Mobilizing Communities for Health and Social Change: Training of Trainers

Participant Guide

2019

USAID FROM THE AMERICAN PEOPLE

Save the Children

JOHNS HOPKINS Center for Communication Programs™

Breakthrough ACTION FOR SOCIAL & BEHAVIOR CHANGE

Table of Contents

Acronyms

CAC	Community action cycle
CAG	Community action group
CM	Community mobilization
MNCH+N	Maternal, newborn, and child health plus nutrition

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

Acknowledgements

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

Special thanks go to the Breakthrough ACTION Nigeria Community Capacity Strengthening and Save the Children team members below for authoring this toolkit:

- Telesphore Kabore, lead advisor community health, Save the Children-US
- Lenette Golding , lead advisor, behavior change and community health
- Amina Bala, senior community health advisor, Breakthrough Action-Nigeria
- Gideon Poki, community capacity team lead, Breakthrough Action-Nigeria
- Jane Denis, community capacity coordinator, Breakthrough Action-Nigeria
- Ummulkhairi Gambo, community capacity officer, Breakthrough Action-Nigeria
- Usman Usman, capacity and sustainability advisor, Breakthrough Action-Nigeria
- Gloria Adoyi, senior maternal, newborn and child health advisor, Breakthrough Action-Nigeria

This manual, for participants attending the community mobilization basic or training of trainers 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 other materials adapted to suit the need of community mobilizers of the federal republic of Nigeria

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

Foreword

Welcome to the participant manual for the Community Capacity Strengthening training. This guide is an essential asset developed to equip learners with 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 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 education helps sow seeds of prosperity in our communities. By fortifying capabilities and exchanging wisdom, communities become 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 help create positive change in community engagement efforts by strengthening ward development committees and other community groups to launch joint initiatives. These initiatives are designed to address obstacles that hinder social and behavioral development.

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

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

Introduction

The status of maternal, newborn, and child health, plus nutrition (MNCH+N) in Nigeria is quite poor, and the MNCH+N indicators in northern Nigeria rank among the lowest in the world. Unfortunately, most of the illnesses and issues that women, infants, and children are dying from are preventable or treatable, but financial, transportation, knowledge, service delivery, socio-cultural, 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 of the 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 the basic health insurance scheme at the state level, and working to ensure a primary health facility in every ward. Moreover, additional state and local resources have been dedicated to MNCH+N services and interventions, including a constant stream of international assistance focused on improving MNCH+N services in Nigeria. Some progress has been made in terms of infant and child mortality; however, 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. Inconsistent availability and quality of services dissuades many women from seeking care for themselves and their children, 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 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).

Breakthrough ACTION-Nigeria

Breakthrough ACTION-Nigeria is the flagship, integrated social and behavior change project of the United States Agency for International Development (USAID). It is led by Johns Hopkins Center for Communication Programs and implemented in close collaboration with federal and state ministry of health programs, departments, and agencies at the national and sub-national levels to improve social and behavior change capacity and coordination. Breakthrough ACTION-Nigeria also works with relevant USAID implementing partners. The project implementation period is 2018–2022.

The overall goal of Breakthrough ACTION-Nigeria is to increase the practice of priority health behaviors in malaria, MNCH+N, family planning, reproductive health, and tuberculosis. The three intermediate results towards achieving this goal are

- IR 1: Improved individual and social determinants of health to facilitate individual and household adoption of priority behaviors.
- IR 2: Strengthened monitoring, coordination, and quality of social and behavior change across US government investments.

- IR 3: Strengthened public sector systems for oversight and coordination of social and behavior change at national and subnational levels.

The Breakthrough ACTION-Nigeria community mobilization approach has two inter-related components: community social behavior change communication and community capacity strengthening. The community capacity component aims to nurture ownership and participation in decision making at the community level with an eye towards sustainability. This component focuses on social change at the community level and increasing community agency. The goal is to contribute to and increase effective and efficient community leadership, a sense of ownership, social cohesion, a change in social norms, an increase in gender equality, an increase in participation by community members, information equity, and collective self-efficacy. This community capacity component of the project focuses on engaging and strengthening community leadership to increase collective decision making, participation, and action on health-related issues in their community, of which gender issues is an integral component.

The primary objectives of the community capacity component are to

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

The primary audiences are ward development committee leadership and members, other relevant community structures (e.g., health subcommittees, health management committees) and leaders, traditional birth attendants, and representatives of women's groups and youth groups.

Breakthrough ACTION-Nigeria draws on Save the Children's global community mobilization (CM) experience and approach, the community action cycle (CAC) model. This model fosters a community-led process through which those most affected by and interested in tackling the health issues organize, explore, set priorities, plan, and act collectively for improved health. It provides community structures the competencies and tools needed to explore health and social issues in their communities; to prioritize issues; to select, implement, and monitor interventions; and evaluate their impact.

Identified community structures are trained to use the CAC when defining and addressing priority health challenges, including addressing root causes (e.g., restrictive social norms and harmful practices). The results of a successful CM effort thus are not solving the problem but also increasing capacity to solve other problems based on the following principles:

- Social change is more sustainable if individuals and communities most affected own the process and content of behavior-centered approaches.
- Communication for social change should empower and give voice to the previously unheard members of the community
- The approach to communication for social change should be horizontal, not top-down, and centered around local content and ownership.

- Parents, families, and communities should be the agents of change.
- Emphasis should shift away from persuasion and transmission of information from outside technical experts to support for dialogue, debate, and negotiation on issues that resonate with members of the community.
- Emphasis on outcomes should shift away from individual behavior to social norms, policies, culture, and a supportive environment.

How to Use This Manual

This compendium explains how to apply sound CM approaches when designing, planning, implementing, monitoring, and evaluating health initiatives. The materials are designed to help community level facilitators mobilize communities for improved health outcomes for families. CM teams will be identified and trained and will come from partners in the community health initiative, including NGOs, Government of Nigeria staff from various relevant ministries and departments, and community-based and other organizational structures.

Although this material is not intended to be a detailed guide to conducting CM, it does address key issues at different steps in the process and within the context of health and key health indicators in Nigeria, including MNCH+N.

Community Mobilization

CM is a proven development approach helping people around the world identify and address pressing health, education, and development issues. CM can improve their lives and strengthen and enhance the community's ability to work toward its goal. A successful CM does more than solve a problem. It increases the capacity of communities to plan, manage, monitor, and evaluate their own response to development issues.

CM describes activities such as vaccination campaigns and sensitization on youth sexual and reproductive health. In relation to health Initiatives, CM is a sustained process in which community members participate in all aspects and phases of a program. In essence, CM is a capacity strengthening process through which community individuals, groups, or organizations plan, implement, and evaluate activities on a participatory and ongoing basis to improve health and other needs. CM is *not* a campaign or a series of campaigns. Nor is it the same as social mobilization, advocacy, social marketing, participatory research, or non-formal or popular education, though it may use these strategies.

Key elements of CM include

- Developing an ongoing dialogue between community members on program issues.
- Creating or strengthening community organizations to improve health and program outcomes.
- Assisting in creating environments to empower individuals to address their own and their community's needs.
- Promoting community members' participation in ways that recognize diversity and equity, particularly among those most affected by the program issues.

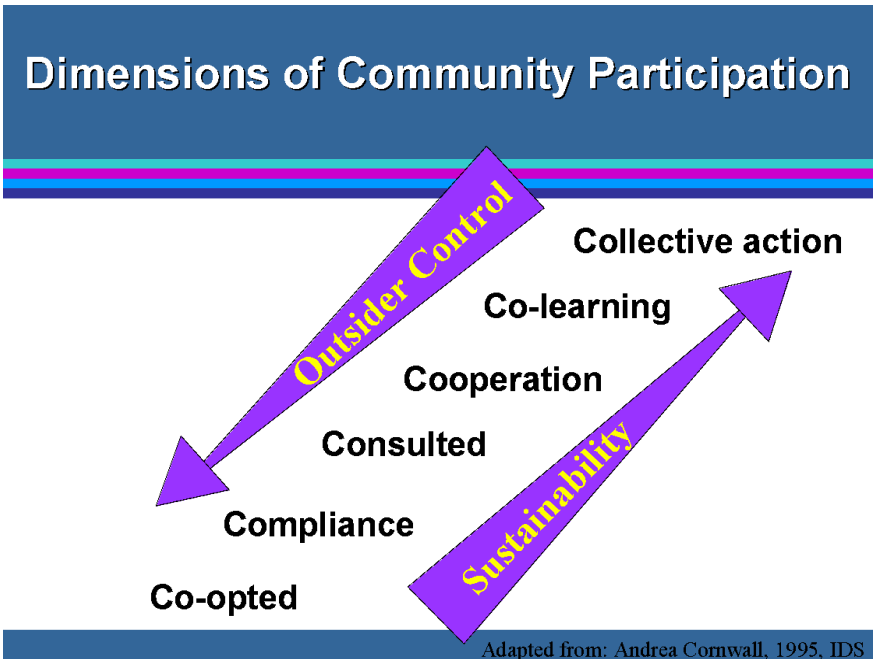
- Partnering with community members in all phases of a project to create locally appropriate responses to program needs.
- Identifying and supporting the creative potential of communities to develop a variety of strategies to improve health status (e.g., interventions not recommended by donors or other external actors).
- Linking communities with external resources to help improve the program issues.
- Committing enough time to work with communities to accomplish the above goals, typically for projects lasting more than two years.

Participation is also fundamental to CM. As such, it is important to consider how ward-level health interventions promote community participation. As shown in **Figure 1**, community participation has several dimensions:

- **Co-option**: Token involvement of local people (representatives are chosen but have no real input or power).
- **Compliance**: Tasks are assigned with incentives, and outsiders decide on agenda and direct the process.
- **Consultation**: Local opinions are solicited, and outsiders analyze and choose actions.
- **Cooperation**: Local people work together with outsiders to determine priorities, and outsiders are responsible for directing the process.
- **Co-Learning**: Local people and outsiders share knowledge to create new understanding and work together to form action plans, with outsider facilitation.
- **Collective Action**: Local people set their own agenda and mobilize to carry it out in the absence of outside initiators and facilitation.

Figure 1

Dimensions of Community Participation

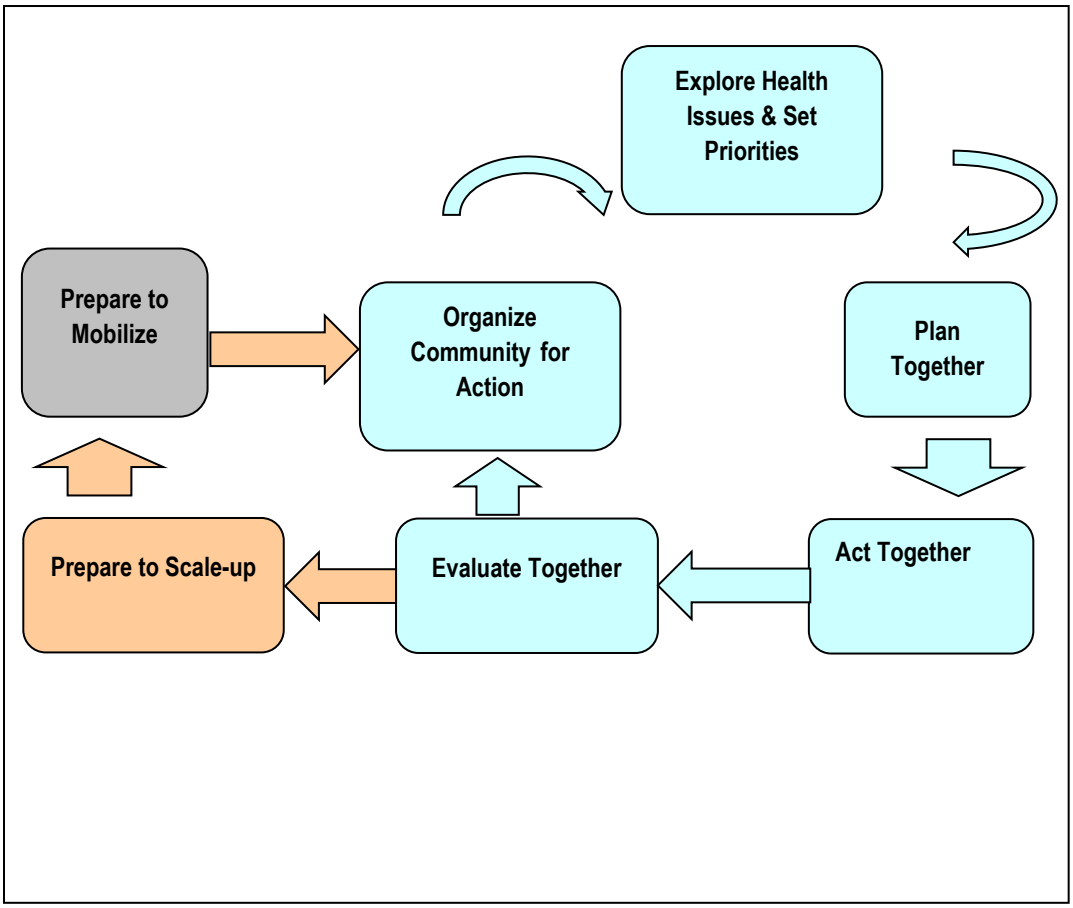


The Community Action Cycle

The CAC is the process through which communities mobilize to organize for action; explore the development issues and set priorities; and plan, act, and evaluate successful programs (**Figure 2**). Breakthrough ACTION-Nigeria provides guidance and support to communities throughout the cycle, and CM empowers communities and enhances self-reliance and sustainability.

Figure 2

Community Action Cycle



Each CAC phase has detailed steps, outlined below, which are integrated into the Breakthrough ACTION-Nigeria Program Cycle.

Phase I. Prepare to Mobilize.

- Step 1: Put Together a CM Team.
- Step 2: Develop Your CM Team.
- Step 3: Gather Information About Community Resources and Constraints.
- Step 4: Develop a CM plan to guide you.

Phase II. Organize the Community for Action.

- Step 1: Orient the Community.
- Step 2: Build Relationships, Trust, Credibility, and Sense of Ownership.
- Step 3: Invite Community Participation.
- Step 4: Develop a CAG.

Phase III. Explore Program Issue and Set Priorities.

- Step 1: Explore Health Issues with the CAG.
- Step 2: With the CAG, Explore MNCH+N with the broader community.
- Step 3: Analyze the information.
- Step 4: Set Priorities.

Phase IV. Plan Together.

- Step 1: Determine who will be involved in the planning and their roles and responsibilities.
- Step 2: Design the planning session.
- Step 3: Facilitate the Planning Session to Create a Community Action Plan.

Phase V. Act Together.

- Step 1: Define the CM Team's Role in Community Action.
- Step 2: Strengthen Community Capacity to Conduct Action Plan.
- Step 3: Monitor community progress.
- Step 4: Problem-solve, troubleshoot, advise, and mediate conflicts.

Phase VI. Evaluate Together.

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

Phase VII. Prepare to Scale Up.

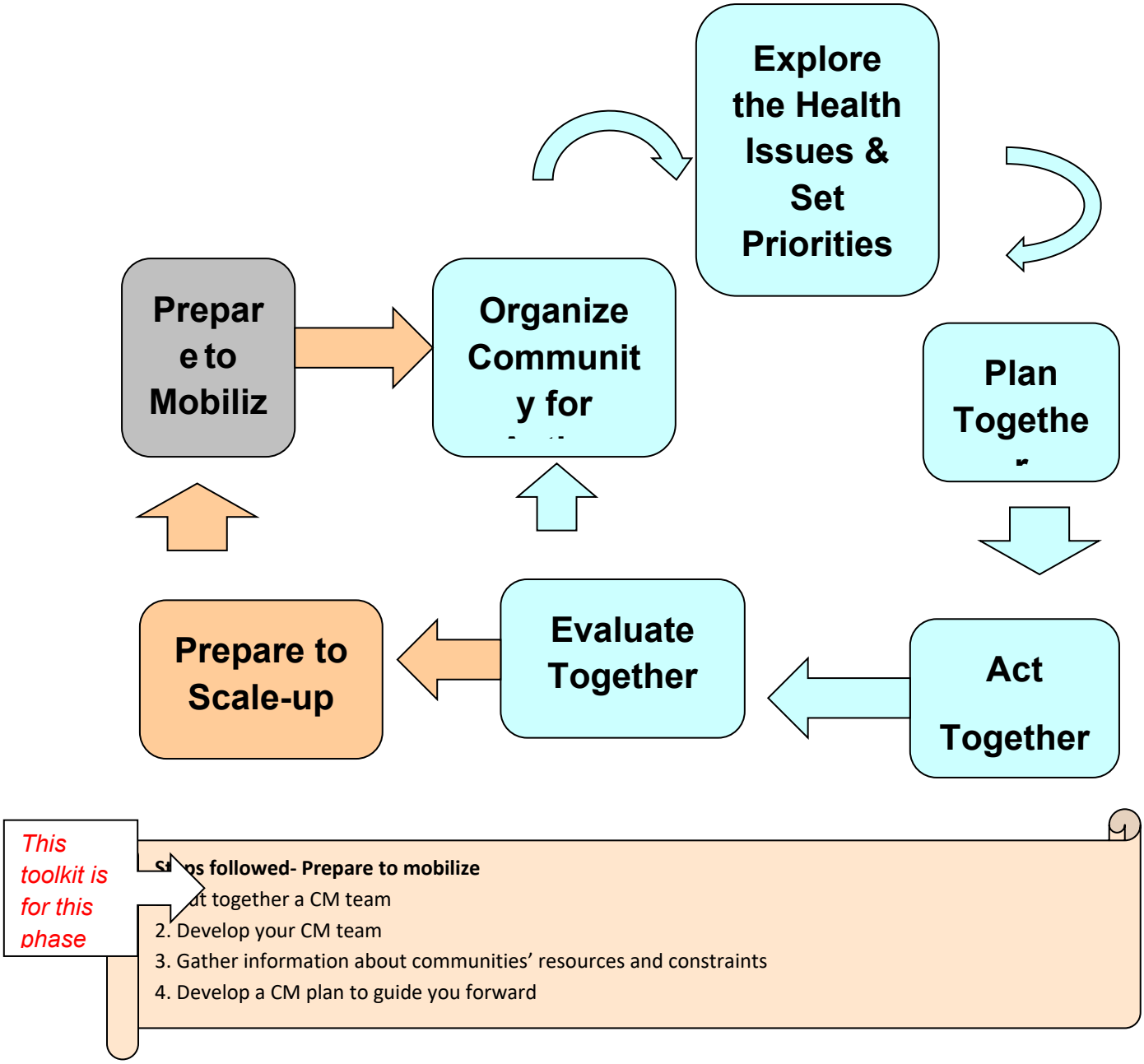
- Step 1: Have a vision to scale up from the beginning of the project.
- Step 2: Determine the effectiveness of the approach.
- Step 3: Assess the potential to scale-up.
- Step 4: Consolidate, define and refine the approach.
- Step 5: Build a consensus to scale-up.
- Step 6: Advocate for supportive policies.

- Step 7: Define the roles, relationships and responsibilities of implementing partners.
- Step 8: Secure funding and other resources.
- Step 9: Develop the partner's capacity to implement the program.
- Step 10: Establish and maintain a monitoring and evaluation system.
- Step 11: Support institutional development for scale.

Module I: Prepare to Mobilize

Figure 3

Module I: Prepare to Mobilize



Around the time of the situational analysis and program design steps of the Breakthrough ACTION-Nigeria Program Cycle, it will be important to conduct the Prepare to Mobilize phase, which comprises all the activities that need to happen before initiating the Breakthrough ACTION-Nigeria interventions with communities. This phase is intended to strengthen your team's skills on how to enter and work

with communities and be a more effective mobilizer. Normally, Breakthrough ACTION-Nigeria focuses on key indicators in MNCH+N by following these steps:

1. Put together a CM team.
2. Gather information about communities resources and constraints.
3. Develop a CM plan to guide you forward.

The resource materials and tools in this section help strengthen your team's skills and abilities to be effective participatory facilitators of CM. Zonal and district-level teams in the Breakthrough ACTION-Nigeria organization will be responsible for implementing this phase of the CAC.

Step 1: Put Together a CM Team

You have to first change yourself, to be able to change the community. – The Koran

Figure SEQ Figure * ARABIC 4
Putting Together a CM Team

Preparing to mobilize should not be the work of one person. Before you begin working with communities, put together a team of people to support CM initiatives. Often, Breakthrough ACTION-Nigeria partners (e.g., NGOs, community-based organizations, government staff) may work on different issues at the community level. The CM process can bring all these stakeholders together to work on mutually supportive community-level efforts. Partner collaboration at the community level is essential to understand community organization, customs, politics, social structures, and history. It also ensures all Breakthrough ACTION-Nigeria partners and programs share the same values and principals; apply sound community development practices at the community level; communicate program goals effectively, and build community trust and ownership of operations and programs.

CM team composition may change throughout the various stages of CM, with different skills needed at different times. Membership also depends on factors such as availability, interest, and donor preferences. In addition to Breakthrough ACTION-Nigeria partners from the local government area and ward development committee members, the CM team may include members from NGO partners, community-based and other organizations, or the government. In general, members should include:

- Breakthrough ACTION-Nigeria employees.
- Local government staff.
- Ministry staff conversant in key area of MNCH+N.

- Those with expertise in political, socio-cultural, and economic contexts (knowledge of the community and macro environment).
- Those with basic CM skills (e.g., communication, facilitation, program design, management, organizational behavior, group dynamics, capacity building, planning, evaluation, participatory methods).
- Those with personal attributes such as openness, flexibility, patience, good listening skills, diplomacy, and most importantly, belief in people's potential.

Diverse perspectives on the team minimize the risk of overlooking important issues.

Step 2: Develop Your CM Team

> Conversation with the people requires a profound rebirth.
> –Paolo Freire

Skills of a Mobilizer

Your team will need to be well prepared if they plan to apply a CM approach to social change. Preparation should begin before initiating contact with the community to ensure a positive first impression. A bad first impression is difficult to overcome. What you wear, how you act, the language you speak, what you say and how you say it, even how you arrive (e.g., in a car where almost no one in the community owns a car or on public transportation where almost everyone take a bus) will be noticed and discussed by community members.

If you are unfamiliar with local community protocol, it is important to learn about it early on. Talk with people who work in the community or who know about local protocol to find out who to contact first and what is expected of your first visit. Other things to consider when entering the community:

- Know and apply local customs and protocols for meeting leaders and others.
- Ensure someone on the team speaks the local language and dialect.
- Prepare materials beforehand (short description of program, information on your organization).
- Be honest. Do not promise things you cannot deliver.
- Be respectful of people's time and schedules.

Your team also needs other skills to effectively apply CM approaches, discussed below.

Key Competencies

All Breakthrough ACTION-Nigeria staff and partners must have the following competencies:

- Understanding of the definition of CM.
- Knowledge of CAC phases and steps.
- Ability to articulate Breakthrough ACTION-Nigeria's goal in the local language.
- Skills to enter communities and assess situations by gathering information on community organization, history, values, and customs.

- Ability to facilitate dialogue and reflection using non-formal learning techniques.
- Understanding of behavior change theory (how to be a facilitator, not a teacher).
- Value and respect for local knowledge and capacity.
- Ability to question assumptions and beliefs and admit when they are wrong.
- Willingness to listen (e.g., "Seek first to understand and then be understood").
- Willingness to collaborate effectively to build community capacity.
- Willingness to share power.

A basic CM training workshop must be organized to review the definition of CM, the CAC, and all phases and steps of the process. This workshop can be an opportunity to build skills in situational analysis, gather information for interventions, and learn about the community.

CM Team Roles and Responsibilities

As you prepare to mobilize, it is important to define team members' roles and responsibilities based on the tasks. Team members work together in the community to assure a unified approach and often have multiple roles related to CM:

- **Catalyst or mobilizer**: Facilitates implementation of CAC with leaders and community groups to stimulate action on program focus.
- **Organizer:** Forms new organizations or groups or brings existing organizations together around an issue.
- **Capacity-Builder or trainer**: Helps build community capacity to achieve CM goals.
- **Partner:** Complements local organizations in a joint effort.
- **Direct service provider**: Provides a service (e.g., Breakthrough ACTION-Nigeria service).
- **Liaison:** Links communities with resources and partners and builds networks.

The district Breakthrough ACTION-Nigeria promotion team strives to build capacity in these skills as it plays an advisory and supervisory role in CM team activities.

Team Values

Team values are highly important for successful CM efforts. Once your team is formed, it may be useful to identify and prioritize values. Be sure to involve all persons engaged in the CM. Keep in mind that a CM team member should

- Create and build trust in communities.
- Do no harm.
- Not promise outcomes that cannot be fulfilled.
- Respect community members.
- Ensure the broader community is oriented before initiating the MNCH+N issue.
- Know the key Breakthrough ACTION-Nigeria goal and intermediate results and how to articulate them in the local language to mobilize communities.
- Admit mistakes and seek more information to understand.

- Understand team roles and responsibilities.
- Promote participation of those who are vulnerable and marginalized.

Participatory Facilitation

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

Participatory facilitation is a learning methodology to engage participants actively in the learning process, incorporating their needs, questions, capacities, reflections, analyses, and strategies for change. The skills of a participatory facilitator are useful in training, workshop design, and group meetings, as well as throughout the CAC to effectively support an empowering CM process.

Becoming a participatory facilitator requires practice. Some basic learning theories and facilitation methods can help develop the skills to become a learner-centered facilitator. Practice and feedback from colleagues are essential to support positive change, honor everyone's contributions, recognize creative resources, and create a supportive learning environment.

The Foundation of Facilitation: Non-Formal Learning Theory

An initial step to becoming a participatory facilitator is a better understanding of non-formal learning theory. Traditionally, learning has been viewed as a transfer of expertise from a teacher or trainer to the learner. The teacher defines what the learner needs to learn. In this approach, the teacher is the subject who actively holds the knowledge and the learner is a passive object, like an empty container waiting to be filled with that knowledge.[1] This approach gives teachers total control over the learning process (e.g., defining objectives, evaluating the learner), which may lead them to confuse authority of knowledge with personal authority. This opposition can discourage learners' active participation.

Often referred to as the "banking approach," Brazilian educator Paulo Freire describes this teaching method as a root cause for oppression and contrary to a process that empowers poor and marginalized groups.[2] The banking approach to learning assumes

- New knowledge by learners will automatically lead to action or change in behavior.
- The trainer owns the knowledge and transmits it to others.
- Learning depends on the trainer's capacity to teach and learner's capacity to learn.
- Training is the responsibility of the trainer or training institution.

Over the second half of the twentieth century, an alternative view of learning evolved based on transfer of expertise, or imparting knowledge in a process of discovery and growth. This process focuses on reflection; examining one's own values, attitudes, and orientation; discovering one's assumptions and patterns of behavior; and questioning, rethinking, and relearning.

---

[1] Society for Participatory Research in Asia. (1995). *A manual for participatory training methodology in development.* Society for Participatory Research in Asia.
[2] Freire, P. (1997). *Pedagogy of the oppressed*. Continuum Press.

This non-formal approach to learning is sometimes referred to as popular education or adult learning (although it may be applied with children). It is an ongoing process through which both facilitators and participants actively learn from each other and the learner builds confidence and capacity to observe, analyze, criticize, and understand their own behavior, reality, interests, issues, and concerns. Learners also cooperate rather than compete and are encouraged to explore their own reality and voice their own ideas as they work to solve their own problems. The non-formal approach is based on several assumptions:

- People cannot be developed; they develop themselves.
- New knowledge does not automatically lead to action or changed behavior as individuals must first understand and internalize the importance of change.
- Learners are a rich and diverse source of information and knowledge about the world.
- Collective reflection and experience are powerful tools for learning and change.
- Learning is practical, flexible, and based on the real needs of the learner.
- Learning improves lives, rather than teaches isolated skills or knowledge.
- Trust and respect are essential to questioning and reflection.
- Facilitators and participants are partners in learning.

The Experiential Approach to Training

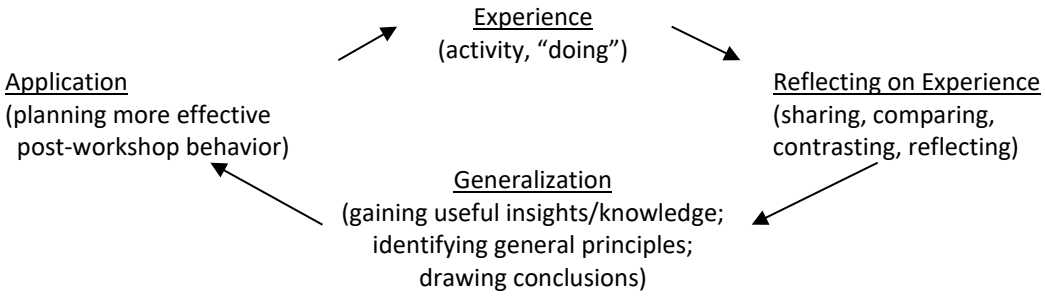
The experiential learning cycle method, developed by the Training Resources Group,[3] outlines a process facilitators can use when working with individuals and groups involved in learning and promoting collective action through CM. The learning cycle requires learners to move through four stages: experience, process, generalization, and application.

Experiential learning is exactly what the name implies: learning from experience. In this learner-centered approach, participants manage and share responsibility for their own learning. Effective CM strategies based on experiential learning approaches provide opportunities for a person or group to engage in an activity, review this activity through dialogue and reflection, gain useful insights or knowledge from this reflection, and apply what is learned. **Figure 5** illustrates the experiential approach to learning.

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

Figure 5

Experiential Approach to Learning



Each phase is driven by the goals of the training or group objective. Once the goal and objectives are defined, the session can be designed using the model as a framework. The role of the facilitator is to create a safe and respectful space for learners and to help them through the learning phases.

Experience stage: Participants actively experience realistic situations related to an objective of the training session by doing something (e.g., case study, skit, drama, role play, demonstration, small group task, site or field visit, skill practice). The experience will evoke feelings and thoughts and begin the learning cycle.

Process stage: Once the experience stage is completed, the trainer or facilitator guides the group into the process, during which participants reflect on their activity and share their reactions with the group. Participants are encouraged to link thoughts (cognitive) and feelings (affective) to derive meaning from the experience. This stage thus is an opportunity to challenge learners to think and analyze the activity from a variety of perspectives. Many times, facilitators focus on an experiential learning activity while neglecting the processing questions that help the learner build a foundation for the generalization stage.

Examples of processing questions:

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

Generalization stage: The generalization stage helps participants develop conclusions from the first two phases of the cycle to apply in practice. Questions to ask in this stage include

- What have you learned about … ?
- What conclusions about _____can we draw from this?

- Have you gained any new insights about … ?
- Are there any lessons to be learned?
- What general advice could we give about … ?
- What principles can we develop from this?
- What are some significant points to remember from this section of the course on … ?
- From this session, the readings, and discussions, what insights do you now have about … ?
- If you were to synthesize everything we addressed in this unit, what would you say are the two most important conclusions you have reached about … ?

Application state: In the application stage, participants draw upon insight and conclusions reached in the previous phases to incorporate effective behavior into their lives. The facilitator encourages participants to place themselves in their everyday life situations and identify what to do better or differently. Some sample questions for this stage are

- How can you apply … ?
- How can you use … ?
- As a result of our work on _____, what would you do differently when you return to your job?
- Identify at least three ways you plan to become more effective at … ?
- What do you still need to work on?
- What are some ways that you can change your approach to … ?
- How can the group support your efforts to change?
- Choose two things to work on when you leave this training and how you will undertake these activities. How you will know if you are successful?

A skillful trainer should understand each phase of the experiential learning cycle, facilitate the learning process, and use resources to effectively apply the experiential approach to learning.[4]

Glossary of Facilitation Methods[5]

- **Brainstorming:** Generating ideas in a group by eliciting quick contributions without comment or opinion.
- **Case study**: Examining a fictitious or true account of something.
- **Checklist:** Selecting items from a prepared list.
- **Contracting**: Agreeing to carry out a future behavior and inviting others to follow up on the agreement.
- **Creative exercise**: Engaging participants in an activity involving original or innovative thinking.
- **Debate**: Assigning participants to take pro and con positions to stimulate discussion.
- **Demonstration:** Showing participants a concept, procedure, or skill in action.
- **Dyadic discussion**: Conversing in groups of two.

[4] Lewin, K. (1951). *Field theory in social science*. Harper Collins.
[5] Silberman, M. L. (1997). *Twenty active training programs, volume III.* Pfeiffer & Co.

- **Experiential exercise**: Dramatizing training content by allowing participants to experience it.
- **Feedback**: Offering reactions to the behaviors or activities of others.
- **Fishbowl**: Holding a discussion circle with some participants as others form a listening circle around the discussion (as if looking into a fishbowl).
- **Game**: Using quizzes or other playful activities to experience or review training material.
- **Group discussion**: Exchanging ideas with a group.
- **Group inquiry**: Asking questions about the subject matter or training material.
- **Guided teaching**: Shaping trainer's knowledge and teaching approach by pulling from participants' knowledge of the subject matter.
- **Icebreaker:** Becoming acquainted or immediately involved in the training program using a structured exercise or game.
- **Information search**: Seeking information in source materials or training handouts.
- **Interview:** Asking each other prepared questions.
- **Jigsaw:** Merging the learning of two or more subgroups of participants.
- **Learning tournament**: Combining cooperative learning and team competition.
- **Lecture**: Presenting key points about a training topic.
- **Mental imagery**: Visualizing learning concepts.
- **Observation:** Watching others without directly participating.
- **Panel discussion**: Exchanging ideas among representatives of training subgroups as others listen and ask questions.
- **Peer consultation**: Providing and receiving instructions from other participants or students.
- **Physical continuum**: Arranging participants in a line representing their relative responses to a question.
- **Poll:** Surveying a group by requesting a show of hands.
- **Presentation:** Showing objectives and other key areas of information.
- **Press conference:** Answering difficult questions posed by a journalist or reporter in a public setting.
- **Problem solving**: Finding solutions to conflict or other issues.
- **Project plan:** Engaging in a challenging or goal-oriented activity.
- **Questionnaire:** Using a survey or instrument to gather data and obtain structured feedback.
- **Quiz:** Using a short test (usually self-scoring) to introduce or review content.
- **Response cards:** Using paper (e.g., index cards) to share information from or with a group.
- **Role play/socio-drama**: Acting out real-life situations.
- **Self-assessment or self-evaluation**: Asking about personal attitudes, knowledge, or behavior.
- **Simulation**: Reflecting reality in a symbolic or simplified manner.
- **Skill practice:** Trying out and rehearsing new skills.
- **Study groups**: A small gathering to discuss the contents of a training handout or assignment.
- **Subgroup discussion**: Any exchange of ideas involving four or more participants.
- **Subgroup exchange:** A discussion in which two or more subgroups or teams exchange views and conclusions.
- **Trio discussion or trio exchange**: Exchanging ideas with subgroups of three participants.

- **Whip:** Rapidly sharing information or ideas by quickly asking a group for contributions.
- **Writing task**: Using written words to respond to a training assignment (e.g., developing an action plan, learning journal).

Facilitation Skills: Dialogue Creation[6]

Critical facilitation skills require use of several communication methods, outlined below.

Closed questions generally result in yes/no or other one-word answers and should be used only to obtain precise, short answers. Otherwise, they inhibit discussion. Example:

- Question: "Do you think that recommendation will work?"
- Answer: "No."

Open-ended questions require elaboration and seek information. They tend to start with "how," "what," and "why" and are particularly helpful clarifying information on various topics:

- Background
  - "What led up to … ?"
  - "What have you tried so far?"
  - "Can you remember how it happened?"
  - "What do you make of it all?"
- Identification of Problems
  - "What seems to be the trouble?"
  - "What seems to be the main obstacle?"
  - "What worries you the most about …?"
  - "What do you consider the most troublesome part?"
- Example
  - "Can you give an example?"
  - "For instance?"
  - "Like what?"
  - "What is an illustration you can give us?"
- Description
  - "What was it like?"
  - "Tell me about it."
  - "What happened?"
  - "How might you describe it in your own words?"
- Appraisal
  - "How do you feel about it?"

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

    - “How does it look to you?”
    - “What do you make of it all?”
    - “What do you think is best?”
- Clarification
    - “What if this doesn't make sense to you?”
    - “What seems to confuse you?”
    - “What do you mean by …?”
    - “What do you make of it all?”
- Alternatives
    - “What are the possibilities?”
    - “If you had your choice what would you do?”
    - “What are the possible solutions?”
    - “What if you do and what if you don't?”
- Exploration
    - “How about going into that a little deeper?”
    - “What are other angles you can think of?”
- Extension
    - “What more can you tell me about it?”
    - “Anything else?”
    - “Is there anything more you would like to discuss?”
    - “What other ideas do you have about it?”
- Planning
    - “How could you improve the situation?”
    - “What do you plan to do about it?”
    - “What could you do in a case like this?”
    - “What plans will you need to make?”
- Predictions and Outcomes
    - “How do you suppose it will all work out?”
    - “Where will this lead?”
    - “What if you do - or what if you don't?”
    - “What are the chances of success?”
- Reasons
    - “Why do you suppose you feel this way?”
    - “How do you account for this?”
    - “What reasons have you come up with?”
    - “What is the logical solution to this?”

- Failures, Preparation
    - “What if it doesn't work out the way you wish?“
    - “What if that doesn't work?“
    - “And if that fails, what will you do?“
    - “What are some alternate plans?“
- Relation
    - “How does this fit in with your plans?“
    - “How does this affect your work?“
    - “How does this stack up with your picture of yourself?”
    - “How do the two plans relate?”
- Evaluation
    - “Is this good or bad or in between?“
    - “According to your own standards, how does it look?“
    - “How would you evaluate all of this?“

Paraphrasing is simply restating what the other person has said in your own words. The prefix “para” means alongside, as in the word parallel. Paraphrasing is like catching a ball and throwing a different ball back. Though different, both are balls. It is helpful to paraphrase when you want to emphasize or clarify a key point. The best way to paraphrase is to listen intently without focusing on what to say next. However, you can interrupt, which can indicate you are striving to understand. For example:

- “Pardon my interruption, but let me see if I am clear about what you are saying...”
- “You are saying …”
- “In other words …”
- “I gather that …”
- “If I understood what you are saying …”

Summarizing pulls together important ideas, facts, or data; establishes a basis for further discussion or to make a transition; and reviews progress. Summarizing also offers an opportunity to reach agreement before a task or deadline is missed. People often assume agreement has been reached and then things do not occur as planned. By using summarizing in a conversation, you can encourage people to be reflective about their positions as they listen for accuracy and emphasis. Some starter phrases include

- “From our work this morning, I conclude that …”
- “Let me try to summarize …”
- “I think based on our decision, we are saying that we intend to …”

Non-verbal cues help convey that others’ input is valued. Using the above techniques with the following non-verbal and verbal cues can help communicate that you value others’ opinions.

- Nodding one's head.
- Maintaining eye contact and an open body position.
- Picking up on the last word or two of someone else's sentence.

- Repeating a sentence or part of a sentence.
- Verbal responses such as
    - "Can you say more about that?"
    - "That's good!"
    - "Anybody else got anything to add?"
    - "Uh huh."

The use of these facilitation skills may vary from one culture to another, particularly non-verbal and verbal cues. Adjustments may be necessary to promote and ensure understanding between people from different cultural backgrounds.

Conditions of Learning[7]

In a learning environment, people should feel personally invested in their own and others' learning process. To that end, the learning climate should be characterized by

- Respect: Individuals feel valued, and a sense of caring prevails.
- Acceptance: People can be authentic and express beliefs without fear.
- Trust: People trust in themselves and in others.
- Self-discovery: Learners are helped to find out about themselves and to meet their own needs, rather than having their needs dictated to them.
- Safety: People can confront each other and ideas without fear.
- Openness: Personal concerns, feelings, ideas, and beliefs can be expressed and examined openly.
- An emphasis on the personal nature of learning: Everyone knows their values, beliefs, feelings, and views are important and significant.
- Welcoming differences: Differences in people are as acceptable as differences in ideas, and both are highly valued.
- Welcoming mistakes: Learning improves when errors are considered a natural part of the process.
- Tolerance of ambiguity: Alternative solutions can be explored without pressure to find an immediate single answer.
- Cooperative evaluation and self-evaluation: People can see themselves as they really are, with support from peers.

Facilitation Observation Guide[8]

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

Facilitator's Name: _____

[7] Society for Participatory Research in Asia. (1995). *A manual for participatory training methodology in development*, p. 13.

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

Observer's Name:_____

I. Arrival

_____ Has seating in informal/relaxed configuration, such as a circle or horseshoe shape.

_____ Greets people as they arrive; develops rapport and makes people feel welcomed and at ease.

II Introduction

_____ Formally greets group, thanks them for coming.

_____ Introduces self and role as facilitator.

_____ Explains purpose of meeting.

_____ Has participants introduce themselves.

_____ Facilitates appropriate icebreaker[9] to build comfortable environment.

III. Discussion

_____ Reinforces that group has knowledge and facilitator is there to help.

____ Begins discussion with opening question or statement.

_____ Uses open, probing, redirecting questions (list specific examples)._____

_____ Paraphrases (list specific examples)._____

_____ Encourages quiet members (list specific examples)._____

_____ Regulates overly dominant members in culturally appropriate ways

_____ Handles other difficult participants while maintaining their self-esteem (list examples)._____

IV. Non-verbal communication skills

_____ Uses eye contact to encourage participants.

_____ Uses other gestures (e.g., smiling) to encourage participants.

V. Verbal communication skills

_____ Speaks clearly and slowly for all to hear.

_____ Paraphrases when trying to provide clarity and create dialogue.

_____ Uses open ended questions.

_____ Uses local or easy-to-understand language if working with a translator.

VI. Pulls discussion to close

____ Summarizes or has participants summarize.

____ Asks participants about what has been accomplished.

VII. Closure

____ Clarifies next meeting time and date, next steps, and persons responsible.

____ Thanks participants.

How Does Behavior Change?

In the best cases, community members enter into a dialogue within their community and with external actors to explore ways to improve the program issues. Through this dialogue, effective CM strategies acknowledge and respect Breakthrough ACTION-Nigeria paradigms while introducing other paradigms, such as a biomedical perspective.

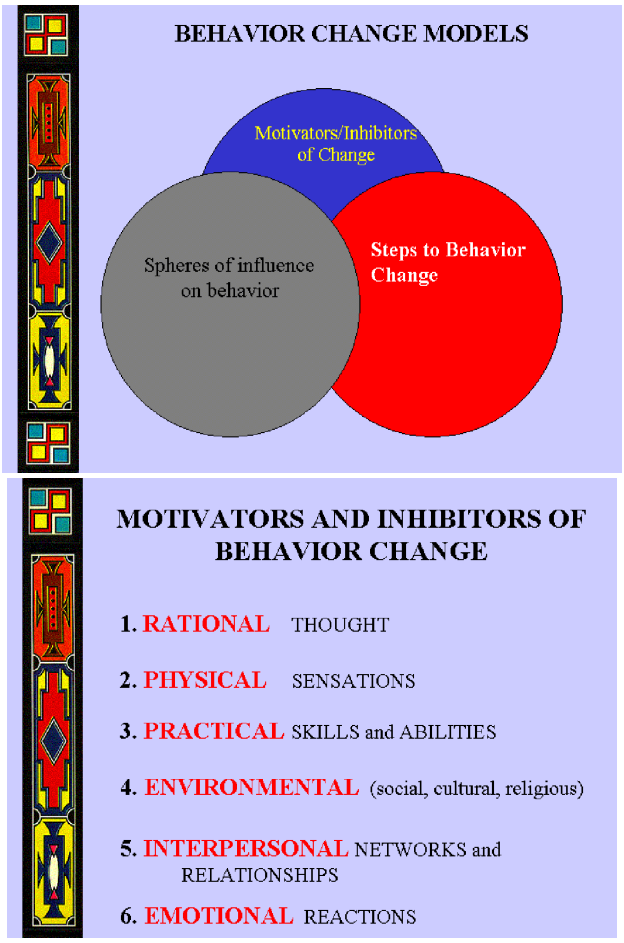
Certain behaviors can lead to improvements, but simply prescribing these behaviors is not likely to lead to adoption or sustained practice if they conflict with existing practices and values. In some cases,

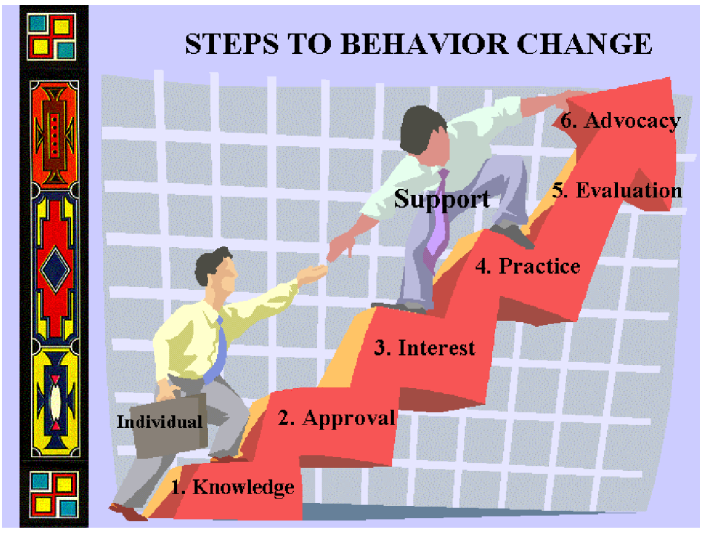
[9] An icebreaker is a creative exercise for new groups to build trust and establish a safe learning environment. Icebreakers should be culturally appropriate (e.g., avoid touching between men and women if prohibited) and should not distract from group work in terms of duration or activity.

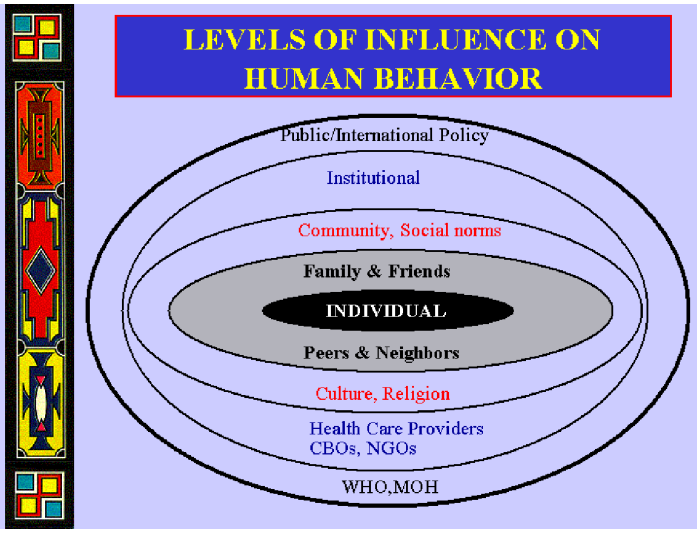
prescribed behaviors may not be possible or practical due to physical, social, cultural, psychological, or economic contexts. In others, traditional practices may be as or more effective. Through a respectful dialogue between all parties, both existing and new paradigms can contribute to new, improved practices at the individual level and supportive policies at the institutional, community, regional, and national levels. **Figure 6** illustrates this behavior change process.

Figure 6

Behavior Change Models







SUMMARY OF BEHAVIOR CHANGE MODELS

Courtesy of Chad McArthur, Helen Keller Foundation

Levels of Influence	Steps to Behavior Change	Motivators & Inhibitors
Individual	Knowledge	Rational
Family, friends, peers	Approval	Physical
Community, culture, religion	Intention	Practical
Institutions	Practice	Environment
Policies, Laws, Economy	Advocacy	Relationships
		Emotional

Step 3: Gather Information About Community Resources and Constraints

Before starting community-based programs – learn more about the community!

The situational analysis offers a chance to learn more about community structures, how communities are organized, formal and informal leadership, how decisions are made, and who makes them. Breakthrough ACTION-Nigeria staff and partners need to answer these key community organizational issues before entering communities to implement programs. Community dialogue around these issues builds trust and mutual understanding between program staff and communities.

Normally during the situational analysis, information is gathered and analyzed on current use of key practices and services; access to and availability of information and services; quality of and demand for services; and cultural practices and beliefs. It is crucial to identify who is most affected by an issue and why, including their socio-cultural characteristics, where they are.

The following three tools can be used during a situational analysis to better understand community organization and dynamics prior to implementing Breakthrough ACTION-Nigeria interventions.

Learn About Communities

To learn more about the socio-cultural context, ask

- How is the community organized (e.g., social class, ethnic groups, languages, religion, age)?
- What are the traditional groups and organizations? What are their roles and functions? Who belongs to them? How do they relate to each other?
- Who is wealthy? Who is poor? How do you know?
- How is land allocated?
- How do people support themselves and their families?

Data can be collected through interviews with key informants as primary data is collected. Alternatively, secondary data from country, regional, and inter-governmental agency research may prove helpful.

To learn more about the politics, leaders, and organizations, ask

- What is the traditional organizational structure of the community? Who leads?
- Which groups participate in decision making?
- Who are the official community leaders?
- Who are the informal or traditional leaders?
- How are community decisions made? Who participates?
- How is official leadership transferred?
- What links does the community have to external political systems outside of the community (e.g., representation in a district or regional body)?
- Is the community considered a priority area by government officials? Or is the community relatively abandoned with little political capital?

- Which groups and leaders are strongest or have the greatest support of the broader community?

To learn more about the history, ask

- When was the community established? By whom? Why?
- What is the history of collective action by the community?
- Has the community ever worked collectively on Breakthrough ACTION-Nigeria or education issues before? Which issues? What were the results?
- What is the level of capacity or skills (e.g., any participation or experience with assessing, planning, action, monitoring, evaluation, or decision making)?

To learn more about the economy, ask

- What is the current economic situation in the country, region, community (e.g., high inflation, high unemployment, frequent droughts, famine)?
- What is the average income of the families in the community?
- How do most families support themselves?
- What percentage of families is considered poor?
- What is the level of external assistance?

To learn more about the education and health systems, ask

- How is the educational system organized? The health system?
- How does health care financing work in this setting?
- What role does traditional medicine play?
- What is the coverage and utilization of public, private, and traditional health services?
- What are the most significant challenges faced by the health system?
- What are the strengths and weaknesses of the education and health systems?
- How good is the quality of education and health care? From whose perspective?

To learn more about gender relations and roles, ask

- What traditionally are men's/boy's and women's/girl's roles?
- What proportion of young girls is directly affected by the issue? Boys?
- Who has access to information, services, resources, and so on?
- What are the power relations between the sexes?

Interview Community Leaders and Key Informants

This questionnaire can be used with community leaders and other key informants who are knowledgeable about the community or geographic area. You may want to add the location and time of the interview, the community, and the name and contact information for the interview and interviewee.

- How many years have you lived in this community?
- What is your current role in the community?
- What is the population of the community?

- How is the community organized? What are the traditional and government, social structures? What community groups exist? How do they relate?
- Who are the formal and informal leaders? How are leaders chosen?
- What do you see as the most important priorities of this community?
- What is the community doing to address these priority areas?
- What do you think are your community's greatest strengths?
- What are the greatest challenges you face as a leader/member of this community?
- How are decisions made in the community about what the priorities are and how resources area allocated (financial and human)?
- What are the major health problems or issues for youth (depending on the program focus)?
- Have community groups or organizations here ever worked together on these issues? If yes, which issues? Which groups? What did they do? What were the results of these efforts?
- We are interested in working with interested communities on _____. Do you think that this community would be interested in exploring this issue with us? Why or why not?
- If we were to work with this community on this issue, with whom should we work? Which individuals and groups or organizations would be important to include in this effort?
- How should we approach these individuals and groups? What do we need to do to begin to discuss this program with them?
- What is important to know about this community as we begin to develop a CM program?

Understand Who is Affected and Why

To understand who is most affected by the issue and their concerns, ask

- How many people are directly affected? Indirectly? This needs to be determined in the context of how you are defining the extent of coverage. Is it one community? Several communities? A district? A region of the country?
- Where do they live? Do the people most affected by the issue live close together? Are they near a source of the problem (e.g., contaminated water)? Are health and other services available near where they live? Are they difficult to locate due to geography but form a community based on other characteristics?
- What are their socio-demographic characteristics? Do people most affected by the issue share similar characteristics (age, sex, income levels, ethnic groups, language)?
- Why are these people most affected? This is an important question to investigate and analyze from a variety of perspectives. You may want to explore aspects of the health condition itself (e.g., risk factors, specific practices). Do they have limited access to information, services, or resources due to discrimination, isolation (geographic, social, or cultural), or other factors? To what extent do they decide what they do, or do others decide for them? Who influences their decisions and practices at the household level?
- What are current beliefs and practices related to the issue? What do you know about this community's beliefs and practices related to the issue? Who decides or influences what will be done

and how at the community level? How do you know this information? What do you not know? When in doubt, admit to not knowing. It is better to be humble and open to exploring multiple perspectives. Communities are not homogeneous, and knowledge and practices vary among members. This type of information can be obtained through Knowledge, Attitude, and Practice or Behavior surveys, anthropological studies, participatory research, and other means. Each method has strengths and weaknesses, and you should be aware of these as you gather information. Build on existing information will need to develop a more comprehensive process to explore this area.

- Are they organized around this or any other issue? How? Is there any history of CM? What is the level of capacity or skills (e.g., participation in or experience with collective assessment, planning, action, monitoring, evaluation, decision making, negotiation)?
- How do those most affected by the issue interact with the rest of the community? With decision makers? Do they have access to resources? How have they managed resources in the past?

In the CM process, we use three tools: the problem tree, picture cards, and mini drama. These tools are explained more in detail in Module III: Explore Program Issues and Set Priorities.

Step 4: Develop CM Plan

Once you have a better understanding of the MNCH+N issue, setting, community resources, and constraints, it's time to develop a CM plan. This plan is a general description of how teams mobilize communities in the designated area around a particular issue.

First, conduct an inventory of resources and constraints. This can be a simple list using the following categories:

- Financial: Project budget, income from all sources (e.g., government, private sector, Ministry of Health, nonprofit organizations).
- Human resources and skills: Staff from the project, collaborating organizations, and community who are willing to work on the project and can share relevant skills.
- Materials: Meeting space, supplies, meals, computers, vehicles, office space, equipment.
- Time.

After you identify resources, identify the constraints and ways to eliminate, minimize, or work around them. In many cases, constraints are directly related to resources (e.g., project staff do not possess necessary skills, insufficient time to achieve desired results through a high quality program, limited financial or material resources). Constraints also arise from seasonal, geographic, political, or logistical difficulties (e.g., location is accessible only part of the year because of flooding, planting and harvesting seasons, or other community activities). Other challenges include excessive budgets, unsustainable incentives, and inflated community and health service provider expectations. Try to anticipate as many of these as you can.

After identifying resources and constraints, decide how to proceed. You may have to change or even eliminate activities. Do not hesitate to adapt the plan in light of a realistic assessment. It is much better to make changes, in the early stages of preparation than to wait until after launching the CM effort.

The mobilization plan defines the overall program goals and objectives and identifies a process for interested communities to achieve those goals. This is not a community action plan: the community develops its own community plan.

Always keep the following two overriding goals of CM in mind:

- To improve community education and health, particularly for those most affected by the issue.
- To improve community capacity to address the issues and other needs.

At a minimum, a typical CM plan should contain the following seven elements, each of which is described in detail below.

1. Background information.
2. Program goal (overall goal of mobilization effort).
3. Program objectives (overall objectives of the effort).
4. CM process (overall process you and community will complete to achieve goals and objectives).
5. A monitoring and evaluation plan.
6. A project management plan.

Module II: Organize the Community for Action

Figure 7

Module II: Organize the Community for Action

Organize the Community for Action

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

During phase II, Organize the Community for Action, you formally approach the community and begin their involvement in addressing the MNCH+N issue(s). The CM team should be in place with an overall CM plan developed. Preferably prior to (or around the time) of the Breakthrough ACTION-Nigeria Program baseline, begin to organize the community for action. If done prior to the baseline, community

members can be involved and assist in data collection efforts, analysis, and dissemination of results. Ensure those most affected and interested in the MNCH+N issue participate. The steps for this phase include:

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

Step 1: Orient the Community

Some programs provide information directly to individuals and families through mass media messages with defined and unified information. In many settings, this approach is the most direct, efficient, and effective. However, this format assumes individuals have the power and means to choose how to behave to improve their education and health status and to act accordingly. Other settings instead may require complementary strategies and approaches. One of the most powerful strategies used by mobilizers is collective action. Collective action creates power to advocate for changes in policies, relationships, resource allocation, and access. It can help revive inactive or ignored policies, procedures, and systems to support healthy communities; combine resources more effectively; and build community awareness about CM health issues.

Broad community participation and engagement in Breakthrough ACTION-Nigeria interventions requires the CM team to conduct introduction and orientation meetings prior to undertaking a baseline analysis or conducting any activities in the communities. If communities do not know who you are or your purpose, it can result in miscommunication, mistrust, and potentially a security risk for staff.

Community orientations offer several benefits to the community and project team members:

- Introduces Breakthrough Action-Nigeria and its partners.
- Shares important data on health issues (e.g., feedback results of situational analysis) and offers opportunity to learn about health issues from the community.
- Presents the program goal and brief description of the CM process.
- Motivates interest and participation.
- Establishes consent to work together.
- Establishes atmosphere of co-learning and partnership.
- Identifies next steps.

Community Orientation Meetings

It is important that all communities receive an introduction and orientation to your team, organization, and program. Once the CM team understands how communities are geographically and traditionally organized, they can develop an orientation schedule with responsible point persons to ensure coverage. Depending on the size of the population, the introduction and orientation process can take 2–3 months.

This may seem time-consuming, but it is part of a sound program implementation to create a foundation of understanding, ownership, and interest in the issues being addressed. Even if you have been working in these communities, the MNCH+N area being addressed under Breakthrough Action-Nigeria, as well as approach and the CM team, need to be introduced.

In some development contexts, teams may ask a general question, such as "What are your needs?" In the Breakthrough Action-Nigeria context, however, the needs are identified during the situational analysis. With this in mind, what are the consequences of not being candid with the community regarding the MNCH+N goal? Could this set up false expectations or feel patronizing to the community, wasting their time and effort? What are the advantages of being candid regarding the project?

Your team should understand the key Breakthrough Action-Nigeria goals and intermediate results and be able to articulate them in the local language during orientation meetings. Often, project goals are technically accurate but not necessarily motivating for communities or well-expressed to communities (e.g., "increase regular access to antenatal clinic in order to have healthy children"). If the wording might not resonate with community members, paraphrase or translate it into motivating terms, then practice it in the local language to find the most appropriate local words to use.

In developing a mobilizing goal, the CM team assesses the most effective way to motivate communities to participate in the MNCH+N issue (e.g., "improve the health status of all Nigerians"). Appearance builds trust (the following Dos and Don'ts list is adapted from Save the Children's Mozambique Country Office):

- Do
    - Be on time for meetings.
    - Speak in local language.
    - Wear appropriate clothing for the field.
    - Park project vehicle at a respectful distance from the meeting space.
- Don't
    - Wear sunglasses when speaking with communities.
    - Use a phone during meetings.
    - Smoke.
    - Drink.

To prepare for orientation meetings, use the following checklist:

- **Number of participants:** Who should be invited and how many? Consider total number, ratio of men to women, languages spoken, level of education, experience working in groups, social status, age, and relationship to issue.
- **When**: Choose a convenient meeting time, date, and length. Invitees should have ample time to plan to attend, and invitations should come from respected leadership.
- **Where:** Choose an accessible place, such as a community meeting space.
- **Agenda:** Define meeting objectives and topics, including sequence of topics and allotted times.

- **Speakers or facilitators:** Who will run the meeting? Who will prepare and present information to staff and community?
- **Methods and tools:** Identify tools to encourage and support participants.
- **Materials needed:** Materials needed will depend on the methods used.
- **Documentation:** How will meeting processes and outcomes be documented for future evaluation?

A community orientation meeting should introduce participants and Breakthrough Action-Nigeria CM team members. Possible topics include

- Situational analysis results and program issue as it affects communities.
- Presentation of national health goals.
- Role of community in health issues.
- Introduction to government and other partners, what they can and cannot do.
- How participants may work together (e.g., introduce the CAC and how different people participate at different times in the process).

Invite those most affected and interested in the key issue, such as

- Influential leaders.
- Women of child-bearing age.
- Grandparents.
- Spouses and fathers.
- Traditional birth attendants.
- Traditional counsellors.
- Traditional healers.
- Religious leaders.
- Extension workers.

In the local language, follow these steps:

- Allow community leaders to open meeting and guide discussions.
- Greet community members and introduce each visiting team member by name.
- Introduce Breakthrough Action-Nigeria and its 5-year project supporting the government in improving the health status of all Nigerians. Be sure to mention that Breakthrough Action-Nigeria has no religious or political affiliation.
- Mention the other districts where Breakthrough Action-Nigeria works and areas of focus (e.g., MNCH+N at community and facility levels).
- Share the mobilizing goal. Invite participation from the community to achieve this goal.
- Share relevant results from the situational analysis. Use culturally appropriate methods to discuss data (e.g., measuring sticks).
- Ask meeting participants to share issues they think affect MNCH+N conditions in the area. Then, explain that Breakthrough Action-Nigeria hopes to work in partnership with communities to address these issues.

- Define roles. Explain that Breakthrough Action-Nigeria hopes to build capacity in the community to explore MNCH+N issues so that community members can work on their own to sustain good health in the area. Emphasize that Breakthrough Action-Nigeria will not stay permanently. Be sure to answer any questions about the project.
- Remind them that their participation is crucial and if they are interested in addressing MNCH+N issues, ask them to stay after the meeting.
- Thank everyone for their time. Invite them to look for Breakthrough Action-Nigeria team members in the next week to see them working with community members.

Orientation meetings follow a cascading style to efficiently transfer information across various partners in the initiative. Specifically, Breakthrough Action-Nigeria and government partners from the zonal level conduct orientation meetings at the state level. Selected members from the state level orient members at the LGA level, who then orient members at the Ward level

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

The CM team must take time to establish trust and credibility in the community and develop ownership of the CM effort among community members. Trust can be established through transparency of intention, honesty, mutual respect, working side by side, learning from each other, admitting and learning from mistakes, celebrating small successes, and lots of humor.

Think about how we treat others. Every time we do something that we promised to do, others learn we can be trusted, like making a deposit in an "emotional bank account."[10] Every time we break a promise or mistreat someone, we make a withdrawal from our emotional account.

When we first start working in a community, if we have no prior reputation, we begin with no "money" in the bank. It is up to us to establish a positive balance in community members' emotional bank accounts by treating people with respect, keeping promises (e.g., being at meetings on time), and not building false hope about what the CM team can provide. It is important to clarify what can and cannot be done, including referrals to other local resources.

Step 3: Invite Community Participation

Participation in collective action can reduce stress and even prevent health problems by reducing feelings of social isolation and increasing social connectedness—factors believed to contribute to a strengthened immune system. It also creates conditions for new leaders to emerge and for leaders and other group members to practice new skills. Individual skills can be complemented and enhanced by those of other group members through teamwork and collaboration.

The CM team identifies people and groups most affected by and interested in the relevant issues and invites them to work together in the CM process. At least 60% of members in a CAG should be those most affected and interested in MNCH+N. Be proactive in identifying individuals who may not

[10] This term and concept comes from *7 Habits of Highly Effective People* by Stephen Covey.

immediately come forward (e.g., consult community organizations and leaders, invite participants from community orientation meetings, use local media). Identifying and overcoming barriers to participation is an important job of community mobilizers. The worksheet below will help you with this process:

Barriers to Participation Worksheet

Purpose: The participation of those most affected by the health issue is a key element in successful CM. Yet, those same people often face the most barriers to participation. This exercise helps anticipate and identify those barriers and devise means to overcome them.

Instructions: In your group, discuss the possible barriers to participation and what can be done to eliminate them.

How will you ensure the people most affected by and interested in MNCH+N know they are invited to participate?

_____

_____

_____

What barriers to participation have been mentioned by priority individuals and group? How can they be removed or reduced?

Barriers to Participation	Strategies to Reduce Barriers
1.	1.
2.	2.
3.	3.

Step 4: Develop a CAG

Once individuals and groups have expressed interest in participating in the program, start developing a core group of 10–15 individuals to lead action on behalf of the community (i.e., a CAG). Developing and supporting the CAG are two of Breakthrough Action-Nigeria team's most important jobs. The CAG plans and carries out community responses. Its specific responsibilities are as follows:

- Explore health-related problems in the community and develop action plans.
- Act as a catalyst for community responses to health-related issues.
- Facilitate awareness raising.
- Identify community health volunteers and agree on support and motivation arrangements for community health volunteers.
- Develop internal bylaws.
- Lead the process of defining and implementing incentive mechanism for volunteers.

- Help link community initiatives with the health facility and other social services.
- Ensure ownership of community initiatives stays with the community.
- Identify and ensure minimum required numbers of community health volunteers, village discussion facilitators, and so on and provide them support.
- Develop management systems and structures appropriate to capacity.
- Build community traditional coping strategies and avoid becoming over dependent on external resources.
- Gather and document information and data on health prevention, promotion, and care activities within the community.
- Meet regularly to monitor, document progress, and make necessary readjustment.
- Participate in training and capacity building activities.

Table 1 lists the CAG roles and responsibilities.

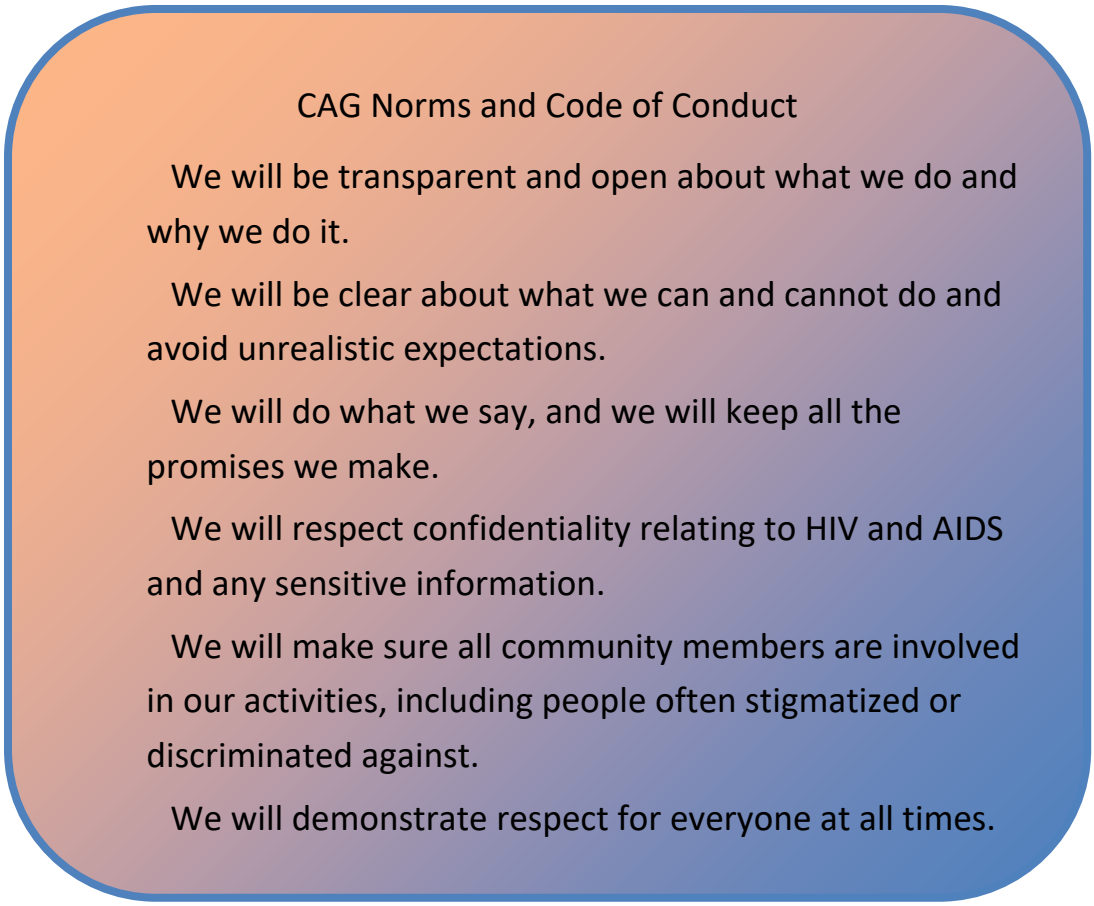
Table 1

Community Action Group Member Responsibilities

ROLE	KEY RESPONSIBILITIES
Chairperson	Day-to-day running of the group. Disciplinary action. Addressing community disputes regarding program issues. Liaison with partners. Chairing meetings to review progress and activities.
Vice chairperson	Supports chairperson.
Treasurer	Record group financial donations, disbursements, and expenditures. Responsible for banking and withdrawals (with second signature).
Vice treasurer (optional)	Supports treasurer.
Secretary	Keeps minutes and records resolutions from meetings. Keeps records of all group activities. Calls for meetings on behalf of chairperson.
Vice secretary	Supports secretary. May have additional recordkeeping responsibilities.
Representative of local government or traditional authority, such as extension worker (ex-officio)	Focal point for communication between group and local decision makers.
Committee members	Supports chair, secretary, and treasurer in carrying out CAG activities. May provide supervision functions for community activities on behalf of the CAG.

Figure 8

Example of CAG Norms and Code of Conduct



Note: Adapted from International HIV/AIDS Alliance's (2006) *All Together Now! Mobilizing communities for HIV/AIDS*

Work With an Existing Group or Start a New One?

An important decision to make at this stage is whether to work with an existing CAG or form a new one. For example, another previously USAID-supported project in Nigeria, the BASICS project, has had considerable experience with pre-existing groups (Green, 1998). Working with such a group can strengthen capacity to effectively address health issues and avoid delays in initiation because extra time is not needed to organize and prepare members. In an existing group, members have already demonstrated interest in supporting each other, and group dynamics have already been established. Members generally already trust each other, which enables them to have open and productive discussions.

Community-based organizations that could serve as CAGs include village development committees or other structures with capacity building support from the CM team under the funding of Breakthrough Action-Nigeria. This way, all community responses to health-related issues take place in the village through community-level structures (e.g., community health volunteers, traditional birth attendants,

development committees) and volunteers. Breakthrough Action-Nigeria and its Ministry of Health counterpart can define a minimum package of services to be provided by each platform.

A disadvantage of working with an existing group is inflexibility. Some groups may not be open to taking on new issues or different approaches. Members may expect incentives or other benefits. Groups may be structured in ways that discourage active participation or restrain members from divulging personal information. If the group has an unequal power structure, it can perpetuate inequities or exclude people from participation (e.g., issues are not included on the community agenda, needs remain unarticulated and unmet). Existing groups may repeat ineffective solutions due to established patterns that discourage new ways of thinking and problem solving. Changing the dynamics of group composition may be needed.

In communities with an unsuitable existing structure, the community may need to create one, with support. To create a group, it is necessary to identify possible group members. The BASICS child survival project has found the following strategies to be successful:

- **Self-selection**. Ask people to divide into small groups based on personal preferences. For instance, the Child Health Institute in Haiti set up women's groups by asking one mother to choose one friend; the two women then chose a third, the three chose a fourth, and so forth (Storms, 1998). On the one hand, women who know and trust each other may be more comfortable participating in group discussions and assisting other members. On the other hand, cliques can develop, and some community members may feel excluded and rejected. When the topic is highly personal (e.g., reproductive health), some members may prefer the anonymity of a group composed of relative strangers, if this is possible.
- **Common characteristics**. Recommend group participation to women receiving prenatal care at a health center. Organizing pregnant women into groups provides them with much-needed social support during pregnancy, delivery, and infancy. Having children of the same age group could facilitate education regarding the nutritional needs of children of various ages. Mothers with children of the same age serve as an important reference group during their children's different developmental stages.
- **Recruitment by volunteer leaders**. Identify volunteer leaders and ask them to form groups. Volunteer leaders can inspire people to join their groups, which are likely to be based in a small geographic area. A study in Honduras found that most volunteer breastfeeding advocates had contact with women who lived within a 3-mile radius of their home (Rivera et al., 1993).
- **Nominations by community leaders**. Ask community leaders to suggest candidates for CAG membership. This approach may be subject to favoritism and neglect women most in need of support groups. To nullify the favoritism factor.
- **Public promotion**. Hold a public event and recruit group members from among the attendees. This strategy opens group membership to a diverse audience, but finding common ground may be more difficult in such a diverse group.
- **Selection by community members**. Hold a public meeting with members from the ward. You then separate participants according to the village they are coming from and ask them to chose a

member from their village who is going to represent them in the CAG. Once they have done this, they come back and report their choice to the whole gathering. The First CAG Meetings

The first CAG meeting should create a clear foundation and establish commonalities so that all members know and understand the mobilizing goal. Do the following:

- Conduct an exercise for group members to introduce themselves and get to know each other.
- Help group members express why they are interested in MNCH+N.
- Encourage them to tell their stories about how MNCH+N conditions affects them.
- If needed, the facilitator can start by sharing a real story or two about how MNCH+N issues affect people in the district.
- Establish norms for working together. Answering the following questions helps ensure active participation of those most affected.
    - How will decisions be made (e.g., consensus, vote, leaders decide)?
    - Do you want to elect official group leaders?
    - How should roles and responsibilities be assigned?
    - What communication methods should be used?
    - How often will you meet?
    - What role do you play in relation to your team?
    - How will members of the core group document meetings, activities, and results?

The Tuckman Model of Group Development

Research reveals some general stages most groups go through as part of their development. For example, the Tuckman Model of group development (1965) has four stages of group development: forming, storming, norming, and performing. A fifth stage, adjourning, was later added by Tuckman and Jensen (1977). A brief description of each stage is presented below (Kormanski, 1985):

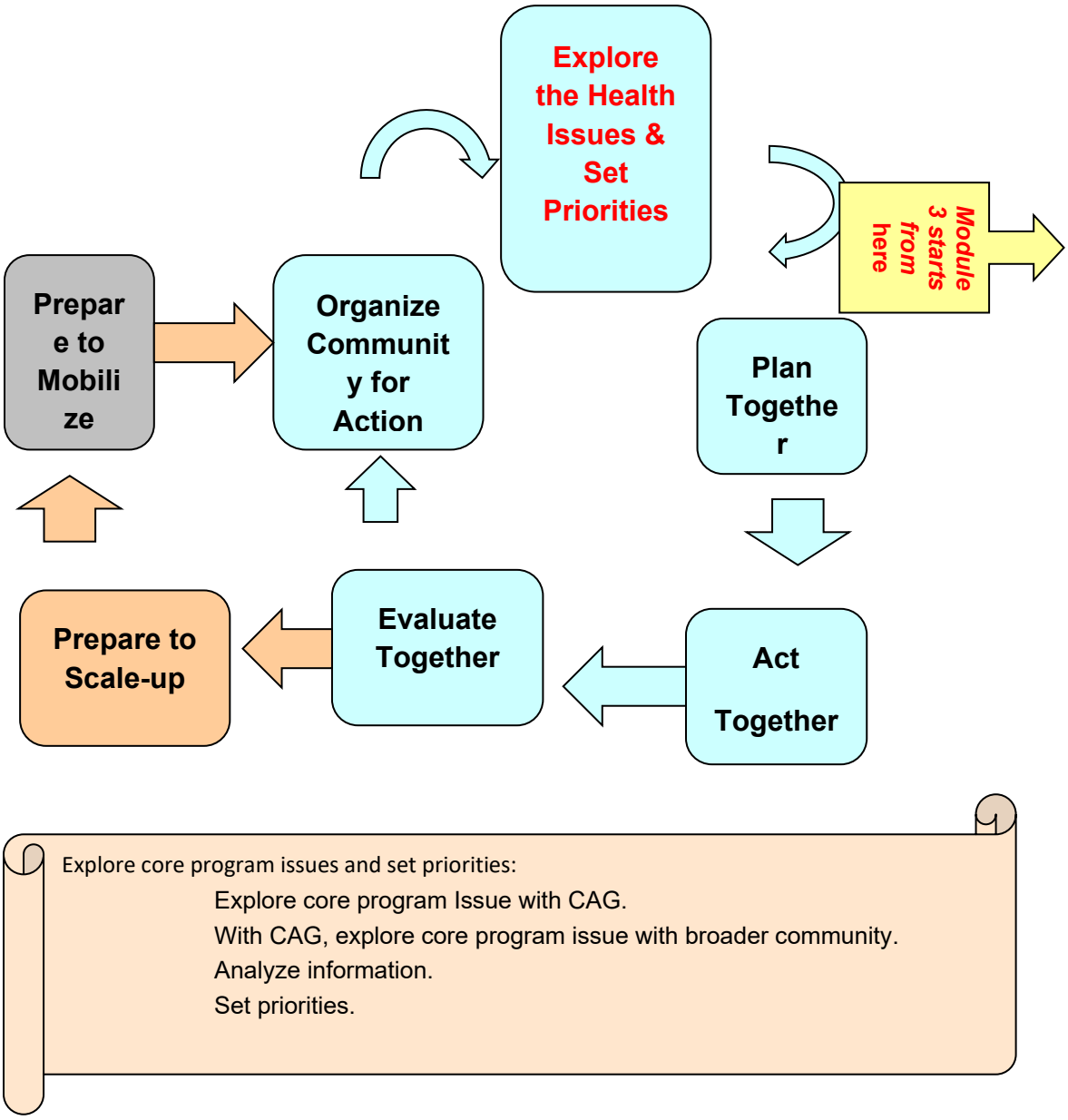
- **Forming.** Group members are oriented to group goals and procedures. Members learn the issues and establish working relationships. Typical questions in this stage include the following: What can I do? How can I get the support I need? In the CAC, the forming stage occurs in Phase II, Organize the Community for Action, and Phase III, Explore Program Issue and Set Priorities.
- **Storming.** The group defines tasks and assigns responsibilities. This process can create conflict and hostility as members resist or challenge group leadership. Suppressing conflict can lead to resentment, but too much conflict creates tension and anxiety. It is important to manage conflict effectively for the group to move forward. In the CAC, the storming stage often occurs at the end of the Phase III, Explore Program Issue and Set Priorities, and during Phase IV, Plan Together.
- **Norming.** The group becomes cohesive and cooperative. Group members communicate, share information, and express their opinions. Group unity develops around achieving the CM goal. In the CAC, the norming stage often occurs at the end of Phase IV, Plan Together, when plans are finalized and coordination mechanisms put in place.

- **Performing.** The group becomes productive. Members emphasize problem solving, meshing of functional roles, and interdependence. Members are simultaneously independent and dependent. The performing stage often occurs during the Phase V, Act Together, and Phase VI, Evaluate Together.
- **Adjourning.** The group terminates its tasks and relationships. Adjourning can be planned or unplanned. Planned adjournments involve acknowledging participants for their achievements and allowing people to say goodbye to the group. Adjournment may occur at the end of Phase VI, Evaluate Together. Group members may or may not renew their commitment to the same health issue; maintain the same structure, roles, and responsibilities; or change the group.

Module III: Explore Program Issues and Set Priorities

Figure 9

Experiential Approach to Learning



This phase aims to help community members explore their current knowledge, beliefs, and practices related to the MNCH+N to learn from each other's experiences and the perspectives of the broader community. The CAG carries out participatory activities to better inform members and the community about MNCH+N, prior to setting priorities. The steps for this phase include:

1. Explore MNCH+N issues with the CAG.
2. With the CAG, explore the MNCH+N with the broader community.
3. Analyze the information.
4. Set priorities.

Ideally, this phase is undertaken around the time of the Breakthrough Action-Nigeria Program Cycle baseline activities.

Step 1: Explore Health Issues with the CAG

This exploration phase begins with an in-depth examination of MNCH+N with the CAG members to learn as much as possible about their current feelings, knowledge, practices, and beliefs related to the issue and their capacity to address their needs. This step is usually carried out in a session or series of sessions with the CAG. How many sessions you dedicate to this internal exploration of the issue will depend on

- Level of trust and confidence in group and facilitators.
- The health issue: broader or complex issues may require more sessions.
- Participant, team, and donor availability.
- Logistical concerns (geographic access; seasonal concerns such as rain, planting, and harvest; transportation; other scheduled community activities).
- Facilitation needs: program teams working with core group members to build capacity may need more time to conduct training sessions and introduce new facilitators to conduct group sessions.
- Decision making preferences: participants may want time between sessions to discuss the topic with families, friends, or others before setting priorities. Planning for at least two sessions is usually a good idea as it allows participants to process what they heard and experienced and form insights for the next meeting.
- Attention span: people can get tired or preoccupied with other things.
- Whether objectives are met. If not, will more time help? Were the objectives realistic? Is there a more effective approach you could use?

Communities use many types of participatory research tools and methods to gather information about issues. The following tools and methods have been used successfully by communities with similar programs, including Nigeria. Details on how to facilitate each tool with the community core group can be found in the *Explore Facilitation Guide* following this section.

Activity: Problem Tree

Objective: Identify the root causes of a selected health problem in the community.

Duration: 1 hour 30 minutes.

Method: Group work.

Material: Flipchart, marker, terms of reference for the group work, handout of problem tree.

This tool analyzes program issues by looking at the root causes of an issue and the consequences of not addressing it. The CM team can use this tool with community members.

To solve health problems, it is necessary to seek root causes. Ask a volunteer to recall the top six health priorities (malaria; reproductive health; maternal, newborn, and child health and nutrition (MNCH+N); family planning; reproductive health; and tuberculosis).

One way to identify the causes of these health problems is to draw a problem tree. In this drawing, the trunk of the tree is the core issue to be addressed, the roots represent the causes of the problem, and the branches are the consequences of the problem.

Ask six volunteers each to draw a tree on the floor, wall, or ground (refer to **Figure 10**). The tree should have the three main parts: trunk, roots, and branches. The trunk represents the issue, the roots represent the causes of the issue, and the branches represent the effects. Use specific phrasing for the problem (e.g., for maternal and newborn health issues, use “poor maternal and newborn health” or “high maternal death rate”). When done, form six groups. The first six volunteers will act as facilitator as each group answers the following questions:

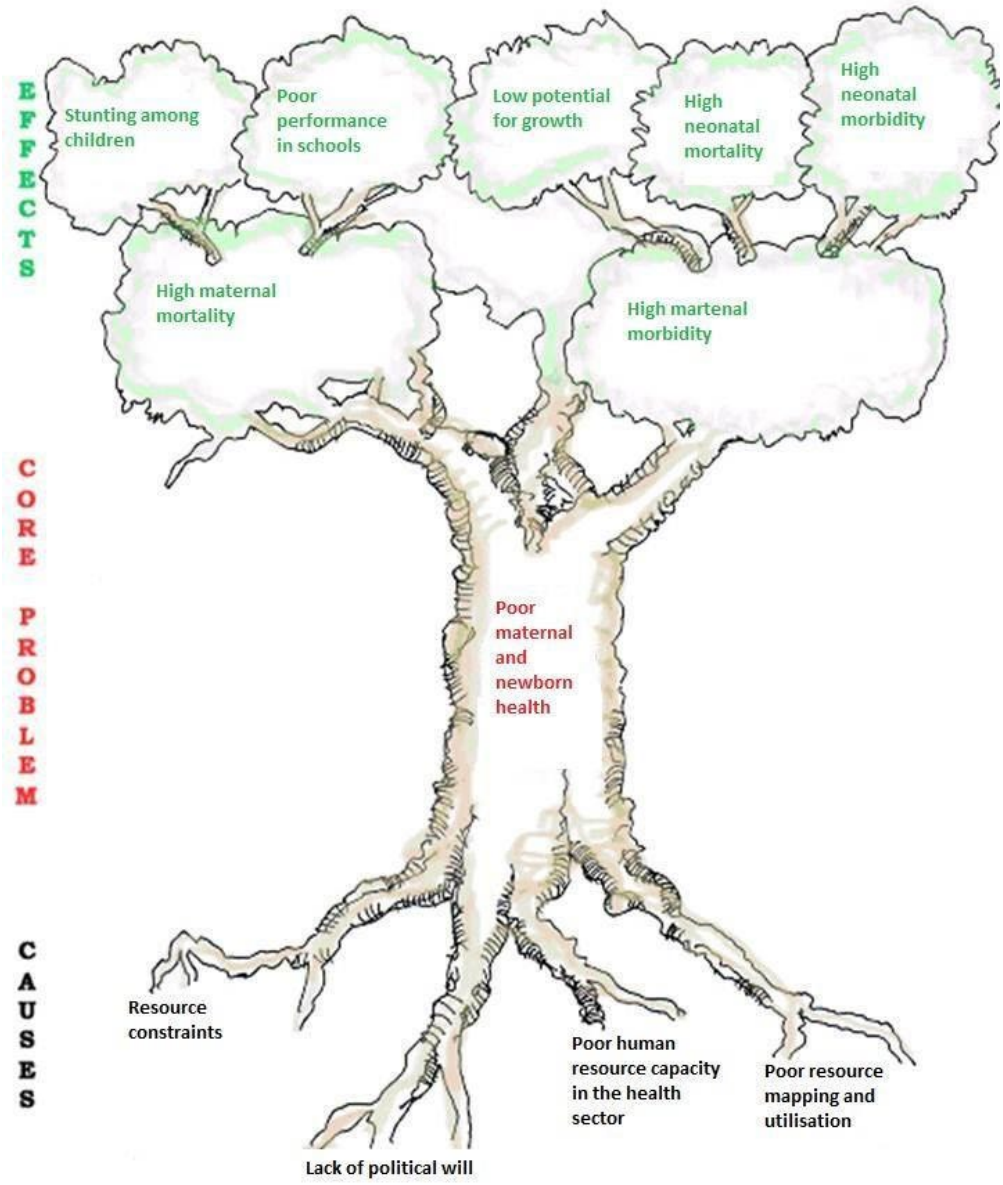
- What is a main cause of this issue (e.g., high maternal death rate)? Write the cause on a root. Why does this occur? For example, if a cause of high maternal death rate is that mothers are not aware of pregnancy danger signs, why are the not aware? Continue asking why until community members feel all the causes have been discussed.
- Repeat the above task for each cause.
- Ask participants to now consider a main effect of the problem. Write the effect on a branch. Include secondary effects as additional branches until all effects have been discussed.
- Repeat the above task for each effect.

When finished, ask each group to describe their tree with all its roots and branches. Congratulate participants on learning about priority health problems and their causes and effects. Explain that in a future meeting, the community will assess problems like this and plan for solutions.

Discuss how to determine if other community members not in attendance agree or disagree with the ideas discussed or if they have new ideas to add. Thank participants for completing this exercise.

Figure 10

Example of Completed Problem Tree for MNCH+N



Activity: Picture Cards

Picture cards on MNCH+N, malaria, sanitation, hygiene, nutrition, HIV, TB, and family planning can stimulate community discussion about these issues. Facilitators can use these cards several ways in the Explore phase:

- Lay the cards on the ground and ask participants to choose a familiar one, then asks a participant what the card represents and what they call it in their village.
- Ask probing questions about the issue:
    - What is the problem called in the local language?
    - What happens when the problem occurs?
    - Why do they think the problem occurs?
    - What do people do to 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 in this community?
    - How might we address this problem in the future?
    - Are there any other problems not mentioned?

In the Set Priorities step, the cards can help participants sort various problems into piles (e.g., most important, less serious).

Activity: Asset Mapping of Resources, Services, and Utilization

Maps can illustrate the physical dimensions and resources in a community (e.g., locations of houses, roads, rivers, health posts). They can also indicate available resources and services, whether these resources and services are used (and why or why not), and what new services and resources are needed.

For this activity, draw a child (or beneficiary) in the center of a paper or in the dirt on the ground. Using the goal of improved child health as an example, ask community members what services, resources, and assets are already in the community to use for child health. Write them on the left side of the drawing. What community services, resources, and assets are available for child health but are not in use? What is still needed?

Activity: Interviews or Focus Group Discussions

Conducting interviews and focus groups takes considerable preparation and provides key information to help communities identify program issues and set priorities. In this task, participants design interview or focus group questionnaires on program issues. The focus group should comprise diverse individuals all affected by the same program issue, such as

- Parents (women, fathers, influential family members, mothers-in-law, grandmothers).
- Youth.
- Teachers.
- Community, facility-based, and other health providers.
- NGO staff working on program issues.
- Religious leaders.
- Community leaders.

Although it is not necessary to include all of these groups, it is helpful to get input from a variety of sources. Also note that the topics discussed can be personal and sensitive. Provide as much privacy as possible (e.g., separate women from men, young girl and boys, daughters-in-law from mothers-in-law).

Some appreciative questions for discovering community strengths in a focus group setting include

- Over the last _____ years, when did you feel most proud while working as a CAG member or with other members of the community to increase young children's access to health services (e.g., growth monitoring, school health and nutrition)?
- What breakthrough or outstanding results were produced by your group or community in the past year in relation to child health (e.g., growth monitoring, school health and nutrition)? Why was it a breakthrough? What made the breakthrough possible? What was your contribution?
- Who do you want to acknowledge for their support or guidance? What specific assistance, event, or result did they support?
- What major challenges still exist in achieving the intended result or impact? What will the community do together to overcome the possible challenges?
- Over the last years, what lessons have been learned while working towards child health?

Step 2: With the CAG, Explore MNCH+N With Broader Community

In this step, members of the CAG go out into the community to learn about and discuss MNCH+N experiences and the priorities of those most affected and interested in the issues. The purpose of this step is to invite those most in need of the program and those with knowledge and experience to participate in identifying problems and setting priorities to improve community health.

In this step, committee members determine which questions to ask, how to ask them, what materials and tools to use, if any, and how to stimulate discussion and record responses. Committee members may choose to organize small groups to discuss the issues or do individual interviews. Other participatory tools (e.g., picture cards, problem trees) may be used.

Meeting 3 in the facilitation guide presents a methodology for facilitators to use when working with specific task committee members on this step.

Step 3: Analyze Information

One of the most frequently omitted steps in research and information gathering is making sense of the information collected. In some cases, information learned during the Explore phase of the CAC may not be applied in the next phase (Plan Together). Sometimes, planners do not participate in community exploration, but more often, people do not take the time to organize the information and decide what it means. To do this, the following questions should be asked:

- What are the most common underlying themes revealed in the results? What phrases, attitudes, opinions, beliefs, values, and perspectives occur more frequently in the data?
- How do themes or perspectives change depending on the characteristics of the respondents?

- What do these results indicate about people's belief systems? What causes these beliefs? For example, how do women believe their reproductive processes work? How do people believe the body heals?
- Are there any surprising results? Why are they surprising?
- What conclusions can be drawn from the results?
- Which results have the most important implications for future program efforts?

To organize information collected, choose a method based on the amount of information to analyze, the accuracy needed, the complexity of the analysis, the level of education and skills of participants, the extent to which capacity building is an objective, and the time and resources available. Methods include tables, matrices, pie charts, bar graphs, flannel graphs, among others.

Table 2

Underlying Themes Discovered During the Explore Phase

UNDERLYING THEMES	DESIRED RESULTS
Power	Equitable balance of power between communities and service providers.
Respect	Mutual respect.
Self-esteem	Increased self-esteem of both community members and service providers.
Gender	All women have a voice in setting project priorities. Men set examples by co-leading on issues like family planning.
Quality (central theme around which to mobilize)	Concept of quality shifts from service-based to "quality begins at home" and understanding that services are only one component of quality care.
Rights and responsibilities	Shared responsibility for health.
Differing paradigms and beliefs systems (e.g., Western medicine vs. indigenous knowledge)	Acceptance of different perspectives, productive dialogue to maximize benefits of positive, healthy beliefs and practices regardless of origin.
Teamwork	Positive team development.
Critical self-reflection and objectivity	An environment promoting critical self-reflection and objectivity.
Protagonism	Communities and providers setting agendas, implementing solutions, and monitoring and evaluating progress.

Source: Save the Children Partnership Defined Quality "Bridges" Project, Peru

Step 4: Set Priorities

Although some program teams prefer to include priority setting in the Plan Together phase, we include this step in the Exploration phase because our approach is to work with a core group of those most affected by and interested in the health issue. This group is largely composed of individuals and groups with little power in the broader community (e.g., poor people, women, adolescents, children). Performing this step in the Plan Together phase might lead to priorities being set by those with more

power but not directly affected by the issue. It is therefore important that the CAG ensure those most affected by the program have a voice in setting priorities.

To decide which MNCH+N problems the community will address immediately in the Plan Together phase, look again at the MNCH+N issues in light of the information gathered and analyzed. Establish criteria for setting their priorities, including

- **Severity.** Is this condition life-threatening? Does it lead to chronic complications or consequences later in life?
- **Frequency.** How many people experience the problem or condition? How often?
- **Risk.** How many people could experience it in the future?
- **Impact on the community.** What is the impact that this condition on our community now? What kind of impact could it have in the future if not addressed?
- **Feasibility of a response.** Have any effective responses to the condition been identified? Is financial, material, and resource support available? Do people have or could they develop the necessary skills and abilities to make a difference?
- **Commitment.** Is there local political support for this goal? Is there external interest in addressing the issue? Are community members motivated to do something about the problem?

One way to apply some of these criteria systematically is to use the matrix in **Table 3** to rank the problems. In the first column, list the issues raised during the use of the explore tools. Ask participants to rank the problems using a scale from 0 (lowest) to 5 (highest). The team and CAG should review the information gathered during the Explore phase to discuss the identified problem, resolve any disagreement, and reach a consensus on ranking. Once the ranking has been done for each issue, total the numbers and identify the top priority problems related to MNCH+N. Try to limit the number of priorities to two or three initially to focus the group's effort.

Table 3

Priority Ranking Matrix

Problems Identified	Severity	Frequency	Risk	Feasibility of Response	Total

Pair-Wise Ranking

Pair-wise ranking is a structured method for ranking a small list of items. It is used to compare between two items and make a choice and thus is useful to explore reasons why people prefer one possibility over the other. Each item is compared with the rest of the items in the list, and the item chosen most

frequently is ranked highest. For example, a community may want to compare the following health issues:

- Pregnant mothers delivering at home
- Lack of family planning
- Low antenatal care attendance
- Long distance to health facility
- Cultural beliefs

Table 4 illustrates a pair-wise ranking matrix for these five issues.

Table 4

Prioritizing MNCH+N Issues

	HOME DELIVERY	FAMILY PLANNING	ANTENATAL CARE	DISTANCE	BELIEFS	SCORE	RANK
Home delivery	X	Home delivery	Antenatal care	Home delivery	Home delivery	**3**	**2**
Lack of family planning	X	X	Antenatal care	Family planning	Family planning	**2**	**3**
Low antenatal care attendance	X	X	X	Antenatal care	Antenatal care	**4**	**1**
Long distance to health facility	X	X	X	X	Distance	**1**	**4**
Cultural beliefs	X	X	X	X	X	**0**	**5**

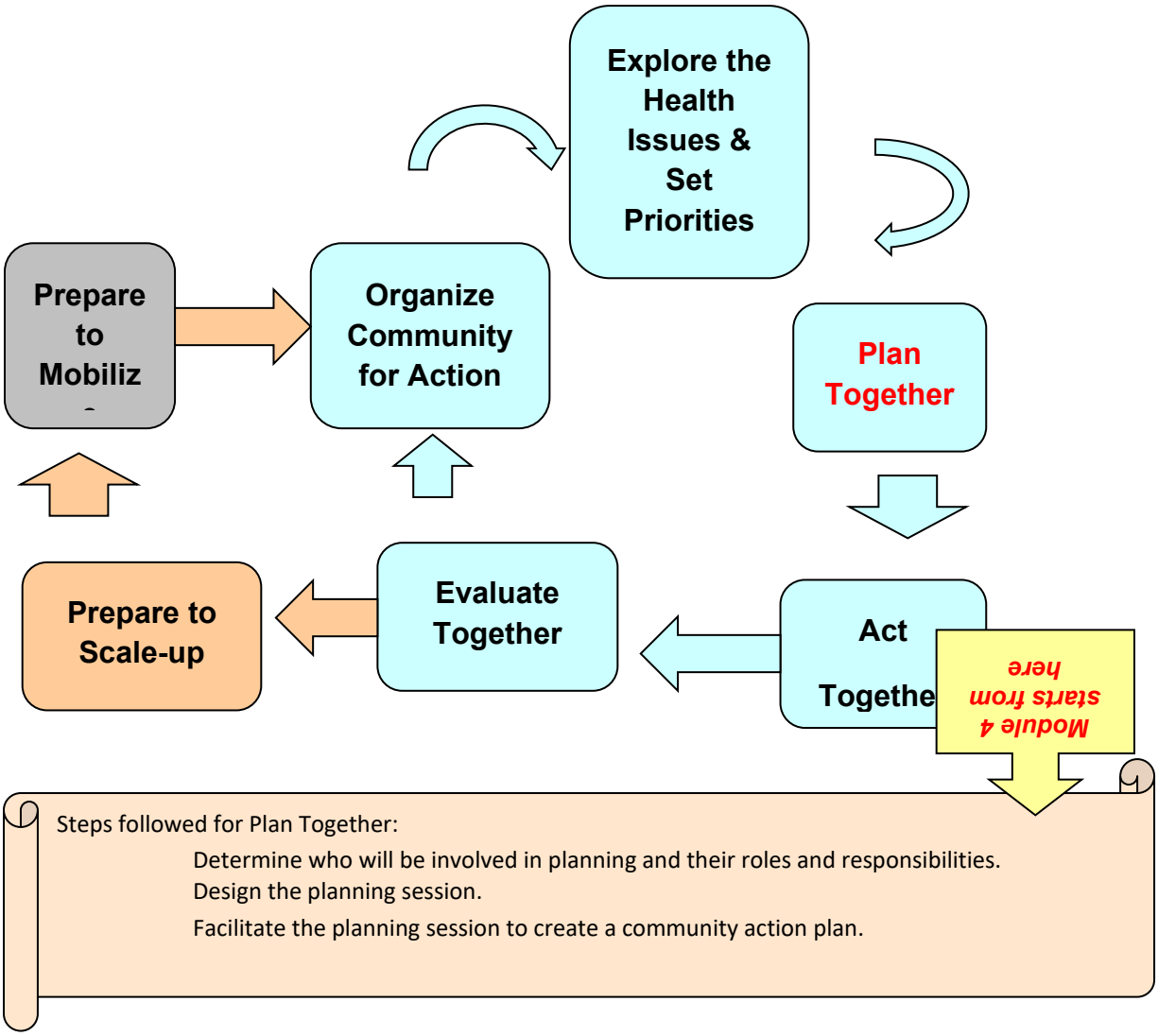
Note: In case of a tie, compare the two issues and come up with a number one issue.

To help set priorities, be sure to articulate and debate issues on all sides, set goals everyone agrees on, establish culturally appropriate communication mechanisms for decision making, and mediate and negotiate when needed. In cases of conflict, you can take a vote (e.g., show of hands or marking a paper ballot), rotate priorities from one time to the next, and add priorities.

Module IV: Plan Together

Figure 11

Module IV: Plan Together



In the Plan Together phase, the CAG develops a community action plan to address MNCH+N. It is important to ensure those most affected by MNCH+N have a central role and voice in developing the community action plan.

Supporting the CAG to Plan Together is usually undertaken during the implementation phase of the Breakthrough Action-Nigeria Program Cycle. The steps involved in this phase include:

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

Step 1: Determine Who Will Be Involved in Planning and Their Roles and Responsibilities

Who will participate and how they will participate are critical questions. Equally important is who asks and answers these questions. Often, when determining who should be involved in planning, the list grows until it includes everyone, which may be desirable from a participation perspective but can have disadvantages in facilitating processes so that participants understand their respective roles and responsibilities. Some might be offended if they are not invited, however, which can affect future implementation of the program. It is thus as important to determine who is not invited and why as it is to ask who is invited.

The CM team should encourage the core group to take on as much planning responsibility for the session as possible. CM team members can then work more as advisors. A neutral external facilitator can be useful in some cases, and core group members can decide when this would be appropriate.

Action: Who Should Participate in the Community Action Plan?

The planning process has its own objectives, including the following:

- Ensure key policy and decision makers, community leaders, and health, education, and agriculture service providers support and contribute to the program.
- Ensure those most affected by MNCH+N conditions set the agenda and have a meaningful voice in the planning process.
- Enlist technical assistance from external organizations with the desired expertise.
- Identify and leverage needed resources to carry out strategies.
- Ensure lessons from exploration of MNCH+N are applied to the planning process.
- Strengthen individuals' and organizations' analysis, planning, and negotiation skills.
- Build community confidence to take collective action.
- Ensure opposing points of view are voiced and discussed in a constructive manner.

Use the following questions to help the core group and others decide who should be invited to participate in the planning.

	Yes	No
Is the person or group directly affected by the MNCH+N condition?	□	□
Does the person pr group have decision-making authority over policies or resources related to or MNCH+N?	□	□
Is the person a local leader (formal or informal) or key opinion leader?	□	□
Is the person very interested in MNCH+N?	□	□
Does the person or group make or influence decisions or have access to information or services for those directly affected by MNCH+N?	□	□
Does the person or group possess special skills, knowledge, or abilities that could help the planning group make more informed decisions or implement the action plan?	□	□
If the person or group was not invited, would they try to obstruct implementation of the action plan or create other problems?	□	□
Would strategies require this person's or group approval?	□	□

Step 2: Design Planning Session

When designing the planning process, it may be helpful to observe how community members plan other activities and incorporate important lessons or activities. The core group should also review its findings and priorities from the explore phase of the CAC to highlight key information to be incorporated into the planning session. When designing any participatory group process, consider the participants' point of view:

- What are their needs and expectations?
- What do participants know and do in relation to MNCH+N?
- What planning and other relevant skills do they possess?
- What are the existing power relations between participants?
- How do participants relate to each other?
- What are their prior experience participating in groups and with planning processes in particular?
- How does the context (e.g., age, sex, ethnic group, socioeconomic class, political, religious affiliation) affect how they are expected (or expected not to) participate in collective action?
- Is there a wide range of experience or is the group fairly homogeneous?

- Will there be more men or women? Will participants be representing other organizations or individuals, or are they participating as individuals?

Generally, participatory planning should build on existing skills and knowledge so that all participants

- Know what is happening and why (e.g., purpose of meeting, group tasks).
- Feel safe and comfortable to express themselves, challenge assumptions, and think creatively.
- Contribute their knowledge, experience, and skills in positive ways that help the group.
- Share and maximize the collective experience of the group.
- Can produce a clear action plan to achieve their goals and how they intend to do it.

The most common tasks in designing an action plan are as follows:

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

Before the planning session, decide which tasks or activities to execute and in what order, what tools are needed, who will be responsible for leading and facilitating tasks, and any other necessary aspects of the planning session. Also create a simple agenda for your session.

Learning to Plan in Groups: Building on What We Already Know

The exercise in **Table 5** demonstrates how participants in a community planning process can apply what is familiar to them using a planting example and a health example.

Table 5

Planning Exercise

PLANNING QUESTIONS	PLANTING EXAMPLE	VACCINATION EXAMPLE
What do you want to achieve? (Goal)	Food to feed my family and income to pay for school fees and other household expenses.	No child in our community will be sick with diseases that can be prevented by vaccination.
What will you see when you achieve your goal? (Desired results; objectives)	# bushels of wheat # bushels of peas	All children one year and older will be completely immunized.
What things do you need to keep in mind as you decide how you want to do it? (Opportunities, challenges, constraints, resources)	How much land I have, predictions for rain this year, amount of money I have for seed, amount of time it will take, # helpers who know how to plant.	How much vaccine we have, # people who can help, time, whether parents will come, cold chain.
How will you do it? (Strategy) (Ideally, generate alternatives here first and then select the most promising one.)	We will plant # hectares with wheat, # with peas, and leave # fallow.	Work with community groups to increase awareness. Vaccinate at the market every week and at health post every day.
Describe step-by-step how it will be done. (Activities)	1. Schedule people to help. 2. Purchase seed. 3. Prepare the soil.	1. Ensure cold chain is in place. 2. Meet with community leaders and organizations. 3. Train vaccinators.
What will you need to do it? (Resources)	Money, seed, # helpers # hectares of land	Vaccine, # vaccinators # thermoses.
When will you begin? How long will it take? (Timeline)	May 15, 2000 5 months	June 1, 2000 to December 31, 2000
How will you know when you have succeeded? (Indicators)	We will have produced X bushels of __. My family will have # meals/day for # months. I will be able to pay school fees & will have MK# left for household expenses.	By December 31, 2000, at least 80% of children one year and older will be completely immunized.

What is an Objective, a Strategy, and an Activity?

An **objective** is what you want to achieve (i.e., the desired results of all your effort). An objective should be SMART-G:

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

- G=Gender sensitive

For example,

- Increase the antenatal care seeking behaviors among mothers in the village of Muzula from 30% to 80% by December 2009.
- Increase the number of women delivering at health facility assisted with a skilled attendant from 5% to 80% in Chimpeni Village TA, Dzoole, by November 2008.

A **strategy** sets forth the direction in which you move toward achieving a specific goal:

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

Several techniques can be used to identify strategies:

- Participants can identify barriers and obstacles to resolving health problems through acting in a socio-drama or comedy (e.g., showing what really happens in the community when sexual and reproductive health services for youth are inadequate and identifying what led to this inadequacy.)
- Participants can create a list of barriers and obstacles to resolving the problem and then develop strategies to address these barriers (e.g., create teen mothers' club to support girls in returning to school, youth peer-to-peer dialogue and health promotion, youth-friendly health services).
- Organizers of the planning session could invite health service providers to discuss youth-friendly services and then discuss and negotiate what improvements are feasible, acceptable, and practical (e.g., discuss recommended practices, share successful strategies from other communities).
- Participants could use the problem tree exercise (see Step 1: Explore Health Issues with the CAG) to analyze underlying causes and contributing factors to poor youth sexual and reproductive health, then generate strategies based on their analysis.

When planning participants have developed possible strategies, ask participants the following:

- Will the strategy address the problem? Why or why not? How can it be improved?
- When trying out the strategy, at what point should it be reviewed and modified?

Table 6

Sample Strategy Planning Matrix

MOBILIZING GOAL: _____							
OBJECTIVES	BARRIERS/ OPPORTUNITIES	STRATEGIES	ACTIVITIES	PEOPLE RESPONSIBLE	RESOURCES	TIMELINE	INDICATORS OF SUCCESS
What do we want to achieve specifically related to the _____ program?	What challenges may we face trying to achieve this result?	How will we achieve our goal?	What will do to achieve the result? (activities)	Who is responsible for each activity (list names)?	What resources do we need?	When? How long is needed for each activity? (from ____ to _____)	How will we know when we have achieved the result? (measurable, observable outcomes)

An **activity** is a specific deed, action, function, or sphere of action, such as

- Training 50 community volunteer health workers in how to facilitate group meetings.
- Supporting the community youth group in developing and performing a drama depicting how traditional practices affect MNCH+N in the community.

Step 3: Facilitate Planning Session to Create a Community Action Plan

Before the planning team (CAG members and those most affected) develops the community action plan, discuss with your team and the core group what to do if problems arise during the planning session. If you experience difficulties in planning, review your assumptions about the participants, the planning process, and how the community views the program issue. Here are some common challenges facilitators face during the planning session and how they might be addressed.

- If there is not enough time to complete all planned tasks, the facilitator must prioritize the most important ones and shorten the time allotted from others, if needed. The purpose and objectives of the planning process should guide this decision making.
- If participants are completing tasks but the strategies are unlikely to any impact health status, the facilitator must decide how to intervene. Is it better to let participants learn from experience that a strategy is unlikely to have an impact? Are you assuming the strategies will not have a positive impact based on personal feelings or other evidence? Do participants have limited or different knowledge of how to address the health problem? Is the process design at fault? Have other agendas interfered with the planning process? Your team must carefully analyze the situation and ask participants how they think the strategy will affect health to better understand the thinking behind the strategy.
- If participants develop effective strategies that require external resources (e.g., road improvements to facilitate emergency transport), help participants think about how to link with other organizations and resources internal or external to their community. Acquiring the knowledge and skills to access and manage valuable resources and relationships is a major achievement of many community groups, and participants can apply these skills to other improvements in the community.
- If participants seem stuck, the facilitators approach will depend on various factors. Generally, it is acceptable and even desirable for a facilitator to share helpful information (e.g., how another community got out of a rut or stimulated creativity to think of new strategies). However, the intent should not be to manipulate the group into choosing a predetermined strategy.
- If participants cannot agree on a strategy after presenting all reasons for each competing strategy, the facilitator can try several approaches. Ask them to try both strategies, if feasible, to see which one works best, or try a combined strategy. Alternatively, they can seek a new strategy by determining what they are trying to accomplish and exploring new approaches. They also can collect more information on each proposed strategy or postpone any decisions to allow time to think of other options. What other ways can you think of to deal with this situation?

Facilitation of the planning session also should include:

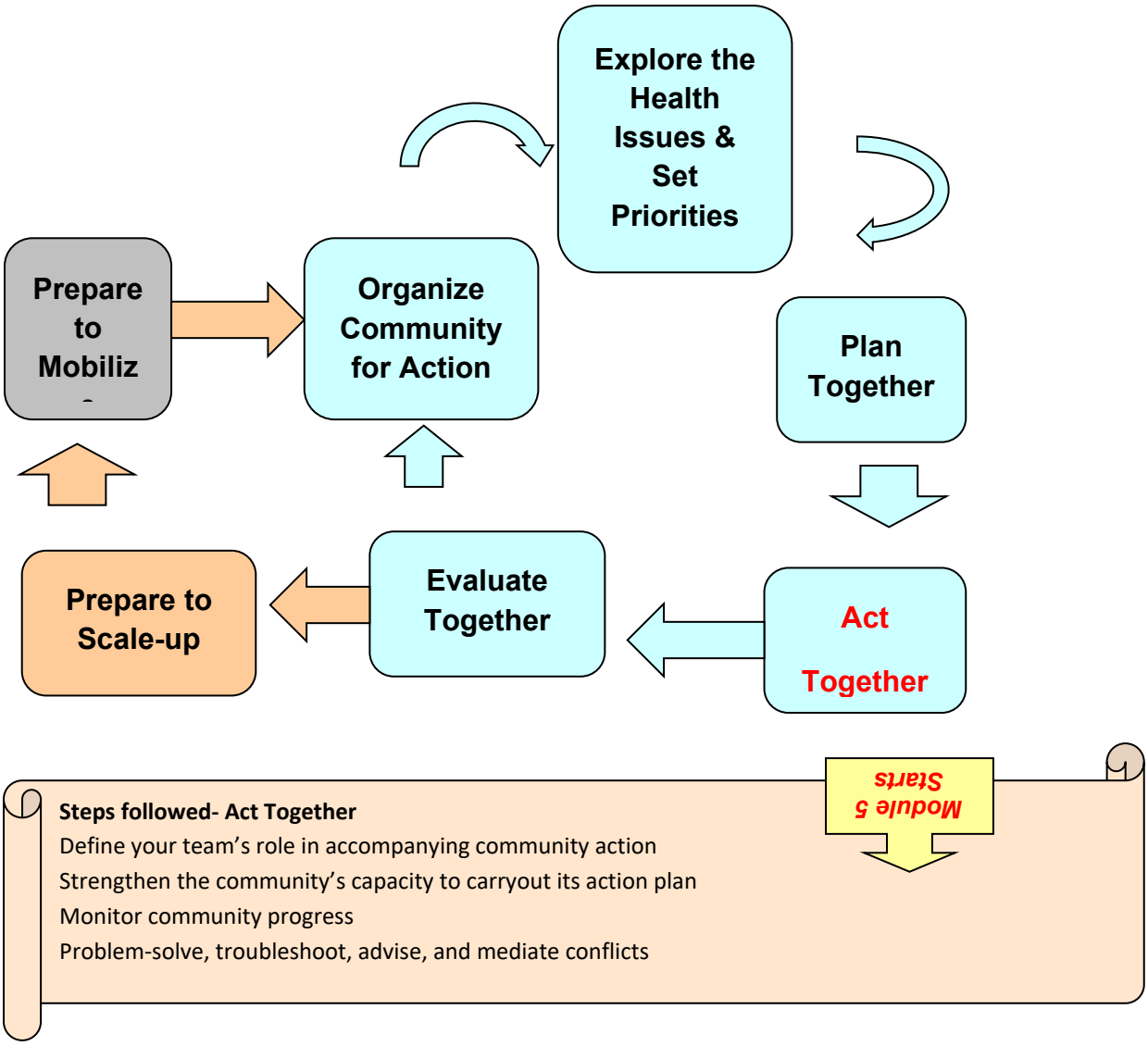
- A presentation of the results of the Explore Program Issues and Set Priorities phase.
- An analysis of the underlying causes of the current health situation.
- A process for achieving desired results and SMART-G (specific, measurable, achievable, realistic, time-bound, and gender-sensitive) objective.
- A process to work out strategies and activities to implement.

- A process to help participants define coordination and monitoring mechanisms.

Module V: Act Together

Figure 12

Module V: Act Together



In the Act Together phase, communities implement their community action plans. This phase is usually undertaken during the implementation and monitoring step of the CAC. The role of the CM team is now to strengthen community capacity where necessary to effectively carry out the strategies and activities identified in the planning phase. At this point, volunteers often work on particular strategies and activities, which requires good coordination and monitoring of progress. The steps of the Act Together phase are

- Step 1: Define the CM Team's Role in Community Action.
- Step 2: Strengthen Community Capacity to Conduct Action Plan.

- Step 3: Monitor community progress.
- Step 4: Problem-solve, troubleshoot, advise, and mediate conflicts.

Step 1: Define the CM Team's Role in Community Action

In the CM process, you may play many roles in relation to the communities where you work: mobilizer, direct service provider, organizer, capacity-builder/trainer, partner, liaison, advisor, advocate, donor, and marketer. These roles can change over time as the community's needs and capacity change. How a CM team perceives its role influences the way team members and community members relate to each other. A common source of conflict between communities and external organizations is differing perspectives on role expectations. If you are not clear about your role, you will not be able to explain why you act the way you do. You need to continually review your role throughout the various CAC phases. Ask yourself whether you are creating or reinforcing dependency or fostering autonomy.[11]

Step 2: Strengthen Community Capacity to Conduct Action Plan

It is time to help community groups determine whether and how your team can help them strengthen their abilities and capacity and help identify other individuals and organizations that can assist. Take stock of your team's strengths and weaknesses before making any promises of technical assistance, and ensure the community can implement its action plan.

Organizing and strengthening the CAG is an ongoing, dynamic process that needs attention throughout the CAC. The more skills, assets, and strengths a community group has, the better prepared it is to achieve its goals. Assess the CAG strengths, abilities, and challenges, including its history, participation, organizational structure, leadership, social cohesion, sense of ownership, critical thinking skills, resource mobilization, and collective efficacy. Once you have a sense of what skills and knowledge the community may need to carry out the action plan, determine (1) whether you will provide the necessary capacity building and, if so, (2) how much and (3) what kind. Your answers will be affected by many factors, which vary according to circumstances:

- Are there other resources in the community that can meet the current needs?
- Does our CM team possess the necessary expertise?
- What are the short- and long-term pros and cons of us providing this assistance?
- Are there other accessible external resources with the required expertise?
- What are the short- and long-term pros and cons of inviting these individuals or organizations to assist?
- What would happen if no one provided assistance?

[11] In the past, many community development workers aimed to promote community self-reliance, assuming that ultimately communities could provide for all their needs without relying on external resources. We prefer the term "autonomy," recognizing that communities can and do benefit from their relationships with external resources.

Community Capacity: Definitions and Perspectives

In the past, community capacity building has been criticized as being based on a deficit model of skills and confidence in communities. We believe capacity building should be based on an understanding of community assets and the interventions needed to be participative and grounded in community needs and aspirations. As such, community capacity can have many definitions:

- A process that increases the assets and attributes that a community is able to draw upon in order to take more control of and improve the influences on its members (Glenn Laverack).
- "A community's ability to define and solve their own problems" (Doug Easterling, The Colorado Trust).
- "Activities, resources and support that strengthen the skills, abilities and confidence of people and community groups to take effective action and leading roles in the development of communities" (Skinner Strengthening Communities, 2006).

According to Goodman et al. (1988)[12], 10 factors contribute to a community group's ability to achieve their goals:

1. Leadership
2. Citizen participation
3. Skills
4. Resources
5. Social and inter-organizational networks
6. Sense of community
7. Understanding of community history
8. Community power
9. Community values
10. Critical reflection

To have the capacity to act, a community organization needs three things:

1. Motivation and commitment to act.
2. Resources to enable the action .
3. Skills, confidence, and understanding to take the action.

Community capacity building may include work with individuals, community groups, whole communities, and community networks. With individuals, community capacity building is focused on increasing skills, confidence, and understanding for people involved in community activities of all types. The skills required can be broad, involving interpersonal skills, leadership, organizational and administrative skills, political skills, and many others.

[12] Goodman, R. M. (1998). Identifying and defining the dimensions of community capacity to provide a basis for measurement. *Health Education and Behavior*, *25* (3), 258–278.

For community groups, the skill sets are similar to those needed for individuals, with emphasis on the skills needed for organizational development and management, for visioning and planning, and for working together for change. Community groups also need to be able to monitor and evaluate their work, and in particular, be aware of equalities issues.

Whole communities may also be a focus for capacity building work. Some communities have an active network of local groups and organizations sharing information and ideas, referring people to each other's services, and working together to represent the interests of the whole community. Elsewhere, poorly developed or inactive groups may be in conflict or fail to tackle issues facing the community. Supported community forums, networks, or umbrella groups can be a good mechanism for bringing together local groups, addressing any differences, and working to establish a shared vision. Community capacity building work can focus on building such arrangements.

The fourth level of community capacity building is with community networks. These may operate at area-wide or national levels and aim to build recognition and effectiveness of community development work in a given sector or area. They can provide information, help identify and share lessons from experience, and bring together a range of views to inform or influence public policy and service delivery.

Assessing Community Capacity

To help the CAG assess its own capacity to implement action plans, create a matrix (see **Table 7**). Use the assessment guide examples on following pages to help assess the CAG's capacity.

Table 7

Matrix for Capacity Development Plan

Proposed Activity	Knowledge, skills, and resources needed	Available in community	Not available in community	How will we develop this capacity?	By whom?	By When?

Assessment Exercise Example #1

Write out the questions below on newsprint and read aloud. Ask each group member to write their answer down (or just think about them).

- What skills can you put to work?
- What abilities and talents can you share?
- What are the experiences from which you have learned?
- What interests and dreams would you like to pursue?
- What three skills would you like to learn?
- Are there any skills you would like to teach?
- When you think about your skills, what three things do you think you do best?

Ask the group how they can best apply this inventory of skills to their community action plan (e.g., have each person's skills written down in a notebook and call upon throughout the action plan, ask for volunteers to work on particular activities according to the action plan).

Assessment Exercise Example #2

Write out the questions below on newsprint and read Aloud. Ask each group member to write their answer down (or just think about them).

- Gifts of the head: Things I know and would enjoy talking about or teaching (e.g., birds, local history, music).
- Gifts of the hands: Things I know how to do and enjoy doing (e.g., carpentry, sports, planting, cooking, – be specific).
- Gifts of the heart: Things I care deeply about (e.g., children, older people, community history, environment).

Once everyone has had a chance to think about their responses, ask group members to share their gifts. Record this information under the appropriate category on a large flipchart. Review the list and determine the capacity of the group.

Ask the group if anything surprised or interested them about this list? How can they best apply this inventory of skills to activities in their community action plans (e.g., have each person's skills written down in a notebook, call upon them throughout the action plan, ask for volunteers to work on particular activities according to the action plan)?

Assessment Exercise Example #3

Use the idea of corn or beans *growing* as symbols communities can use to choose their current capacity. Encourage debate and dialogue, then help them reach consensus as to their self-assessment. You can use this as a monitoring tool with communities to see if their capacity has changed or been strengthened. Use the following scale to assess capacity. For each rating, have them provide examples of how they have demonstrated the ability to justify the rating.

- Germination: Has not demonstrated this ability.
- Growing: Has demonstrated this ability with a great amount of external assistance.
- Flowering: Has demonstrated this ability with some external assistance.
- Propagating: Has demonstrated this ability with no external assistance.

A CAG should demonstrate the following:[13]

- Members are those most affected and interested in the issue and represent perspectives based on gender, age, class, ethnicity, and socioeconomic status.
- Cooperation among members (e.g., regularly sharing experience, ideas, and lessons learned; good communication, equal participation in group activities and decision making).
- A sound structure with an elected leadership (e.g., chairperson, vice-chair, secretary, treasurer), well-defined roles and responsibilities, and a shared vision).
- Regular meetings where decisions are made openly and with equal vote of its members and minutes are recorded.
- Adherence to a community action plan.
- An evaluation process to determine lessons learned and progress on objectives.
- Awareness of MNCH+N conditions and community and sector perspectives about MNCH+N.
- Influence in decision making among diverse organizations and sectors involved in MNCH+N.
- Able to mobilize internal and external resources for MNCH+N.
- Recognized by others outside of the group.
- Explores MNCH+N issues by
    - Openly discussing issues in a public forum.
    - Gathering and analyzing information using a variety of methods.
    - Setting priorities based on consensus.
- Plans together by
    - Using existing and new information as a basis for decision making and planning.
    - Developing desired results and objectives related to MNCH+N.
    - Determining who needs to be involved in planning.

[13] Adapted from *Igniting Change: Capacity-Building Tools for Safe Motherhood Alliances*, 2004, pp. 63–65.

- Identifying existing and needed resources, potential barriers or challenges to achieving desired results, and various strategies to achieve desired results.
- Establishing coordination mechanisms.
- Assigning and accepting responsibility for planned actions.
- Identifying indicators of success and areas of weakness in community capacity and strategies to strengthen

- Acts together by
  - Leveraging and managing resources.
  - Carrying out action plans.
  - Implementing effective technical interventions.
  - Advocating for policy changes.
  - Monitoring progress.
  - Identifying when planned activities or strategies are not leading toward desired results and developing alternative strategies.
  - Researching best practices and technical recommendations.
  - Coordinating and collaborating with other institutions or groups on the issue.
  - Sharing information with others.
- Evaluates together by
  - Identifying the purpose of the evaluation and key questions to address through the evaluation.
  - Establishing an evaluation team that is representative of stakeholders.
  - Determining evaluation indicators.
  - Developing and carrying out an evaluation plan.
  - Analyzing results.
  - Generating recommendations and lessons learned.
  - Documenting and disseminating results and using them in the next CAC.

Table 8

Building Leadership Skills: Styles Framework

AUTHORITARIAN LEADERSHIP SURVIVAL			CONSULTATIVE LEADERSHIP SECURITY			ENABLING PARTICIPATI
Leader makes decision and announces it.	Leader presents decision but "sells" it to members.	Leader presents decision and invites questions of clarification.	Leader presents tentative decision subject to change.	Leader presents situation, gets input, makes decision.	Leader calls on members to make decision, but holds veto.	Leader def limits, calls members t decision.
Leader announces decision with no responsibility or accountability to share the reasons.	Leader announces decision and shares reasons behind it, which were prepared in advance (monologue).	Leader announces decision but responds as needed with a rationale based on the questions from members. (Dialogue with no expressed willingness to change decision.)	Leader announces tentative decision is open to questions of clarification and discussion. (Dialogue with willingness to change decision if necessary.)	Leader identifies situation or problem and moves into a facilitating role to surface assumptions and suggestions, then moves out of facilitating role and makes a decision.	Leader calls on group to identify situation and limitations, explore, and make decision contingent on leader's veto power.	Leader sha "givens" (e available, t parameter facilitates a by membe basis of lim

Resource Mobilizing Skills

As the CAG and other community members begin to implement their action plan, they will need various resources (e.g., human, financial, material) to succeed in their objectives. Listed here are a few examples of resources to be considered and suggestions for mobilizing resources.

Local resource mobilization (e.g., volunteers, labor, financial support, materials). Community contributions are important because they help develop a sense of community ownership and keep activities going. Mapping out local resources (e.g., sand, bricks, water) helps identify what is available. A special subcommittee of CAG and community members can be formed to organize local resources.

Contributions (e.g., money, crops, livestock). The CAG should decide together with the community how contributions will be raised (e.g., each family or person contributes a certain amount of money, crops, or livestock).

Income-generating activities. It may be decided to raise money by gardening, rearing chickens or pigs, providing entertainment through shows or drama, making baskets, sewing, baking, or knitting. The materials and money for starting these income-generating activities are usually provided by the community.

Community-based agents. Many community-based agents are trained to support education and health activities in the community. The CAG can work with the community to identify these agents, invite them to participate, and develop and support additional agents as needed.

External resource mobilization includes government service (e.g., water purification tablets, health worker training) and support from other organizations (e.g., grants). Applying for grants requires proposal development skills (e.g., how to identify donor organizations, what they fund and how much, how to complete the application process and forms). It is helpful to involve education and health district staff and other support ministries when developing project proposals. A written action plan also should be include in the proposal.

Writing a Project Proposal

All proposals should have a cover page with the following:

- Title of project.
- Name of group submitting the proposal.
- Contact person (link between core group and funding organization).
- Address where CAG can receive letters.
- Date when proposal was written.
- Proposed start date of project.
- Proposed end date of project.

All proposals should include a problem statement indicating the health issues to be addressed:

- Identify and describe the problem (e.g., use results from participatory learning and action tools, data from health central, monitoring tools).
- Describe population project will work with (e.g., school-aged children, youth, people living with HIV). Include numbers if possible.
- Describe ability of CAG to carry out the project.

Include detailed community background information:

- Location of proposed intervention.
- Intended population (total number of people who will benefit divided by men, women, and youth). Include total number of people in the area.
- Traditional practices and culture (e.g., initiation ceremonies that may positively or negatively affect proposed project activities).
- Main economic activities for raising food or money (e.g., farming, fishing, hunting).

Describe the organizational capacity of the CAG, including when and why it was formed, its purpose, number of women and men, and history of activities, projects, and successes.

List partners (individuals, organizations, or people the CAG has worked with or will work with in the area).

State the goal. Describes the goal of the project, including benefits to the population. For example, "to increase the number of men, women and youth who know their HIV status and take action to prevent HIV and AIDS."

State the objectives. An objective can be measured and is usually time specific. For example, "increase by 50% the number of youth who have been counseled and know their HIV status." Include the strategies to achieve the objective ("develop a cadre of youth peer-to-peer educators who will develop role models who know their HIV status and who promote dialogue on HIV prevention"). Also include the activities related to the strategies ("train 50 youth peer educators on Voluntary Counselling and Testing promotion"). See **Table 10** for an example.

Table 10

Activity Work Plan for Activities Carried Out Over 12 Months of the Year

ACTIVITY	TIME FRAME – YEAR 1											
	1	2	3	4	6	7	8	9	10	11	12	
Collect community contribution	X											
Sink 2 boreholes		X										
Train 16 committee members			X	X	X							

List the budget. Include materials to buy (quantity, number, and unit price) and cost of activities (see **Table 9** for an example).

Table 9

Sample Budget for Proposal

Activity	Materials Needed	Amount Required	Unit Cost	Total Cost	Community Contribution
Sell treated mosquito nets	Treated mosquito nets	100	K25,000	K2,500,000	Volunteer time x 20 volunteers

Explain how the progress on the project will be monitored, by whom, and how often. Explain clearly who will participate in the monitoring (e.g., core group members, health center staff, community members). Explain what information you will be looking for and source that information.

Describe how the CAG and community members will ensure the project is maintained after funding stops. Include activities the community will conduct to raise money for activities to continue. List the community skills.

List the challenges or risks that might affect project success.

Include any additional information, such as maps of the area and members of the CAG.

Financial and Resource Management

Once a proposal is granted or funds and resources acquired, these must be managed. Financial management skills are often needed to help CAG budget and look after money and resources.

A financial plan helps a community organization know how much money they need, how much money they have at any one time, and how much they have spent or will need to spend. It gives an organization control over their financial affairs and makes people accountable. Usually, the CAG has a treasurer who, together with the CAG, develops a financial management system and ensures the system runs correctly.

A simple budget (**Table 11**) includes the activity to be done, type of material needed, quantity or amount needed, and unit cost.

Table 11

Sample Budget

Activity	Material Needed	Quantity Amount Required	Unit Cost	Total Cost

Money from donations or income-generating activities must always be kept at the bank for safe keeping. The core group should open a bank account to keep their money safe, or if a bank account is not feasible, keep money in a safe or cash box that can be locked with different locks. Have three people responsible to unlock a box so as not to burden one person with this responsibility.

Only one person, most likely the treasurer, should be responsible for financial record keeping. This person normally is able to read and write.

Records must be kept for all money spent and received. Whenever money is spent, all members of the group should be involved in making the decision. It is best if three members have to sign for use of money. The chairperson, secretary, and treasurer of the core group need to approve the use of money by signing for this to happen. The one receiving the money must always sign for it. The treasurer should show the records to other members of the group during meetings.

A financial record (**Table 12**) should always be presented during the monthly meetings.

Table 12

Sample Financial Record

Date of Activity	Money Received	Money Spent	Balance Cash	Balance at Bank	Chair-person Signature	Secretary Signature	Treasurer Signature	Signature Person receiving

Often, the CAG has property and materials (e.g., sewing machines, grocery shops, chicken runs, goats) to manage. **Stocktaking** is the process of checking and recording property and materials.

When property or materials are received, they should be recorded in a book kept by the vice chairperson. Members of the group should be allowed to look at this book anytime. Each material should be written on its own page. At frequent intervals, group members should check these materials to ensure they match what is written in the book.

Members of the group need to agree on when stocktaking should be done. For businesses such as grocery shops, stocktaking should be done often. Each time a different seller takes over the selling, stocktaking should be done. The same member should not do stock taking. All members of the group and communities members should participate to create an open and trusting atmosphere.

As a CAG begins to link to outside resources, they may receive funding and resources from various sources. Here are two examples of how these resources may be managed:

Table 13

Example Register of Donations

Date	Description of donation	Quantity	Donor	Balance	Date disposed	Quantity disposed	Balance

Table 14

Example Income and Payments Document

INCOME												
Source	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Donor 1												
Donor 2												
Donor 3												
Total income												
EXPENSE												
Recipient 1												
Recipient 2												
Recipient 3												
Total paid												
Grand total (income – payments)												
Amount over or (under)												

Group Maintenance

As community CAG become organized and begin to work together, they need to maintain a well-functioning group. Two ways to keep a group functioning well are group tasks and group maintenance.[14]

Members of a CAG should always work as a team. A team is a group of people working together for a common goal. A team should have clear roles for each member, ensure no member of a group feels more important than the other, encourage respect for one another, create clear communication so that all members can participate fully in activities at all times, work together, and share information with each other.

[14] Hope, A., & Timmel S. (1984). *Training for transformation*, volume 2. Mambo Press.

Maintaining a group involves being sensitive to the needs of the group members. Here are some tips for doing this:

- Encourage. Be friendly, respond to and build on suggestions made by others, show acceptance and appreciation of others and their ideas.
- Ask for participation. Give a quiet person a chance to join the discussion.
- Ask for opinions. Good decision-making depends on knowing what all members think and feel about a suggestion.
- Support group standards. Review how the group holds meetings, when they meet, how minutes are reviewed and written, how discussions are held, and how decisions are made.
- Harmonize. Help those in conflict to understand one another's views.
- Evaluate. Create an opportunity for members to express feelings and reactions towards how well the group functions.
- Relieve tension. Bring a problem out in the open, make a good joke!
- Celebrate success. When the group achieves what they planned, celebrate and praise those who worked hard.

Meeting minutes are one way to maintain group function. The secretary usually writes these minutes, which should include the meeting date, location (e.g., health center, school), title or purpose, agenda, attendees present and absent, topics discussed, decisions made, tasks assigned and their due dates, and follow-up. Usually, at each meeting, the minutes from the last meeting are read aloud by the secretary and approved.

For core groups, a monthly monitoring form can be developed to report on the planned community activities and track progress.

Step 3: Monitor Community Progress

Monitoring helps document and share progress, determine outcomes of planned activities, maintain momentum, use resources wisely, ensure assigned roles are fulfilled, and measure performance. Monitoring during the Act Together phase and throughout the CAC is carried out by various actors using a combination of formal and informal systems, methods, and tools. The following general monitoring questions are appropriate for any group:

- What is our goal? What are our desired results?
- What indicators do we use to judge our progress, success, or failure?
- How do we currently assess how we are doing related to this goal and our desired results? What formal and informal monitoring processes currently exist to share observations about progress?
- What do we want to monitor and how will we do this? What tool or process do we need?

Specific monitoring tools need to be tailored to your particular program issue and community capacity building goals:

- **Individuals and families.** Monitoring may involve child health progresses, how often children are sick, rate of pregnancy complications. Family-level tools include the Health Passport and growth-monitoring charts.
- **Community groups and organizations.** Monitor progress on action plans (whether the plan is being followed and achieving desired outcomes). Monitoring activities alone is not sufficient, however. Education and health indicators related to overall goals also need to be monitored.
- **Overall program process.** The CM program team monitors the overall program, community capacity, and team performance. Your team and the CAG itself may want to monitor key dimensions of group or community capacity such as citizen participation, leadership skills, resource mobilization, and social and organizational structure.
- **Resources.** Donors or other stakeholders monitor results to account for their investments and inform future decision making. Your team should understand what donors want to see in the reports and how they want to see it.

Table 15 provides a sample monitoring checklist.

Table 15

Monitoring Check List

Name of Community ward development committee_____

Local government area _____

Date of Visit:_____

Ward/Community_____

Name of Facilitator_____

COMMUNITY ACTION CYCLE (CAC) PHASE	INDICATOR OF SUCCESS	NOTES FROM VISIT	ACTION AGREED UPON	NAMES OF PEOPLE BEING MENTORED
PREPARE TO MOBILIZE				
All relevant staff and teams are trained & mentored in Breakthrough Action-Nigeria CM CAC in a phased-in approach that mirrors program implementation.[15]	All staff utilizing CM approaches have been trained and mentored.			
Staff and teams who have been trained monitor trainees to ensure sound application of the CAC.	program has undertaken 100% of the items on this CAC checklist.			
CM teams implementing CM approaches, demonstrating understanding of & respect for community and culture, ensuring broad participation & transparency.	CM teams undertaken community cultural, historical, **social inventory** in communities, & understand the communities where they work.			

[15] Howard-Grabman, L., & Snetro, G. *How to Mobilize Communities for Health and Social Change Trainers Guide*. Save the Children Community Mobilization Basics or Training of Trainers.

Community Action Cycle (CAC) phase	Indicator of success	Notes from visit	Action Agreed Upon	Names of people being mentored
Ability to identify and bring out the strengths of others, support those with & affected by program issue.				
CM teams developed a CM plan as a framework for implementation & integrated plan & indicators into overall detailed workplan for program.	CM plan (framework) in place and incorporated into work plan.[16]			
Getting Organized				
Communities oriented to the program goal.	Orientation meetings held with a variety of community stakeholders.			
Community understanding & commitment to program goal.	Commitment demonstrated by community stakeholders' initiating efforts on program.			
Ward development committee or other relevant group organized to address program issues.	CAG organized with those most affected by and interested in the issue.			
CAG leadership, norms for participation, and by-laws established & functioning.	Democratically chosen chair, secretary, treasurer. CAG members able to articulate & carry out roles & responsibilities. Written roles, responsibilities & norms of members. Clearly defined terms of office for leadership & election of new leaders (rotation, mentoring). CAG working according to its norms. Meeting regularly, documenting proceedings and action steps. CAG recognized by others outside the group.			
CAG takes ownership of CAC	CAG implementing the CAC.			

[16] Howard-Grabman, L., & Snetro, G. *How to Mobilize Communities for Health and Social Change Field Guide,* Save the Children Community Mobilization Basics or Training of Trainers. p. 39.

Community Action Cycle (CAC) phase	Indicator of success	Notes from visit	Action Agreed Upon	Names of people being mentored
Participation of those most affected, marginalized and interested in program issue throughout the CAC process.	Application of 60/40 rule[17] in core group representation; inclusion of women, those most affected and interested.			
Explore program issue and set priorities				
CAG exploring program issues amongst members.	CAG gathers information on program issue using a variety of participatory methods.			
CAG exploring program issues with the broader community.	CAG gathers and shares information on program issue using a variety of participatory methods.			
CAG analyzing information gathered & prioritizing key problems to address related to program issue.	CAG discovers the underlying influences on program issue & sets priorities based on these influences.			
PLAN TOGETHER				
CAG has a written action plan & budget based on prioritized issues.	Written community action plan.[18]			
ACT TOGETHER				
CAG implementing its action plans.	CAG implementing its action plan and meeting priorities.			
CAG fosters sense of reciprocity, belonging, and trust in the community.	CAG activities that are non-stigmatizing & inclusive of others.			
CAG monitoring its own benchmarks and using data for decision-making.	CAG regularly monitoring progress on action plans & feedback to community at large.			
CAG sustaining & expanding their efforts beyond the life of the program.	CAG assessing, implementing, monitoring, & evaluating collective action; solving problems; Creating linkages to internal & external funding & support;			

[17] The 60/40 rule refers to 60% of group members being represented by marginalized groups and 40% by the general community. The rule is a rough estimate to ensure all voices are heard and avoid token representation.
[18] Community action plans should include a goal, strategies, activities, persons responsible, timeline, budget, and benchmarks for tracking progress.

Community Action Cycle (CAC) phase	Indicator of success	Notes from visit	Action Agreed Upon	Names of people being mentored
	Managing financial & human resources; Managing efficient meetings; Resolving conflicts; Advocating at multiple levels.			
CAG sharing lessons learned with other communities, partners, and donors.	Community exchange visits held; meetings with partners and donors to share successes and challenges.			
EVALUATE TOGETHER				
CAG evaluating their efforts and re-starting the CAC based on learning.	CAG participating in evaluating the program and dissemination of findings.			
District-, regional-, and national-level partners promoting CM best practices.	Partners trained on CM and implementing the CAC with community members. District, regional & national policy and documents advocating for community owned responses.			
Communities participating in 360-degree evaluation of CM approaches.	360-degree evaluation carried out with communities.			

Monitoring tools must be appropriate to the villagers' level of understanding. In low-literacy communities, monitoring tools can be simple and visual (e.g., flags, banners, or picture cards to signal various problems and interventions, symbols to represent the number of events or people). Be creative and work with community members to develop a simple monitoring system that works for them. Some examples are included below.

Table 16

Sample Immunization Record

Child Immunization Record for _____ (Community name)
Total Population: _____
Number of children under 5 years old: _____ Girls _____Boys

	(Month)	(Month)	(Month)	Month	Month	Month
(Space for Picture Card)						

(Space for Picture Card)

(Space for Picture Card)

Step 4: Troubleshoot, Advise, and Mediate Conflicts

In spite of the best planning, forethought, and intentions, things do not always proceed smoothly. Good monitoring systems and regular communication help alert participants' to existing or potential problems. However, difficulties may still occur. Every culture has developed strategies to prevent, avoid, and resolve conflicts. It can be helpful to discuss with community groups how they have dealt with differences of opinion and conflict in the past, the results of these strategies, and the differences between win/lose (one side gets their way) and win/win (both sides get something) approaches to conflict resolution. Causes of conflicts include differences in information, perception, opinion, values, beliefs, or roles; perceived scarcity of resources; competitiveness; self-centeredness; counter-dependence; lack of trust; and fear.

In general, it is best to let communities identify and resolve their problems. However, you may need to intervene if the problem

- Directly affects your organization, team, or individual team members.
- Concerns mismanagement or misappropriation of program resources.
- Is major and not identified by the community (e.g., originates from outside of the community, such as a donor withdrawing funding for the project or a major upcoming change in public health policy).
- Concerns major differences of opinion on strategy requiring outside mediation, additional information, or experience.
- Concerns ethical issues your organization or team cannot or will not support that could jeopardize the overall program (e.g., coercion or violence to force compliance).

How you intervene in these cases will depend on the role you want to play in relation to the community, your organizational responsibilities, and your overall approach to the program. Consider the following stages in the evolution of conflicts:

- **Anticipation.** A change or issue is introduced that will likely lead to differences of opinion.
- **Conscious but unexpressed differences.** One or more people disagree but express it indirectly (e.g., withdrawal, sarcasm, cynicism, humor).
- **Discussion.** Differing opinions begin to emerge. often implied by questions asked and language used. Differences may be expressed indirectly and tentatively.
- **Open dispute.** Differences are expressed as arguments and counter arguments that sharpen into clearly defined points of view.
- **Open conflict.** Disputants are firmly committed to particular positions and attempt to increase the effectiveness of their argument and undermine the influence of the opposition.

When in conflict, opposing sides may try to block actions, especially those that threaten their power or interests. They may feel the community does not have sufficient capacity to take an action or that a proposed action will not achieve its goal. Participants also can lose interest in the program, or external project funding may be decreased or stopped. In other cases, communities may want to engage in other activities or work with other organizations offering incentives. To resolve these kinds of conflict,

- **Summarize the Disagreement.** Be objective and focus on issues, not personalities. List points of conflict. If possible, reduce these points into manageable sub-points.
- **Confirm accuracy.** Ask for confirmation or correction to encourage individuals to take ownership, which may even lead to resolution without further intervention.
- **Establish the last points of agreement** to focus individuals and the group on the issue in dispute.
- **Create a shared vision.** Have each side express their desired goals, objectives, or visions. Ask, "Why do you want … ?" Try to stimulate self-knowledge and knowledge of the others' ambitions, motives, and attitudes. Have each side identify common goals or a shared vision.
- **Generate possible solutions.** Use brainstorming or other techniques (e.g., Margolis Wheel). Bring in a third party to move the conflict toward solution, if needed.
- **Agree.** Ask disputants either to collaborate or compromise in choosing a solution. Explore how they will know whether the solution is successful.

Table 17

Strategies for Dealing with Conflict

STRATEGY	APPROPRIATE WHEN…	INAPPROPRIATE WHEN…
Avoiding	The issue is relatively unimportant. The potential damage of confronting the conflict outweighs the benefits of resolution.	Surfacing the issue may lead to more important issues that need to be addressed.
Accommodating	The issue is much more important to them than to you. You wish to demonstrate good will.	Your commitment is required and you will not be able to commit to their choice. Your input is required for an effective outcome.
Forcing	Quick, decisive action is vital. You need to implement an unpopular choice for which commitment is not required.	The cost of forcing this issue outweighs the benefits of getting your own way.
Compromising	Goals are mutually exclusive.	Giving everyone some of what they want doesn't satisfy anyone.
Collaborating	Working through hard feelings. When different perspectives could lead to a superior solution. When commitment to the solution is important.	When time is urgent.