

# Mobilizing Communities for Health and Social Change: Training of Trainers

## Facilitator Guide

### 2019



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# Acronyms

CAC	Community action cycle
CHARP	Community health action resource plan
CM	Community mobilization
LGA	Local government area
MNCH+N	Maternal, newborn, and child health plus nutrition
NGO	Non-governmental organization
USAID	United States Agency for International Development
WDC	Ward development committee

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This community mobilization training manual for facilitators is based on the original training material of Save the Children’s community action cycle approach and has been tailored to fit the Nigerian context. It is part of a toolkit comprised of several materials adapted to suit the needs of community mobilizers in the federal republic of Nigeria.

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# Foreword

Welcome to the facilitators' guide for the Mobilizing Communities for Health and Social Change: Training of Trainers. This guide is an essential asset developed to give trainers the necessary expertise to effectively mentor others in the art of community mobilization. Community mobilization is a powerful approach to instigate positive transformation. It enables communities to identify their needs, devise solutions, and champion their causes, paving the way for a world that is fairer and more equitable. This toolkit offers an exhaustive framework that allows trainers to guide participants through the intricacies of community mobilization, nurturing the competencies and insights required for enduring impact.

The manual boasts a user-centric design, replete with lucid instructions, dynamic exercises, and tangible examples. It spans an array of subjects, including community dynamics and communication tactics. Regardless of participants' experience levels, this toolkit offers a comprehensive repository of methodologies and tools essential for leading successful community mobilization workshops.

This manual offers a wealth of knowledge. The education of trainers ensures prosperity of communities by fortifying capabilities and the exchange of wisdom, which galvanizes communities to emerge as proactive architects of change.

Within the state's framework, a dedicated group of trainers works in concert with various stakeholders to train health teams at the local government area level. These teams then lead change in community engagement efforts, strengthening ward development committees and other groups to launch joint initiatives to address obstacles hindering social and behavioral development.

This guide delineates a meticulous, step-by-step methodology for orchestrating successful community mobilization focused on health and societal change. It encompasses participatory instruments thoughtfully adapted to enhance facilitation of each stage of the community action cycle, adapted from Save the Children.

This trainer facilitator's guide can be an invaluable tool for all trainers engaged in the tutelage of community mobilization for health and societal change.

## Overview of Breakthrough ACTION-Nigeria and its Community Capacity Strengthening Approach

Breakthrough ACTION is the flagship social and behavior change project for the United States Agency for International Development (USAID). The project is led by Johns Hopkins Center for Communication Programs in collaboration with Save the Children, ThinkPlace, ideas42, Camber Collective, International Center for Research on Women, and Viamo. Breakthrough ACTION-Nigeria's goal is to increase the practice of priority health behaviors in the following areas: malaria; reproductive health; maternal, newborn, and child health and nutrition (MNCH+N); family planning; reproductive health; and tuberculosis. In collaboration with relevant USAID implementing partners, Breakthrough ACTION-Nigeria works at the national and sub-national levels with federal and state Ministry of Health programs, departments, and agencies to improve their social and behavior change capacity and coordination.

The three intermediate results toward 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 social and behavior change across U.S. government investments.
3. Strengthened public sector systems for oversight and coordination of social and behavior change at the national and subnational levels.

The Breakthrough ACTION-Nigeria community approach has two interrelated elements: community social behavior change communication approaches and community capacity strengthening. Both are implemented in an integrated manner as one community-level intervention.

Community capacity strengthening engages community leaders and structures to plan, implement, support, and measure their own health-related interventions. The intended audiences for this empowerment are ward and village development committees and influential community leaders.

Community capacity strengthening aims to

- Help communities recognize 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.

### Ward Development Committees

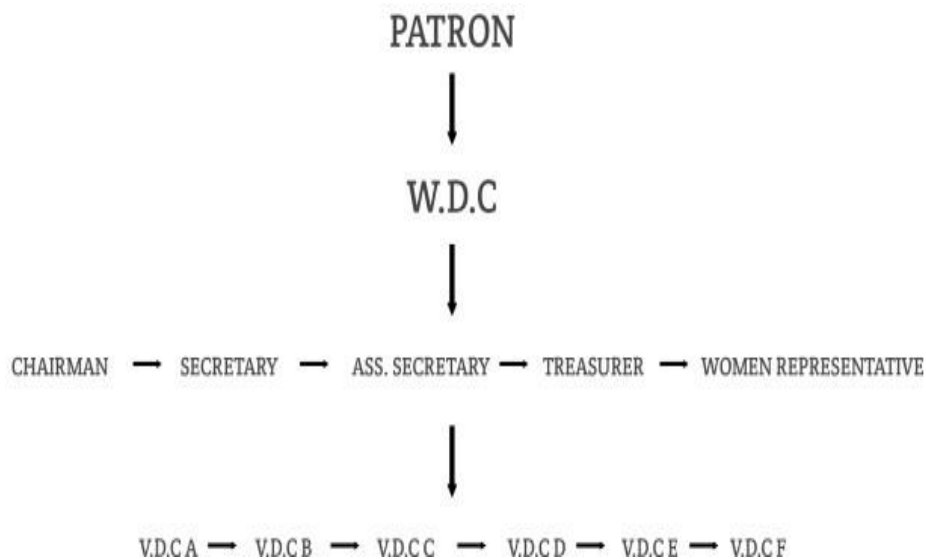
Ward development committees (WDCs) are an initiative of Nigeria's National Primary Health Care Development Agency. WDCs consist of local community members who organize and manage health and development activities in Nigerian municipalities (i.e., wards). WDCs aid in identifying health and social needs in the ward's communities and plans for meeting those needs. In addition, WDCs collaborate with government organizations and private agencies (e.g., NGOs) on various intervention programs. The WDC

was introduced in 2001 and promotes community mobilization and participation in health care, thereby enhancing an effective, efficient, and sustainable healthcare system.

Since 2019, the USAID-funded social and behavior change project Breakthrough ACTION-Nigeria has collaborated with Nigerian WDCs to expand communities' ability to address health care and access barriers. Breakthrough ACTION-Nigeria has guided 252 wards in its Technical Assistance areas and 224 in other Technical Assistance areas across Bauchi, Kebbi, Sokoto, and Ebonyi States and the Federal Capital Territory. The project has helped define and resolve priority challenges related to reproductive health and MNCH+N and to address barriers to maternal health care by helping to develop community health action resource plans (CHARPs), which define tasks and follow-up activities for their initiatives.

WDC activities (e.g., sensitization, financial and other types of documentation, resource and other types of mobilization, and advocacy) cut across all Breakthrough ACTION-Nigeria focal areas: 696 WDCs developed CHARPs from 2019–2024 under project guidance, and many will continue their CHARP activities after Breakthrough ACTION-Nigeria exits. WDCs also work with all ward Community Resource Groups and engage 35% to 40% of women after domestication of the WDC national guidelines. The organogram of WDCs is well spelled out.

**Figure 1**



# About This Manual

## Background

MNCH+N services in Nigeria are quite poor, and related indicators in northern Nigeria rank among the lowest in the world. Although most of illnesses and issues are preventable or treatable, financial, transportation, knowledge, service delivery, socio-cultural norms, and other barriers inhibit the timely uptake of life-saving services.

The government of Nigeria has taken substantial steps in recent years to address some major challenges and barriers, such as reducing costs for maternal and child health services in some states, changing the task shifting and sharing policy for community health extension workers and midwives, expanding access to basic health insurance schemes at the state level, and working to ensure one primary health facility per ward. Additional state and local resources have been dedicated to MNCH+N services and interventions, including a constant stream of international assistance focused on country-wide improvements. Although progress has been made in terms of infant and child mortality, much remains to be done—especially in the northern part of the country—to ensure all mothers, infants, and children can live healthy lives.

MNCH+N services are situated in a health system structured along different levels of government with resource and coordination challenges, resulting in inconsistent availability and quality. Many women thus do not seek care for themselves or their children at a facility, further contributing to poor MNCH+N indicators. For most community members, primary health care is the first level of contact with the national health system. Bringing this health care as close as possible to where people live and work constitutes the first element of a continuing health care process (WHO, Alma-Ata Declaration, 1978).

## Community Mobilization Toolkit

This manual is designed to help trainers strengthen the capacities of community mobilizers, extension workers, frontline workers, and their trainers to facilitate participatory community collective action. It is one of a series of facilitation guides forming the Community Mobilization Toolkit. In addition to this guide, a community mobilization training participant’s manual and three “how to” guides (a guide for orienting communities for action, a guide for exploring health issues, and a guide for developing a community health action and resource plan) are included in the toolkit, which explains the community mobilization process and empowers community members to be their own agents of change by supporting measurable improvements in the health and well-being of families and communities.

## Users of the Manual

The facilitators guide has been developed to assist community mobilization trainers in teaching community mobilization teams, LGA social mobilization committees, extension workers, community

leaders, and others about community mobilization. Community mobilization is an empowering process that involves stakeholders and community members at each phase.

This training manual should be used during training sessions with the guidance of a trainer. It can be used sparingly for community interventions. Noting that people remember fast what they hear and do, other than what they just hear. Community mobilization training is real, practical training and requires learners who are alert. Therefore, trainers are encouraged to involve learners as much as possible.

# Introduction

Welcome to the workshop on Mobilizing Communities for Health and Social Change. This workshop has been designed to train multi-sectoral community mobilization (CM) teams, Breakthrough ACTION-Nigeria staff, and other partners implementing social and behavior change interventions. The overall objectives of this training program are to enable participants to

- Understand and commit to the principles and methods of participatory CM.
- Develop methods and skills for effective facilitation of the community action cycle (CAC) process to help participating communities achieve social and behavior change goals.
- To assess and strengthen community capacity (e.g., identify and prioritize social and behavior change issues, plan and implement effective strategies to address these issues, and monitor and evaluate their progress).
- Monitor CM outcomes, capacity strengthening, and learning across communities and within programs to improve and expand impact.
- Plan and facilitate CM basic training for CM teams.

## How this Workshop is Organized

This workshop includes a short introductory module, followed by seven modules corresponding to the CAC phases communities typically go through when designing and carrying out a mobilization program:

- Module I: Prepare to Mobilize
- Module II: Organize the Community for Action
- Module III: Explore MNCH+N Issues and Set Priorities
- Module IV: Plan Together
- Module V: Act Together
- Module VI: Evaluate Together
- Module VII: Prepare to Scale Up

Additional modules included in this manual are as follows:

- Module VIII: Become a Participatory Facilitator
- Module IX: Develop Team Facilitation Skills
- Module X: Posttest
- Module XI: Post-Workshop Planning-CM Training Workshop
- Module XII: LGA State Mobilization Team Training Evaluation

Each phase of the CAC has several steps designed to familiarize participants with the knowledge, skills, and techniques needed to fulfill the objectives.

## Workshop Objectives

The general objective of the training is to strengthen participants' capacities to train community structures in rolling out an adapted version of the CAC. Specifically, by the end of the training, participants will be able to:

- Define CM.
- List the different phases and steps of the CAC.
- Assess and strengthen community capacity to identify and prioritize MNCH+N issues, plan and implement effective strategies to address these issues, and monitor and evaluate progress.
- Monitor CM outcomes, capacity building, and learning across communities and within programs to improve and expand impact.
- Use the training manual to facilitate a step-down training.
- Plan the roll out of the next phase of the community capacity strengthening process.

## Workshop Program

The workshop is designed to be completed in six days. The suggested times for each session are approximate but should serve as a useful guide as you plan your workshop.

### Day 1: Prepare to Mobilize

On day 1, participants will learn about CM, including its key elements and challenges, the CAC, and WDC composition and its roles and responsibilities according to national guidelines (see **Table 1**).

**Table 1**

*Workshop Day 1 Schedule*

TIME	TOPIC	FACILITATOR
8:00–8:30	Arrival and registration	
8:30–8:45	Welcome address and opening remarks	
8:45–9:45	Introduction Expectations Review of workshop agenda Creating workshop norms and learning environment	
9:45–9:55	Pretest	
9:55–10:20	Overview of Breakthrough ACTION-Nigeria MNCH+N in Nigeria Human-centered design insights on WDCs	
10:20–11:00	MNCH+N situation in Federal Capital Territory Why community mobilization?	
11:00–11:15	BREAK	
11:15–1:30	Overview of guidelines for reactivation and formation of development committees	

TIME	TOPIC	FACILITATOR
	Ward and village development committee composition, roles, and responsibilities	
1:30–2:30	LUNCH	
2:30–3:30	Breakthrough ACTION-Nigeria community capacity strengthening approach Experience from Kebbi	
3:30–4:00	Development sub-committees Difference between WDC and Facility Management Committee Activating or forming a WDC	
4:00–5:00	What is community mobilization? Sharing our experiences	

## Day 2: Prepare and Organize the Community for Action

On day 2, participants will learn more about CM and the CAC; how to build trust, credibility, and a sense of ownership with the community; how to orient the community to the program issue; how to invite participation from people most affected by or interested in the issue; how to develop a core group of community members and communicate with them about their feelings, attitudes, knowledge, practices, and beliefs related to core programs and priorities (**Table 2**).

**Table 2**

*Workshop Day 2 Schedule*

TIME	TOPIC	FACILITATOR
9:00–9:30	Registration 60-word Summary Review of learning objectives	
9:30–10:15	Overview of community action cycle and community mobilization Degrees of participation	
10:15–11:00	Preparing to mobilize The CM team: personal attitudes and values gathering Community resources & constraints	
11:00–11:15	BREAK	
11:15–12:30	Getting organized Developing and sharing motivating mobilizing goals	
12:30–1:30	Orienting the community on core program goals Sharing techniques	
1:30–2:30	LUNCH	
2:30–3:30	Building community trust, credibility, and sense of ownership Powers that be exercise: Inviting participation in core program initiative	
3:30–3:45	BREAK	



TIME	TOPIC	FACILITATOR
3:45–4:00	Why work in groups?	
4:00–5:00	When and how to form a community action group (WDC formation and reactivation)	
5:00	Review and closing	

### Day 3: Explore the Issues and Plan Together

On day 3, participants will learn how to communicate with core group members about their feelings, attitudes, knowledge, practices, and beliefs related to core programs and priorities; how to facilitate and develop a community action plan; how to build community capacity; how to define the team’s role in community action and building community capacity (**Table 3**).

**Table 3**

*Workshop Day 3 Schedule*

TIME	TOPIC	FACILITATOR
8:00–8:15	Registration 60-word Summary Review of learning objectives	
8:15–9:15	Overview	
9:15–11:00	Exploring core program issues with communities Identifying underlying influences	
11:00–11:15	BREAK	
11:15–12:00	Planning together overview (design)	
12:00–1:30	Developing sample strategies & activities	
1:30–2:30	LUNCH	
2:30–3:45	Preparing and facilitating community action planning Community health action resource plan (CHARP)	
3:45–4:00	BREAK	
4:00–5:00	Summary of planning together	
5:00–5:30	Review and closing	

## Day 4: Act Together, Evaluate Together, and Prepare to Scale Up

On day 4, participants will learn how to build community capacity; define the team’s role in accompanying community action and building community capacity; and monitor and evaluate CM progress. They also will learn participatory learning and facilitation skills (**Table 4**).

**Table 4**

*Workshop Day 4 Schedule*

TIME	TOPIC	FACILITATOR
8:00–8:15	Registration 60-word summary Review of learning objectives	
8:15–9:30	Act together (overview)	
9:30–10:30	Building community capacity to act (delivery)	
11:00–11:15	BREAK	
11:15–1:00	Assessing community capacity (sample assessment tools) Building community capacity (leadership and conflict resolution)	
1:30–2:30	LUNCH	
2:30–3:00	Building community capacity (community-based data systems) MNCH+N indicators and community information board	
3:00–3:45	Monitoring and evaluating CM	
3:45–4:00	BREAK	
4:00–4:15	Evaluating together (overview) Preparing to scale up (overview)	
4:15–5:00	Review of non-formal training methods and facilitation skills Experiential learning cycle	
5:00	Review and closing	

## Day 5: Become a Participatory Facilitator

On day 5, participants will continue to develop training facilitation skills and reflect on learning (Table 5).

**Table 5**

*Workshop Day 5 Schedule*

TIME	TOPIC	FACILITATOR
8:00–8:15	Registration 60-word summary Review of learning objectives	
8:15–9:15	Verbal & non-verbal skills Safety & respect Tips for utilizing a visual aid	
9:15–10:00	Planning and organizing a training	
10:00–1:00	Getting ready to facilitate (simulation)	

TIME	TOPIC	FACILITATOR
11:00–11:15	BREAK	
11:15–1:30	Simulations	
1:30–2:30	LUNCH	
2:30–3:45	Simulations	
3:45–4:00	BREAK	
4:00–5:00	Simulations	
5:00–5:30	Closing	

## Day 6: Step down Plan of Action

On day 6, participants will plan a community orientation; plan a CHARP development workshop; and develop an agenda and assign responsibilities (**Table 6**). The workshop will then conclude.

**Table 6**

*Workshop Day 6 Schedule*

TIME	TOPIC	FACILITATOR
9:00–9:15	Registration 60-word summary Review of learning objectives	
9:15–10:00	Gender integration Child safeguarding	
10:00–11:00	Next steps in planning & organizing community orientation (invitations, dates, venue, participants)	
11:00–11:15	BREAK	
11:15–12:30	Next steps CHARP development workshop Develop agenda for community orientation and workshop	
12:30–1:30	Present LGA-specific plans	
1:30–2:00	Posttest Workshop evaluation and learning reflections	
2:00	LUNCH	
	Closing remarks	

## Facilitation Approach and This Guide

CM is a community-centered approach to development that trusts community members to know what is best for them. Similarly, this workshop is trainee-centered. Participants know their needs and strengths, whether they need to spend more time on or skip an activity, or whether to take a session in a different direction than suggested by this guide. Facilitators should follow participants’ lead without abdicating their overall responsibility for the workshop (i.e., be flexible within reason and where appropriate). Ideally, participants will learn skills and techniques to work with communities by

participating in the workshop and by observing the facilitator, who can demonstrate the behavior and skills of a participatory leader in action.

This guide provides workshop facilitators with a set of detailed instructions for carrying out the various sessions in each module. As noted above, the training has been organized around the phases of the CAC. With some variation, most sessions contain the same five elements presented in a consistent format or template (i.e., module number and name, objectives and preparation, and activity steps).

# Introductory Module

## Step 1: Introduction and Creating a Learning Environment

### Objectives:

- Help participants get acquainted with each other and with the facilitators.
- Create a conducive learning environment.
- Create ground rules for smooth running of the course.
- Explain the workshop objectives.
- Assess participants' current knowledge of CM (pretest).

**Time:** 1 hour.

**Materials:** Flipchart, markers, ½ sheets of A4 paper or cards for expectations, chart for workshop volunteers, masking tape, large bulletin board (flipchart) or wall for posting cards, papers.

**Preparation:** Hang special quotes on the wall and hang flipchart with “Welcome to the CM Workshop” message.

### Activity: Introductions

Divide participants into pairs and ask them to introduce each other, including their name, where they were born, their current work responsibilities, what they like, what they dislike, and so on. Allow 15 minutes.

### Activity: Setting Expectations

Explain that participants should not be passive in the learning process. Hand out cards and markers, and ask them to write their answer to the question, “What do you expect to learn and do during this course?” Collect the cards and read each aloud. Post them on the wall in front of the room, group cards by similar responses. Summarize the responses. Allow 15 minutes for this activity.

Review the course objectives and workshop agenda. Share overall objectives of the workshop and a brief overview of each day. Allow 10 minutes for this activity.

Highlight the two key resource materials for the workshop: the *CM Participants Manual* and *How to Mobilize Communities for Health and Social Change Field Guide*. Explain that both resources will be referred to throughout the week and that reading in the evening will be helpful to enhance understanding and learning.

Explain that each day will have its own learning objectives related to developing core skills needed to facilitate CM. Ask participants to take turns reading the learning objectives for the first day. Ask whether participants have any questions.

### **Activity: Setting Ground Rules (10 Minutes)**

To maintain order and discipline during the workshop, some ground rules are needed. Ask participants what guidelines they think should be followed to make this training successful. Write each on a flipchart. When finished, ask participants if everyone agrees to these norms. If not, discuss their concerns. If they agree, ask participants to follow the rules throughout the entire training period. You may also define consequences when rules are broken (e.g., require dancing or singing from the rule breaker). Hang the guidelines in a place where everyone can see them, and refer to them as needed throughout the course.

### **Activity: Assigning Roles (5 Minutes)**

Ask for different volunteers *each day* to assist with the following tasks. Write the volunteer's names on a flipchart along with their assigned role and day.

- Taking minutes: Prepare a debrief at the beginning of the day highlighting the training activities and learnings from the previous day. Encourage creativity in the presentation (e.g., a song, poem; news report).
- Leading energizers: Lead games or recreational activities to keep the training active and fun. Work with the facilitator to plan when energizers should occur and for how long (the shorter the better).

Participants also should select a president and vice president to receive feedback on a variety of issues (e.g., venue, food, providing assistance to ill or absent members). One woman and one man should fill these roles.

### **Activity: Introductory Remarks (5 Minutes)**

Listen to introductory remarks from a senior country office representative. Normally, this person introduces the workshop facilitator.

### **Activity: Pretest (20 Minutes)**

Ask participants to complete the pretest based on their current knowledge and experience. They should not ask anyone for help or look at anyone else's paper. Explain that they will take the test again at the end of the course, and facilitators will use the results to assess progress and to understand which topics to emphasize during the course. Collect all finished tests. Grade them after the training sessions have concluded for the day.

## Step 2: Pretest

Participant ID #: \_\_\_\_\_

True or False (5 points each)

1. \_\_\_\_\_ Community mobilization is the same as health promotion.
2. \_\_\_\_\_ The most important group to organize in community mobilization is the community leaders.
3. \_\_\_\_\_ Community mobilization means getting people to do what a project wants them to do so that the project achieves its objectives.
4. \_\_\_\_\_ Community mobilization is a capacity building process to achieve a goal that benefits the community.
5. \_\_\_\_\_ The main actors in the community mobilization process are the most vulnerable and interested people who will benefit most from the CM process.

Multiple Choice (Circle One.)

6. The two major goals of the community mobilization process are
  - a. To raise community awareness about an issue and inform people.
  - b. To establish committees and get resources from the community.
  - c. To achieve a desired program outcome, like improved health, and to strengthen community capacity.
7. The seven phases of the community action cycle are
  - a. Identify leaders, develop leaders, establish committees, invite community members to events, educate community members, and monitor progress.
  - b. Prepare to mobilize, organize the community for action, explore the issue and set priorities, plan together, act together, evaluate together, and prepare to scale up.
  - c. Hire program staff, train program staff, conduct an orientation meeting, educate the community about health, do awareness-raising campaigns, monitor progress, and conduct evaluation.
8. When should community mobilization be used as a strategy to improve health?
  - a. When systemic changes are needed at community level.
  - b. When sustained community support is desired.
  - c. When settings are very diverse and local solutions are required.
  - d. When communities themselves have identified a health problem and request assistance.
  - e. All of the above.
9. When you explain the program to people in the community, you should describe the goal in terms that are
  - a. Clear.
  - b. Specific (describes who will benefit most and how they will benefit).
  - c. Simple and not too technical.
  - d. All of the above.
  - e. None of the above.

10. A good facilitator
  - a. Tells participants what they need to know.
  - b. Directs group discussion to an outcome that the facilitator has already determined before the discussion.
  - c. Starts where participants are and helps them achieve their objectives through participatory experiences, reflection, and dialogue.
  - d. All of the above.

Fill in the blank or circle the correct answer. (5 points each)

1. Three participatory assessment/research tools include
  - a.
  - b.
  - c.
2. Three things that communities need to consider when setting priorities include
  - a. Severity of the problem
  - b.
  - c.
3. A well-articulated goal or objective is
  - a. Specific
  - b. Measurable
  - c.
  - d.
4. A community action plan contains items such as
  - a. Desired results
  - b. Barriers to achieving desired results
  - c. Strategies
  - d. Activities
  - e.
  - f.
5. Monitoring is ongoing during program implementation. In contrast, evaluation occurs (write answer below)
  
6. The future direction of community action will be determined by (write answer below)
  
7. The main responsibility for implementing the community action plan belongs to (write answer below)



8. A conflict resolution process includes several steps such as
  - a. Clarifying various aspects of the disagreement
  - b. Checking these aspects for accuracy
  - c.
  - d.
9. Three reasons for working with an existing group are
  - a.
  - b.
  - c.
10. Three things you need to do before you enter the village are
  - a. Gather information about the community
  - b. Know how you will present yourself to the community
  - c.
11. Which of the following factors DOES NOT prevent a woman and her child from accessing quality health care ?
  - a. Lack of transport
  - b. Lack of finance
  - c. Attitude of health service providers
  - d. Woman breastfeeding her child
12. The major causes of maternal death include
  - a. Complications from bleeding
  - b. Infections
  - c. High blood Pressure
  - d. All of the above

### Step 3: Overview of Breakthrough ACTION-Nigeria, MNCH+N, and CM

#### Objectives:

- Summarize Breakthrough ACTION-Nigeria and MNCH+N.
- Understand why CM is a key strategy to improve MNCH+N social and behavior change programming.
- Define CM and its characteristics.
- Describe the seven CAC phases and their application to Breakthrough ACTION-Nigeria's community capacity strengthening approach.

**Time:** 2 hours

**Materials:** Seven cards, each describing a phases of the CAC; CAC poster (or cards, with paper arrow that can be moved; ball; degrees of participation on separate, colored cards placed on wall.

**Preparation:** Prepare materials mentioned above.

### Activity: Presentation

The facilitator or an invited presenters will brief participants on the following:

- Breakthrough ACTION-Nigeria.
- MNCH+N in Nigeria (magnitude of the problem, progress).
- CM as a key component in achieving social and behavior change.
- Experiences in other states.

Afterwards, allow approximately 10 minutes to ask questions.

### Activity: Circle Game (90 Minutes)

Ask participants to stand up and form a circle. Explain the game: the participant who catches the ball states what they think CM is (e.g., "CM addresses key MNCH+N goals"). After answering, that person throws the ball to another participant in the circle, who shares their definition, and so on until all participants have had a turn. Write down all responses on a flipchart.

After the game, ask two questions:

- What did you observe from these definitions?
- How similar or different are they?

### Activity: Small Group Discussion (15 Minutes)

Ask participants to remain standing and form small groups of 4–5 persons. Ask each group to share a CM experience that worked well and why. Then, ask each group to briefly share one experience they discussed and why CM worked well. Write the reasons why it worked well on a flipchart.

Ask the same groups to share a CM experience that did not succeed and why not? Then, ask each group to briefly share one experience and the why CM did not work well. Write the reasons on a flipchart.

Briefly review CM and its key elements. Explain that after studying many effective programs to mobilize communities, the authors of *How to Mobilize Communities for Health and Social Change* identified seven common tasks that occurred in sequence (i.e., the CAC).

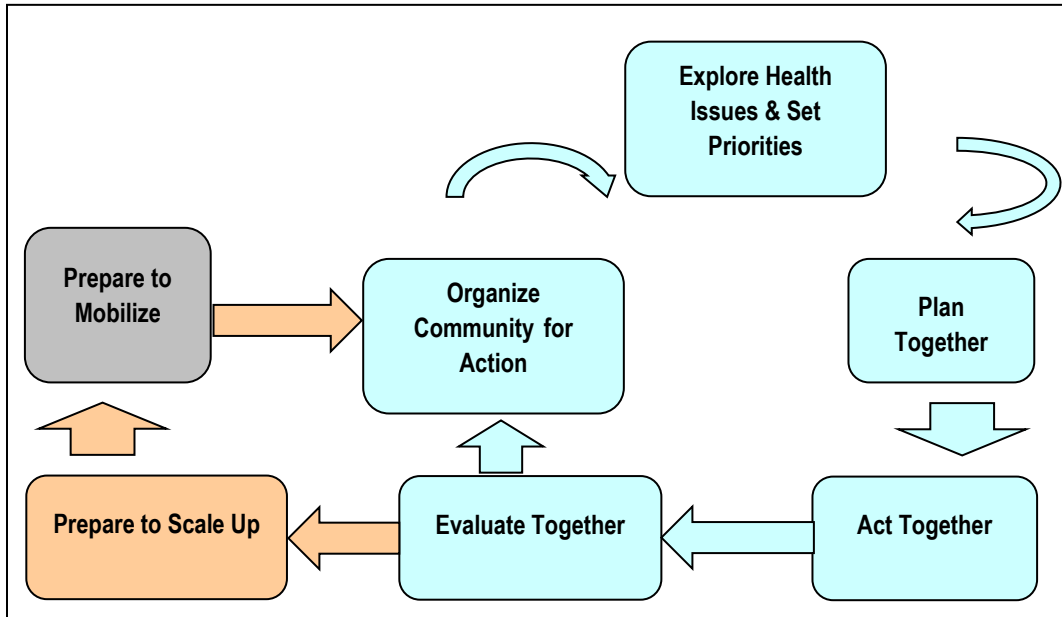
### Activity: Community Action Cycle Poster and Cards

Ask for seven volunteers to come to the front of the room. Give each a card containing a CAC phase, and ask them to read it aloud. Ask them to line up in the correct sequence by physically moving to the place they think they belong in relation to the other volunteers. When finished, ask the other participants if they think the sequence is correct. Why or why not?

Introduce the CAC poster, and hang it somewhere visible until the end of the course. During training, remind participants where they are in the cycle by taping a paper arrow to the appropriate phase on the poster.

**Figure 2**

*Community Action Cycle and Mobilization Phases*



**Activity: Community Action Cycle Discussion**

Ask participants the following questions and lead a discussion:

- Who implements the CAC? (Answer: the community and community action group).
- Why would it be important to introduce the CAC to help implement community interventions? (Answer: the CAC empowers women, men, young people, and the community to make appropriate decisions and take timely action on MNCH+N goals).
- When would you introduce the CAC to the community? (Answer: during the community orientation on a core group issue).

Ask participants to turn to **page 17** of the participant manual and briefly review the steps in each phase of the CAC. Mention that some steps may differ from those in the CM Field Guide and that activities undertaken in the CAC phases will be covered.

Finish the CM overview presentation, and ask participants whether they have any questions or comments. Refer them to **page 9** of the CM participant manual to review the definition, characteristics, and key elements of CM.

### Activity: Degrees of Participation

Place the Degrees of Participation cards along one wall. Review the meaning of each phase from co-option to collective action. Ask participants to think about previous CM project experiences and which type of participation was promoted.

Ask participants to stand the card representing the degree that best reflects reality. Once all participants have moved, ask them to look at how many people clustered around each card. Select some participants to share why they are standing where they are. Ask if there are any questions they have about the types of participation and what type of participation they you want to promote in CM and why?

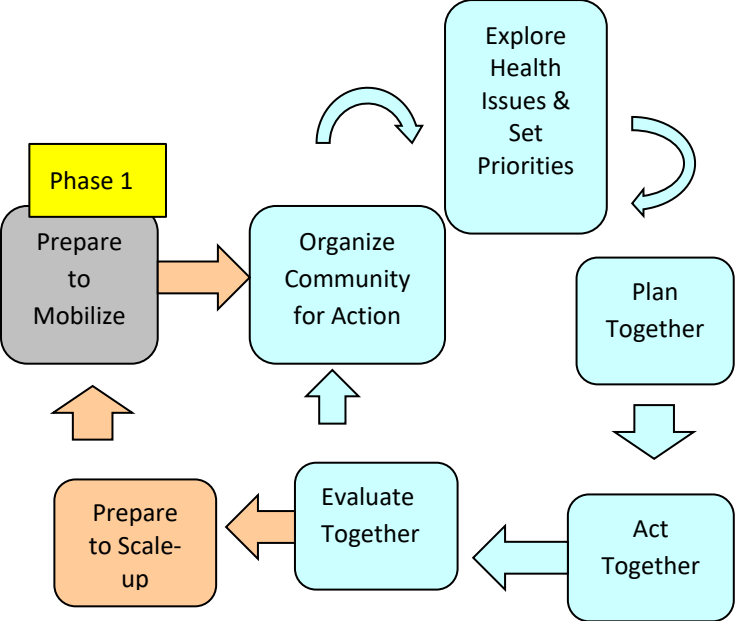
### Activity: Review (10 Minutes)

Ask participants several questions to ensure everyone understands the key points about CM:

- What is the definition of CM?
- What are the two major goals of CM?
  - To accomplish the program’s goal and health outcomes.
  - To strengthen community capacity.
- What are the seven phases of the CAC?
- How does the CAC fit into Breakthrough ACTION-Nigeria’s project cycle? (Review CM Compendium.)
- Who implements the CAC in phases two through six?

# Module I: Prepare to Mobilize

**Figure 3**  
*Prepare to Mobilize*



## Step 1: Develop the CM Team

**Objectives:**

- Know the steps to prepare to mobilize.
- Know the purpose of a CM Team.
- Identify possible members of a CM team.
- Know why it is important to establish team norms.

**Time:** 45 minutes.

**Materials:** Flipchart and markers.

**Activity: Overview of the Prepare to Mobilize Phase (10 Minutes)**

Ask one participant each to read aloud the four steps in this phase:

1. Put together a CM team.
2. Develop your CM Team
3. Gather information about the health issue and the community.
4. Develop a CM plan.

Depending on the literacy levels of participants and the schedule, summarize the Prepare to Mobilize phase using Microsoft PowerPoint slides.

Ask participants, “Why do we need a CM Team?” Write down their responses (e.g., to develop a CM plan; to understand the details of the process; to track and monitor successes; to harmonize community approaches, to ensure results).

Ask, “What competencies do we need on a CM team?” Write the responses on a flipchart. Ask participants to review [page 21](#) in their participant manual to review CM team roles (e.g., catalyst/mobilizer, capacity builder, trainer).

Ask, “Who might we consider for our CM team?” Write down their responses (e.g., extension workers from government departments such as health, agriculture, community development, and education; area development committee members; community members). Explain that the team composition may change over time. Using the context of Breakthrough ACTION-Nigeria, explain the proposed composition of the CM team. Again referring to [page 21](#) in their participant manual, ask participants to read aloud the team values and then discuss what team values or norms they would add.

## Step 2: Gather Information About Community Resources and Constraints

**Objective:** Identify questions and tools to use while learning about communities.

**Time:** 1 hour.

**Materials:** Tools in the CM Compendium.

**Preparation:** Flipcharts.

### Activity: Information Gathering

In plenary, ask, “What do we need to know about communities before beginning our work with them?” Explain that this step in the Prepare to Mobilize phase focuses on gathering information about both community resources and constraints.

Create small groups of participants (4-5 persons). Ask each group to

- Make a list of tools they currently use to gather information about communities.
- Review the three tools on [page 41](#) of the CM manual, and identify which questions are important to ask but and which are not being asked.
- Ask groups to share their responses.

Ask participants:

- Would these questions be useful to the CM process? Why or why not?
- How would they incorporate these questions into their current core program area situational analysis or project cycle?

Write their responses on a flipchart.

## Step 3: Develop a CM Plan

**Objectives:** Create an outline of a CM strategic document.

**Time:** 15 minutes

**Materials:** CM Compendium; CM Field Guide (pages 45–46).

### Activity: Discussion

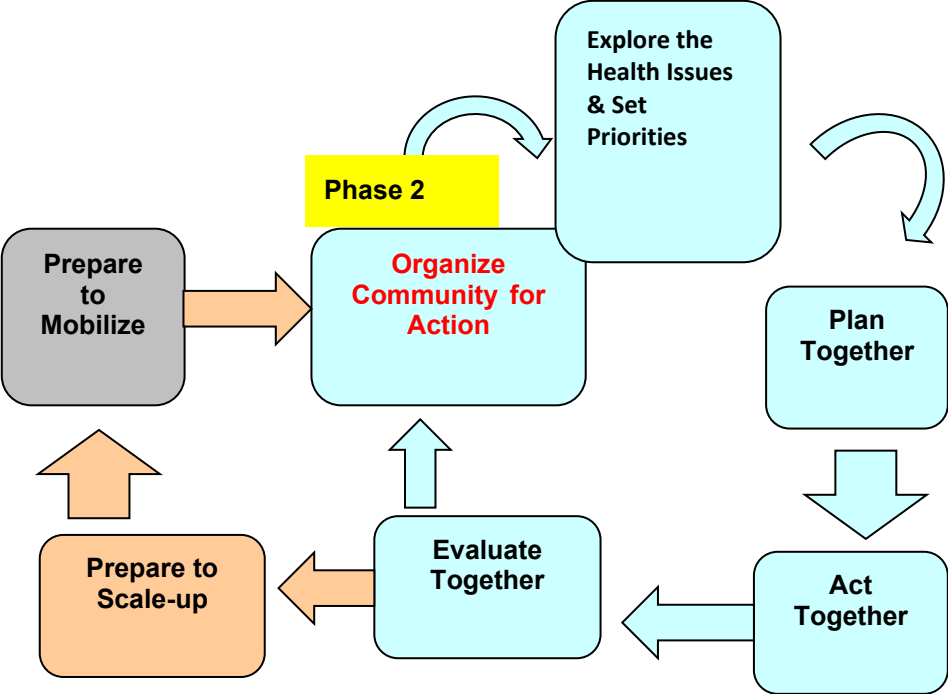
The last step in the Prepare to Mobilize phase is to prepare a CM plan for the program. At this stage, the CM plan is not a community plan; rather, it is a *roadmap* to guide staff and partners as they move forward with their CM efforts.

Ask participants to turn to pages 45–46 in the CM Field Guide and review what should be included in a CM plan. Ask, “Who should be involved in the development of a CM plan for the core programs?” Write ideas down on a flipchart.

Ask participants at what stage of the CM project should the CM plan be developed? (Answer: program design phase.) Ask if there are any questions about developing a CM plan or about preparing to mobilize. Review the key steps and purpose of this phase.

# Module II: Organize the Community for Action

**Figure 4**  
*Organize for Community Action*



## Step 1: Orient the Community

**Objectives:**

- Identify steps of the Getting Organized phase of the CAC.
- Identify the characteristics of a mobilizing goal.
- Identify key stakeholders for a community meeting.
- Identify agenda items for a community meeting.
- Practice holding a community meeting.
- Identify logistics for a community meeting.

**Time:** 2 hours 30 minutes.

**Materials:** Flipchart, markers, Breakthrough ACTION-Nigeria program results framework (if available), facilitation guide on how to orient the community (toolkit), copies of guide for orienting communities.

**Activity: Overview of Phase II of CAC (5 Minutes)**

Introduce the Getting Organized phase of the CAC, and move the paper arrow on the CAC poster. Summarize how to organize the community for action by reading the following four steps aloud:

1. Orient the community.



2. Build relationships, trust, credibility, and a sense of ownership with the community.
3. Invite community participation.
4. Develop a community action group.

### Activity: Develop a Mobilizing Goal

Clarify what issues will be addressed as part of the CM effort (e.g., MNCH+N). Divide participants into small groups according to focal areas (e.g., malaria, nutrition, family planning, HIV/AIDS, sanitation and hygiene, maternal and child health). Ask participants to write down goals for each area. If available, hand out a printout of the Breakthrough ACTION-Nigeria program results framework if available.

Ask participants to turn **pages 49–50** of the CM participant manual and review the key program goal, as well as a mobilizing goal based on that key program goal. Emphasize that a mobilizing goal should be clear enough to encourage community members to participate by communicating how it affects their lives and those of their entire community. Ask participants to

- Develop a mobilizing goal that is easy to understand and encourages participation.
- Determine how to communicate that goal to a woman in a village, translating it to the local language if applicable.

Remind participants that the mobilizing goal should be:

- Clear.
- Motivating for the community.
- Specific enough to know who will be affected or benefit from the achievement of the goal and how they will benefit.
- Simple and easy to understand.

Allow 30 minutes for groups to prepare the key program goal and mobilizing goal. Then, ask one volunteer to present their goal. During presentations, ask participants what differences they notice in how mobilizing goals are worded. How would they rephrase them to be more effective? Write the goals on a piece of flipchart paper, both in English and the local language.

### Activity: Role Play

Explain the importance of meeting with community leaders prior to the orientation meeting, following local protocol to introduce each other, explain the organization and purpose of the program, and solicit leaders' input as to who should be invited to the community orientation and how they should be invited. Community leaders should be active in leading community orientation meetings.

Ask participants the following questions:

- Why hold community orientation meetings?
- Who should be invited to attend (e.g., those most affected, such as parents, community stakeholders, religious and traditional leaders, local women's groups and community-based organizations, people living with HIV, pregnant women with their spouses, health workers)?

Ask participants to refer to **page 52** of the *CM Manual* and to read aloud the “Possible Topics for a Community Orientation Meeting.”

Divide participants into small groups, and distribute the guideline for facilitating a community orientation meeting. Ask each group to develop a role play of a meeting.

Remind everyone about the effectiveness of having community leaders help with community orientation sessions by introducing the topic, as well as discussing things like the CM team, Breakthrough ACTION-Nigeria staff and partners, and goal. Also have them discuss how meeting logistics should be handled, including addressing key issues such as:

- The time and place of the meeting.
- Announcements about the meeting and informing those who will be invited.
- Supplies (e.g., chairs, tables, flipcharts, visual aids).

Allow 30 minutes for development of the role plays. Then, ask each group to act out their role play, with other participants serving as community members. Allow 10 minutes for each role play.

Then, have everyone discuss the following:

- What did you observe in this role play?
- What worked well?
- What would you have done differently?

## Step 2: Build Relationships, Trust, Credibility, and Sense of Ownership with Community

### Objectives:

- Understand how to build trust and credibility.
- Know how to apply these concepts to local norms.
- Understand the “emotional bank account.”

**Time:** 20 minutes.

**Materials:** Flipchart, markers.

### Activity: The Emotional Bank Account

Ask participants to read “The Emotional Bank Account” in their CM Compendium. Then, ask participants to give examples of how to build trust in the community from their own experience:

- How do we build trust in the community based on the emotional bank account (e.g., respect, truthfulness, open meetings, transparency).
- What actions or behaviors might provoke distrust based on the emotional bank account (e.g., always arriving late to meetings, not keeping promises, dishonesty)?

- How might we rebuild trust if trust has been broken (e.g., apologize, demonstrate better behavior)?

Write responses on a flipchart. Ask participants if they have anything else to add and how the information can be useful to them as they work with communities.

### Step 3: Invite Community Participation

**Objective:** Identify and address common barriers to participation in CM efforts.

**Time:** 1 hour 30 minutes.

**Materials:** Flipchart paper; markers; colored paper dots in blue, green, and red divided into three small cups of one color each; a cup filled with candy.

**Preparation:** Prepare cups with candy and colored paper dots; make copies of the three sets of instructions

#### Activity: The Powers That Be (2 hours)

Discuss what types of villagers might be encouraged to participate in the CM effort by using a simulation exercise called The Powers That Be. This exercise illustrates how power relations in a community affect access to resources, information, and feelings of inclusion and empowerment.

Divide participants into three subgroups by counting off into threes. Give group #1 the cup containing the blue dots, group #2 the cup of green dots, and group #3 the cup of red dots. Ask each group to place a colored dot on their forehead.

Explain that those with a **blue dot** will role play as someone with political or economic authority and access to information. Those with a **red dot** represent those who are dispossessed or marginalized. Finally, those with a **green dot** represent those seeking to bridge social and economic differences or to manage a community mobilization team.

Give each group a copy of the instructions for their color (see below). Ask them to read the instructions but not to share them with anyone. If some participants are already aware of the simulation, ask them to please not reveal its purpose to other participants, or have them act as observers and record behaviors. Then, ask everyone to follow their instructions.

- **Blue Dot:** Take a cup of candy and sit at a table with other Blue Dot people. Start a conversation about any topic. Feel free to eat and share the candy. Do not speak with a Green Dot or Red Dot person, and do not offer them any candy.
- **Green Dot:** Go to the table with the Blue Dots people and initiate a conversation with one of them. Ask them for a piece of candy. Then, find a Red Dot person and initiate a conversation with them. Offer the Red Dot person some candy leftover on the table.
- **Red Dot:** Sit on the floor facing a wall. Do not speak to anyone even if spoken to. Do not accept candy from anyone.

Allow about 10 minutes for this exercise.

Be aware that this simulation can evoke strong emotions. A debriefing is crucial to discuss these emotions and the relationships between the simulation and real life. During this debriefing, invite everyone to eat the candy! Be sure to allow sufficient time, and cover the following questions:

- How did the simulation exercise make you feel? What specifically made you feel that way?
- Have you ever felt this way in real life? What were the circumstances?
- How does the simulation reflect reality? What groups, if any, are blue, green, and red dot groups in their communities?
- What challenges were observed during the simulation in terms of access, equity, and gender?

Ask participants to reflect on how power dynamics can affect CM. What types of individuals or groups might feel they cannot participate in CM efforts? Which groups are the most marginalized? Write responses on a flip chart.

Ask the participants for examples of barriers to participation in CM efforts? Examples include

- Limited physical access to meeting sites.
- Cultural norms that limit participation.
- Time constraints.
- Other responsibilities such as paid work and childcare.
- Family members or others prohibiting participation.
- Perception that community events are for others, particularly if the individual has never been invited to a community meeting.
- Opportunity cost (e.g., missing out on something else to attend the meeting).
- Low self-esteem (e.g., feeling they have nothing to contribute).
- Lack of identification with purpose or with other participants.
- Fear of group processes, such as speaking in front of a group.

With CM, it is often those most marginalized (red dots) who are *most affected* by the issue but cannot or do not participate for the above reasons. For CM to work well, those **most affected** and **most interested** in the core program issue must be included.

Hand everyone a piece of flipchart paper, and ask them to complete the following exercises:

- Draw a line down the middle of the flipchart paper. On one side, write “Barriers to CM Participation.” On the other side, write “Strategies to Overcome Barriers.”
- Fill out both columns from the perspective of a village member.

Discuss some of their responses and strategies.

## Step 4: Develop a Community Action Group

### Objectives:

- Describe the purpose of a community action group.
- Understand the criteria for identifying and selecting members.
- Learn how to support communities in forming a community action group.

**Time:** 1 hour.

**Materials:** Flipchart, markers.

**Preparation:** Questions written on flipchart.

### Activity: Why Work with Groups? (10 Minutes)

A community action group is formed when individuals and groups want to address key health issues (e.g., MNCH+N). Breakthrough ACTION-Nigeria or partner NGO field staff can assist in the development of community action groups, such as WDCs.

Ask participants, “Why work with groups?” Write responses on a flipchart and discuss. Then, ask participants to read aloud the section in the CM Compendium, “Why Work with Groups?”

Ask participants to reflect on previous or existing groups in the communities where they work. Although it is important to recognize and work with these groups, there are advantages and disadvantages to working with existing groups.

Ask participants to read aloud from **page 57** of their *CM Compendium*, “An Old Group or New Group?”

On a flipchart, write the roles and responsibilities of a community action group, such as

- Carrying out the CAC.
- Identifying health problems and priorities in the community.
- Implementing community action plan strategies and activities.
- Working with extended networks and other groups in the community to achieve CM goals.
- Leading and monitoring CM efforts on behalf of the community.

### Activity: Role of the WDC (10 Minutes)

A picture can help explain the WDC’s role in the community. For example, picture a train with an engine and smaller cars: the engine is the WDC leading the community and community groups towards their goals. You can also draw a picture of an apple whose core is the WDC and whose peel is the community groups involved in the WDC.

Ask participants what criteria should be used to select WDC members. Examples include

- Those most affected by or interested in key health issues (e.g., MNCH+N).
- Those with time and resources.
- Representatives from other groups (e.g., women’s groups, religious groups, community-based organizations).

Explain the 60/40 rule determined by sociologists: in a community group, the most marginalized or interested in the issue should make up at least 60% of membership to have a true voice and decision-making power; the remaining 40% are for the village development committee members. A typical WDC might have 15–20 total members.

Ask why it is important for marginalized people to have a true voice in the core group? (Answer: It ensures priorities and plans address the actual needs of those most affected.)

Spend 15 minutes reviewing “Strategies to Identify and Recruit WDCS Members” in the *CM Compendium*, and then 5 minutes discussing strategies to invite community participation in a WDC.

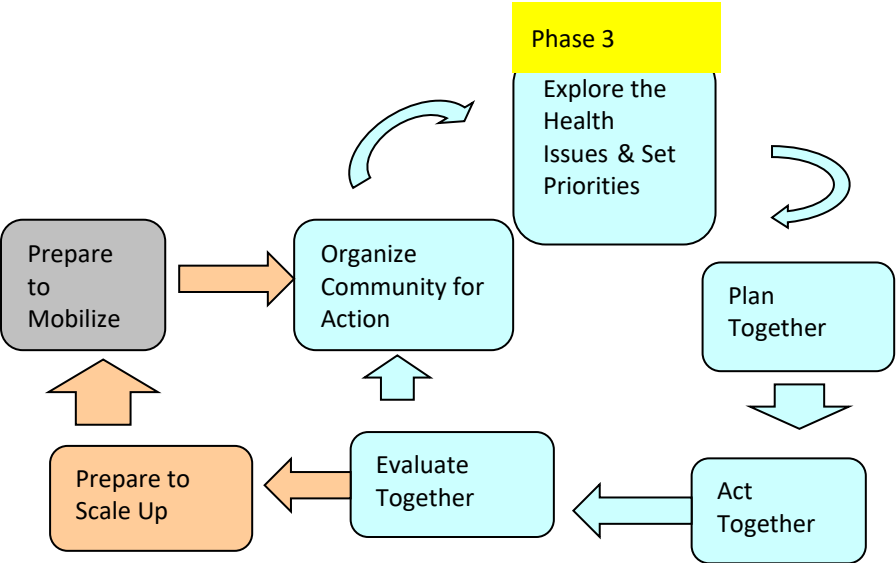
Spend 15 minutes discussing WDC roles, responsibilities, and norms. Explain that once community members have selected and recruited members for the WDC, its roles, responsibilities, and norms for working together must be developed. Ask participants to read aloud this section from page XXX in their manual which includes:

- Do WDCS members understand their role and goal?
- How do WDC members want to organize their group?
  - Do they want to elect official leaders?
  - How will they assign roles and responsibilities?
  - How will they communicate with each other?
  - How often will they meet?
  - What norms should be set regarding confidentiality, attendance, behavior, and so on?
- How do members want to document their meetings, activities, and results?
- What other issues should be added to this list?

Ask participants to summarize this phase and its main steps. Address or clarify any issues, and announce the next session.

# Module III: Explore MNCH+N Issues and Set Priorities

**Figure 5**  
*MNCH+N Issues and Priorities*



## Steps 1–4: Explore the Health Issue with the Community Core Group and Community and Set Priorities

**Objectives:**

- Identify steps of the Explore and Set Priorities phase.
- Use participatory tools to help WDCs explore the issues.
- Rank MNCH+N priorities using a ranking matrix.

**Time:** 3 hours

**Materials:** Flipchart, [page 67](#) from the participant manual.

**Preparation:** Flipchart listing all participatory tools; sample of problem tree, community resource floor map, picture card of core program issue (or ask a participant who is good at drawing to prepare) and priority ranking matrix.

**Activity: Summarize Steps for Exploring and Setting Priorities (5 Minutes)**

Briefly review the steps of this phase, explaining that it provides the community an opportunity to explore, understand, and prioritize underlying causes of priority health issues and to identify community resources. The steps of this phase are

1. Explore the priority health issues with the community action group.
2. Discuss the issue with the broader community.
3. Analyze the information.
4. Set priorities.

Mention that some information about the key health issues (e.g., MNCH+N) was gathered during the situational analysis conducted by Breakthrough ACTION-Nigeria or an NGO partner but not by the community action group. Ask why it is important for the community action group to explore these issues, especially MNCH+N, among its group members? Why is it important for WDCs to explore MNCH+N issues with the broader community?

Explain that for the sake of time, steps 1–4 above have been combined, but that carrying out these two *separate* Steps is important.

Discuss participatory tools that could help WDC members explore health issues and set priorities. Write ideas on a flipchart, then categorize and prioritize them in terms of tools that help collect data, analyze data, and identify causes.

Introduce the following tools, which both acknowledge community strengths and identify problems or issues (write each on a flipchart):

- Mini drama.
- Problem tree.
- Picture cards.
- Focus group discussions on knowledge, beliefs, and practices.
- Mapping resources and services (appreciative).
- Key informant interview (appreciative questions).
- Priority ranking matrix.

Ask the following:

- What questions do you have on any of the tools?
- What tools are easiest to use? Why?
- Which tools are more difficult to use? Why?

Inform participants it is time to practice the explore phase using a facilitation guide as if they are WDC members. Form small groups (1 group per tool in the guide) and ask each group to start the respective exercise below. Explain that at the end of the exercise, they will choose 1–2 representatives to simulate use of the tool with participants.

At the end of the allotted time, give each group feedback. Ask participants to summarize the explore phase, clarify any issues as needed, thank participants for attending, and announce the next session.



### Activity: Mini-Drama

The mini-drama is a powerful, participatory, and democratic tool for exploring issues and introducing delicate or sensitive issues. After the mini-drama, everyone has the opportunity to talk during the debriefing and compare what happened in the mini drama to events or issues in the community. A successful mini-drama should be presented by community members themselves and thus requires time to prepare (about 30 minutes to learn the scenario and rehearse). The mini-drama should be prepared in advance, including no more than two parts and not exceeding 10 minutes total.

### Activity: Problem Tree (1 Hour 30 Minutes)

If a participant has experience with this tool, ask them to do the simulation in their local language; otherwise, you will need to facilitate.

Introduce the problem tree as a tool to explore health issues in the community. Explain that participants will play the role of community action group members in this exercise.

Ask everyone to draw a tree with roots, a trunk, and branches. On the trunk, write one health problem related to MNCH+N (e.g., many children dying from malaria, a nutrition issue, HIV/AIDs, youth not practicing in healthy behaviors).

Ask them to consider why this health problem exists. Write each reason on a separate roots of three, adding more roots as needed. For each reason, look further into a cause by asking why. For example, consider the problem that pregnant mothers are not aware of pregnancy danger signs. Why? Answer the question, and ask why again. Continue this way until the group feels all causes have been discussed. Observe how the roots get deeper and deeper.

To probe even more deeply at this point, you might also ask

- Why might communities not value practices that promote good health?
- Why do people delay seeking health care?
- Why are there no health facilities or clubs in the community?
- Are existing facilities (e.g. clubs, football grounds) in our community underutilized? If so, why?

Ask what happens if people do use the available resources? Add these outcomes as individual branches on the tree. For each branch, ask, “What does that lead to?” to create a full picture of how MNCH+N interventions affect families, communities, districts, and the country. When no further responses are given, ask the following debrief questions:

- What does the problem tree reveal about the main causes of MNCH+N issue in our community?
- What have we learned overall from the problem tree?

Take 20 minutes to conduct this exercise.

Then, ask participants to practice developing a problem tree on their own based on MNCH+N conditions. Once completed, have them post it on the wall. Invite everyone to walk around, as if visiting a museum or art collection, and view the trees. Allow 30 minutes for this observation, then ask.

- What observations did you make about the sample problem trees?
- What questions do you have about this tool?
- Would you be able to train a WDC on how to use this tool? Why or why not?
- What further questions do you have about this tool?

### Activity: Picture Cards (20 minutes)

Sit in the middle of the room, and invite five volunteers to join you who will act as community action group members. Other participants will observe. Lay out all of the core program issue cards on the ground and ask each volunteer to choose one they know.

Explain that the cards offer a way to explore core program issues in the community. Ask each volunteer what their card represents and what they call it in their village.

Ask the larger group the following questions as appropriate:

- What is the problem called in your local language?
- What happens when the problem occurs?
- Why do you think the problem occurs?
- How do people deal with the problem?
- How successful is the treatment in solving the problem?
- What happens if the problem cannot be solved? Do women or newborn babies die from this problem?
- How often does this problem occur?
- How might we address this problem in the future?

For every problem, ask these same questions. When done, ask participants to identify any problems that were not mentioned. Once all problems have been discussed, conclude the session by asking

- What have you learned today using the picture cards?
- What are some of the priority issues related to health?
- Would using these pictures cards with parents, women, husbands, uncles, and other key persons in your community be helpful in raising awareness of the health issues?
- Would you be able to train a community action group on how to use the cards? Why or why not?
- What further questions do you have about this tool?

### Activity: Planning a Focus Group

Focus group discussions are a way to explore health issues by soliciting key information from the community, typically a small but representative group of people who share a similar trait (e.g., parents

of school-aged children) and can provide important information about community knowledge, attitudes, beliefs, and practices. Focus groups should be anonymous and confidential so that people are encouraged to speak openly. Also, analysis of focus group information is time consuming, so 3–4 focus groups per community is usually sufficient. Note that conducting a focus group event requires considerable preparation.

**A focus group should include those most affected by the issue in discussion.** Ask participants to list those most affected by MNCH+N issues (e.g., malaria, nutrition, MNCH, HIV/AIDs, family planning, hygiene, sanitation). Write their answers on a flipchart, being sure to include

- Parents and family members of affected groups (e.g., fathers, mothers, grandmothers and other caretakers of children).
- Community-based service providers and volunteers.
- Health providers (nurses, health service and medical assistants).
- NGO and CBO staff.
- Religious and community leaders.
- Ministry of Health and other government officials.

Ask participants to turn to **pages 106–108** in the *How to Mobilize* field guide. Review the sample focus group questions on knowledge, feelings, attitudes, practices, and beliefs.

Divide participants into groups and ask each group to create two questions from each of the above categories related to their core program issue. Have them write their questions on a flip chart. Allow 30 minutes for this activity.

In plenary, ask each group to share their two questions. Allow 5 minutes per group. Ask participants what they would change (if anything) about these questions.

Explain that as WDC members, they must decide

- Who will introduce the focus group task (e.g., assure confidentiality).
- Who will ask the questions.
- Who will write down the responses.

It is best to analyze the responses what was heard and learned *immediately after* the focus group by reviewing notes and writing down key responses to each question. As each focus group is undertaken, key responses can be added.

### **Activity: Community Resources and Services Mapping**

For this activity, place a piece of paper on the floor and sit next to it. Invite everyone to gather around. Introduce the Community Resource and Service Map, another tool to explore MNCH+N issues in the community. This tool looks at community assets and strengths. Explain that participants will develop a resource map together by looking at different kinds of resources and services available for MNCH+N.

Ask the group to draw an MNCH+N condition on the paper. Alternatively, lines can be drawn in the sand and locally available items such as bottle caps, leaves, brick, stones can be used to mark resources. To the left of the condition, the group should draw a key (or use objects) to identify all resources and services currently being used in the community. Such resources might include

- Health facilities.
- Schools.
- Human resources (e.g., parents, Nurses).
- Land (e.g., for field gardens, wood, source of wild food, water pumps, football grounds).
- Buildings (e.g., churches, rest houses, meeting halls, bars or beer drinking locations).
- Infrastructure (e.g., toilets, sources of safe water, water wells).
- Support groups (e.g., HIV, nutrition, youth).

What other resources and services in the community could be helpful but are not being used? These can be resources provided by the community or from outside the community. Add these new resources to the map. After reviewing the map, ask

- What have we learned from our community resource maps?
- For resources not being utilized, how might we better use them?
- How might we use them in the Plan Together phase of the CAC?
- How can the community mobilize resources that are not available?

Summarize and thank members for their participation. Ask for a volunteer from the group to preserve the map for future planning or, if the drawings have been done on the ground, ask a volunteer from each group to make a paper copy of the drawing.

In summary, ask

- What observations did you make about the resource map?
- What questions do you have about this tool?
- Would you be able to train a Community Action Group how to use? Why or why not?

### **Activity: Key Informant Interview – Appreciative Questions**

The key informant interview helps the community action group explore core MNCH+N issues. Key informants are people, often community leaders, who are well informed about local history and resources. Ask participants to identify potential key informants in their community? Write responses on a flipchart. Explain that normally, 3–5 key informants are sufficient to avoid duplicate responses and problems with analyzing the information.

Ask a volunteer to read aloud the “Appreciative Questions” in their *CM Compendium*. How might these questions be useful to explore core program issues?

To prepare for a key informant interview, the WDCs will need to decide the following:

- Who will introduce the interview task, assure confidentiality, and so on?
- Who will ask the questions?

- Who will write down the responses?

After each key informant interview, it is best to analyze the responses by discussing what was heard *immediately after* the interview? Do this by reviewing notes and writing down only the key responses to each question. As each interview is completed, key responses can be added.

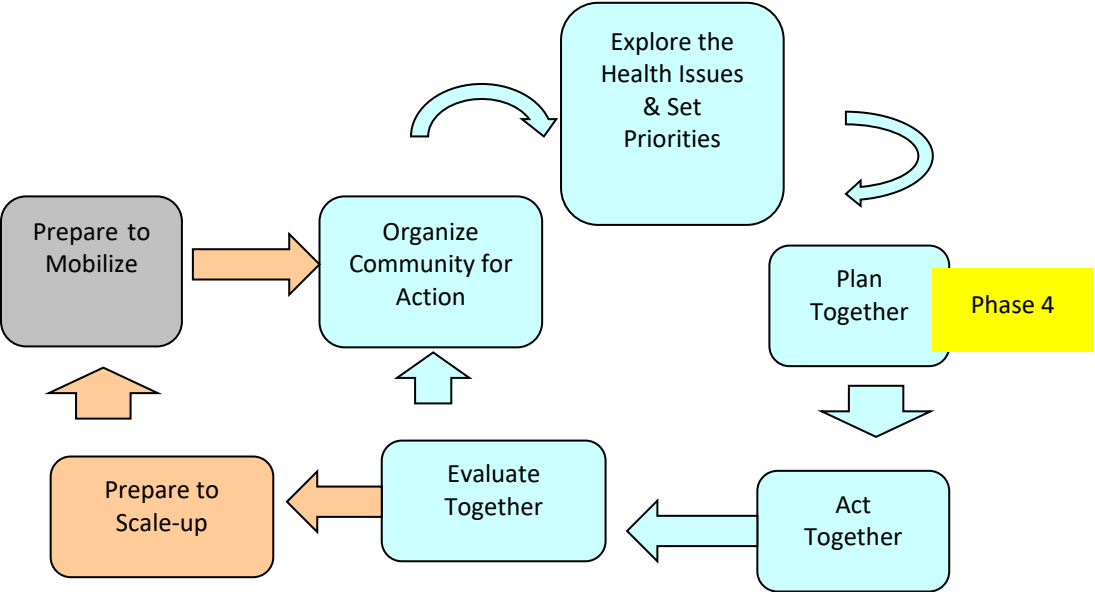
In summary, ask

- What questions do you have about appreciative key informant interviews?
- Would you be able to train a WDCS how to use? Why or why not?

**Activity: Priority Ranking Matrix (See Participant Manual)**

# Module IV: Plan Together

**Figure 6**  
*Plan Together*



## Step 1: Determine Planning Roles and Responsibilities

**Objectives:**

- Describe the steps of the Plan Together phase of the CAC.
- Identify who will be involved in the community planning phase and their roles and responsibilities.

**Time:** 30 minutes.

**Materials:** Flipchart.

**Activity: Setting Criteria**

Summarize the three steps of the Plan Together phase:

- Determine who will be involved in planning and their roles and responsibilities.
- Design the planning sessions.
- Facilitate the planning session to create a community action plan.
- Share with the broader community.

Ask participants to share some examples of how community members plan their activities. This phase builds on these skills to help WDC members and representatives of the broader community develop strategies and activities to improve their lives.

Begin by creating criteria for identifying and selecting those who should participate in the planning process, such as

- People most affected by MNCH+N conditions.
- Respected community members (e.g., formal and informal leaders, parents, teachers).
- People with certain skills, knowledge, or access to resources (e.g., education or health background, monitoring or evaluation expertise, management skills, communication skills, access to funding or materials).
- People who have some background in CM or other participatory processes.
- People who are interested.
- People who may obstruct or interfere with the plan if not invited.

Write the criteria on a flipchart.

Ask a participant to read aloud the “Develop a Community Action Plan – Who Should Participate?” section of the *CM Compendium*.

Often, when deciding who should be involved in planning, the list grows until everyone is included. Although involving everyone in the planning process may be desirable from a participation perspective, it is important to weigh the advantages and disadvantages of managing a large group versus a smaller, more defined group. For example, it may be worthwhile to include everyone if those not invited might be offended, whereas other communities might not have to worry as much about offending anyone. These decisions must be carefully considered as they can affect future implementation of the program.

Once the list is complete, discuss the best way to recruit planning meeting participants:

- Who handles the invitations (e.g., a WDC member, another community member)?
- Does this same person approach all candidates or only certain ones? Who approaches others?
- What about people who are not on the list but volunteer to participate?

Roles and responsibilities also must be assigned for the people selected for the planning phase. What are some possible roles and responsibilities of the planning team? List the answers on a flipchart. When should these roles be discussed and decided on by the planning team members?

## Step 2: Develop a SMART Objective

### Objectives:

- Define and create a SMART objective.
- Understand the difference between a strategy and an activity.
- Develop appropriate CM strategies based on underlying influences discovered during the explore phase.

**Time:** 30 minutes

**Materials:** Flipchart, cards.

**Preparation:** Prepared flipchart.

### Activity: Define a SMART Objective

**Defining objectives.** Write the following on a flipchart: “An objective is the desired results you want to achieve.” Explain that an objective need to be *SMART*. Write this out on a flipchart:

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

Ask participants to review the example of a SMART objective on **page 87** of the *CM Compendium*.

Divide participants into groups of two at their tables. Hand out different colored cards to each group. Ask each group to write a characteristic of a **strategy** on one color card and a characteristic of an **activity** on the other color card. Provide more cards, if necessary.

Collect the cards and place them on the board or wall. Then, analyze the characteristics of a strategy and the characteristics of an activity as written by the participants. Clarify any confusion by reviewing the example strategies in the *CM Compendium*.

In the *CM Compendium*, review the sample community plan, “Learning to Plan – Building on What We Already Know.” Read the planting and vaccination examples aloud. Ask if they have any questions about objectives, strategies, or activities.

Review the “Sample Community Action Plan Matrix” in the *CM Compendium*. Review each section of the plan aloud. Ask if they have any questions.

### Step 3: Develop a Strategy

#### **Objectives:**

- Develop objectives and strategies to address priority MNCH+N issues.
- Identify and describe activities to implement a strategy.

**Time:** 2 hours.

**Materials:** Flipchart.



### Activity: Developing an Objective, Strategy and Related Activities (45 Minutes)

Divide participants into small groups based on their MNCH+N responsibility. Ask them to review their program goal and using the underlying influences generated from the problem tree activity (and other activities from the Explore Phase), develop the following:

- 1 objective
- 2 strategies
- 2 activities (per each strategy)

Ask groups to share their results in plenary:

- Do participants think the objective will address the problem? Why or why not?
- How would they improve the objective?
- Do participants think the strategy will address the problem? Why or why not?
- How would they improve the strategy?
- At what point should the strategy be reviewed or modified?
- Do participants think the activities will support the strategy? Why or why not?

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

Have participants read "Techniques for Identifying Strategies" in the *CM Compendium*. Ask if there are any questions about these strategies or anyone has used any of these strategies.

## Step 2: Design a Planning Session

### Objectives:

- Finalize a detailed agenda for the planning session.
- Adopt a facilitation guide for the planning session.
- Determine logistics for the planning meeting.
- Assign responsibilities for the items on the agenda and the logistics.

**Time:** 90 minutes.

**Materials:** Flipchart, copies of Plan Together facilitation guide.

**Preparation:** Make copies of Plan Together facilitation guide.

### Activity: The 16 Tasks

Ask participants to review "A Guide to the Planning Process: 16 Key Tasks" in the *CM Compendium* and lead a discussion on the tasks (listed below). Invite them to add or delete tasks as appropriate in their settings and agree on a final list and sequence of tasks (i.e., an agenda) to be achieved during the planning meeting.

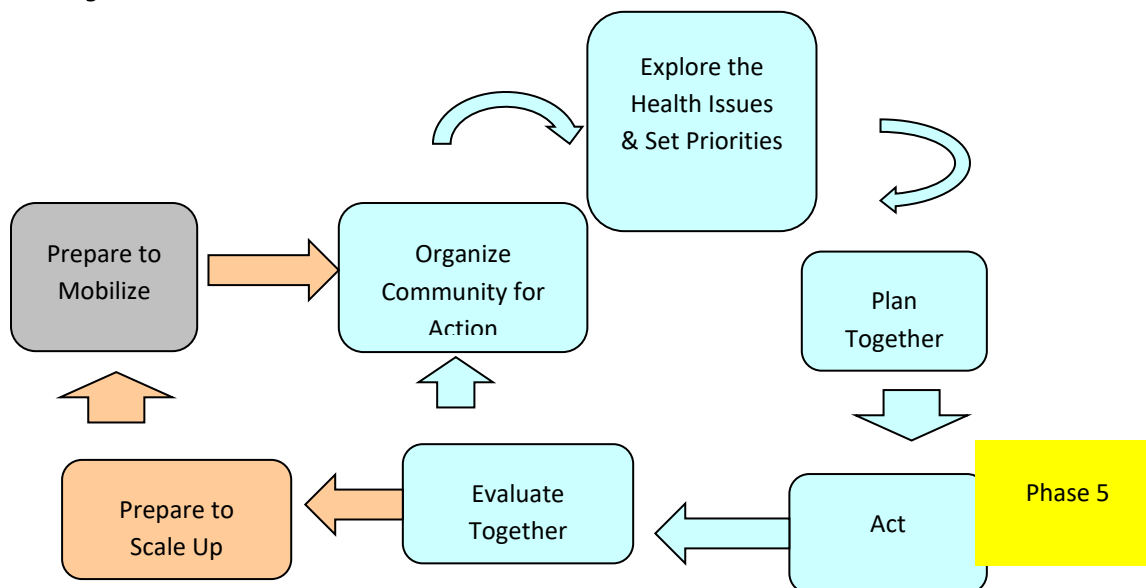
1. Orient participants to the overall goals of the CM program.
2. Clarify the specific objectives of the planning session.
3. Consolidate and review relevant information.
4. Develop a consensus on program priorities, objectives, desired results or other indicators of success.
5. Identify resources, opportunities, challenges, and constraints.
6. Develop a variety of strategies to achieve the desired results.
7. Select strategies with the most potential to improve health.
8. Specify activities, resources needed and how resources can be obtained.
9. Assign responsibilities.
10. Determine timeline.
11. Establish or reaffirm coordination mechanisms.
12. Determine how the community will monitor progress.
13. Determine next steps and congratulate the group.
14. Present draft plans to the broader community if appropriate.
15. Revise plan (if necessary) based on feedback.
16. Finalize plans in a formal document.

Inform participants that a facilitation guide has been developed. Have them form some small groups and discuss the guide.

In plenary, ask them to simulate the community action plan development as prescribed in the guide. Ask participants to state their key take home message with regards to the plan. Invite feedback from each group. Make any necessary clarifications, and announce the next session

# Module V: Act Together

**Figure 7**  
*Act Together*



## Step 1: Define Team Roles for in Community Action

### Objectives:

- Describe the steps of the Act Together phase.
- Define the role of facilitation team members and community members during this phase.
- Understand how failure to define the roles may lead to conflicts.

**Time:** 30 minutes.

**Materials:** Flipchart.

### Activity: Summarize Steps in This Phase

- Define your team’s role in accompanying community action.
- Strengthen the community’s capacity to carry out its action plan.
- Monitor community progress.
- Problem-solve, troubleshoot, advice, and mediate conflicts.

The program team has probably played a significant role in the CM effort up to this point. Responsibility should now shift to the committees and task forces established during the planning phase, such as the WDCS and other members of the community. Discuss the following questions:

- What things were done (inadvertently or out of necessity) to make the WDC depend on us?  
What happens if we stop doing these things?

- How do we foster independence in the people who depend on us?
- What has worked in the past to transition leadership to the WDC and others?
- How can we prepare for this transition?

Ask, what is the role of NGO partners and project staff during the Act Together phase? Write responses on a flipchart.

## Step 2: Identify Roles in Building Community Capacity

### Objectives:

- Describe community capacity.
- Identify the roles of program team members in building capacity.

**Time:** 1 hour 15 minutes.

**Materials:** Balloons, masking tape.

### Activity: Balloon Activity

Ask the participants to write briefly in their notebooks what they understand by the phrase “community capacity.” After everyone has finished, ask each participant to read their statement aloud. Review some definitions of community capacity presented in their *CM Compendium* on [page 95](#), “Community Capacity: Definitions and Perspectives.” Explain that participants will now explore how to support the community during the Act Together phase, such as how to assess community capacity, identify community capacity-building roles, and help communities plan capacity in specific areas.

Divide participants into small groups of 3–4 or 5–6, depending on the size of the workshop. Give each group 14 balloons and masking tape. Explain the following:

- Each group should build a structure out of the balloons. The group that makes the tallest freestanding structure wins the game! Freestanding means the structure cannot be attached to anything, not a chair, a table, or the ceiling.
- Each group has the same amount and type of materials (14 balloons and masking tape).
- Tell participants they have 15 minutes to build their structure. Time begins when the facilitator shouts, “Go!”

Observe the organizational dynamics among each group to discuss during the debrief. Hand out rewards to the winning team (e.g., chocolates, sweets). In plenary, ask

- What did you see during the building process?
- How did your group get organized for the task?
- Did everyone perform the same role? Who took leadership? Who were the worker bees?
- How were roles in the group divided?
- What capacity did your group need to work well together?

- What was the secret to building the tallest structure? (Often, winning groups create a base of balloons linked together before trying to build higher. Groups that neglect the foundation often do not reach their goal.)
- What could this foundation or base represent when we think of helping to build community capacity to reach health outcomes?
- Based on this experience what capacity or skills might a core group need to implement their action plan? Write responses on a flipchart.

To help communities carry out an action plan, a quick capacity-building assessment can be undertaken to assess needs, deficiencies, strengths and capacities. Ask the following questions:

- What is our role in helping communities build their capacity to achieve the results they desire?
- Once the community has identified their capacity strengths and weaknesses, how can we best support them to build and share their strengths and receive assistance to build capacity?
- How can existing WDCs share their skills with the community?
- What outside resources could be required to support of capacity needs (e.g., conflict resolution, leadership, financial management, group organization and maintenance, technical skills)?

### Step 3: Conduct Community Assessment

#### Objectives:

- Complete a community capacity assessment to identify strengths and needs.
- Develop a community capacity inventory matrix based on the action plan.
- Determine how to strengthen existing knowledge, skills, and resources.

**Time:** 1 hour, 30 minutes.

**Materials:** Flipchart, small plant, large plant, flower, seeds.

**Preparation:** Prepare Gift of Head, Gift of Hands, Gift of Heart flipchart (see *CM Compendium*).

#### Activity: Community Capacity Assessment Tools

Review the three different community capacity assessment tools. Ask participants to review “Community Capacity Self-Assessment Tools” in the *CM Compendium*. Ask a volunteer to read aloud the *Assessment Guide Example #1*. Explain how WDC members can use these simple questions during a meeting to assess their own capacity.

#### Activity: Gifts of Head, Gifts of Hands, Gifts of Heart

Explain that participants will carry out the *Assessment Guide Example #2* on their own. Divide into groups of 4–5. Share the flipchart prepared with the definition of Gift of Head, Gift of Hands, Gift of Heart and explain the following:

- For this capacity assessment, take 20 minutes think about each question and share your answer.

- Write the responses and the member’s name next to their gifts.

Once all groups have finished, ask for a representative to share their gifts. After all groups have shared, ask

- What did you learn about each other from this exercise?
- What did you learn about the capacities in this room that you didn’t know before?
- Would it be useful for a WDC to carry out this exercise amongst their own members? Why or why not?
- How easy would it be for a WDC to carry out this exercise amongst their own members?

### Activity: Farming Example

Demonstrate the final self-assessment tool, which is based on a farming (e.g., germination, growing, flowering, propagating). Place on the floor a small plant, a large plant, a flowering plant, and seeds, each separated by some distance. Explain the different growth stages, with the seeds representing high capacity and even sharing with others.

Ask participants to play the role of a WDC and read capacity statements from each CAC phase. Have them agree on their capacity and select a farming stage that best represents them as a core group. Ask why they selected this stage, and share a few examples so that participants understand the tool.

Explain that in a WDC, someone should record the responses and justifications for their selection. Also, this tool can be used at the beginning, middle, or end of a project. Ask participants

- What questions do they have on this assessment tool?
- Would it be easy or difficult to use with a WDC? Why or why not?

In summary, ask participants to review the “Matrix for Capacity Development Plan” in the *CM Compendium*. Explain that it is best to have WDCs complete this plan after a capacity assessment so that they have already identified some strengths and gaps. Mention the importance of referring to their action plan to see if they have the capacities necessary.

Stress the importance of not forgetting basic health knowledge. For example, even if WDCs are interested in MNCH+N, they might not understand all the aspects and benefits of the MNCH+N CM program.

Close the session by asking participants what they learned. Emphasize any major points, including the importance of proactively defining the program team’s role in this phase, as well as the importance of the community’s capacity assessments, identifying skills, knowledge, and resources, all of which help in conducting activities to develop these capacities.

## Step 4: Monitor Community Progress

**Objectives:** Use a monitoring tool for supportive supervision of core program CM efforts.

**Time:** 1 hour.

**Materials:** Flipchart.

**Preparation:** Prepare chart for activity.

### Activity: CM Monitoring Check List (45 Minutes)

Monitoring community progress and supportive supervision are two important roles of Save the Children and other partnering NGOs during the Act Together Phase.

Review a sample CM monitoring tool, “CM – Monitoring Check List,” in the *CM Compendium*. Ask participants to form small groups of 4–5 persons (by regional or district staff if applicable). Instruct them as follows:

- Review the sample CM monitoring checklist.
- Answer the following questions:
  - What, if any, changes would make the checklist more useful?
  - How might this tool be used in your region or district?
  - Who would use it?
  - How often?

Ask groups to share their recommendations. Have someone from the country office take notes so that this tool can be adapted post-workshop.

## Step 5: Collaborate with the Community

**Objectives:**

- Learn how to help communities develop an easy tool to use with program data in decision making.
- Identify which activities to monitor (based on community action plans).
- Develop an easy-to-use community bulletin board to monitor and share achievements.
- Determine how often and by whom the bulletin board will be updated.

**Time:** 45 minutes.

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

**Preparation:** Prepare the bulletin board.

## Activity: Bulletin Board

Ask participants who usually collect and use core program data. Ask them if they can share an experience when the community gathered and used information on a regular basis.

Often, data is collected by field workers and agencies but not shared with the community. This information is often used at the district or even national level, but sometimes it is not used at all. Community members typically do not collect and analyze their own program data on a regular basis.

Ask participants what might be the advantages of communities collecting and analyzing program data on a regular basis? Review the “Participatory Monitoring Tools for Low Literacy Communities” in the *CM Compendium*. Then, review the sample community bulletin boards.

If time permits, organize participants into three groups. Ask them to play the role of community action group members and determine what needs to be monitored on a regular basis to keep community members informed about their efforts? Focus on results the group hopes to see, such as the frequency of meetings related to parent support groups and teen mother’s clubs or the proportion of school-aged children receiving de-worming treatment or attending early childhood education.

Have each group write each item to be monitored on a colored card. On a separate card, write out how the group would gather this data.

Tape two pieces of flipchart paper together horizontally to create a paper bulletin board. Lay out a variety of colored paper, pens, markers, and masking tape. Ask participants to design a community bulletin board to help monitor and share progress towards their indicators. Ask them to post their colored paper, and encourage creativity. Once all groups have posted their colored papers, debrief with the following questions:

- What do you appreciate about this bulletin board?
- Is it easily understood by everyone (e.g., those who cannot read or write)? Why or why not?
- What would you add or change to make it easier to understand (e.g., use of colors, drawings, symbols)?

Ask participants to list some advantages of a community bulletin board for sharing core program data with community members. How might they support the use of community bulletin boards in their projects?

Ask participants to summarize the Act Together phase in a few words. Make the necessary corrections, and announce the next session.



# Module VI: Evaluate Together

**Figure 8**  
*Evaluate Together*



**Objectives:**

- Learn the nine steps of this phase of the CAC and purpose of evaluation.
- Identify who may want to learn from the evaluation.
- Identify the stakeholders to evaluate the program.
- Compare external and internal evaluators.

**Time:** 30 minutes.

**Materials:** Flipchart.

Summarize the nine steps of the Evaluate Together phase:

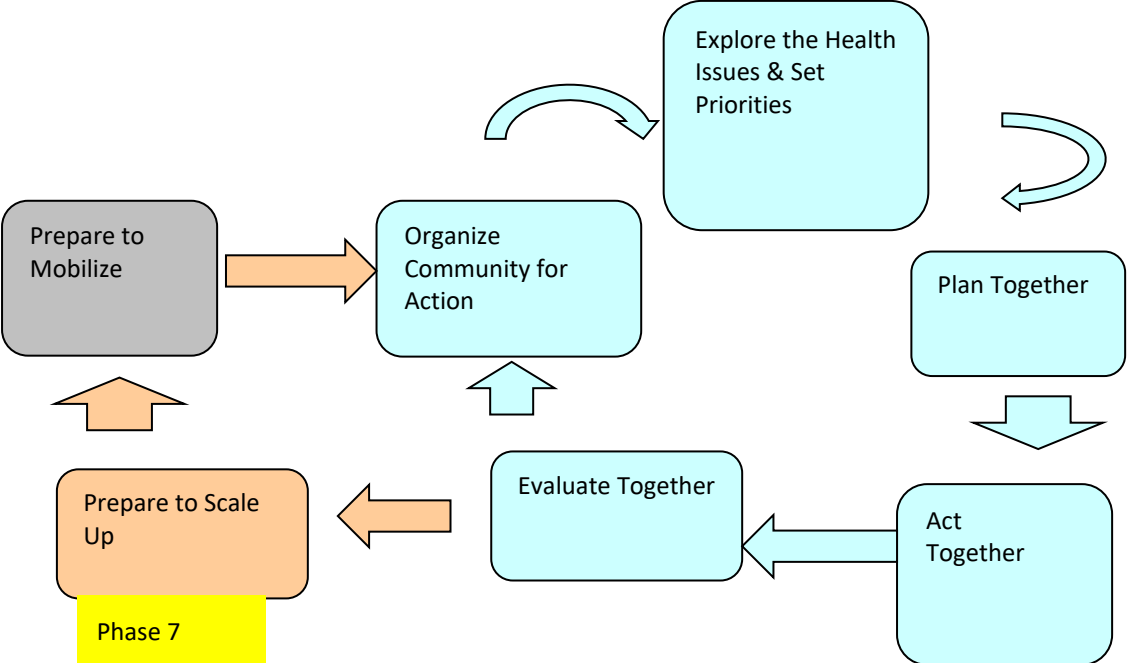
1. Define the purpose of the evaluation.
2. Form a representative evaluation team with community members and other interested parties.
3. Determine what participants want to learn from the evaluation.
4. Develop an evaluation plan and evaluation tools and techniques.
5. Conduct the participatory evaluation.
6. Analyze the results with the evaluation team members.
7. Provide feedback to the community.
8. Document and share lessons learned and recommendations for the future.
9. Prepare to re-organize.

Ask participants to define what they think the purpose of the evaluation is. Write responses on a flipchart. Discuss each point the participants and ensure everyone understands.

Together or in groups, brainstorm a list of individuals, groups, organizations, and stakeholders who may want to learn (or benefit from learning) from the evaluation of the CM effort. Think of individuals or groups who might be consulted prior to developing the evaluation plan to solicit their ideas. Remind participants that this is not necessarily a list of those who will participate in the evaluation but rather a list of those who might benefit from learning about it or who might be consulted in designing the evaluation.

# Module VII: Prepare to Scale Up

**Figure 9**  
*Prepare to Scale Up*



**Objectives:**

- Identify the steps of this phase of the CAC.
- Explain the concept of scaling up and why it is important.
- Identify types of and criteria for scaling up.

**Time:** 15 minutes.

**Materials:** Flipchart.

Summarize the 11 steps of this phase. Emphasize that you need to plan from the beginning for scaling up. It is as important to know when NOT to scale up as it is to know when to scale up. If an approach has not been evaluated and found effective, it should not be scaled up. This module will not go in-depth through all the steps of scaling up. Rather, it presents some key concepts from “How Programs Achieve Larger Scale” in the *CM Compendium*. Encourage participants to read and discuss this section.

The remaining activities are relevant to step 1 of this phase of the CAC: have a vision to scale up from the beginning of the project. It is only appropriate to complete these steps at an initial training of program team members or facilitators. Ask participants

- What is meant by the term scaling up and why is it important?
- What does scaling up involve?
- What are the potential benefits?

Present the three myths of scaling up and discuss why they are myths. Refer to “Common Myths About Scaling Up” in the *CM Compendium*.

- Scaling up a program is just a matter of expanding what is currently being done.
- Scaling up happens only through geographical expansion.
- Scaling up happens naturally when the government or partnering organizations value the program.

Discuss the criteria for scaling up and lessons learned. Refer to the “Criteria for Scaling-Up and Lessons Learned” in the *CM Compendium*.

If you are conducting this session early in your CM effort, which is recommended, ask participants to discuss what provisions for scaling up they believe should be incorporate into their planning.

# Module VIII: Become a Participatory Facilitator

## Session A: Participatory Facilitation

### Objectives:

- Know the difference between non-formal experiential learning and the “banking” approach to education.
- Be familiar with the experiential learning cycle.
- Identify attributes and skills of a good facilitator.
- Learn facilitation techniques associated with experiential learning, including different stages of the cycle (e.g., experience, process, generalization, and application of knowledge).
- Know how to use the facilitator observation checklist.

**Time:** 2 hours 30 minutes.

**Materials:** Flipchart, markers, cards for experiential learning cycle exercise, small cards, basket to hold small cards.

**Preparation:** Prepare the experiential learning cycle chart, the 25 process question from each of the four stages experiential learning cycle, and drawings for banking and non-formal learning.

### Activity: Attributes of a Good Facilitator (20 Minutes)

Before anyone can develop good facilitation skills, they must know the attributes of a good facilitator. In a small simulation exercise, ask participants to close their eyes and recall a facilitator or trainer who they think is one of the best they have seen. Ask the following questions:

- What did this person do that made the training or workshop more effective?
- How did the facilitator interact with participants?
- What role did the facilitator play?
- How did you feel as a participant?

Ask the following yes/no questions:

- Were your insights elicited and honored?
- Did you feel comfortable expressing your experience and viewpoints?
- Did you feel respected by the facilitator and other group members?
- Were your expectations for your own learning and group outputs realized?

If most answered yes, it indicates a skilled facilitator who encouraged shared learning through participation. Ask the following:

- What verbal skills made the facilitator so effective (e.g., spoke clearly, addressed people by name, thanked participants for their contributions)? Write responses on a flipchart.

- What nonverbal skills made the facilitator effective (e.g., eye contact, nodding approval). Write responses on a flipchart.
- What is the difference between being “talked at” in comparison to the experience with a skilled participatory facilitator?
- How well were you able to learn and apply the material?

### Activity: The Banking Approach versus Non-formal Education

Show participants the flipchart with the drawing of the banking approach (i.e., the girl pouring information into the boy’s head, indicating passive learning by the boy). What do they see?

Show participants the flipchart depicting non-formal education (i.e., two smiling people with an “=” sign between them). What do they see?

These pictures represent two styles of learning. Ask participants to turn to their CM manual and read aloud the conditions of the banking approach and of non-formal education. What questions or comments do they have about the differences between these approaches? You may want to ask

- Have you worked in a group or team whose facilitator left you feeling uncomfortable, shy, disrespected, or embarrassed? How did this affect your ability to share with other group members, express creative thoughts, and learn?
- What learning approach would promote a CM effort, banking or non-formal? Why?
- Have you witnessed community members being disrespected through lack of inclusion, disregard for cultural knowledge and practice, or the arrogance of those who believe they are more educated? How did this affect the community members’ ability or desire to learn?
- What are some ways facilitators can prepare to deal with unexpected outcomes, such as losing their temper wanting to reach their own desired outcomes rather than solutions that may be more appropriate for the group?
- How important is flexibility? A good sense of humor?
- How can sessions be planned to allow for unexpected delays in comprehension of a task, impromptu questions, and differences in cultural perceptions?

Two important aspects of CM create an enabling environment for dialogue: **Trust** and **Safety**. Discuss how trust can be established so that individuals or communities feel comfortable reflecting on situations, behaviors, and practices? How can safety might be established (e.g., dedicated women’s groups)?

### Activity: The Experiential Learning Cycle (60 Minutes)

Present the chart of the experiential learning cycle. Explain that this training method was developed by the Training Resources Group and applies non-formal education principles to program design and implementation. Specifically, it outlines a process facilitators can use when working with individuals and groups involved in CM.

Review the four stages of the cycle participants: experience, process, generalization, and application. The learning cycle requires learners to move through these four phases, each of which is driven by training goals or group objectives. Once goals and objectives are defined, the session can be designed using the model as a framework. The facilitator then creates a safe and respectful space for learners to engage in the four stage.

Explain that experiential learning is exactly what the name implies—learning from experience. Effective CM strategies that use experiential learning provide opportunities for a person (or group) to engage in an activity, review this activity through dialog and reflection, gain useful insight or knowledge from this reflection, and apply the result in a practical situation. Ask participants to review the “Experiential Approach to Training” in their CM Manual and discuss any questions about the cycle.

On each of the four large, colored-paper cards, write a stage of the experimental learning cycle. Place the cards on the floor, creating a giant floor map. Ask participants to form groups of three and then each group selects five question cards from the basket.

Ask groups to study the process questions on the cards they selected and to place the question next to the stage in the experiential learning cycle where they feel it belongs.

Once all groups have completed their task, review the giant floor map. Ask the following:

- Do you they agree with the placement of each process question in relation to the cycle.
- What would you change, and why?
- What type of questions are these, open or closed? Review the difference if needed.
- Why are open questions important?
- How would participants apply these questions when working with community members and with groups?
- Do you have any questions about the experiential learning cycle?
- What are the advantages of this method?
- How would you apply the method in your next training or workshop design?

Review the “Glossary of Facilitation Methods” in the CM manual. All of these methods help in applying the experiential learning cycle. Ask which methods they have used. What were the results?

### **Activity: Conditions of Learning (10 Minutes)**

Ask participants to take turns reading aloud the “Conditions of Learning” in the CM manual. Ask if they have any reactions to or questions about these conditions.

### **Activity: Session Summary (5 Minutes)**

Ask if they have questions about becoming a participatory facilitator? How will the session help them be a more effective community mobilizer?

## Session B: Visual Aids

**Objective:** Learn how to efficiently use a flipchart or blackboard.

**Timing:** 60 minutes.

**Materials:** Handout, flipchart, markers.

### Activity: List Visual Aids

Announce the session objective and ensure it is clear to everybody. Ask participants to list all the visual aids that can be used for training session. Write responses on a flipchart and save the flipchart.

Responses will be categorized later.

Point out the flipchart and blackboard. Ask participants to list the advantages and disadvantages of both. Write responses on a flipchart and retain for later use.

Repeat the exercise for the LCD projector.

Take time to respond to questions, then distribute the handout and announce the next session.

## Session C: Training Session Evaluation

**Objective:** Able to list training evaluation tools and use them.

**Timing:** 30 minutes

**Materials:** Pre-assessment questionnaire, midterm questionnaire, learning sheet, and checklist.

### Activity: Evaluation Tools

Introduce the following evaluation tools:

- Pre-assessment questionnaire.
- Midterm questionnaire.
- Oral questions and exercises during the training.
- Training session evaluation form.
- Learning sheets.
- Checklists.

Conclude by discussing the importance of these tools. Announce the next session.

## Session D: Workshop Logistics

**Objective:** Able to identify logistical and organizational requirements to plan a CM training workshop.

**Time:** 30 minutes.

**Materials:** Copies of checklist for workshop logistics, flipchart, markers.



## Activity: Checklist for Workshop Logistics

Review the checklist items for workshop logistics:

- Send workshop invitation to potential organizations and partners.
- Select participants by specified date.
- Send confirmation notes to selected participants.
- Confirm attendance and identify alternates in case of illness or inability to attend.
- Prepare participant folders.
- Prepare handouts and session materials (e.g., workshop evaluations, energizers).
- Prepare name tags.
- Set up PowerPoint or Overhead projectors, if needed.
- Prepare supplies (e.g., flipcharts, flipchart stand, markers, masking tape or press stick, microphone).
- Decide on room and seating configuration.
- Organize food, drink, and snacks as needed, including any special dietary requirements.
- Make copies of key articles on CM, if needed.
- Prepare certificates of completion.
- Hire translators, if needed.
- For training of trainers workshops:
  - Prepare participant folders with CM Training Guide using dividers for various sections.
  - Prepare materials for practice sessions (e.g., markers, colored paper, learning aids, balloons, paint).

Ask participants if there are other items to complete for a successful CM Training. Write responses on a flipchart.

Share the “Checklist for Workshop Logistics” handout. After reviewing, ask how logistical requirements might change depending on the location (e.g., rural village, town) and audience (e.g., international trainers, those who speak a local language)?

What experiences can you share to save costs on logistics? Examples include sharing rooms, using masking tape rather than preprinted name tags.

Discuss examples when workshop logistics were not properly managed. What were the consequences? What did they learn?

## Session E: Training of Trainers in CM Facilitation

### Objectives:

- Build skills in organizing a CM training of trainers.
- Practice CM facilitation.

**Time:** 5 hours

**Materials:** Flipchart, markers, practice facilitation materials, extra markers, colored paper, learning aid materials such as balloons and paint.

**Preparation:** Select and write out on separate cards a sample of the CM session and steps to be facilitated by participants; develop sample practice facilitation timetable; make copies of session design and facilitation instructions; and write out a quote for wall.

### Activity: Select a Practice CM Session

Point to the following quote hanging on the wall:

I listen and forget. I read and I understand. I see and remember. I do and I learn. - Oriental proverb
--

Experience has shown that approximately 3 hours of planning time is needed for every 1 hour of session design. If the material is new to participants or the facilitator, more time may be needed.

Distribute the CM training guide, and using the LCD projector, discuss how the training manual is organized (e.g., modules, sessions, and session design). Allow time for questions and comments, adding complementary information if necessary. Distribute the following three handouts:

1. Session Design and Presentation Instructions
2. An Assigned Session from CM Training Guide
3. Timetable with Presentations Schedules

Ask participants to review Handouts 1 and 2. What questions do they have? What would they add to make these instructions clearer or more helpful?

Ask participants to form groups of 2–3 to design and facilitate a CM session. Experience has shown that working in pairs or in threes works best. If needed, assign participants to a group.

Review the sessions in the *CM Training Guide*, and discuss the sessions you want them to focus on (**Table 7**). After selections are made, write one team number on each card and add information for the selected session (phase, step). Ask each team to select a card from a basket or bowl, or assign sessions randomly.

**Table 7***Sample Workshop Session Outline*

PHASE & PRIORITY STEP TO BE COVERED	FACILITATOR SESSION	TRAINEE SESSION
Phase I: Prepare to Mobilize	Step 1: Select the health issue Step 6: What is our role	Step 6: Develop your team
Phase II: Organize	Step 3: Invite participation Step 4: Why work in groups	Step 2: Build relationships
Phase III: Explore	Step 4: Analyze the info.	Step 2: Explore health issue with core group

**Activity: Timetable for Practice CM Session**

A practice facilitation timetable (**Table 8**) should be posted so that teams know when to be ready for their mock sessions.

**Table 8***Practice Facilitation Timetable*

TEAM	SESSION ASSIGNMENT	DAY/TIME
Team #1 (Names...)	Prepare, Step 6, Session C	8:00-8:45
Team #2	Organize, Step 2, Session B	9:15-10:00
Team #3	Explore, Step 3, Session A	10:15-11:00
Team #4	Plan, Step 4, Session A	11:15-12:00

**Activity: Design a CM Session**

Ask for clarification before begin the design of the practice facilitation. Encourage them to be creative with the CM session assigned to them. Provide extra markers, colored paper, colored pencils, materials to create learning aids, balloons, paint, and so on. Explain the following:

- In this activity, your team will plan how to facilitate a participatory training session on the CM topic assigned to you.
- Before starting, review the CM session and steps assigned to you in the *Community Mobilization Training Guide*.
- Time is limited, so be sure to organize your presentation in advance and highlight the most critical points you want to facilitate.
- Use the experiential learning cycle to guide your session design.
- Assign roles to each team member.
- Use tools (e.g., flipcharts, stories, drama, music, overhead transparencies, teaching aids) to make your session more understandable, employ effective techniques, and be creative!

## Activity: Mock Sessions and Feedback

Ask each group to conduct their session, with one person facilitating and the others playing the role of participants. Remind everyone to

- Indicate which role they want the audience to assume (e.g. NGO staff, community members, trainers, other participants).
- State the title of the session and its objectives.
- Use adult learning principles and methods.
- Have fun!

After each mock session, ask how they felt about their session design and facilitation.

Ask two other volunteers to provide constructive feedback (**Table 9**). Tell volunteers to first focus on the positive by stating, “What I like about your session, facilitation, design, was ...” and then discuss areas for improvement by stating “What I would suggest changing or what I might do differently is ... “

Continue until each group has received feedback.

**Table 9**

*Learning Sheet for Making Presentations*

PARTICIPANT: _____ OBSERVATION DATE: _____	
CONTENT ORGANIZATION	OBSERVATIONS
1- very poor 2- poor 3- adequate 4- good 5- very good	1 2 3 4 5
Make an effective introduction and overview of the subject	
Announce the objectives in the introduction	
Presents all the information contained in the facilitator guide	
Make some summaries during the presentation	
Checks that the participants understand the main points before moving to another point	
Summarizes the main points in the conclusion	
Respects the timing	
PRESENTATION	
Speaks in a clear and loud voice so everybody can hear him	
Talk with a good speed, not too slow or too fast	
Avoid speaking to the flip chart or the black board	
Avoid simply reading the information from the flip chart	
Has a good posture	
Uses moderate gestures that do not distract participants	
Moves around the room without disturbing participants	
Encourages group participation with non-verbal techniques	
Establishes visual contact with everybody in the room	

The flip chart is readable from everywhere in the room					
Summarize the main points on the flipchart (not entire statements)					
Utilizes markers, or hand to indicate points on flip chart without distracting participants (doesn't play with the marker)					
<b>QUESTIONING</b>					
Asks questions to the whole group					
Utilize questions to get all participants more involved					
React to participants' questions (does not ignore the questions)					
Utilize active listening techniques and looks for more clarification (listen carefully, asks for precisions, reformulate the questions)					
Resend some questions to the group					
Replies to questions by giving enough and correct details					
Identifies the issues that can be discussed later and those to discuss immediately					
<b>COMMENTS:</b>					

# Module IX: Develop Team Facilitation Skills

## Audiovisual Aids

Appropriate audio-visual aids (e.g., blackboard, flipchart, slides, transparencies, video) are critical to the training process by complementing activities and reinforcing key steps and tasks. People learn in different ways, and using different audio-visual aids allows participants to receive information in ways that strengthen their learning process. Someone who does not fully understand information in a lecture might learn more from a graph, video, or drawing. These approaches also help to repeat and confirm information.

Always test equipment before each session to ensure proper functioning.

### The Blackboard

The blackboard, which can be green or white and use chalk or markers, is useful, simple, and accessible tool to strengthen the visual aspects of training activities. Remember, we remember better what we see and hear at the same time.

Advantages of the blackboard:

- Available in most training venues.
- Does not require electricity.
- Easy to use and cheap.
- Can be used by both trainer and trainees.
- Excellent for brainstorming, problem solving, listing, and other participatory techniques.

Disadvantages of the blackboard:

- Cannot contain large quantities of information in one place.
- Takes time to write out information.
- Can be difficult to write on while talking to participants.
- Requires chalk or markers that can be lost or used up.
- The writing is not permanent.

Tips for board utilization:

- Keep the board clean.
- Use chalk or markers in colors that contrast well with the board color.
- Use large letters for best readability and underline titles and key words.
- Prepare complex drawings in advance.
- Do not talk when writing.
- Do not block the board.
- Allow time for participants to take notes from the board.

## The Flipchart

Most trainers are familiar with flipchart. It is a very simple tool to use.

Flip chart advantages:

- Available in most training venues.
- Easy to move around.
- Does not require electricity.
- Several can be used at the same time.
- Easy to use and cheap.
- Can be used by both trainer and trainees.
- Can be prepared in advance.
- Excellent for brainstorming, problem solving, listing, and other participatory techniques.
- Sheets can be removed and posted on a surface.

Tips for the flipchart utilization:

- Use markers with wide point.
- Use large letters to improve readability.
- Use markers with different colors to organize sections.
- Prepare complex drawings in advance.
- Underline titles and keywords.
- Do not talk when writing.
- Do not block the flipchart.
- Use titles, boxes, big bullets, and numbering to organize text.
- Leave enough space between writing.
- Avoid putting a lot of information on the same page.
- When preparing pages in advance, leave a blank page between each prepared sheet so you have room to make notes or additional drawings after each prepared sheet.
- Use masking tape to stick sheets on the walls.
- To hide one part of the sheet, fold the bottom part over the upper part and secure with masking tape.
- Face participants while you are presenting, not the flip chart.

## Summary

These audio-visual aids add diversity and interest to the learning experience. Lectures can be boring and do not always help participants retain key points. Skilled trainers should know the advantages and disadvantages of each so that they can leverage each method effectively and improve learning.

# Module X: Posttest

**Objective:** Receive final performance score.

**Duration:** 30 minutes.

**Method:** Individual exercise, discussion.

**Material:** Multiple choice questionnaire, evaluation matrix, marker, masking tape.

## Activity: Complete the Posttest

Remind participants the spirit in which the posttest will be done. Explain that the form is the same as for the pretest. Please refer to the tool at the beginning of the manual.

Administer the test, correct it, and post results on the wall. Focus on participants' efforts and areas to improve, and be sure to give the correct answers.

Remind participants that the minimum required score is 85%. Invite those who did not achieve that score to retake the test. Correct the retake, and give feedback as needed.

Summarize the session and announce the next module.



# Module XI: Post-Workshop Planning-CM Training Workshop

**Objectives:** Plan the rollout of CM trainings.

**Duration:** 2 hours.

**Materials:** CAC steps, markers, flipchart paper, background information on health issues, community characteristics, socio-political and cultural information, CM mentoring list.

**Preparation:** Prepare a flipchart with the planning matrix and enough copies of the CM mentoring list.

## Activity: Seven Elements of CM

The workplan how a CM team will roll out the CAC steps in their health facility catchment area. Review the seven basic elements of any CM plan written on the flipchart (**Table 10**). Answer any questions that may arise and ask participants to break up into CM teams and start planning.

**Table 10**

*Planning Matrix*

STEPS	ACTIVITIES	PERIOD/DATES	RESPONSIBLE	NEEDED RESOURCES
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Ask each group to present its plan. Facilitate discussions to be consistent with CAC steps, Access to Clinical and Community Maternal, Neonatal, and Women's Health in Nigeria steps, and LGA plans.

To ensure implementation of CM activities, it is important to agree on a list of standards to monitor throughout the project. Ensure participants understand CM standards (e.g., quality procedures and protocols).

Distribute the CM Mentoring List and explain that participants will be mentored by the LGA CM team and CM officers according to the elements of this checklist. Ask participants to read each element and make sure they understand it. Announce the next module.

# Module XII: LGA State Mobilization Team Training Evaluation

**Objective:** Complete the training evaluation form and receive certificate.

**Time:** 20 minutes.

## Activity: Complete Written Evaluation

At the end of all CM training, a written evaluation should be completed (**Table 11**). Ask participants why a written evaluation would be important? Hand out the blank evaluation forms, and ask them to complete it. Remind them they do not need to write their names and answers are anonymous.

Ask them to please rate their opinion on each statement using the following scale: 4 = totally agree, 3 = agree, 2 = neutral 1 = not agree. Tell them their responses help improve the training program.

**Table 11**

*Training Evaluation*

ITEMS	4	3	2	1	COMMENTS
The training objectives were clear.					
The training objectives have been achieved.					
The themes were relevant.					
The used methodology were appropriate.					
The trainers were efficacious.					
The acquired knowledge and skills are useful for your job.					
The handouts are useful.					
The training timing was appropriate.					
The training venue and organization were appropriate.					
Suggestions and comments:					

### **Activity: Certificate Handout and Final Remarks**

After all participants have handed in their evaluations, invite the guest of honor to hand out the certificates of completion and give the closing remarks.