
- □ Asks participants what value they think has been accomplished.

Closure

- □ Clarifies next meeting time and date, next steps if any, and persons responsible.
- □ Thanks participants.