Mobilizing Communities for Health and Social Change:
Training of Trainers

Guide: Explore Health Issues and Set Priorities

2019

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Acronyms

LGASMT   Local government area social mobilization team

NGO   Non-governmental organization

USAID   United States Agency for International Development

WDC   Ward development committee

Acknowledgements

Note to Facilitator

This manual is a guide to facilitating a participatory exploration of underlying social norms and behaviors that cause or contribute to community health problems. The success of the process depends on the efforts, including logistical and technical preparation, of the LGASMT. LGASMTs and project staff should meet about a week before meeting #1 of the Explore Health Issues and Set Priorities phase to complete the following tasks:

- Prepare the meeting agenda, choose a time that accommodates most participants' schedules, create the list participants (keep a manageable size and include influential people such as local and religious leaders and health workers), and choose the venue.
- Arrange for materials and supplies (e.g., tables, benches, mats, blackboard, flipcharts, chalk or markers, writing materials for WDCs, snacks and drinks), including translating materials into the local language.
- Assign roles and responsibilities to ensure cooperation and minimize overburdening individuals.
- Prepare scenarios for a mini-drama that includes two scenes about problems related to maternal, newborn, and child health and nutrition in the community. Write them down or type them out in advance. Choose actors for the mini-drama, and ensure they have ample time to rehearse. Observe the rehearsal.
- Send invitations to selected participants about one week in advance of meeting #1 and ensure everyone is informed.
- Check in with the WDC chair 2–3 days before the meeting.
- Translate the meeting program into the local language. Write important information (e.g., meeting agenda) on a flipchart.
- Prepare icebreakers and energizers.
- On the day of meeting #1, arrive at the venue in time to set up and arrange seating in a U shape so that all participants can interact and engage in group discussions.

Introduction

Actively engaging communities and their leaders in identifying underlying causes of health issues can contribute to sustained change in behavioral and social norms. It also helps strengthen the capacity of communities to carry out and willingly participate in future activities to improve their health and other needs, which promotes and sustains social and behavior change. Community leaders such as ward development committee (WDC) members, village chiefs, religious leaders, and women leaders play critical roles in regulating normative behaviors at both the household and community levels.

Breakthrough ACTION-Nigeria, in collaboration with the Ministry of Health through community mobilization sub-grantees, supports efforts to improve health issues using the community action cycle approach, a multiphase process whereby WDCs and community leaders, health workers, volunteers, and other members collectively identify health issues; set priorities to design interventions consistent with national guidelines, strategies, and objectives; implement the interventions; and then monitor and evaluate the results.

The Explore Health Issues and Set Priorities phase of this cycle aims to identify critical behaviors and social factors that contribute to ill health and prevent effective access and utilization of health services by different segments of the population, particularly those who are underserved and most impacted by inequality and discrimination.

Facilitating Participatory Community Exploration

The main objective of the participatory Explore Health Issues and Set Priorities phase is to identify the community's main health problems and issues, their root causes and contributing factors (e.g., behavioral and social norms), and priorities for addressing these problems. The following information serves as a guide to facilitate participatory community exploration. Although useful, it should not restrict your creativity and relevant adaptation.

The Explore Health Issues and Set Priorities phase takes 3–4 days and comprises four steps. The LGASMT should facilitate the whole process.

First, before engaging the community, LGASMT and WDC members and community leaders should meet to explore issues together using data collection tools. This process may take 1–2 days, during which the WDC and LGASMT members should develop and prioritize a list of problems using the picture card, decision-making matrix, and problem tree tools.

Next, the WDC engages the wider community to explore issues together through focus group discussions and key informant interviews. The results can help identify the determinants, root causes, and drivers of the prioritized issues and promote community involvement in this critical phase of the community action cycle. Each WDC member, with support from LGASMT members or leaders, is expected to identify a purposeful sample of participants to do complete these activities in the selected community or village. The results should be used to develop a validated list of health issues and their root causes. This process can take 2–3 days depending on the number of communities engaged. A facilitation guide for this process is not provided, but Session 4: Prepare for Exploratory Meeting #2 with Broader Community in the below Guidelines for Facilitating the First Meeting of the Explore Health Issues and Set Priorities Phase is dedicated to preparing for it.

Finally, LGASMT and WDC members meet to review, analyze, and develop insights from the data and to summarize all determinants or root causes according to priority, using information gathered during their initial meeting and the meeting with the wider community. Develop a single list of key determinants and root causes per issue and produce a report with this information.

Facilitating the First Meeting of the Explore Health Issues and Set Priorities Phase

Session 1: Welcome, Introductions, and Adoption of Meeting Agenda and Objectives

Objective: All participants introduce themselves and agree to the meeting agenda.

Duration: 90 minutes.

Method: Presentation.

Participants: WDC, community leaders.

Material: Masking tape, markers, flipcharts.

Preparation:

- About a week before the meeting, reach consensus on a meeting date, time, and venue.
- Prepare for refreshments and lunch for participants, accounting for 1–2 days of meeting time.
- Write out the steps of the exploration process on a flipchart.
- Ensure all participants sit in a semi-circle or U shape so that they can see or face each other.

The steps for this session are as follows:

- **Step 1:** Welcome all participants to the meeting and thank them for sharing their time.
- **Step 2:** Introduce yourself, and then invite colleagues, WDC members, and others to do so, if time and number of participants allow.
- **Step 3:** Invite community leader or WDC chairperson to give opening remarks.
- **Step 4:** Review the agreement everyone made to be part of the community mobilization initiative and welcome them back to continue the work.
- **Step 5:** Explain that this phase of the work is about exploring community health issues and identifying their key determinants and drivers.
- **Step 6:** Inform participants about the steps of the Explore Health Issues and Set Priorities phase, as presented on a flipchart. Address any questions.
- **Step 7:** Explain that today's meeting is about the first step, during which WDC members explore their communities health issues and present a detailed agenda with the following specific objectives:
  - Identify core health issues in the community or area.
  - Review exploration and data collection tools to be used by WDCs with the wider community.
  - Practice using exploration tools and plan exploration meetings with the broader community.
- **Step 8**: Take time to answer participants' questions and review the meeting agenda.

- **Step 9:** Once participants understand the workshop objectives and how the Explore Health Issues and Set Priorities phase will unfold, begin the small group reflections.
  - Have them form groups of up to eight people.
  - Explain the following task: It is the year 2031. After 10 years of absence from the country, you have returned to visit a community where you worked as a member of the WDC community health worker, or leader. What do you hope to see as a result of the efforts you undertook 10 years ago?
  - Allow 30 minutes to develop their responses.
  - In plenary, give each group 5 minutes to present their dream and then discuss it.
- **Step 10:** Summarize the presentations, highlighting positive changes in health, social cohesion, and community capacities.
- **Step 11**: Invite participants to remember these dream statements throughout the workshop and the community action process as their vision is shared and implemented across all segments of the community. Display this vision on a flipchart and invite everyone to refer to it whenever they need.
- **Step 12**: Thank participants for their time and introduce the next session.

Session 2: Explore Health Issues and Root Causes with the WDC

Objectives: Continue session 1 and list main health issues and contributing factors.

Duration: 1 hour 30 minutes.

Participants: WDC and LGASMT members, NGO staff, community leaders.

Method: Mini-drama, discussion.

Materials: Flipchart, marker, instructions for mini-drama.

Preparation:

- Identify volunteers in advance and prepare them to perform the mini-drama (two scenes). Anyone can volunteer for this, and no special skills are required. Use the following scenario as an example:

> **Scene 1:** Ms. Yamou does not understand her family's attitude. She and her family live about 15 km from the health center. At 23 years old, she already has five children and is currently nine months pregnant. With this pregnancy, she has attended only one antenatal care visit. Her mother-in-law has not encouraged her to seek health services, despite the proximity. After almost a day in labor, her family takes her to the health center, where staff decides she must be evacuated to the referral hospital. Her husband was unprepared for this possibility and has no funds to cover the expenses.
>
> **Scene 2:** At the referral hospital, Ms. Yamou is rushed to the operating room. Despite the efforts of the medical team, both mother and baby die. The head nurse informs the husband of the death of his wife and child.

- Prepare problem trees on flipchart paper.
- Work with officer-in-charge at the health facility to prepare a presentation on key issues in the health catchment area based on data from the health management information system.

The steps for the mini-drama session are as follows:

- **Step 1:** Explain that the mini-drama presents a situation that will be discussed after the performance. Tell participants that the mini-drama is part of the Explore Health Issues and Set Priorities phase of the community action cycle.
- **Step 2:** Invite performers to act out the first scene (5 minutes). After the first scene, ask participants to remain focused for the second scene. Ask the actors to continue the performance.
- **Step 3:** At the end of the performance, thank the actors and give them a big round of applause. Debrief with participants using the following questions:
  - What did you see in the first scene?
  - Who are the main characters in the first scene?
  - What about the second scene? What is the story about?
  - Do you think people in your community behave the same way as the characters in the drama?
  - What is the main message?
  - What health issues occur in the mini-drama? Does your community have similar issues? What other issues would you add based on your own experience?
- **Step 4:** Write ideas on a flipchart and probe to ensure you reach consensus on a list of common health issues.
- **Step 5:** Invite the head of the health center to make a presentation about community health problems based on data from the health management information system. Write the problems on a flipchart and ensure participants have a chance to ask questions and make comments.
- **Step 6**: Display both lists, the key issues identified by participants and the list presented by the head of the health center, side by side.
- **Step 7:** Facilitate a discussion to merge these two lists into one. Be sure to answer and address all questions and comments. Thank everyone for their participation and announce the next session.

Session 3: Prioritize Health Issues

Objective: Develop a list of prioritized health issues in the community.

Duration: 1 hour 30 minutes.

Method: Group work.

Materials: Decision-making matrix, flipchart, markers.

The steps for this session are as follows:

- **Step 1**: Inform participants it is time to identify priorities to work on based on the list of issues from session 2.
- **Step 2:** Ask participants to identify one priority issue to focus on this year.
- **Step 3:** Facilitate the discussion to reach a consensus. After 2–3 minutes, if an issue has not been chosen, ask participants to develop criteria to help set priorities. Facilitate the discussion, mentioning the following four criteria commonly found in the literature:
  - Severity. Can this disease or problem be life-threatening? Can it lead to chronic complications?
  - Magnitude. How many people suffer from the disease or problem? How often?
  - Vulnerability. Can we solve this problem? Is the resolution within our reach at the local level?
  - Cascading effects. Will resolving this issue result in other issues being resolved?
- **Step 4**: Display and explain to participants how to use the decision-making matrix (Table 1) to prioritize issues based on the above criteria. Ensure everyone understands how to use the matrix.

Table 1

Decision-Making Matrix to Identify Priority Health Issues

PROBLEM	C1 SCORE	C2 SCORE	C3 SCORE	C4 SCORE	TOTAL
Issue 1					
Issue 2					
Issue 3					
Issue 4					
Issue 5					

Notes. Criteria 1 (C1) = number of people affected by the problem; criteria 2 (C2) = problem whose solution will bring about the solution of other problems; criteria 3 (C3) = capacity to solve the problem locally; criteria 4 (C4) = cost of solving the problem is affordable; Scoring: 0 = low; 1 = medium; 2 = high.

- **Step 5**: View the list of problems identified on one flipchart and the decision matrix on another.
- **Step 6:** Give each participant three pieces of paper, one numbered "0," one numbered "1," and the third labeled "2." Starting with the first problem on the list, ask participants assign each criterion a score using the appropriate piece of paper. Tally scores in the total column.
- **Step 7:** Divide participants into three or four groups to continue the exercise.
- **Step 8:** Ask each group to prioritize the list problems using the decision-making matrix.
- **Step 9:** At the end of the assignment, invite each group to present their work.
- **Step 10:** Select the top 2–3 problems with the highest scores in each group. Write them on a flipchart.
- **Step 11:** Ensure all participants agree on the prioritized issues. Thank them for their work and inform them that the next steps will be to explore the root causes and determinants of their top-three priorities with their communities.

Technical Note #1 for Using the Decision-Making Matrix: Inform participants that the decision-making matrix (Table 1) is a tool to assess health problems and issues so that key issues and interventions can be identified. To improve understanding, it helps to include several issues for comparison. Be sure to explain how to clearly define each criterion for each issue, calculate the score for each issue, and calculate the totals column. An example from a different field can be helpful. Then, continue with the group work:

- **Step 1:** Ask participants to identify their top six health priorities.
- **Step 2:** If consensus is not reached after 5 minutes, ask participants to identify 3–4 criteria that signify an issue or problem is important (e.g., magnitude of issue; potential of resolution to solve other problems; local vulnerability to the issue).
- **Step 3:** Once everyone agrees on the criteria, demonstrate how to use the decision-making matrix to prioritize several issues. Ensure everybody understands.
- **Step 4:** Divide participants into groups of 5–8 people. Ask each group to complete a decision-making matrix using at least their top six health priorities in their community.
- **Step 5:** At the end of the allotted time, call the groups for the plenary. Ask each group to report their findings. Summarize the six overall highest-scoring health priorities.
- **Step 6:** Thank participants for their achievement and inform them it is time to examine root causes of these health problems so that solutions can be developed.

Session 4: Prepare for Exploratory Meeting #2 with Broader Community

Objective: Review tools to use for facilitating meetings with broader communities and plan rollout of those meetings.

Duration: 2 hours.

Method: Presentation and discussions.

Material: Flipchart, markers, technical note on the problem tree.

The steps for this session are as follows:

- **Step 1:** Explain that once the top priority issues are identified, the next logical steps are to conduct a root causes analysis and plan solutions.
- **Step 2:** Explain that some tasks still need to be accomplished. Ask them to recall the brainstorming session they conducted after the mini-drama. What would happen if they did not conduct the brainstorming session? Responses should include missing out on ideas from others and community members feeling left out of the planned interventions.
- **Step 3:** Summarize the discussion points and remind everyone to consider all perspectives when assessing causes and contributing factors of health issues. Explain that WDCs should further investigate by directly working with different groups in their respective communities. The objective of this session thus is to practice using the tool they will use to plan and conduct these field investigations.
- **Step 4:** Explain that in communities with lower literacy levels, the problem tree can be a useful tool to explore health problems and issues.
- **Step 5:** Ask if they are familiar with the problem tree. Take time to allow those who know the tool to share what they know about it and take notes.
- **Step 6:** Introduce Technical Note #2 below, which defines the problem tree and how to use it in detail. Answer any questions.
- **Step 7:** Tell participants that to successfully use the problem tree activity during exploratory meeting #2 in the communities, they must practice using the tool themselves.
- **Step 8:** Divide them into 4–5 small groups, and give each group a priority issue. Ask them to take 45 minutes to use the problem tree to come up with the root causes, drivers, or determinants of that issue. Visit each group to ensure they understand the exercise and are following directions.
- **Step 9:** In plenary at the end of the allotted time, ask each group to present their findings. After each presentation, facilitate a discussion to solicit constructive feedback and reach a consensus.
- **Step 10:** Summarize all discussion at the end, then ask participants how they feel about this exercise. Do they feel confident they can use the problem tree in their communities? Help clarify any questions regarding the roll-out of this exercise.
- **Step 11:** Ask participants to organize themselves for fieldwork. Explain that meeting #2 will be conducted with different small groups in their communities, and they need to know to identify a moderator and facilitator.

- **Step 12:** Introduce Table 2, which shows how meeting #2 is organized (e.g., number of meetings, number of groups). Ensure everyone understands.

Table 2

Organization of Meeting #2

VILLAGE	SELECTION CRITERIA	GROUP COMPOSITION PER VILLAGE	OBJECTIVE AND TOOL
Village #1	Village hosts health facility.	1 women's group ages 25–49. 1 young women's group ages 18–24. 1 men's group ages 25–49 1 young men's group ages 18–24.	Draw problem tree on large piece of paper. Facilitate discussion to formulate root causes or determinants of priority issues.
Village #2	Village located around 5 km from health facility.		
Village #3	Village located >5 km from health facility.		

- **Step 13:** Answer any questions and instruct participants to use health data to identify two villages, in addition to the central village, in which data collection will take place.
- **Step 14:** Ask each small group to select one village and plan how, when, and by whom data collection will be done. Using Table 3, each group should identify the activities to be carried out, needs, people responsible, dates, and so on.

Table 3

Activity Worksheet

ACTIVITY	DATA SOURCE (NUMBER OF PEOPLE)	DAY & TIME	VENUE	FACILITATOR & NOTETAKER	RESOURCES	OBSERVATIONS

- **Step 15:** In plenary, ask each group to present their worksheet. Ensure all plans have enough information to form groups and facilitate discussion.
- **Step 16:** Summarize the discussions and ask participants to identify the next steps to hold effective focus groups in the selected villages. Announce the next session.

Technical Note #2 for Using the Problem Tree to Identify Root Causes: The problem tree (Figure 1) is a tool for exploring issues in the community. It helps identify deep-rooted causes and effects of an issue in a structured manner. Using the problem tree, an issue can be broken down into manageable and definable components, along with the interconnected issues, by establishing the relevant actors and processes and helping to prioritize various factors. A problem tree also helps establish whether further

Figure 1
Problem Tree Illustration
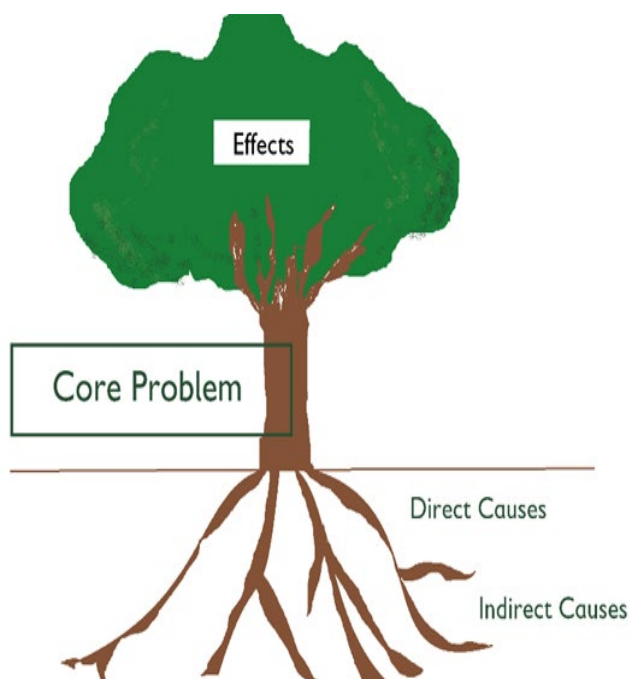
information, evidence, or resources are needed to build a convincing solution. A problem tree thus helps build a shared sense of understanding, purpose, and action. Follow these steps to conduct the problem tree exercise:

Step 1: Explain that participants will assume the roles of WDC members during the problem tree simulation.

Step 2: Explain that the problem tree demonstrates causes (i.e., roots) and consequences (i.e., branches) of an issue.

Step 3: Ask them to draw a tree with roots, a trunk, and branches (see Figure 1). On the trunk, list a core problem in the community.

Step 4: Ask them to think about why this issue is a problem. Write each reason on one of the roots, adding more roots as needed.

Step 5: Instruct them to analyze one cause (root) at a time and its underlying issues by asking, "Why?" For example, if the problem is "pregnant mothers are not aware of pregnancy danger signs," ask "Why?" Based on the answer, ask why again. Continue until community members feel all causes have been discussed. Observe how deep the roots go.

Step 6: To probe even more deeply, ask prompting questions. For example, if the goal is to increase seeking of health services, the following questions could be asked:

- Why might communities not value practices that promote good reproductive health?
- Why do communities have low utilization of family planning and reproductive health services?
- Are health centers or health-promoting centers (e.g., clubs, football grounds) in our community underutilized? Why or why not?

Step 7: What are the possible consequences if people do not follow the desired practices? Write the answers on the tree's branches, making new branches as needed. For each branch, keep asking, "What does that lead to?" The final picture should show how the issue could affect families, communities, the district, and country if people do not adopt behavior changes.

Step 8: When no further responses are given, ask the following debrief questions:

- What do the problem trees show as the main causes of family planning and reproductive health issues in our community?
- What have we learned overall from the problem tree?

Step 9: End the simulation by explaining they will now have time to practice developing a problem tree for themselves.

Session 5: Evaluation and Closure

Objective: Evaluate first part of the Explore Health Issues and Set Priorities phase.

Duration: 30 minutes.

Method: Plenary discussion.

Materials: Flipchart, markers.

Preparation: Invite a leader to give closing remarks and prayer.

Inform participants that we are at the end of this part of the workshop. Ask what can be improved for future workshops. For example,

- How was the meeting? Was it helpful?
- Do they feel prepared to meet with the wider community?
- Are they comfortable with what they are going to do in the community?
- Are they comfortable with how they will record information gathered from the community?
- Which areas were not clear and need to be repeated?

Remind participants of the date for meeting #2 with the broader community. Invite a leader to end the day with closing remarks and a prayer.

Facilitating the Second Meeting of the Explore Health Issues and Set Priorities Phase

Session 1: Welcome, Introductions, and Meeting Agenda Adoption

Objective: Reach consensus on the meeting agenda.

Duration: 15 minutes.

Method: Presentation and discussion.

Material: Flipcharts, markers, masking tape, pens, paper.

The steps for this session are as follows:

- **Step 1:** Welcome WDC members and other participants and thank them for attending.
- **Step 2:** Request participants introduce themselves. Explain the purpose of the day, which is to finalize exploration of health issues in the community and their solutions.
- **Step 3:** Remind participants that meeting #1 aimed to prioritize health issues, and meeting #2 explored the root causes and determinants of top health issues by welcoming various groups to contribute. Today's objectives are therefore to
  - o Analyze the information collected from the broader community.
  - o Finalize identification of the root causes of each priority issue.
  - o Establish a calendar for the "Communities Define Local Solutions" step.
- **Step 4:** Take time to answer any questions and repeat the process and expected outcomes of the Explore Health Issues and Set Priorities phase.
- **Step 5:** Thank participants for their time and announce the next session.

Session 2: Compile Exploratory Findings

Objective: Review and prioritize the determinants and causes of health issues identified during exploratory meetings #1 and #2. These issues will be addressed in the community planning stage

Duration: 1 hour 30 minutes.

Method: Small groups.

Material: Flipchart, markers, list of determinants from meetings #1 and #2.

Preparation: Invite two WDC members to present the list of determinants from meetings #1 and #2.

The steps for this session are as follows:

- **Step 1:** Inform participants that Now that health priorities have been identified by both the WDC and wider community, it is time to finalize the key determinants and issues, a third meeting reviews all ideas generated and finalize the list of key determinants of priority issues.
- **Step 2:** Ask the first of the two invited WDC members to read aloud the root causes identified by the WDC during meeting #1 and then ask the second volunteer to read those identified by the

wider community during meeting #2. Then, lead a discussion to develop a final list by eliminating redundancies and adding any new ideas.

- **Step 3:** Once the list is consolidated, it is time to review and categorize all root causes and determine which can realistically be addressed by the community and WDC in the coming year.
- **Step 4:** Divide everyone into small groups. Give each group a priority issue and its related list of root causes and determinants. Ask them to spend 1 hour identifying the priority determinants using the following criteria:
  - How easily can the determinant or cause be changed?
  - How does the triggering determinant relate to the community's values, social norms, and vision of change?
  - How long does it take to change the determinant?
  - What resources are needed (e.g., financial, human) to change the determinant or trigger during this year?
- **Step 5:** In plenary, ask each group to present their ideas and discuss them with all participants. Validate the proposals, summarize, and announce the next session.

Session 3: Identify Assets and Opportunities in the Community

Objective: Identify resources, assets, and opportunities in the community to address the identified health issues.

Duration: 1 hour 30 minutes.

Method: Group work.

Material: Flipchart and markers.

The steps for this session are as follows:

- **Step 1:** Explain that the next meeting or workshop sessions will cover development of the community action plan to solve the health issues under analysis.
- **Step 2:** Ask participants, based on their knowledge of the health area, to list existing resources and potentialities in their community that can help solve these health issues. Write their ideas on a flipchart.
- **Step 3:** Ask participants identify opportunities to support their collective action to solve the health issues. Write their responses on a flipchart.
- **Step 4:** Summarize the responses. Explain that the WDC can use this list to engage in collective action. Facilitate a discussion on the importance of these local resources and opportunities in community action planning. Allow time for comments and announce the next session.

Session 4: Evaluation and Closure

Objective: Evaluate the workshop.

Duration: 30 minutes.

Method: Plenary discussion.

Material: Flipchart, markers.

Preparation: Invite a local leader to offer a closing statement and prayer.

The steps for this session are as follows:

- Step 1: Ask participants to evaluate the workshop by stating what needs to be improved for future meetings. Some sample questions include
  - Did we achieve what we wanted to achieve?
  - Which area did not go well?
  - How can this area be improved?
  - What needs to be improved for the next meeting?

- **Step 2:** Discuss the date for the next meeting, which should be on planning local solutions (i.e., action plan development and implementation). Thank everyone for their time. Invite the notified leader to offer closing words and prayers to close the session and thank them for doing so.