

# Mobilizing Communities for Health and Social Change:

The adapted Community Action Cycle with a Toolkit for Community Mobilization Training of Trainers

## Facilitator's Manual

Breakthrough ACTION South Sudan



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## ACRONYMS

CAC	Community Action Cycle
CAG	Community Action Group
CBO	Community Based Organization
CG	Care Group
CHC	Community Health Committee
CHV	Community Health Volunteer
CHW	Community Health Worker
CM	Community Mobilization
CMT	Community Mobilization Team
DHMT	District Health Management Team
DHO	District Health Office(r)
GVH	Group Village Head (man/woman)
HBCV	Home Based Care Volunteers.
HC	Health Centre
HCD	Human Centered Design
HSA	Health Surveillance Assistants
MA	Medical Assistance
M&E	Monitoring and Evaluation
NGO	Non Governmental Organizations
PHC	Public Health Care
SBC	Social Behavior Change
SBCC	Social and Behavior Change Communication
SC	Save the Children
SMART	Specific, Measurable, Achievable and Time Bound
TA	Traditional Authority
USAID	United States Aid International Development
USG	United States Government
VDC	Village Development Committee
WASH	Water, Sanitation and Hygiene
WG	Working Group/Women's Group
YG	Youth Group

## ABOUT THIS TOOLKIT

Save the Children (SC) has developed several Community Mobilization (CM) approaches that have been applied at scale and demonstrated positive results for large numbers of children and communities. One of those CM approaches, the Community Action Cycle (CAC), has become a foundational and proven CM methodology for fostering sustained community participation in achieving health and development outcomes. Over the past decade, the CAC has been applied across multiple sectors to more than 42 global programs in over 40 countries. This broad-scale application has produced solid evidence to support the CAC as an effective approach for delivering positive and sustainable development and health outcomes, most notably in supporting child health, nutrition, malaria prevention and treatment, HIV/AIDS prevention, care and support, and maternal and newborn care. Further, more than 20 research studies, ranging from cluster randomized control trials to program evaluations, have demonstrated improved health outcomes and community capacity through the application of the CAC. Thus, the CAC has a solid, robust history and evidence base to support it as an effective, proven, and instrumental CM approach for delivering sustainable and meaningful health outcomes.

The CAC consists of a series of seven phases. These phases include the initial preparation to mobilize (phase 1), organizing the community for action (phase 2), exploring the health issues and setting priorities (phase 3), planning together (phase 4), acting together (phase 5), evaluating together (phase 6), and preparing to scale up (phase 7). In general, CM recognizes that participation, ownership, equality, sustainability, community, and dialogue of knowledge are key elements to mobilize communities. The CAC, as a focused CM approach, recognizes participation as the most fundamental element through stressing the notion, particularly for external stakeholders, that effective “community mobilization is not just something done *to* the community, but something done *by* the community<sup>1</sup>.” Such an understanding and appreciation for the participatory role of the community has allowed the CAC to be a powerful tool with the ability to elicit the potential of individuals and communities to effect meaningful and sustainable change.

### Community Mobilization Tool Kit

This booklet is one of several in the Community Mobilization Tool Kit, designed to help trainers, community workers and volunteers understand the community mobilization process and empower community members to be their own agents of change and thereby support measurable improvements in the health and well-being of their families and communities.

The toolkit consists of 3 parts:

1. **The Original CAC:** which consists of the original TOT facilitators training manual, the original participant’s manual, several toolkits for each phase of the CAC, and the field guide “*How to Mobilize Communities for Health and Social Change*”.

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<sup>1</sup>See page 7 of L. Howard-Grabman and G. Snetro, *How to Mobilize Communities for Health and Social Change: A Field Guide*, Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs, Health Communication Partnership [HCP], 2003

2. **The adapted CAC:** this document – an adapted TOT facilitators training manual, and the participant’s manual. This part of the toolkit is for use in circumstances where the original CAC has previously been implemented and the program team wants to do a quicker/shorter version; or for those programs with limited time
3. The adapted CAC with the PDQ: this document, the adapted TOT facilitators training manual which also includes elements of the Partnership Defined Quality within the explore phase, to better understand issues of quality with health services. This includes exploration of quality discussions with communities, and with health service providers separately, and the two together to identify issues they will address within the community action plans.
4. **CAC for Emergencies:** the CAC adapted and streamlined for emergencies (especially for COVID-19), whereby the user can quickly apply community mobilization, following key steps from the CAC to ensure engagement of communities during an emergency response. This part of the toolkit includes the document “Step by step: Engaging communities during COVID-19”, which has tools within the document for each step of the document.

This version is the adapted CAC, for quicker implementation, though the expectation is that there is already some trust and relationship that exists with communities, and that there has been some community mobilization carried out with these communities previously. This is also appropriate for projects with limited resources and time for implementation. However, it is recommended to refer to the field guide *“How to Mobilize Communities for Health and Social Change”* for deeper understanding of community mobilization and CAC.

### **Users of the Manual**

The facilitators guide is a tool kit that has been developed to assist community mobilization trainers to train Community Mobilization Teams (CMTS) and other players such as District Health Promotion Committees, and Community Action Groups CAGs on the community mobilization process. The community mobilization is an empowering process that involves stakeholders and community members at each phase

### **A Guide to the User**

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

### **Who are the Actors?**

When implementing this protocol with communities, it is important to understand who the actors are throughout implementation

1. **The Community Mobilization Team:** this is composed of those actors who are working with the community to facilitate community mobilization, for example a project or program team, national and/or district health workers from the Ministry of Health, or members of an NGO. For BA SS, this will be the Breakthrough ACTION team. The CMT will lay the groundwork and gain buy-in and support from national, state, county and payam levels.
2. **Community Action Group:** the core members of the community who will be working with the CMT to carry out the activities of community mobilization. These are members of the same community who would include community leaders, members from women's and youth groups, community health workers, community development committees, and should include representation from members of vulnerable groups and those most affected by the health issue. For BA SS it will be the community health facility team. The CAG will also include equal members of the health center facility and equal members of the community.

**Broader community:** the community at a larger scale, who do not necessarily drive community mobilization, but who the Community Action Group would engage with to ensure they are representing the needs of the community.

# INTRODUCTION

Welcome to the workshop on Mobilizing Communities for Health and Social Change. This workshop aims to train staff and Non-Governmental Organization (NGO) partners in implementing community mobilization principles and practices to address an issue within a community.

The overall objectives of this training program are to enable participants to:

1. Design and implement CM programs and interventions
2. Enhance participant's ability to deliver Cm trainings / model or demonstrate one or two facilitation techniques (including ...)
3. Discuss the evolution of CM over time and where we are today
4. Discuss the place of CM in the broader SBC context [definition of key concepts; theoretical part]
5. Discuss CM standards and indicators / measure community engagement processes and outcomes
6. Articulate and carry out the various phases of the/a CM process

## HOW THIS WORKSHOP IS ORGANIZED: THE COMMUNITY ACTION CYCLE

The Community Action Cycle (CAC) is the basis of this workshop, which is a series of seven phases that communities typically go through in designing and carrying out a collective community action. After a series of reviews, this training module has been adapted from the original CAC, to include five main elements consisting of five modules, specifically:

- Module 1: Community Entry
- Module II: Communities Defining their Own Problems
- Module III: Communities Develop Local Solutions
- Module IV: Community Measurement: Data for Decision Making
- Module V: Becoming a Participatory Facilitator

### **Suggested Workshop Schedule**

The workshop is designed to be completed in five days. The suggested times for each session are approximate and will no doubt vary from one workshop to the other. Assuming the times are somewhat accurate, however, you may find the following schedule a useful guide as you plan your workshop.

### **Workshop Objectives**

Strengthen participants' capacities to carry out Community Mobilization for family planning and reproductive health using the adapted Community Action Cycle (CAC). More specifically, at the end of the training, participants will be able to:



- Define various concepts including Social and Behavior Change Communication (SBCC); Social and Behavior Change (SBC); Community Mobilization (CM) and how they interrelate to each other.
- Assess and strengthen community capacity to identify and prioritize FP/RH issues, and plan and implement effective community activities to address these issues .
- Articulate their feelings, values and attitudes about gender and how personal perspectives of gender affects their work with communities.
- Monitor community mobilization processes, outcomes, and learning across communities.
- Plan how new learning will be applied upon return to their respective countries.

# WORKSHOP PROGRAM

## Day 1: Setting the Stage

By the end of Day 1, participants will be able to:

- Define SBC and CM and describe their key elements;
- Articulate key approaches for mobilizing communities around FP/RH
- Describe community mobilization (CM) challenges and discuss strategies for increasing demand and uptake of FP/RH services
- Explore what is expected of them as men and women in their societies

Time	Topic
8:30-10:00	<ul style="list-style-type: none"> <li>- Welcome</li> <li>- COVID-19 safety protocols</li> <li>- Introduction</li> <li>- Participant Expectations;</li> <li>- Overview Of Workshop Learning Objectives</li> <li>- Review Workshop Program</li> <li>- Pre-Test</li> <li>- Create Workshop Norms And Learning Environment</li> </ul>
<b>10:00-10:15</b>	<b>BREAK</b>
10:15 - 12:00	Overview of Social and Behavior Change, Community Mobilization and Where We Are Today
12:00-1:00	Introduction to the Community Action Cycle
<b>1:00-2:00</b>	<b>LUNCH</b>
2:00 – 2:45	Put Together a CM Team: Our Personal Attitudes and Values; Roles and Responsibilities
2:45- 3:30	Review Non-Formal Training Methods and Facilitation Skills; the Experiential Learning Cycle
<b>3:30-3:45</b>	<b>BREAK</b>
3:45- 5:15	Review Non-Formal Training Methods and Facilitation Skills; Experiential Learning Cycle
5:15-5:30	Review of Day/Closure

## Day 2: Community Entry

By the end of Day 2, participants will be able to:

- Describe strategies to build partnerships between communities and health system
- Explain and model strategies to orient the community to their Family Planning and Reproductive Health Issues
- Discuss key considerations and model strategies to build trust, credibility and a sense of ownership with the community

Time	Topic
8:00- 8:15	- Welcome - 60 Word Summary - Review of Day's Learning Objectives
8:15-8:45	Safety and Respect; Behavior Change Theories
8:45-9:30	Gathering Information About Community Resources and Constraints
9:30-10:00	Developing a CM Plan; Summary of Preparing to Mobilize
<b>10:00-10:15</b>	<b>BREAK</b>
10:15-10:20	Overview of the Community Entry and Organizing for Collective Action Phase
10:20-11:20	Developing a Mobilizing Goal
11:20- 1:00	Visualizing Positive Change with Community Partners – Community Orientation
<b>1:00-2:00</b>	<b>LUNCH</b>
2:00-4:00	Role Play: Community Orientation Meetings
<b>4:00-4:15</b>	<b>BREAK</b>
4:15-5:00	Building Trust with Communities – Emotional Bank Account
5:00-5:30	Review of Day/Close

# Day 3: Communities Defining their own Problems and Identifying Solutions

By the end of Day 3, participants will be able to:

- Discuss and model strategies to invite/encourage those most affected by family planning and reproductive health issues to meaningfully participate in the CM initiative Assemble a Community Action Group (CAG) to work on the key FP/RH issues
- Describe and model approaches and tools to explore and prioritize social and behavior change determinants of core FP/RH
- Identify community participatory behaviors that are easier or harder to change
- Examine cultural changes during their lifetimes, explore the difference between respecting culture and changing culture and discuss when and how it’s appropriate to nudge changes in social and cultural norms
- Model the development of a Community Action Plan to address FP/RH determinants

Time	Topic
8:00-8:15	- Welcome - 60 Word Summary - Review of Day’s Learning Objectives
8:15-9:15	Powers That Be: Inviting Community Participation
9:15-10:15	Always Sometimes Never
<b>10:15-10:30</b>	<b>BREAK</b>
10:30-11:30	Developing a ‘CAG’ from the Community
11:00-11:15	Overview of “Communities Defining the Issue(s) to Prioritize” Phase
11:15-11:35	Understand How to Hold Participatory Meetings with Communities
11:30-1:30	Identifying and Practicing Participatory Tools for FP/RH Problem Definition
<b>1:30 – 2:30</b>	<b>LUNCH</b>
2:00-2:30	Cultures Change, Changing Culture
2:30-4:00	Prioritization and Root Cause Analysis
<b>4:00-4:15</b>	<b>BREAK</b>
4:15-5:15	Overview of Community’s Developing their Own Solutions for FP/RH

5:15-6:30	Defining Objectives and Strategies
6:30-6:35	Review of Day/Close

## Day 4: Community Measurement – Data for Decision Making

By the end of Day 4, participants will be able to:

- Model the development a Community Action Plan to address FP/RH determinants (continued from previous day) Model approaches and tools for assessing the capacity of CAGs Define the team’s role in accompanying community action; building community capacity
- Design instructional materials to strengthen the capacity of CAGs to work more effectively and become more responsive to FP/RH issues Describe ways to make everyone regardless of gender, class, social status, etc. comfortable with participating
- Define some of the key elements related to gender equality
- Discuss some practices that will make talking about and planning for gender equality more comfortable

Time	Topic
8:00-8:15	- Welcome - 60 Word Summary - Review of Day’s Learning Objectives
8:15: 9:15	Developing Sample Strategies & Activities
9:15-10:45	Preparing & Facilitating Community Action Planning for FP/RH
<b>10:45-11:00</b>	<b>BREAK</b>
11:00-11:30	Overview of the Implementation and Data Utilization for Decision Making Phase, and Deciding Your Team’s Role
11:30-12:30	Defining Community Capacity
12:30-1:30	Assessing Community Capacity – sample assessment tools
<b>1:30 – 2:30</b>	<b>LUNCH</b>
2:30-3:30	Creating a Safe Space
3:30-4:30	Developing Draft Materials for Training Community Groups on Key Topics
<b>4:30-4:45</b>	<b>BREAK</b>

4:45- 5:45	Developing Draft Materials for Training Community Groups on Key Topics(end)
5:45-6:00	Review of Day/Close

## Day 5: How to Replicate and Carry out this Training

By the end of Day 5, participants will have:

- Defined processes and tool for supervising community mobilization initiatives
- Defined processes and tool for monitoring community mobilization initiatives
- Defined processes and tool for communities to report on their activities
- Identified the areas of improvement for the workshop

Time	Topic
8:00-8:15	- Welcome - 60 Word Summary - Review of Day's Learning Objectives
8:15-10:15	Defining, Adapting Tools, and Planning for CE Supportive Supervision
<b>10:15-10:30</b>	<b>BREAK</b>
10:30-12:00	Defining Community-Based Monitoring Mechanism and its Tools for FP/RH
12:00-1:00	Community Based Reporting Mechanism and Tools
<b>1:00-2:0</b>	<b>Lunch</b>
2:00-2:30	Post Test
2:30-4:00	Next Steps
4:00-4:45	Workshop Evaluations
4:45-5:00	Presentation of Certificates and workshop closure

## FACILITATION APPROACH

Just as Community Mobilization is a community-centered approach to development, trusting in community members to know what is best for them, so also this workshop is trainee-centered, trusting in participants to know what their needs and strengths are. If participants need to spend more time on a particular activity, feel they can skip an activity, or want to take a session in a different direction than suggested by this guide, facilitators should trust these instincts and go where the participants need to go. This doesn't mean facilitators should abdicate their overall responsibility for the workshop and turn it over to participants, but only that within reason and where appropriate, facilitators should be willing to be flexible in implementing this training.

Ideally, the workshop will not only be an occasion for participants to learn the knowledge, skills, and techniques they need to work with communities, but also an opportunity to observe in the conduct of the facilitator(s) a model of a participatory leader. In that case, participants not only learn how to become a community mobilizer, they have the chance to observe one in action.

## THE FACILITATOR'S GUIDE

This guide provides workshop facilitators with a set of detailed instructions for carrying out the various sessions in each module. As noted above, the training has been organized around the seven phases of the Community Action Cycle, with one module for each phase. Each module, in turn, has been organized around the steps of that particular phase. In most cases, therefore, there will be one training session for each step.

There are three exceptions to this rule:

- In some cases, there is more than one session for a particular step.
- In some cases, two or more steps have been combined into one session.

All sessions contain the same five elements (see below) and are presented in a consistent format or template. The top of the first page of each session contains key identifying information: the module number and name, the step number and name, and the session number and name.

## **INTRODUCTORY MODULE**



# SESSION: INTRODUCTION AND CREATING A LEARNING ENVIRONMENT

## Objectives:

By the end of the module, participants will:

- Be acquainted with each other and with the facilitators
- Have a conducive learning environment
- Identify ground rules for smooth running of the course
- Explain the workshop objectives
- Assess their current knowledge of community mobilization using a pre-test

**Time:** 1 hour 40 minutes

**Materials:**

- Flip chart paper
- Markers
- ½ sheets of A4 paper or cards for Expectations.
- Chart for Workshop volunteers
- Masking tape
- Large bulletin board (VIP board) or wall for posting cards, papers

## Preparations:

- Special quotes can be hung on the wall
- Flip chart paper with 'Welcome to CM Workshop'
- Prepare instructions for the group work in activity 5

## Activities:

1. **Open** the event with an official welcome to participants and share the reason for the workshop, introduces the workshop facilitators, and invite them to continue with the workshop.
2. **Ask** participants to get into pairs and ask them to introduce themselves and learn the following about their partner:
  - Their name and place where they were born
  - Current work responsibilities
  - Their vision or aspiration related to communities' coming together to solve their own problems
  - Favorite food/dish **OR** one of their hobbies
3. **Ask** the group to remain in pairs and for each person to introduce their partner and share the information they learned about them to the rest of the group.

4. **Ask** participants what they intend to do with the knowledge/skills they learned from this workshop
5. **Select** one of the following activities to respond to the question above:
  - a. **Turn and talk:** turn to their partner and share what they intend to do with the knowledge skills learned
  - b. **Stop and Jot:** write on a piece of paper what you intend to do with the knowledge and skills learned and share in plenary
  - c. **Gallery walk:** from written responses (on post-it) place on wall and group similar themes/responses, and do gallery walk during a break
  - d. **Sticker poll:** from written responses (on post-it) place on wall and group can vote on those they agree most with
  - e. *More to come*
6. **Share** overall objectives of the workshop & a brief overview of each day, as found in the suggested workshop schedule on page found on page 9. Share objectives using either flip chart paper, PowerPoint, or another visual tool that can remain visible throughout the workshop (can refer to master training ppt).
7. **Explain** that each day will have its own, specific learning objectives that relate to developing the core skills that participants will need to facilitate the community mobilization process. Ask participants (in turn) to read the learning objectives for the first day. Ask whether participants have any questions.
8. **Highlight** the two key resource materials they will use throughout the workshop: CM Participants Manual and the How to Mobilize Communities for Health and Social Change Field Guide. Explain that we will refer to both resources throughout the week, and that reading in the evenings will help to enhance their understanding and learning.
9. **Explain** that, to create an environment conducive to learning during the workshop, it will be helpful to establish some ground rules or “norms.” Ask participants what norms we should follow to make this training successful.
10. **Write** all norms stated by participants on flip chart paper. When they have finished, ask participants if everyone agrees to these norms. If not, discuss what the concerns are. If the group agrees, tell participants that everyone will follow the norms throughout the entire training period.
11. **Hang** the norms on the wall in a location where they are visible throughout the workshop. During the course, if participants are not following the norms, remind them that they have all agreed to them (or require dancing or singing from the participant when norms are broken!)

12. **Request** different volunteers each day to assist with the workshop in performing the following roles, using flip chart paper, make a table such as the one below:
  - a) **Taking minutes for each day:** a different volunteer will debrief at the beginning of each day highlighting the training activities and learning from the previous day. They can only take one minute to debrief, and must be creative in their presentation, such as by song; poem; news report, or acting it out.
  - b) **Energizer:** These volunteers will lead energizing activities to keep the training active and fun. They will work with the facilitator to plan when and duration. The types of energizers could be a joke, song, exercise or other that engaged the group - the shorter the better!
  - c) **Leadership of the group:** there will be a different group leader each day that the group should select. These could be a president and vice president who receive feedback from participants on a variety of issues, e.g., venue, food, if someone is ill and needs assistance, etc. It is best to have one female and one male participant nominated.
13. **Tell** participants it is time to take the pre-test, which is anonymous. Ask each participant to draw a number from a container that they will use to assign to their pre-test. Make sure they remember this number as they will use it for their post-test. Suggest they write down their number somewhere in their notebook
14. **Distribute** the pre-test to participants; ask participants to complete the pre-test based on their own knowledge and experience. They should not ask anyone for help or look at anyone else's paper
15. **Explain** that the facilitators of the course will use the results of the test to assess participants' progress (since they will take the test again at the end of the course) and will also know which topics to emphasize during the course. When all participants have completed the tests, collect and grade them after the training sessions have concluded for the day
16. **Refer** to the answer key for delivery of pre and posttests.

## Pre and Post Test

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

### True or False (1 point each)

Instructions: Identify if each statement is True or False.

1. \_\_\_\_\_ Social and Behavior Change is the same as Community Mobilization (False)
2. \_\_\_\_\_ Community Mobilization is the same thing as Health Promotion (False)
3. \_\_\_\_\_ Effective community mobilization happens when the project team gets communities to do what the project and project team wants them to do to achieve the project objectives (False)
4. \_\_\_\_\_ Community mobilization is a capacity building process that aims to achieve a goal that is of benefit to the community (True)
5. \_\_\_\_\_ The key actors who should be engaged in the community mobilization process are those most underserved and interested in the process, since they will benefit most from it. (True)

### Multiple choice (1 point each)

Instructions: Select one response for each of the questions below. (Correct answers are underlined for facilitators)

#### 6. The two major goals of community mobilization are (SELECT ONE):

- a. To raise awareness about an issue **AND** to deliver information to people.
- b. To form new community committees **AND** to take resources from the community.
- c. To achieve a desired development outcome, like decreased Malaria **AND** to strengthen community capacity to act collectively.

#### 7. The phases of the Adapted Community Action Cycle are (SELECT ONE):

- a. Identify leaders, develop leaders, establish committees, invite community members to events, educate community members, monitor progress
- b. Preparing to Mobilize Communities, Community Entry, Communities Defining Their Own Problems, Communities Develop Local Solutions, Implementation and Data Utilization for Decision Making
- c. Hire program staff, train program staff, conduct orientation meeting, educate community about health, do awareness raising campaigns, monitor progress, conduct evaluation

#### 8. When should we use community mobilization as a strategy to improve development outcomes? (SELECT ONE OF THE FOLLOWING):

- a. When systemic changes are needed at the community level
- b. When sustained community support is desired
- c. When settings are very diverse and local solutions are required
- d. When communities themselves have identified a health problem and request assistance
- e. All of the above

**9. When you go to the community to explain the community mobilization initiative, you should describe the goal in terms that are (SELECT ONE):**

- 9. Clear
- 10. Specific - describes who will benefit most and how they will benefit
- 11. Simple, not too technical
- 12. All of the above
- 13. None of the above

**10. A good facilitator (SELECT ONE):**

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

**Fill in the blank. (1 point for each correct response)**

- 11. Three participatory community engagement tools and techniques include:
  - a. Community Resource Mapping
  - b. Problem tree, priority ranking matrix, mini drama, picture cards, Focus Group Discussion, community resource and/or service mapping, key informant interview,
  - c. ....
  
- 12. Three things that communities need to consider when identifying and selecting issues they will prioritize to address include:
  - a. Severity of the problem
  - b. If solving this problem will solve other problems, if the problem can be solved,  
.....
  - c. ....
  
- 13. What are three ways to ensure that your CM initiative promotes and prioritizes gender equity and reaches the most affected?
  - a. Small group discussions, mentoring and dialogue to explore, challenge and change harmful and discriminatory gender norms; peer-led community forums support women to develop leadership skills; peer-led community forums support men and boys to develop collective critical consciousness about women's fertility, family size, SGBV, women's right to bodily integrity and shared

decision-making; include a gender equality objective and indicators in community plans; pro-actively engage women and girls in meaningful participation.

- b. ....
- c. ....
- d. ....

14. The components of a community action plan include (ADD AT LEAST 3):

- a. Objectives
- b. Strategies, activities, responsible, timeframe, indicators
- c. ....
- d. ....
- e. ....

15. During a project, **monitoring** is ongoing and occurs during program implementation. At what point of the project does **evaluation** occur?

At the end

16. What is the difference between SBC and Community Mobilization?

SBC encompass a broader spectrum of activities or interventions, which are grounded in a number of different disciplines, including Social And Behavior Change Communication (SBCC), Social Marketing, Advocacy, Community Mobilization/Engagement, Behavioral Economics, or Human-Centered Design

17. Who is mainly responsible for implementing the Community Action Plan?

Community Action Group; Community Core Group; Community

18. Steps to conflict resolution include:

- a. Clarifying the various aspects of the disagreement,
- b. Checking these aspects for accuracy,
- c. ....
- d. ....
- e. ....

19. What are three reasons it would be beneficial to work with an existing community group/committee for carrying out community mobilization?

- a. Have existing experience in CM, to not create parallel structures, quicker upstart
- b. ....
- c. ....

20. What are three things you need to do before you enter a village?

- a. Buy in and support from leaders (district, municipal) and then community leaders
- b. ....
- c. ....

# SESSION: OVERVIEW OF SOCIAL AND BEHAVIOR CHANGE, COMMUNITY MOBILIZATION, AND WHERE WE ARE TODAY

## Objectives:

By the end of the session participants will be able to:

- Define Social and Behaviour Change
- Explain the evolution of SBC over time
- Define Community Mobilization and how it fits into SBC
- Describe some characteristics of community mobilization

**Time:** 1 hour, 30 min

**Materials:** Flip chart paper and stand and markers

## Preparation:

Prepare SEM to display to the group, either on flipchart paper, PPT, or handout

## Activities:

1. **Tell** participants that this session is about grounding them on key conceptual framework on SBC and CM and ensure that their questions regarding the session objectives are answered.
2. **Tell** participants to form small groups of 3 to 4 and together read the accepted definition of SBC, SBCC and BCC in the participant's manual. The groups should take 15 minutes to discuss what they understand from those definitions and to what extent these definitions align with what they thought SBC/SBCC/BCC were.
3. **Call** the participants back into plenary at the end of the allotted time and have 2 to 3 groups report on their discussion
4. **Tell** participants that SBC is understood to encompass a broader spectrum of activities or interventions, which are grounded in a number of different disciplines, including Social And Behavior Change Communication (SBCC), Social Marketing, Advocacy, Community Mobilization/Engagement, Behavioral Economics, or Human-Centered Design." Tell participants that a graphic in the participant's manual explains this.
5. **Tell** participants that SBC is not just campaigns, posters, or communication but a wide spectrum of activities and strategies.
6. **Mention** that, although the definitions address health, all these disciplines can be applied to other sectors, like child protection, education, natural resource management, etc.



7. **Tell** participants that the concepts they just defined were utilized at various points in time in history. IEC was the concept in vogue at some point, then BCC. After that period, practitioners agreed that SBCC more accurately represented what the discipline stands for, however very recently SBC is the more preferred term.
8. **Tell** participants that all this change in the terminology happened over time when practitioners realized that human behaviors are complex and are determined by various factors including various social determinants that communication alone cannot totally address.
9. **Tell** participants that the older terminologies focused more on the individual, when we now know that there are other factors.
10. **Share** a picture of the socio-ecological model on a flip chart paper or a PowerPoint.
11. **Ask** the group if they have heard of the Socio Ecological Model and what it means?
12. **Explain** that there are different levels of influence to create behavior change at the individual, household, community/social levels, and because of this, IEC and BCC, which focused on the individual level was not enough to create actual, sustainable change. We learned that we cannot only focus on the individual.
13. **Tell** participants that social change, on the other hand, focuses on the community as the unit of change. It is a process of transforming the distribution of power within social and political institutions. For behaviors to change, certain cultural practices, societal norms and structural inequalities have to be considered and addressed
14. **Tell** participants that in light of this, various practitioners have designed guidance to carry out SBC, including C-Change, SC's Integrated SBC Framework, the P-Process, and Breakthrough ACTION's flowchart.
15. **Tell** participants that Breakthrough ACTION developed a flowchart to help design, implement and monitor SBC interventions that encompasses all the disciplines mentioned above, including Behavioral Economics (BE), Community Mobilization (CM), Human Centered Design (HCD), Social and Behavior Change Communication (SBCC).
16. **Present** a visual of the Breakthrough ACTION SBC Flowchart using a PowerPoint presentation.
17. **Explain** to participants the content for each of the 3 phases (define, design, and apply) as well as the transition points of the flowchart. Discuss how the different disciplines (CM, HCD, BE etc.) integrate into the flowchart at each of the different phases.

18. **Ask** participants to take a minute to reflect on the flowchart and clarify any questions they may have.
19. **Tell** participants that we've just seen with the SBC Flowchart, that just like HCD, BE, etc., CM also fits within SBC
20. **Tell** participants that, we will now focus on what we mean by Community Mobilization, and Community Engagement, and how we can best carry out this intervention in the context of SBC.
21. **Ask** participants to stand up and form a circle. Ask them to think about what community mobilization is from their experience.
22. **Tell** participants that we are going to play a game with a ball. When a participant tosses the ball to another participant, the one who catches the ball must say what community mobilization is to them and then throw the ball to another participant in the circle who will say what CM is to them, and so on, until 3 – 4 participants have shared their definition.
23. **Write** down all responses on flip chart paper, and after the exercise is completed, ask participants what they observed from these definitions; and how similar or different are they from each other?
24. **Ask** participants to remain standing and ask them to form small groups of 4-5 persons. Within 15 minutes, ensure that each person in the group shares a community mobilization experience that worked well and why. Then share a community mobilization experience that did not succeed and why not.
25. **Ask** each group to share one experience of why CM worked well. Write on flip chart paper the reasons why it worked well.
26. **Ask** each group to share one experience of why CM did not work well. Write on flip chart paper the reasons why it did not work well.
27. **Tell** participants that in light of the various definitions they provided on CM, we will now look at the globally accepted definition of CM and it's key elements
28. **Present** the following definition of CM on PowerPoint of flip chart paper: Community Mobilization is a capacity –building process through which community individuals, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis to improve their health and other needs, either on their own initiative or stimulated by others.
29. **Tell** participant's that this definition can be found in their participant manual

30. **Explain** that Save the Children’s field guide “How to Mobilize Communities for Health and Social Change” consolidated the research and learning from those programs that have effectively strengthened community capacity to mobilize around a common goal, and documented positive outcomes (add links to literature). The field guide is based on the experiences of these initiatives including the foundational, WARMI Project in Bolivia where a Community Action Cycle was applied fostering communities to organize, explore, plan and act together.
31. **Tell** participants that community engagement enables us to address underlying barriers to improved family planning, and reproductive health and nutrition outcomes, social equity, and resilient health systems. Such barriers include individual behaviors, social and gender norms and their inherent power relations, and structural issues related to the quality of, access to and demand for care
32. **Tell** participants that the community engagement processes is integrated into the following community capacity strengthening values:
  - a. Partnership and capacity strengthening are integral to Save the Children’s Theory of Change and Child Rights Programming Framework.
  - b. Communities play a crucial role in children’s development and well-being, and in their own development.
  - c. We can mobilize communities, but the communities themselves are the ones who lead and strengthen their capacity and bring about change.
  - d. Recognizing and building on existing community groups, structures, history, social networks work towards greater community ownership and sustainability.
33. **Tell** participants that important trends in localization and community-led development provide additional importance to strengthening our skills and that of our partners in the areas of participation and inclusion; collective planning and action; transformative capacity; accountability; and community leadership.
34. **Share** the following Community-led Development definition: Community-led development is the process of working together to create and achieve locally owned visions and goals. It is the planning and development approach that’s based on a set of core principles that (at a minimum) set vision and priorities by the people who live in that geographic community, put local voices in the lead, build on local strengths (rather than focus on problems), collaborate across sectors, is intentional and adaptable, and works to achieve systematic change rather than short-term projects.
35. **Tell** participant’s that this definition can be found in their participant manual
36. **Ask** 1 – 2 volunteers to describe what is SBC, and how does CM fit into SBC?

37. **Tell** participants that we are at the end of this session, ask if there are any questions, and introduce the next session.

# SESSION: INTRODUCTION TO THE COMMUNITY ACTION CYCLE

## Objectives:

By the end of the session, participants will be able to:

- List 2 – 3 different community engagement approaches
- List the seven phases of the Community Action Cycle (CAC)
- List the 5 phases of the adapted Community Action Cycle
- List the Degrees of Participation

**Time:** 2 hours 30 minutes

## Materials:

- Flip chart paper, markers, tape
- Seven cards containing the 7 phases of the CAC for activity 3
- CAC poster (or cards), with paper arrow that can be moved
- Ball for activity 2
- The 4 modules of the Adapted CAC on flip chart paper
- “Degrees of Participation” each written on separate-colored cards, placed on wall.

## Preparation:

- The facilitator will need to prepare the overview of community mobilization described in activity 3 below
- Prepare the CAC poster for activity 3

## Activities:

1. **Tell** participants that after understanding what SBC and CM are and how CM fits into SBC, we will now discuss community mobilization approaches
2. **Ask** participants to name any CM/CE approaches with which they are familiar. Write these down on flip chart paper.
3. **Ask** if participants are familiar with the Community Action Cycle. Tell participants there are many other methodologies that participants may be familiar with but for this training, we will focus on the Community Action Cycle.
4. **Ask** seven volunteers to come to the front of the room and give them each a card containing one of the phases of the CAC. Ask each volunteer to read the phrase to the group.
5. **Ask** the volunteers to line up according to what they think are the phrases in the sequence of the Community Action Cycle. Volunteers should physically move to the place they think

they belong in relation to the other volunteers. When they have lined up in sequence, ask the other participants if they think the sequence is correct. Why or why not?

6. **Present** the right sequence of the CAC to participants using a PowerPoint slide or on flipchart paper.



7. **Ask** participants what they think of the CAC process
8. **Discuss** each of the steps and the expected outputs for each phase.
9. **Tell** participant's that the details on the CAC can be found on page XX of their participant manual
10. **Tell** participants that based on recent developments and experiences, we have revisited the CAC process and adapted it to a five – phase process that participants can use based on the situation. The rest of the training will be based on the five phases instead of the original seven phases.
11. Present, using a PowerPoint slide, the 5 phases of the adapted CAC process as shown below:
  - a. Preparing the Program Team to Mobilize Communities
  - b. Community Entry
  - c. Communities Identifying the Problem
  - d. Communities Using Local Solutions
  - e. Implementation and Data Utilization for Decision Making



12. **Ask** participants if they have any questions and make sure they are addressed.
13. **Display** on the wall of the venue the poster with the five phases of the adapted CAC, which should remain on the wall of the workshop venue until the end of the course. During the course, be sure to remind participants where they are in the cycle as they move from one phase to the next. (You can tape a cut-out arrow on the CAC poster to point to the phase you are currently in and move it as you change to the next phase.)
14. **Tell** participants that when implementing this process with communities, it is important to understand the actors and their role throughout implementation.
15. **Present** the following on a PowerPoint slide or on flip chart paper, and ensure that participants are clear on which level of the health/administrative system each of the actors come into play:
  - **The Community Mobilization Team:** this is composed of those key stakeholders who are working with the community to facilitate a community mobilization approach, for example a project or program team, national and/or district health workers from the Ministry of Health, or members of an NGO or CBO. Usually this team sits at the subnational or district level depending on the context and budget.
  - **Community Action Group:** this is the community structure driving the collective action at the community level. These are members of the same community who would include community leaders, members from women's and youth groups, community health workers, community development committees, PTA, and should include representation from members of vulnerable groups and those most affected by the health issue. Often

there already existing core groups in a community, which can be the foundation to a mobilization effort.

- **Broader community:** the community at a larger scale, who do not necessarily drive community mobilization, but who the Community Action Group would engage with to ensure they are representing the needs of the community.

16. **Ask** participants the following questions to further their understanding of the actor's roles and the process:

- **Who implements the CAC?** *(Answer: the community and Community Action Group)*
- **Why should communities use the CAC?** *(Answer: the CAC contributes to empowering women, men, young people, and the community to make appropriate decisions and take timely action on their goals. Communities have ownership of their issues, and in addressing them, which helps in follow through and sustainability)*
- **When would you introduce the adapted CAC to the community?** *(Answer: During the community orientation on Core Group issue(s).)*

17. **Finish** the adapted CAC presentation and ask participants whether they have any questions or comments.

18. **Place** the Degrees of Participation cards along one wall.

19. **Review** the meaning of each phase from Co-Option to Collective Action with participants.

20. **Ask** participants to think about their previous CM project experiences and which of these types of participation they used?

21. **Ask** participants to stand under the card with the degree that best represents that project's degree of participation.

22. **Ask** them to look at how many people clustered around each type of participation and select some participants to share why they are standing where they are.

23. **Ask** them what questions they have about the degrees of participation.

24. **Ask** participants what type of participation they want to promote and why.

25. **Ask** participants the following questions to make sure that everyone has understood the key points about the CM overview.

- What are the seven phases of the CAC? What are the 5 phases of the Adapted CAC?



- Who implements the different phases of the CAC?

## SESSION: THE GENDER BOX ACTIVITY

### Objectives:

By the end of the session, participants will be able to:

- Explain the gender equality definition
- Understand and discuss traditional gender roles in their households, and communities

**Time:** 30 minutes

**Materials:** Flip chart paper, markers, tape

### Preparations

- Prepare the definition of gender equality on flip chart paper or ppt.

### Activities:

1. **Ask** participants what they think gender equality is and jot down responses on flip chart paper.
2. **Share** the following definition of gender equality with participants: Gender Equality is the state or condition that affords women and men equal enjoyment of human rights, socially valued goods, opportunities, and resources. Genuine equality means more than parity in numbers or laws on the books; it means expanded freedoms and improved overall quality of life for all people
3. **Tell** participants that when working with communities it is important to:
  - Expand women's **CHOICES** to fully and freely access, participate in, and benefit from resources and opportunities in their communities.
  - Strengthen women's **VOICES** in community decision-making, including equitable participation and representation of women in decision-making, and through collective organizing to express concerns and create social and institutional change.
  - Transform unequal **POWER** relations in patriarchal systems, wherein men hold disproportionate and inequitable power in political leadership, community-level decision making, moral authority, social privilege. and control of property/resources
4. **Tell** participants that they will now do an activity called “Gender Box” and read and/or print and share instructions below:

**Gender Box:** The gender box tool allows participants to explore what is expected of them as men and women in their societies – and the consequences of breaking those cultural norms.

This activity provides a non-threatening way to identify these roles and behaviors, particularly as they relate to vulnerability, power, and inequality. Participants can also begin to explore which expectations and behaviors need to change and how they might go about effecting that change.

### ***Small Group Work (20 min)***

- Divide participants into women-only and men-only groups. If the group is single sex (all men or all women), ask half of them to work as if they were the other sex.
- Give each group a piece of flip chart paper and ask them to draw a medium-sized square, which will be their gender box. Inside the box, they will draw a “typical” woman (for the women’s group) or man (for the men’s group).
- Ask the groups to discuss the qualities, roles, and behaviors that their society expects of the “typical” man or woman, in particular when it comes to community development and draw and write the key points inside the box. Ask participants to discuss where the expectations come from.
- Once they have discussed societal expectations, ask the groups to think about what happens if a man or woman behaves differently than these norms dictate. They should write these consequences outside of the box.
- Review for 5 min
- When both groups have finished, ask them to move to the other group’s flip chart, review, and add any missing aspects.

### ***Large Group Discussion (5 min)***

After reviewing each other’s boxes, bring the groups back together and post both boxes on the wall for everyone to see. Ask one person from each group to briefly present and explain their box to the others. Lead a discussion using the following questions:

- What was this activity like for you? How did it make you feel? Was it difficult or easy?
- What pressure are people under to stay in their gender box? Where do these pressures come from?
- How do gender boxes affect community development and participation in community mobilization?
- What are the advantages of people coming out of their gender boxes? What are the disadvantages?
- How can the CAC process help people come out of these boxes in a positive way?

# **MODULE I:**

## **PREPARING TO MOBILIZE**

# STEP 1: PUT TOGETHER A COMMUNITY MOBILIZATION TEAM

## Session A: Put together a Community Mobilization Team

### Objectives:

By the end of the session, participants will be able to:

- List the steps involved in the Prepare to Mobilize Phase
- Formulate the purpose of a Community Mobilization Team
- Suggest possible members of a Community Mobilization Team
- Describe the importance to establish norms for the Community Mobilization Team

**Time:** 45 minutes

**Method:** Brainstorming

**Materials:** Flipchart; markers; Adapted Community Action Cycle; arrow to point the various phases of the CAC

### Activities:

1. **Tell** participants that now that we have briefly seen the various phases for the community mobilization process, we are going to study each phase of the process in greater detail
2. **Ask** a volunteer to stick the arrow prepared for the purpose of pointing the phase under study throughout the training on the prepare to mobilize phase
3. **Tell** participants that to mobilize communities or before one can enter in the community to negotiate buy in, it is crucial to dedicate time to prepare how communities would be engaged
4. **Ask** a volunteer to read out loud from the participant's manual the following steps that structure the prepare to mobilize phase:
  - Put together a community mobilization team.
  - Develop your CM Team
  - Gather information about the health issue and the community.
  - Develop a community mobilization plan.
5. **Ask** participants to propose a description or an example for each step
6. **Ask** participants why they think we need a CM Team. Write down their responses on flip chart paper and at the end review all proposed ideas. Possible responses include develop a CM plan; details the process; track and monitor successes; harmonize community approaches, ensures results, etc.

7. **Ask** participants what competencies a CM Team needs. Write down their responses on flip chart paper and at the end review all proposed ideas. Possible responses include catalyst, mobilizer, capacity builder, trainer.
8. **Ask** a participant to read out loud from the participant manual the roles of a CMT and take time to answer any question participants may have or discuss any comments.
9. **Ask** participants, who we might consider including in the CM Team. Write down their responses on flip chart paper and at the end review all proposed ideas. Possible responses include: extension workers from Government Departments such as Health, Agriculture, Community Development, Education; some community leaders and community members. Explain that the team composition may change over time.
10. **Ask** a participant to turn to page 20 in their participant's manual and read aloud the example of CM Team Values.
11. **Discuss** each proposed value and brainstorm any other ideas they would like to add. Tell participants it is very important in the various CE processes they will be conducting to take time to ensure that once the CM team is formed, that the members sit to discuss and establish norms and bylaws.
12. **Ask** participants if there are any questions, and announce the next session

## STEP 2: DEVELOP YOUR COMMUNITY MOBILIZATION TEAM

### Session A: Becoming a participatory facilitator

#### Objectives:

At the end of the session, participants will be able to:

- Identify the attributes and skills of a good facilitator
- Explain the difference between non-formal experiential learning and the “banking” approach to education
- Apply facilitation techniques associated with the Experiential Learning Cycle, including the different stages of the cycle—Experience, Process, Generalization, and Application of Knowledge
- Use the facilitator observation checklist

**Time:** 2 hours 30 minutes

**Method:** Brainstorming; structured experience; group work

**Materials:** Flipchart; markers; cards for Experiential Learning Cycle exercise; small cards; basket (to hold small cards)

#### Preparation:

- Prepare the Experiential Learning Cycle chart, and 25 cards with exercises & process questions.
- Prepare the drawing(s) for Banking and Non-Formal. If facilitator is not good at drawing, he/she can ask for a volunteer among the participants to draw the pictures.

#### Activities:

1. **Tell** participants that as discussed in the previous session, facilitation is a very important skill (if not the most important skill) for a community mobilizer and that we are going to take time to develop that skill as part of the implementation of step 2 (develop your CM team) of the Prepare to Mobilize phase
2. **Explain** to participants that before anyone can develop good facilitation skills, they need to know the attributes of a good facilitator. In a small simulation exercise ask participants to close their eyes and recall a very good facilitator or trainer, then ask the following questions:
  - What did this person do that made the training or workshop more effective?
  - How did s/he interact with participants?
  - What role did s/he play?
  - How did you feel as a participant?
3. **Ask** the following Yes/No questions:
  - Were your insights elicited and honored?
  - Did you feel comfortable expressing your experience and viewpoints?
  - Did you feel respected by the facilitator and other group members?

- Were your expectations for your own learning and/or group outputs realized?
4. **Tell** participants if they answered yes to most of the above questions, then chances are they were in the presence of a skilled facilitator who encouraged shared learning among group members through a process of participation.
  5. **Ask** participants, what were the **verbal skills** this facilitator had that made her/him so effective? (For example, spoke clearly, addressed people by name, thanked participants for their contributions). Write these on flipchart paper.
  6. **Ask** participants, what the **nonverbal skills** this facilitator had that made her/him effective (for example, good eye contact, nodding approval)? Write these on flipchart paper.
  7. **Ask** participants to think about the difference they may have experienced when they attended a class at school or other meeting when the teacher or trainer talked “at you” and lectured the whole time. How did that feel in comparison to your experience with a skilled participatory facilitator? How well were you able to learn and apply the material?
  8. **Show** participants the flipchart paper with the drawing of the ‘Banking Approach” (girl pouring information into boy’s head – boy passive.) What do they see?
  9. **Show** participants with the flipchart paper of non-formal education picture (two people with an = sign between them, smiling faces.) What do they see?
  10. **Tell** participants these pictures represent two styles of learning. Ask participants to turn to their CM participant’s manual page 22 and ask participants to read aloud the conditions of the Banking Approach. In turn review the conditions of non-formal education.
  11. **Ask** participants what questions or comments they may have about the differences between “banking” approach and “non- formal education.” Now lead a discussion, touching on some of the following points.
  12. **Tell** participants that they may have experienced an occasion while working in a group or on a team when the facilitators training style left them feeling uncomfortable, shy, disrespected, or embarrassed. How did this affect their ability to share with other group members, express creative thoughts and take chances to learn? What learning approaches would we most want to promote within a community mobilization effort – ‘banking’ or ‘non-formal’, and why?
  13. **Tell** participants, likewise, you may have witnessed community members being disrespected through lack of inclusion in a process, disregard for cultural knowledge and practice, or by the arrogance of those who believe they are more “educated” and have all the answers. How do they think this affected the community members’ ability or desire to learn?



14. **Ask** participants if they have ever seen a facilitator lose his or her temper under the pressure of time and end up cutting out the most important awareness-raising sessions to reach his/her *own* desired outcomes for the project rather than the solutions that may be more appropriate for the group?
  - What are some ways that a facilitator can prepare to be better able to deal with unexpected outcomes?
  - How important is flexibility?
  - How can facilitators better plan so that time is allowed for unexpected delays in comprehension of a task, answering impromptu questions, and/or differences in cultural perception of the outcome?
  - How important is a good sense of humor?
15. **Mention** that two important aspects of CM, which create an enabling environment for dialogue, reflection and action, are: **Trust** and **Safety**. Brainstorm with participants how **Trust** can be established for an individual or community to reflect on his/her situation/behaviors/ and practices? Brainstorm how **Safety** might be established? (e.g. women's groups, etc.)
16. **Present** the chart of the Experiential Learning Cycle. Explain that the Experiential Learning Cycle is a training method developed by the Training Resources Group, which helps us apply non-formal education principles to program design and implementation. Specifically, it outlines a process, which facilitators can use when working with individuals and groups involved in community mobilization.
17. **Review** the four stages of the cycle with participants: experience, process, generalization, and application. The learning cycle requires the learner to move through these four different phases of the learning process. The nature of each phase is driven by the goals of the training or group objective. Once the goal and objectives are defined, then the session can be designed using the model as a framework. The role of the facilitator is to create a safe and respectful space for the group of learners and to help them through the cycles of learning.
18. **Explain** that experiential learning is exactly what the name implies—learning from experience. Effective community mobilization strategies which use experiential learning provide opportunities for a person (or a group) to engage in an activity, review this activity through dialog and reflection, gain some useful insight or knowledge from this reflection, and apply the result in a practical situation in their life. Tell participants to turn to their CM participant's manual page 23 to review the Experiential Approach to Training and ask them if they have any questions about the cycle.
19. **Write** on each of the four large, colored-paper cards one of the four stages of the Experimental Learning Cycle. Place the cards on the floor creating a giant floor map. Ask participants to form groups of three and then select five cards with the facilitators' process

questions from a basket. (Prior to this session, prepare 25 cards containing one process question from each of the four stages in the cycle.) Suggestion: Could we have sample process questions listed here? This should help facilitators ask relevant questions.

20. **Ask** groups to study the process questions on the cards they have selected and to place the question next to the stage in the Experiential Learning Cycle where they feel it belongs.
21. **Review** the giant floor map once all groups have completed their task, Ask participants if they agree with the placement of each process question in relation to the cycle. What would they change, and why? What type of questions are these: open or closed? Explain the difference between open and closed questions and why they are an important facilitation technique. Why are open questions important? How would participants apply these questions when working with community members and with groups?
22. **Ask** participants,
  - What are your questions regarding the Experiential Learning Cycle?
  - What are the advantages of such a method?
  - How would you apply the method in your next training or workshop design?
23. **Ask** participants to turn to their CM participant's manual page 27 and review Glossary of Facilitation Methods. Mention that all of these methods help to apply the Experiential Learning Cycle. Ask participants: Which methods have you used before? What were the results?
24. **Explain** to the participants that it is important to bear in mind the principles of non-formal education (experiential learning) when they will be developing the CMTs for them to yield positive results.
25. **Ask** participants to take turns reading aloud from their CM participant's manual page 34 on *Conditions of Learning*. Ask if they have any reactions to or questions about these conditions.
26. **Ask** participants, what questions they have on becoming a participatory facilitator. How will what they have learned in this session help them to be a more effective community mobilizer? Summarize all the answers and announce the following session

## STEP 3: GATHER INFORMATION ABOUT THE COMMUNITY – RESOURCES AND CONSTRAINTS

### Session A: Situational Analysis - Learning About Community

#### Objectives:

By the end of the session participants will have identified questions and tools to use while learning about the communities

<b>Time:</b>	1hr
<b>Method:</b>	Brainstorming
<b>Materials:</b>	Tools in CM participant’s manual: Questions in the CM participant’s manual page 41 – 45

#### Preparation:

Flipchart paper with brainstorm and Group Task work (below)

#### Activities:

1. **Brainstorm** in plenary by asking participants what they need to know about communities before beginning our work with them?”
2. **State** that this step in the Prepare to Mobilize phase focuses on gathering information about both community resources and constraints.
3. **Create** small groups of participants (4-5 persons) and give them the following tasks:

**Task:** In your group -

- a. Make a list of tools you currently use to gather information about communities.
  - b. Review all three (3) tools available in your CM participant’s manual on pages 41-45 on **Learning about Communities**.
  - c. Check off which questions you think are important to ask but are not asking currently.
  - d. Ask the groups to share in plenary these questions.
4. **Ask** participants in plenary, would these questions be useful to the CM process? If so, how? If not, why not? How might we incorporate these *Learn about Community* questions into our current EHP Area Situational Analysis or Project Cycle?” Write response down on flipchart paper, summarize all ideas and announce the following session

## STEP 4: DEVELOP A COMMUNITY MOBILIZATION PLAN TO GUIDE YOU FORWARD

### Session A: Develop a community mobilization plan to guide you

#### Objectives:

By the end of the session, participants will be able to outline their CM strategic document/plan

**Time:** 15 minutes

**Method:** Brainstorming

**Materials:** CM participant's manual page 45; CM Field Guide, page. 23

#### Activities:

1. **Tell** participants that the last step in the Prepare to Mobilize phase is the preparation of an overall CM Plan for the program. Explain that this is not the community plan at this stage, but instead a *roadmap* to help guide staff and partners as they move forward with their CM efforts.
2. **Ask** participants to turn to page 46 in their Participant Manual and to page 24 in their CM Field Guide. Review what should be included in a CM Plan.
3. **Brainstorm** with participants by asking who they think should be involved in the development of a CM Plan for the Core Program(s). Write ideas down on flipchart paper.
4. **Ask** participants at what stage of the CM project they think the CM plan should be developed? (Answer: Program Design phase).
5. **Ask** what questions participants to have about developing a CM Plan and the entire Prepare to Mobilize phase. Make sure the key steps and the purpose of this phase is brought up.

**MODULE II:**  
**COMMUNITY ENTRY & ORGANIZING FOR COLLECTIVE ACTION**

# STEP 1: VISUALIZING POSITIVE CHANGE: COMMUNITY ORIENTATION & PARTNERSHIP

## Session A: Overview of the Community Entry and Organizing for Collective Action

### Objectives:

By the end of the session, participants will be able to describe the steps involved in the community entry and organizing for collective action.

**Time:** 5 minutes

**Materials:** Flip chart paper; markers; participants manual

### Activities:

1. **Tell** participants that having studied the first phase of the community mobilization process in detail, they will now focus on the second phase, related to community entry and organizing for collective action.
2. **Ask** a participant to move the arrow from the first phase to the second phase on the CAC diagram displayed on the wall.
3. **Explain** that to build community-led partnerships and enter communities with empowering approaches, we need to work with key formal *and* informal trusted community leaders as well as those most affected by the issue being addressed.
4. **Tell** participants that the 2nd phase has 4 steps; ask a participant to read aloud the following four steps from their participant manual:
  - a. Visualizing positive change: Community Orientation & Partnership building
  - b. Build relationships, trust, credibility, and a sense of ownership with the community
  - c. Invite community participation
  - d. Develop a CAG
5. **Explain** what each step is and what is expected at the end of each step.
6. **Ask** participants if they have any questions about the four steps, clarify any question participants may have and announce the next session.

## Session B: Developing a Mobilizing Goal

### Objectives:

By the end of the session, participants will be able to define the characteristics of a mobilizing goal.

**Time:** 1 hour

**Method:** Small group work

**Materials:** Flip chart paper; markers

### Activities:

1. **Tell** participants that we are now going to take time to study, step 1 of Community Entry and Organizing for Collective Action phase in greater detail which is: Visualizing Positive Change: Community Orientation & Partnership Building
2. **Tell** participants it is important from the onset to be clear on the problem community mobilization is addressing. Often our programs have goals that are technically accurate but not necessarily motivating for or well-expressed to communities. Therefore, it is important to understand the goal of our CM effort and express it in a way that the communities will respond.
3. **Ask** participants to write the goal of a FP/RH program or any CM effort. Depending on the training context, provide a printout of the program results framework if available or ask participants to come up with a fictitious goal in the context of FP and RH interventions.
4. **Ask** participants to turn to their participant manual and review the section titled “Key Program Goal and a Mobilizing Goal”.
5. **Tell** participants that a mobilizing goal should be **clear** enough for all community members to understand and that it encourages them to participate in the effort because of the positive effects it may have on their lives and those of their entire community.
6. **Ask** participants if they have questions about what has been said about the mobilizing goal
7. **Ensure** that everyone is clear on the differences between a program goal and a mobilizing goal and tell participants that the work is going to be continued in small groups
8. **Form** small working groups of 8 to 10 people and share the following task with them: develop a mobilizing goal in your local language based on the goal you developed above. Think about whom you would present this mobilizing goal to within a given community, such as an elderly person in a village. Make sure that, the mobilizing goal is:
  - **Clear**
  - **Motivating** to the community

- **Specific** to who is affected or who will benefit from the achievement of the goal
  - **Gender aware**
  - Is **not technical**, but developed in simple, easy-to-understand terms so that anyone can understand
9. **Give** 20 minutes to the groups to complete the task and at the end of the allotted time ask each group reporter to present in plenary.
  10. **Ask** participants after each presentation if the mobilizing goal is **clear, motivating** to the community, **specific** to who is affected, **gender aware** and **not technical**.
  11. **Ask** participants to reformulate the mobilizing goal in case they felt that the proposed one was not clear, and/or mobilizing, and/or specific, and/or was too technical.
  12. **Ask** the participants if they all agree on the new mobilizing goal, whether it is clear, specific, mobilizing and not too technical and announce the following session.



## Session C: Visualizing Positive Change with Community Partners – Community Orientation: -

### Objectives:

By the end of the session, participants will be able to:

- Identify agenda items for a community orientation meeting
- Identify key stakeholders for community orientation meetings

**Time:** 1 hour 30 min

**Method:** Brainstorming; structured experience

**Materials:** Flip chart paper; markers; Facilitation guide on how to orient the community (tool kit)

### Preparation:

- Prepare the flip chart paper mentioned in activity 4
- Make enough copies of the guide for orienting communities for all participants

### Activities:

1. **Tell** participants that this session will illustrate the overall purpose and content of the community orientation meeting(s).
2. **Mention** that the CM team on the ground should meet informally with community leaders prior to orientation meeting with communities, according to local protocol to introduce themselves, the organization, and the purpose of the program. Meeting with leaders will also solicit leaders' input as to who should be invited to the community orientation and how they should be invited.
3. **Mention** that community entry has worked well when community leaders are active in leading community orientation meetings.
4. **Brainstorm** the following questions with participants, write responses on flip chart paper:
  - *What are community orientation meetings?*
  - *What is the purpose of these meetings?*
  - *Why it is important to orient communities and begin to visualize positive change with communities*
5. **Take** notes of all ideas being listed for each question without discussing them
6. **Facilitate** a plenary discussion with participants at the end of the brainstorming session to agree on the relevant answers to the questions being asked

7. **Use** the bullet points below to make a presentation to reinforce why it is important to take time to conduct a proper orientation of communities through appropriate community protocols:
  - *It is important that all communities receive an introduction to the external organization and their team, if there are external partners.*
  - *Learn more about the current situation related to the issue being addressed. It is important share data with communities for communities to learn more about the issue and deepen conversations, (data from formative research, a situational analysis, or existing sources can be considered)*
  - *If there this is a program with an overall goal, communities should learn about the overall goal of the program, and decide if they want to participate and contribute to this goal*
  - *It is important to create a foundation of understanding, ownership, and interest in the issue by communities.*
  - *Carry out a visualization process focuses on what ‘can be’ and how communities can achieve positive change,*
  - *Even if you have already been working in these communities, you will still need to introduce the new program and team.*
8. **Tell** participants that depending on the size of the population, the various audiences, and your access to the different audiences, the introduction and orientation process will take some time, as it is important to create a foundation of understanding, ownership and interest in the issue by communities.
9. **Tell** participants that even if they have already been working in these communities, they will still need to introduce the new health program or topic and team
10. **Tell** participants that the community orientation meetings also provide an opportunity to begin to understand:
  - What capacities communities will need to strengthen for them to be successful in achieving the desired results of the program?
    - a. What are the assets, strengths, resources, and skills that communities bring to the program?
    - b. How has the community worked together in the past on this issue or other issues more generally?
    - c. How diverse are the communities that will participate in the program in terms of their various members’ level of commitment, existing capacity, and ability to participate?
11. **Explain** that during initial meetings with communities it will be important to ensure that the following elements are covered:
  - *Introduce yourself and your organization to community stakeholders*

- *Share data on the issue being addressed, and solicit community views and priorities*
- *Visualize positive change*
- *Recognize community capacity strengths and needs to address the issue*
- *Forge an equal partnership that is respectful, promotes co-learning and ownership*
- *Share the Community Action Cycle process as and approach to community-led action*
- *Negotiate buy-in: How committed are communities to the program purpose?*
- *Generate community interest*
- *Invite participation that includes those most marginalized and affected*
- *Plan next steps*

12. **Explain** that by taking a strength – based approach, community mobilization and capacity strengthening can draw from appreciative inquiry development approaches which differ from ‘needs based’ or problem-solving approaches that focus primarily on identification of needs and external inputs. Strength-based mobilization instead seeks to identify and optimize existing resources and solutions within the community as well as strengthen community capacity, if needed, to organize, explore, plan and act together, including link to external resources.
13. **Tell** participants that appreciative inquiry focuses on four stages: ***discover, dream, design,*** and ***deliver.***
14. **Tell** participants that to prepare them for the facilitation of such visioning exercise we are going to practice an example with them so that they can repeat the same process while in the communities
15. **Share** the following Visualization Exercise: (adapted from Introduction to Appreciative Inquiry: A Manual for Training Community Development Facilitators, COMPASS Project)
16. **Explain** that the visualization exercise can help communities articulate their hopes and dreams, and a time to recall their strength and values behind each dream. Having a shared vision of a desired future situation can help to reach that positive result.
17. **Explain** that athletes often envision themselves succeeding before competitions, and leaders of companies often imagine positive futures to plan for success. Explain that a tangible vision that describes the future can give shape and direction to the future.
18. **Tell** participants that such an exercise invites community participants to join them on a journey to the future – to a time when the group will have successfully built upon the strengths and resources to achieve a particular collective goal.
19. **Present** the guided visualization exercise below to help participants enter into the future: “It is 2025. You have been gone from your community for several years. When you return, you see that many of your dreams for your community have been realized.

- *As you visit what do you see?*
  - *What are people talking about?*
  - *What are their achievements?*
  - *What has pleased you most about what you have seen and heard?*
20. **Ensure** that participants have understood the visioning exercise, form small working groups and give them 5-10 minutes to participants to complete the exercise
  21. **Ask** participants at the end of the allotted time, in plenary to share their dream using found objects or symbols
  22. **Capture** on flipchart paper the key points of the dreams and facilitate a discussion that will help participants develop a draft vision based on their dreams
  23. **Ask** participants once a common vision is drafted what they think should be next steps to realize this vision if they were the community members?
  24. **Take** note of all ideas on flip chart, summarize the ideas, and agree on what needs to happen next
  25. **Tell** participants that later in this module, we will practice and model how to conduct orientation meetings, during which visualizing the future will start but will continue into other phases such as the Exploration and the Community Action Planning phases.
  26. **Thank** the participants for their participation in this session and announce the following session.

## Session D: Role Play to Orient the Community

### Objectives:

By the end of the session, participants will be able to:

- Identify various necessary meetings for orienting communities Identify key audiences and participants to the various orientation meeting
- Organize key discussion topics for a community meeting
- Practice facilitating a community orientation meeting
- Identify logistics for a community meeting

**Time:** 2 hours

**Method:** Brainstorming, small group work and role-play

**Materials:** Flip chart paper; markers; Facilitation guide on how to orient the community

### Preparation:

- Prepare flip chart paper mentioned in activity 3
- Copies of the guide for orienting communities for all participants

### Activities:

1. **Inform** participants that considering the discussion from the previous session, they will now practice carrying out a community orientation meeting using role-play as if they were in the communities.
2. **Ask** participants to recall what they agreed to be the purpose and the content of the community orientation. Ask 1 – 2 participants share what they remember.
3. **Bring** back the flip chart paper with the following information below to ensure that everyone is clear with what needs to happen during the orientation:
  - a. Introduce yourself and your organization to community stakeholders
  - b. Share data on the issue being addressed, and solicit community views and priorities
  - c. Visualize positive change
  - d. Recognize community capacity strengths and needs to address the issue
  - e. Forge an equal partnership that is respectful, promotes co-learning and ownership
  - f. Share the Community Action Cycle process as and approach to community-led action
  - g. Negotiate buy-in: How committed are communities to the program purpose?
  - h. Generate community interest
  - i. Invite participation that includes those most marginalized and affected
  - j. Plan next steps

4. **Tell** participants that, as agreed upon in the previous session, it is important that all communities receive an introduction to the external organization and their team, if there are external partners
5. **Ask** participants which activities they would carry out to orient communities, now that they have a clear idea of the purpose of orienting communities. How would they carry out orientation meetings to all segments of the community in the places they intervene?
6. **Capture** participant responses on flipchart paper and briefly summarize the ideas and propose structuring the orientation activities
7. **Tell** participants that since most of the CE work is around FP/RH and health, it is important to keep in mind that community entry is happening at the health facility catchment area and that usually they are talking about primary health care centers or community health posts. Therefore, the community entry model presented has proven to be efficient:
  - a. Leaders meeting at health facility level
  - b. Village meeting
  - c. Feedback and/or restitution meeting at health facility level
8. **Ask** participants what they think about the model and if they feel it is feasible in their respective areas.
9. **Facilitate** a discussion to reach a consensus on the number of meetings to carry out during the community entry and for each meeting ask whom they think should be invited to attend.
10. **Take** note of all answers on flip chart paper and synthesize responses in a way that participants are clear about with the audiences for each of the three meetings; possible answers may include:
  - a. Community health groups: health committees
  - b. Women of reproductive age
  - c. Those most affected by the issue, such as parents, PLWHIV, pregnant women with their spouses,
  - d. Community stakeholders such as religious leaders and traditional leaders
  - e. Local women's groups
  - f. Local CBOs
  - g. Community health workers
11. **Tell** participants that scheduling meetings will depend on the size and location of the population. It is important to consider the different availability for different audiences.

12. **Mention** that it has worked well when community leaders are active in leading community orientation meetings.
13. **Ask** participants to refer to their participant manual, “Possible Topics for a Community Orientation Meeting” and read aloud.
14. **Tell** participants they will now practice how to facilitate each of the three orientation meetings.
15. **Form** the participants into working groups. Distribute the guideline for facilitating a community orientation meeting and ask the groups to read the document fully, and to follow instructions in the guideline to prepare for the simulation. After the groups have reviewed the guidelines and prepared for the role-play, each group will simulate a real session in plenary, where they act as the community mobilization team, and the audience plays the role of community members. Allow 15 minutes for each group to simulate an orientation meeting
16. **Debrief** in plenary after each group has modeled his community meeting using the following questions:
  - What did you observe in this role-play?
  - What worked well?
  - What would you have done differently now that you have seen this role-play?
17. **Suggest** the effectiveness of having community leaders helping with the community orientation sessions, e.g., introducing the topic; introducing staff and partners, helping to build understanding of the goal, etc.
18. **Discuss** in plenary how the community mobilization team should handle logistics of the meeting.
19. **Ask** the group for key issues they may have to address when planning for a real meeting. At a minimum, be sure to address the three tasks listed below:
  - **Agree on a time and place for the meeting.** Be sure to select a time and place that is convenient for the people who are going to be invited, especially taking into consideration different schedules and availability of different audience groups, like consider when during the day women, would be available, compared to men and youth.
  - **Announce the meeting/inform those who will be invited,** and the best way of communicating the meeting to the community, especially considering the different audiences and the different ways of reaching them. For example, women may be most easily reached via household visits, whereas men and youth might be best contacted through phone or social media.

- **Make sure the meeting area is equipped** with whatever will be needed for the meeting, such as chairs, tables, flip chart papers, visual aids, as well as identifying the electrical and equipment needs such as microphones and projectors.
20. **Summarize** the key points for community orientation, including that it is important that all communities receive an introduction and orientation to the team, the organization and the program. Announce the next session.



## STEP 2: BUILDING RELATIONSHIPS TRUST, CREDIBILITY, AND A SENSE OF OWNERSHIP WITH THE COMMUNITY

### Session A. Building relationships trust, credibility, and a sense of ownership with the community.

#### Objectives:

By the end of the session, participants will be able to:

- Describe mechanisms for how to build trust and credibility with communities
- Apply concepts of relationship building to local norms
- Explain the Emotional Bank Account

**Time:** 30 minutes

**Method:** Brainstorming

**Materials:** Flip chart paper, markers, participants manual

#### Activities:

1. **Tell** participants that now that they have studied how to orient communities, we will discuss how to build trust with communities.
2. **Ask** a participant, a volunteer to read aloud from the participant manual “The Emotional Bank Account”.
3. **Take** 2 to 5 minutes to facilitate a discussion on the emotional bank account by either eliciting comments or answering questions participants may have.
4. **Ask** participants how they have built trust in the community from their own experiences. Take note of all ideas on flip chart paper.
5. **Review** the proposed ideas and reach a consensus on how to build trust in the community. Use the responses to guide the discussion. Some examples include:
  - Be transparent - tell them the truth and be honest
  - Keep commitments such as established meeting times; be punctual
  - Speak their language whenever possible
  - Don’t make promises you can’t keep and keep promises you make
  - Follow their customs and traditions when visiting them
  - Be accessible – keep lines of communication open
  - Communicate with them frequently – provide them with regular updates on the situation and ensure they have access to information
  - Don’t judge them – listen to their issues without judgement, and try to understand their perspective, frustrations and fears

- Put in the time – whatever time you have available to them will help to demonstrate your commitment; be present for important community events
  - Ask communities to adhere to their commitments as well
6. **Ask** participants, from their own experiences, what actions or behaviors might provoke the community to distrust us – to make a withdrawal from your bank account. Take note of all ideas on flip chart paper.
  7. **Review** the proposed ideas and reach a consensus on to lost trust by the community. Use the responses to guide the discussion. Some examples include:
    - Frequently arriving late to scheduled community meetings
    - Not keeping promises, or overselling what you can or will do
    - Not being transparent or honest
    - Not following community protocols or processes, and not getting leadership approval
  8. **Ask** participants to share from their own experiences how they might rebuild trust if the trust has been broken. Take note of all ideas on flip chart paper.
  9. **Review** the proposed ideas in order to reach a consensus on how to rebuild trust in the community. Use the responses to guide the discussion. Some examples include:
    - Apologize for your mistakes
    - Stay on time
    - Put in more time to make up for your mistakes
  10. **Ask** participants if they want to add thoughts or comments that may help Build relationships trust, credibility, and a sense of ownership with the community.
  11. **Ask** participants how this information might be useful to them as they work with communities.
  12. **Summarize** the key points from the discussion and announce the next session.

## STEP 3: INVITE COMMUNITY PARTICIPATION

### Session A. Invite Community Participation

#### Objectives:

By the end of the session, participants will be able to:

- Identify common barriers to participation in community mobilization efforts
- Identify strategies to overcome barriers to participation

**Time:** 1.5 hour

**Method:** Structured exercise in small group, brainstorming

**Materials:** Flip chart paper for activity 7; markers

#### Preparation:

- Prepare cups with equal amounts of candy or groundnuts in them for The Powers That Be exercise and place them to the side until the activity starts
- Prepare colored dots (e.g., blue, green, red) or colored paper cut into small circles
- Make copies of the three sets of instructions (below and in Annex)

#### Activities:

1. **Tell** participants that they will now look closely at what types of villagers or community members might be encouraged to participate in the CM effort as individuals or as a group. They will do this by using the simulation exercise called The Powers That Be.

*\*Note for facilitators: this activity illustrates how power relations within a community affect access to resources, information, feelings of inclusion and empowerment. This simulation exercise demonstrates power relations between the 'haves' and 'have-nots' in many situations. Blues may represent the political or economic elite, or those in authority or with access to information. The Reds are the dispossessed or marginalized groups. The Greens are analogous to the development community that seeks to bridge the social and economic difference, or those trying to manage a team*

2. **Form** participants into 3 groups. Give group #1 blue dots, give group #2 green dots, and give group #3 red dots.
3. **Ask** everyone to place the dot squarely on their forehead,
4. **Hand** out the instructions to everyone in each group, according to their given color. Request that if anyone already knows the simulation not to reveal its purpose to other participants.

5. **Ask** each participant to read their instructions for themselves but not to share them with anyone else. The instructions are confidential
6. **Tell** participants they have 10 minutes for the exercise. Ask them to start the simulation according to what their instructions slip tells them.
7. **Observe** how the simulation plays out, as this one can potentially evoke strong emotions. An option is to have some participants act as observers (these can be people who already know the simulation exercise) and record behavior during the simulation.
8. **Debrief** the simulation with participants at the end of the allotted time. During the debrief invite participants to eat the candy!
9. **Tell** participants that the purpose of the debriefing is to take stock of the emotions evoked and to search for relationships between the simulation and real life. Be sure to allow sufficient time, as emotions can be intense. The following questions are to assist in this process:
  - How did the simulation exercise make you feel? What specifically made you feel that way?
  - Have you ever felt this way in real life? What were the circumstances?
  - How does the simulation reflect reality? (Who might be the blue, green and red groups in a community setting?)
  - Do the simulation groups represent any corresponding groups in real life?
  - What are the challenges to people participating in terms of access, equity, and gender under these conditions?
10. **Ask** which individuals or groups might feel they cannot participate in the CM effort. Who are the most marginalized? Write down participants' responses on flip chart paper.
11. **Ask** participants if they can give some examples of why these individuals and groups might not want or be able to participate in this CM effort. Some examples might be:
  - Limited physical access to meeting sites
  - Cultural limits to mobility and participation
  - Time constraints
  - Responsibilities, such as caring for children and animals, jobs etc.
  - Family members or others prohibiting an individual's participation
  - Perception that the meeting is for others, particularly if the individual has never been invited to a community meeting
  - Opportunity cost of participation (meaning they could not do something else if they went to the meeting)
  - Low self-esteem, belief they wouldn't have anything to contribute
  - Lack of identification with other participants
  - Fear of group processes, such as speaking in front of a group

12. **Explain** that with CM it is often those most marginalized (red dots) who are most affected by the issue, but who often don't participate because of the above reasons. Explain that for CM to work well, those most affected and most interested in the Core Program issue need to be invited to participate.
13. **Draw** a line down the middle of their flip chart paper in plenary, on one side they will write: "barriers to participation." On the other side, they will write "strategies to overcome barriers."
14. **Brainstorm** with participants strategies to encourage participation of those most affected and/or marginalized in the CM effort.
15. **Note** on flip chart paper all proposed strategies to prevent, overcome or minimize these barriers. Some examples may include:
  - Target those community members who do not usually participate through media programming such as social media, community radio, SMS, door to door visits, during community dialogue sessions, murals, posters, community theater
  - Ensure that underserved demographics and hard to reach segments of the population are targeted for the various meetings with accessible location, time, language etc.
  - Target places where people convene/go, to engage them i.e., at health facilities during vaccination campaigns, market days, baby weighing times, at church/mosque etc.
  - Ensure they follow the 60/40 rule, where at least 40% of the community action groups are those members of the population who are most affected/in vulnerable situations/marginalized
16. **Ask** participants how we can ensure that the people who are the most affected and interested by the issue being addressed are invited to participate.
17. **Ask** participants to summarize key points from the session, make necessary corrections/adjustments and announce the next session.

### **Instruction for "Powers the Be" exercise**

Blue Dot Persons: Take a cup of candy and sit at a table with other Blue Dot people and start a conversation about any topic. Feel free to eat the candy and share them with other Blue Dot people. Under no circumstances speak with a Green Dot or a Red Dot person. Do not offer them any candy.

Green Dot Persons: Go to the table with the Blue Dots people and initiate a conversation with a Blue Dot. Request candy from them. Go find a Red Dot person and initiate a conversation with them. Offer the Red Dot person some candy leftover on the table.

Red Dot Persons: Sit facing a wall. Do not speak to anyone even if spoken to. Do not accept candy from anyone.

# STEP 4: GENDER EQUITY AND DIVERSITY IN COMMUNITY ACTION GROUPS

## Session A: Sometimes, Always, Never

### Objectives:

By the end of this activity, participants will have:

- Explored ways to identify community participatory behaviours that could be easier or harder to change

**Time:** 1 hour

**Method:** Small group work, large group discussion

**Materials:** Flipchart; markers; masking tape; Behavior cards

### Preparations:

- Prepare the behavior cards beforehand. You can just copy paper. Make as many sets as you need for the number of groups you will have.

### Activities:

1. **Tell** participants we are going to think about the people in the communities where we work.
2. **Have** participants form into groups of 4-5 people
3. **Give** each group a packet of behavior cards. Explain that there are behaviors listed on the cards.
4. **Ask** participants to take a piece of flipchart paper and make four columns. Write *Behavior*, *Always*, *Sometimes*, *Never* on the top.

Behavior	ALWAYS	SOMETIMES	NEVER
Give birth	Women		Men

5. **Ask** participants to look at each behaviour, and see if the group can agree where to put the behavior (In the communities where you work do women always, sometimes, or never? How about men?)
6. **Add** additional behaviours specific to your community or project if you wish.

7. **Ask** for groups to share a few of the behaviours and how they categorized them and whether it was easy or difficult for the group to agree.
8. **Mention**, that using a social and behavior change lens, which types of behaviors would be the hardest to change (e.g., the ones that are always, sometimes or never)? (Participants will likely say, the always and never behaviors would be the hardest to change).
9. **Explain** that it is usually more challenging to promote change in the “always” and “never” behaviors. In many cases these behaviors may be associated with strong social and cultural norms in their community. Therefore, to effectively promote change, it typically works best to start with the middle column – promoting an increase or decrease in a behavior that is already familiar and practiced by some women or men in the community. This indicates that it is probably feasible and acceptable in the community.
10. **Finish** the discussion by asking the participants what *sometimes* behaviors could the CAG promote and how. Ask a volunteer to note all ideas on a flip chart paper.

### **Behavior cards**

1. Attending community meetings
2. Speaking at community meetings
3. Managing money independently
4. Receiving education
5. Performing housework
6. Working outside the home
7. Talking to the opposite sex that is not your spouse
8. Express concerns
9. Have control of property and resources
10. Make decisions that will impact the community
11. Leaving the house during the day without the permission of the spouse
12. Travelling alone
13. Assuming roles of leadership within the community
14. Using contraception
15. Taking care of children

## STEP 5: DEVELOPING A CAG FROM THE COMMUNITY

### Session A: Organize the Community for Action - Developing a 'CAG' from the Community

#### Objectives:

By the end of the session, participants will be able to:

- Describe the purpose of a Community CAG
- Explain the criteria for identifying and selecting CAG members
- Support communities to form a Community CAG

**Time:** 1 hour

**Method:** Brainstorming

**Materials:** Flipchart; markers; Participant manual

#### Preparation:

- Flip chart paper questions
- Drawing of a picture of a train with an engine

#### Activities:

1. **Explain** that a community CAG is formed when community individuals and groups have expressed an interest to address the issue at hand. The program team, the partner NGO field staff or community leaders themselves will help to develop and support a community CAG depending on the context. Such a group could be a women group, a youth club, a parent teacher association, a health committee and such a group could be formed at village, school or health facility level depending on the need.
2. **Ask** participants why they think it's important to work with groups. Write responses on flip chart paper.
3. **Ask** participants to read aloud the section in the CM participant manual, **Why Work with Groups**
4. **Ask** participants to reflect on some of the old (or existing) groups in the communities where they work. State that often, if these groups already exist it is important to recognize and work with these groups. However, there are advantages and disadvantages for working with existing groups.
5. **Ask** participants to read aloud from their *CM* participant manual "**An old group or new group?**" And take time to answer any clarification questions participants may have



6. **Write** the following on flipchart paper: What are the roles and responsibilities of a community CAG?
7. **Brainstorm** with participants the potential roles for the community CAG. Take note of all ideas on flipchart paper and after all participants have shared their ideas, summarize the ideas and make sure that the following roles for a Community CAG are mentioned:
  - a. Carry out the community action cycle
  - b. Identify Core Program problems and sets priorities on behalf of the community
  - c. Responsible for implementation of the Community Action Plan strategies and activities
  - d. Work with extended networks and other groups in the community to achieve CM goal
  - e. Leads and monitors the CM effort on behalf of the community
  - f. Mobilize local resources for the implementation of collective action
  - g. Documentation of the collective action
  - h. Account for community collective action
  - i. Advocate with higher level political and technical authorities for better quality services and resource allocation
  - j. Hold local authorities accountable for some key promises
8. **Present** the picture of a train with an engine and smaller cars. Indicate that the engine is the CAG that leads and pulls the community, and other community groups and platforms forward towards their goal. You can also draw a picture of an apple, with the center (core) being the CAG. The outside of the apple are other community groups whose representative members would participate on the CAG.
9. **Brainstorm** with participants what the criteria they think should be used to select members for the community CAG. Take note of all answers on flipchart paper and after all participants have shared their thoughts, summarize the ideas and ensure that the following criteria are taken into account:
  - Those *most affected* by or *interested* in Core Program Issue;
  - Those with time and resources;
  - Representatives from other groups who are interested in the issue, for example women's groups, religious groups, etc.
13. **Share** with participants the **60/40 rule** determined by sociologists, which says that those most marginalized or interested in the issue should make up at least 60% of membership in order for them to have a true voice and decision-making power.
14. **Ask** participants why they think it is important that those marginalized have a true voice in the CAG. (*Response*: the issues which are prioritized and planned by the CAG will then address true and felt needs of those most affected.)
15. **Inform** participants that there is no special size for the community CAG, but 15-20 members might be realistic. Tell participants that in many cases the number of the CAG members is

already defined by government policy but it is always possible to find a way to make readjustment or expand if needed.

16. **Ask** participants read aloud from their CM participant manual: **Strategies to Identify and Recruit Community CAG Members**. Ask participants if they have questions and answer them as needed.
17. **Ask** participants, from their experience, what strategies have worked best to invite community participation in a community CAG.
18. **Note** all ideas on flipchart paper and synthesise the different ideas after all participants have shared their responses.
19. **Tell** participants that once community members have selected and recruited members for the CAG, the CAG will then need to plan time to develop their roles, responsibilities, and norms for working together. Ask participants to read aloud the section from their *CM* participant manual which includes:
  - a. Do CAG members understand their role, and their goal?
  - b. How do community CAG members want to organize their group?
  - c. Do they want to elect official leaders of the group?
  - d. How will they assign roles and responsibilities?
  - e. How will they communicate with each other?
  - f. How often will they meet?
  - g. What norms do participants want to set for the committee (e.g., confidentiality, be on time, listen to others, ask questions?)
  - h. How do members want to document their meetings, activities and results?
20. **Ask** participants what other questions they should add to this list, or if there are questions and answer them
21. **Tell** participants that we are at the end of the module and if there is no other question from them, we are going to review the module through a quick buzz group work of 15 minutes
22. **Form** buzz groups of 3 participants and give them 15 minutes to quickly work on the group Terms of Reference presented below
23. **Ask** 2 groups to take 2 minutes to report back on their discussion.
24. **Ask** if there are any questions and thank the participants for their work and announce the next module

### **Getting Organized Phase - Review**

*In Your Group:*

1. Think of a CM program you are involved with. Are you applying the Getting Organized Phase to your current programming? If yes, how? If no, why not?
2. Based on your experiences what are the challenges you've encountered with this Phase and how did you resolve them?
3. What could be the consequences of excluding this Phase?
4. As a trainer what concerns might you have about facilitating this Phase in a workshop (?)

OR

Develop a small "simulation" based on the following:

**"You have two minutes to convince your donor why this step is important to the success of the program."**

*(Select one representative from your group to carry out this simulation.)*

**MODULE III:**  
**COMMUNITIES DEFINING THE ISSUE, EXPLORING STRENGTHS  
AND SETTING PRIORITIES**

# STEP 1: UNDERSTAND HOW TO HOLD PARTICIPATORY MEETINGS WITH COMMUNITIES

## Session A: Overview of Communities Defining the Issue(s) to Prioritize

### Objective:

By the end of the session, participants will be able to:

- Describe the steps of the Communities Defining Their Own Problems phase

**Time:** 15 minutes

**Materials:** Flipchart; markers; attendance sheet; Facilitator Manual; Participant Manual

### Preparation:

Flipchart paper, prepared with the steps of the “Communities Defining Their Own Problems” phase

### Activities:

1. **Ask** participants to briefly recall the various phases of the CAC and which phase we are about to start.
2. **Ask** participants to explain in their own words the purpose of the “Communities Defining Their Own Problems” phase.
3. **Present** the steps of this phase.
4. **Explain** that the community mobilization team will guide CAGs and community members through the “Communities Defining Their Own Problems” steps.
5. **Explain** that the phase will provide the community themselves the opportunity to explore quality issues to seeking health services and health service providers issues to providing quality health services. They will then discuss together the issues, and the underlying causes and prioritize them together to then address with community action plans in the next phase, where communities develop local solutions.
6. **Ask** a participant to read the following steps of the ADDENDUM TO (handout to add to the Participant Manual / Compendium) “Communities Defining Their Own Problems”.
  - Meeting 1: CMT and CAG plan the exploratory FGD with communities, and with Health Service Providers. They will discuss how to conduct and facilitate FGD with community members and with FGD with HSP, define the number of groups will have on the

community and their composition; and 1 FGD with HSP and their composition. They will discuss how to use the tools to explore quality

- Meeting 2: CMT and CAGs will use FGD and participatory tools to explore quality with Community Members, and with Health Service Providers.
  - Meeting 3: CMT and CAGs will meet to analyze the information from the exploring quality discussions with communities and with HSP, and prepare to bridge the gap with both groups together
  - Meeting 4: CMT and CAG's will hold joint meeting with Community members and with HSP together to bridge the gap, including root cause analysis and prioritization of issues to address in the next phase.
7. **Mention** that this phase will be important to explore quality as it will help to:
- Gain a better understanding of the community and health worker perspectives on the quality of care
  - Identify potential problems as well as strengths in the delivery of existing services.
  - Establish concepts of client and health worker rights and responsibilities.
8. **Explain** that in the next sessions, participants will begin to familiarize themselves with tools to execute the steps of this phase.

## Session B: Overview of Community Meetings

### Objectives:

By the end of the session, participants will be able to:

- List and discuss essential preparatory steps needed to carry out meetings with communities for the “Communities Defining Their Own Problems” phase

**Time:** 20 minutes

**Materials:** Flip chart paper, markers

### Activities:

1. **Explain** that in this module we will discuss how the CMT will work with CAGs to explore quality health issues within a community and with health service providers, their root causes, and how to prioritize them.
2. **Mention** that we will discuss how to ensure that CMT’s and CAGs explore the quality issues for communities and explore quality issues for Health Service Providers. They will analyze and make sense of the information from the discussions; and bridge the gap between communities and health service providers together, to identify root causes, and prioritize the issues to address.
3. **Explain** to participants that the CMTs and CAG’s may need to conduct several meetings with community members and health service providers leading up to this activity to ensure that the communities are aware of the activity, and so that they welcome the CMTs when they engage communities in the participatory meetings.
4. **Tell** participants that the preparatory meetings can be initiated during the Orientation Meetings, where it should be mentioned that CMTs will work closely with communities to perform this activity with them, however a separate preparatory meeting should be held to plan for this specific activity. The same meetings should be held with health service providers.
5. **Tell** participants that during these meetings, firstly it is important that CMTs meet and coordinate with health service providers at the community level, as well as with community leaders, decision makers and the CAG. While the CMTs meet with these actors, they will see what information from leaders is essential to collect and to learn about the communities.
6. **Tell** participants that when meeting with community members, it is important to have the community leaders physically present at the meetings, when appropriate, to ensure participants are engaged, however at the same time, when discussing sensitive issues,

the CMTs may need to separate into different groups so that people feel comfortable sharing information. For example, if the CM initiative is focused on sexual, reproductive health with youth, CMTs may want to separate young women from young men, and/or from other adults like their parents or community leaders.

7. Tell participants that when having these meetings with HSP, it is important to have the head nurse or other HSP physically present at the meetings, when appropriate to ensure participants are engaged. However, at the same time, when discussing certain sensitive issues around management or delicate matters, CMT may need to separate into different groups so that HSP feel comfortable sharing information.
8. **Ask** participants the following questions:
  - What considerations should the CMT have in mind when planning these meetings
  - What challenges do you foresee when trying to engage communities in planning for exploring quality meetings of this phase?
  - What challenges do you foresee when trying to engage health service providers in planning for exploring quality meetings of this phase
  - How might you overcome some of these challenges
9. **Ask** participants if they have any questions; after responding to questions announce the next session.



## STEP 2: MEETINGS 1 AND 2: PLANNING FOR AND EXPLORING QUALITY WITH COMMUNITIES AND WITH HSP

### Session A: Identifying and practice using participatory tools for problem definition

#### Objectives:

By the end of the session, participants will be able to:

- Plan for exploring quality meetings, including learning which tools to use
- Carry out exploring quality meetings with communities and with health service providers

**Time:** 2 hours

**Materials:** Flip chart paper and markers

#### Preparation:

- Flip chart paper with list Participatory Tools
- Prepare a sample of all participatory tools on flipchart paper

#### Activities:

1. **Explain** to participants that they will now learn how to explore quality, firstly they will plan for this activity with the CAG in meeting 1 and then within the community and with HSP in meeting 2
2. **Ask** participants the following questions:
  - Why is it important for the CAG and CMT to work together to plan for the exploration meetings in meeting 1, before having meeting 2?
  - Why is it important for the CAG to explore quality issues separately amongst the community in meeting 2?
  - Why is it important for the CAG to explore quality issues separately amongst HSP in meeting 2?
  - Why is it important to hold these first meetings with communities and HSP separately, initially?
3. **Tell** participants that before exploring quality with HSP and communities, they will first need to plan for this activity.
4. **Ask** participants what they think are some of the things they need to do to plan to explore quality with HSP and Communities. Write their responses on flip chart paper.

5. **Tell** participants that meeting 1 will serve as a teaser for participants to understand problem definition process so the participants can brainstorm quality issues. CMT and CAG's will discuss how to conduct and facilitate exercises with community members and with HSP, define the number of groups they will meet with and their composition. They will also only facilitate exercises with 1 HSP and will determine their composition.
6. **Tell** participants that during this meeting they will also familiarize themselves with the tools and exercises they will use to explore
7. **Ask** participants if there are any other preparatory activities to include during this meeting and add it to the flip chart paper from activity 4, above.
8. **Tell** participants that the CAG will use some tools to explore quality issues, understand root causes and set priorities.
9. **Share** with participants that the tools that will help to:
  - Build interest in, and ownership of the Quality Improvement process
  - Explore health worker views on quality
  - Explore health worker perceptions of the obstacles to quality health care
  - Explore community views on quality
  - Explore the community perceptions of the barriers to quality health care
10. **Ask** participants why it is important for the CAG to gather gender-disaggregated data.
11. **Note** that a sample response should include something along the lines of: *it helps create more gender-transformative programming; to identify patterns of inequality and adapt the program design to achieve positive change for women*
12. **Write** down their responses on the same flip chart paper.
13. **Tell** participants, that while there are many participatory tools they identified, CMTs will focus on the following tools, for which there are specific exercises to identify HSP defined quality, and Community Defined Quality.
14. **Display** the following on flip chart paper
  - Reflection: why we became health workers
  - Role Play
  - The Problem Tree
  - Focus Group Questions
  - Priority Ranking Matrix
  - Card Sort

*Note, for Participatory Tools, the above are tools, which will either be modeled by the facilitator or practiced with by participants.*

15. **Ask** if a participant is familiar with any of the tools.
16. **Provide** a brief overview of each tool, however for those tools a participant is familiar, ask them to present to the rest of the group on how the tool/approach is used
17. **Ask** participants the following questions:
  - Do you have any questions on any of the tools?
  - Have you used any of these tools in the past?
    - If yes, which tools were the easiest to use? Why?
    - If yes, which tools were more difficult to use? Why?
18. **Tell** participants that they will now practice using some of these tools via the specific exercises for HSP and Community defined quality, as if they were CAG members, using the facilitation guide.
19. **Form** the participants into groups of 3 – 5. Assign a specific section of the facilitation guide for them to carry out the exercises for HSP defined quality, and Community defined quality. The CMTs and CAGs will use these during this Phase.
20. **Tell** each small group that they will have 1 hour to study the section of the guide that they were assigned, after which, they will present the exercises described in that section, in plenary.
21. **Ask** each group to present their exercises in plenary. Their 1 or 2 representatives should model the utilization of the tool and to pretend that the other participants are members of the CAG or community members who will be present in the first two meetings that they will simulate.
22. **Ask** the participants to provide feedback for each of the groups after each group presents.
23. **Ask** participants to summarize what they think this session was about, and if there are any questions or comments. Announce the next session.

## Session B: Cultures Change, Changing Culture

### Objectives:

By the end of this activity, participants will have:

- Examined cultural changes in their lifetimes
- Explored the difference between respecting culture and changing culture
- Discussed when and how it's appropriate to nudge changes in social and cultural norms

**Time:** 30 minutes

### Preparation:

- Flip chart paper with the "Then Boys, Now Boys"
- Flip chart paper with the "Then Girls, Now Girls"
- Flip chart paper with "Adult Men and Women"

### Activities:

1. **Tell** participants that it is a common belief that culture change is difficult or impossible to effect in community work. However, we can observe that behavioral norms do change over time, for communities and societies. This activity may help us explore, how we could contribute, through our work, to discussions and activities that explore cultural norms, which respect and preserve traditions that work well for everyone, and to explore ways to adapt or discontinue practices that are harmful and limiting to men and women, girls, and boys.
2. **Explain** to participants that we are going to reflect on how things have changed since they were children. Some things have remained the same, but other things have changed. For example, who remembers a time when cell phones were not commonplace?
3. **Form** participants into groups of 4-5 people; and tell them that we are going to take the next 15 minutes for this activity.
4. **Present** the prepared flipchart paper with the "Then Boys, Now Boys" and "Then Girls, Now Girls", and ask the participants to prepare two flip chart papers the same for their group
5. **Tell** participants that in their groups, they will take about 5 minutes to talk about what life was like when they were children, and how things have changed for children today, in their communities.
6. **Give** participants the following instructions:
  - a. In their groups, think specifically about things that boys were not allowed to do, or were discouraged from doing when they were children, and write this down in the

column on the left. Perhaps boys were not allowed to learn to cook, even if they wanted to.

- b. Think specifically about whether the limitations from the “then” column has changed or remained the same. Write “same” or “changed” in the right column.
  - c. Look to see if there were things that boys were allowed to do, or were encouraged to do, and put them on the list as well, in the left column, and in the right column, as before, show whether that has remained the same or it has changed. Perhaps boys were encouraged to engage in rough, physical play.
  - d. Repeat this activity for the “Then Girls, Now Girls”
  - e. List on a third sheet of paper a few changes that they have observed in the lives of adults, since they were children. Are there things that men now do that only women did when you were a child? Or things that women do now that only men did before?
7. **Ask** each group to share highlights from the activity. Then ask the following questions:
- Did you see many changes from when you were children?
  - Were some of these changes things you would consider positive change, that open more possibilities and opportunities for men and women, boys and girls?
  - Were some of these changes things you would not consider healthy or positive changes?
  - Were valuable traditions lost, in your opinion? Did men and women, boys and girls lose opportunities in some areas?
8. **Summarize** some of the discussion (adding if appropriate: We tend to treat culture as something that is static and unchanging, and traditions as something that must always be respected. This activity is meant to demonstrate that cultures do change. Sometimes change comes quickly, sometimes slowly, sometimes the changes make things better, sometimes valuable cultural traditions are lost. Culture is like a river, it is always moving, always changing. It never stands still.
9. Ask participants the following questions:
- What they think it means to respect culture. In their work, how can they know when to respect culture and when to work to help make changes?
  - How, in their work with communities, they can encourage communities to preserve beneficial traditions.
  - What are some traditions that are difficult to respect? (If none are mentioned, perhaps mention female genital cutting as an example). How do we handle challenging issues like that, and support changes in harmful traditional practices?

10. **Explain** that the purpose of this activity was to introduce participants to gender, an issue that will arise at every stage of a community action cycle. Ask participants if they can explain the difference between sex and gender. After collecting their feedback, introduce the following definitions. Emphasize how steps mentioned above relate to the concept of gender.

**Sex** is the classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics including chromosomes, hormones, internal reproductive organs, and genitalia.

**Gender** describes certain attitudes, roles and responsibilities assigned through a social process to males and females and can often result in different opportunities and behavior for both men and women. Gender is determined by society and influenced by cultural, economic, political, and environmental factors. It also varies within and between societies.

## STEP 3: MEETINGS 3 AND 4 – ANALYZING THE ISSUES FROM EXPLORING QUALITY; AND PREPARE TO, AND BRIDGING THE GAP BETWEEN HSP AND COMMUNITIES BY IDENTIFYING ROOT CAUSES AND PRIORITIZING QUALITY ISSUES TO ADDRESS

### Session A: Analysis of the issues from exploring quality and preparing to bridge the gap

#### Objectives:

By the end of the session, participants will be able to:

- Analyze and confirm findings from exploring issues
- Prepare to bridge the gap

**Time:** 1 hour

**Materials:** Flip chart paper; colored paper, at least 2 different colors

#### Preparation:

Venn diagram sample

#### Activities:

1. **Explain** to participants that now that the CAG has collected information from the communities and from HSP in meetings 2, it is now time to hold meeting 3 to make sense of all the data, including categorizing information, analyze the gaps, confirm findings, integrate this information to present during meeting 4. We will come cover each of these activities in this session.
2. **Ask** participants that based on the previous session's scenarios, what are some categories that may have come up that affect quality of health services. Write down participant responses on flip chart paper.
3. **Tell** participants that by defining possible categories, the observations can be grouped to better show patterns and key elements and define problems. However, it is important that this grouping and labeling not cause the details provided regarding each issue to be lost .
4. **Tell** participants to refer to their ADDENDUM to the participant manual for the list in the categorization activity. Ask participants if they have any comments on this list.
  - **Place/Environment:** This covers the physical setting as well as the location for health services e.g. privacy, waiting space, cleanliness, etc.

- **Supplies and Equipment / Medicines:** This includes all the materials that are needed in the clinic -e.g. medicines, equipment, soap, furniture, etc. (medicines may be pulled out into a category all its own)
  - **Providers - Technical Competence:** This includes the capabilities of the providers, whether they arrive at appropriate diagnoses and treatment regimens, and whether they practice safe medicine. Appropriate sterile technique would be included here.
  - **Client / Provider Relations:** How the provider treats his or her clients is covered here e.g. respect, greetings, openness, discrimination, fairness, confidentiality, tolerance for traditional beliefs, etc.
  - **Systems and Procedures:** This includes cost of services – both formal and informal, staff availability, clinic hours, supervision, policies and procedures, etc.
  - **Service Availability:** This includes types of services available, whether the needed (or wanted) services are available at all, whether services are integrated or provided on different days, whether people have adequate information about the availability of services, hours of operation, etc.
  - **Communication / Information:** This includes whether clients get the information they want or need, whether they understand the information, whether they feel listened to, etc.
  - **Cultural Compatibility / Traditional Beliefs and Practices:** This includes everything related to how people’s traditional beliefs and practices are accepted by or taken into consideration by the formal medical services.
5. **Tell** participants that they will now do a categorization and synthesis activity, referring to the case study in their ADDENDUM.
  6. **Ask** participants to form into two groups. Each group will refer to the categories, and ask one group to focus on the community defined quality and the second group to focus on HSP defined quality. They will have 40 minutes to carry out the activity and 20 minutes for one group to present and discuss in plenary.
  7. **Ask** one group to present in plenary and ask the other group if they had anything different in how they categorized, and in their synthesis. If so, ask them to share.
  8. **Ask** participants the following questions: list responses on flip chart paper:
    - How did your group / summarize / synthesize the information that was given to you?
    - Did anyone encounter any difficulties? Or did anyone find it difficult to do this activity? If yes, why?
    - After reviewing other decisions that will be required for the Bridging the gap meeting, do you think you are now well prepared to proceed and conduct this next session on Bridging the gap? If no, what else do you think you need?
  9. **Tell** participants that we will continue to prepare to bridge the gap by now analyzing the gaps.



10. **Ask** participants if they are familiar with a Venn Diagram. If yes, ask them to explain what it is.
11. **Display** a Venn diagram on flip chart paper. From the previous case study, and the categories and quality issues on the walls, ask participants to suggest which issues from the community and which from HSP overlap. Add them to the center circle of the Venn Diagram. Also add those elements that are only issues for the community and only those for HSP. Add all of these in the respective places in the Venn Diagram.
12. **Ask** participants to highlight why they think this exercise can be useful. Mention that this is a way of presenting the overlapping perspective of communities and HSP
13. **Tell** participants that after the Venn Diagram it is important to confirm findings with communities and HSP, either at the start of the Bridging the Gap meeting, or in a separate meeting, before this meeting, separately with HSP and with communities.
14. **Tell** participants that this information plus information on Venn Diagram are found in their ADDENDUM.
15. **Ask** participants if they think there are any other preparations to make before meeting with the community and HSP in the Bridging the Gap meeting?
16. **Answer** any questions participants have and announce the next session.

## Session B: Carrying out bridging the gap meeting with HSP and Communities together, and identify root causes and prioritization quality issues to address

### Objectives:

By the end of the session, participants will be able to:

- Bridge the gap between HSP and communities through root causes analysis and prioritizing issues

**Time:** 1 hour

**Materials:** Flip chart paper

### Activities:

1. **Explain** to participants that now that the CAG has collected information from the communities and from HSP in meeting 2 and analyzed the information in meeting 3, it is now time to hold meeting 4 to bridge the language, cultural, user and provider gaps to engage in sincere dialogue about their definitions of quality. Then they must develop a shared vision and begin working as a team.
2. **Tell** participants that to hold a bridge the gap meeting with HSP and community, it is important to create a common understanding and common ground. The concept of health workers and community members working together can be intimidating for some community members and can be threatening to health workers. If social and cultural barriers were one of the quality issues, then team building has added importance.
3. **Tell** participants that considering this, when holding meeting 4 it will be important for participants to meet and learn a little bit about each other. In addition, one important element is for all members to do a tour of the community, and then for all members to do a tour of the health facility. This will bring to light each other's realities, challenges they face, and perspectives.
4. **Ask** participants if there are other examples of how to do team building between HSP and community members. Add these comments on flip chart paper.
5. **Tell** participants that to start meeting 4, the community will present how they define quality. The presentations may be made from a neutral representative of the community or a community group.
6. **Tell** participants that the HSP will also present how they define quality. Representatives can make the presentation from health workers.
7. **Ask** participants what they think a shared vision is. Write these down on flip chart paper.

8. **Mention** that up to this point, quality of care was explored separately through the eyes of the health worker and through the eyes of the community. As a first step to developing a shared vision, it is necessary to understand each other's point of view. Although the views are most often different, many things are the same. This is the time to merge the visions.
9. **Ask** participants why they think a shared vision is important. Discuss with the group
10. **Ask** participants to recall the Venn diagram from the previous session. Display the diagram from the past session.
11. **Ask** participants the following questions and how they think when having this session with participants, the community and HSP would respond:
  - How are the perceptions of quality the same for communities and HSP?
  - Where do the views on quality differ?
  - Now that we have heard quality defined from both perspectives, what would a shared vision of quality include?
12. **Tell** participants that after communities and HSP have discussed and carried out a Venn diagram to understand the community and HSP definition of quality, they will further identify the problems.
13. **Tell** participants that the problems in the middle circle of the Venn diagram need to be fully discussed.
14. **Ask** participants to form into 3 – 4 groups. Tell them to refer to their ADDENDUM in the section on Problem Identification. They will have 30 min to go over the activity and discuss the questions. In these scenarios, they are pretending to be a CAG facilitating these activities with the community and HSP.
15. **Ask** participants to go back into plenary and to share any highlights from the discussion points.
16. **Tell** participants that they will now review the problems they identified as if they were the community and HSP, from the Venn diagram and prioritize those issues they will address as a community and HSP. After they have prioritized the issues, they will do a root cause analysis of the problems.
17. **Ask** participants to form into the same 3 – 4 groups and refer to their ADDENDUM at the prioritizing issues and identifying underlying causes sections. They will have 1.5 hours to carry out both activities and then to present in plenary.
18. **Tell** each group to present in plenary. Ask participants if there are questions or comments on the presentations for each group.

19. **Answer** any questions you may have and announce the next session.

# **MODULE IV:**

## **COMMUNITIES DEVELOP LOCAL SOLUTIONS**

# STEP 1: DETERMINE WHO WILL BE INVOLVED IN PLANNING AND THEIR ROLES AND RESPONSIBILITIES

## Session A: Overview of communities develop local solutions and identifying who should be part of the planning

### Objectives:

By the end of the session, participants will be able to:

- Describe the steps involved in the communities developing local solutions phase
- Identify who will be involved in the community planning phase, and what their roles and responsibilities will be.
- Identify whether gender equity is being considered when considering the participants of the CAG

**Time:** 1 hour

**Method:** Brainstorming

**Materials:** Flip chart paper; Participant's manual

### Activities:

1. **Ask** a participant to remind everyone what the previous module was about (problem identification, prioritization, and root cause analysis) and what the next logical phase (planning) of the process should be
2. **Tell** participants that if we were in the communities, after the root causes are identified the next logical step would be to come together to plan for solutions that address the root causes or the barriers/determinants.
3. **Invite** a volunteer to move the arrow from the CAC/CE diagram from the problem identification stage and stick it on the communities planning local solution phase
4. **Ask** participants to share some examples of how community members where they live and work, plan their activities.
5. **Tell** participants that the “developing local solutions” phase should build on these skills and processes to help CAG/committee members and representatives of the broader community develop strategies and activities to improve their lives.
6. **Tell** participants that this phase in the CAC process happens in the following 4 steps:
  - Determine who will be involved in planning and their roles and responsibilities.
  - Design the planning session(s).
  - Facilitate the planning session to create a Community Action Plan.

- Share community action plan with the broader community
7. **Tell** participants that we will cover the elements of the 4 steps in this module.
  8. **Ask** participants if they have any questions.
  9. **Brainstorm** with participants a list of criteria for identifying and selecting those who should participate in the planning process.
  10. **Ask** participants what they think the criteria should be to select people who will be involved in planning. Write down responses on flip chart paper.

*Possible answers include*

- *CAG/Core group/Committee members*
- *People most affected by the issue*
- *People who are respected, and/or listened to by others in the community, like leaders, parents, teachers*
- *People who have certain skills, knowledge and/or access to resources that will be useful in carrying out the CM effort, like education or health background, monitoring or evaluation expertise, management skills, communication skills, access to funding, materials*
- *People who have some background in community mobilization or other participatory processes.*
- *People who are interested.*
- *If the person was not invited, would they try and obstruct the implementation of the plan?*

**Note** that if the gender equality of the CAG does not come up, discuss the following- “Women and girls continue to have less power than men and boys in almost all places – from CAGs to parliament to business, from the home to the workplace. Gender inequality prevents individuals from having access to and using health services, and it also influences how health systems respond to their differing needs. Moreover, power imbalances contribute to inequalities in economic and education opportunities, resulting in poor human development outcomes.

11. **Ask** participants if they remember what Gender Equality is. Let a few participants respond, then read the following:

*“Gender Equality is the state or condition that affords women and men equal enjoyment of human rights, socially valued goods, opportunities, and resources. Genuine equality means more than parity in numbers or laws on the books; it means ensuring expanded freedoms and improved overall quality of life, for all people.*

12. **Tell** participants, that additionally, it is important to expand women’s choices, voices, and power, and one way to do this is through their active participation in the CAG.
13. **Ask** participants at the end of the brainstorming to read aloud from their CM Compendium, “**Develop a Community Action Plan – Who Should Participate?**”
14. **Ask** participants if they have any questions and answer them.
15. **Tell** participants that often, when groups answer the question of who should be involved in planning, the list grows until the response ends up being everyone. While involving everyone in the planning process may be desirable from a participation perspective, the priority groups who may benefit most from the program and others involved in determining who should be invited need to consider the advantages and disadvantages of managing a large group versus a smaller, more defined group.
16. **Tell** participants that it is important to invite those who might obstruct the process if not invited. In some situations, not inviting everyone in the community might offend those who were not invited, while in other settings it is not expected that everyone would be invited and no offense is taken. This sensitive subject can affect future implementation of the program.
17. **Tell** participants that based on the challenge or the issue at hand the CMT and the CAG might want to consider having representation of other specific groups to join the planning process so that their voices can be heard and priorities taken into consideration. Women’s group members, Youth club members, students club members, and/or girls club members can liaise with the CAG to ensure that their priorities are catered for from the problem identification to the planning stage.
18. **Brainstorm** with participants, after the list of planning process attendees is made, the best way to recruit participants for the planning meeting. Take notes on flipchart paper.
19. **Tell** participants that some of the issues to consider when planning for the participation of selected participants could include:
  - Does the CMT invite participation themselves or does someone else from the community do it? Who?
  - Does this same person approach all the candidates or only certain ones? Who approaches others?
  - What about people who are not on the list but volunteer to participate?
20. **Brainstorm** with participants the roles and responsibilities for the people they have selected for the planning phase. Ask the following and note responses on flip chart paper:
  - What are some possible roles and responsibilities of the planning team?
  - When should these roles be discussed and decided on by the planning team members?



21. **Record** on flip chart paper all the responses, summarize all relevant ideas at the end, thank participants for their contribution and announce the next session

## STEP 2: DESIGN THE PLANNING SESSION

### Session A: Defining objectives, strategies, and activities

#### Objectives:

By the end of the session, participants will be able to:

- Describe what a SMART objective is
- Create SMART objectives for FP/RH
- Describe the difference between a strategy and an activity
- Develop appropriate CM strategies based on the underlying influences discovered during the explore phase

**Time:** 1h

**Method:** Buzz – groups

**Materials:** Flip chart paper; Cards for activity 2.

#### Preparation:

Prepare the flip chart paper for activity 1.

#### Activities:

1. **Tell** participants that during the planning meeting, community mobilizers will have to help the CAG and community members understand a variety of concepts so that they can develop quality action plans. Among these are objectives, strategies, and activities. Take time to ensure that the participants all have the same understanding of these different concepts.
2. **Write** out the following on flip chart paper: “An objective is the desired results you want to achieve.”
3. **Explain** to participants that an objective needs to be SMART. Ask a volunteer to explain what SMART stands for.
4. **Write** the following on flip chart paper:
  - S Specific
  - M Measureable
  - A Achievable
  - R Realistic
  - T Time-bound
5. **Ask** participants if they have any questions; take time to answer with some illustrative examples and ensure participants are clear about what objectives are

6. **Organize** participants into buzz groups of two. Provide different colored cards to each group at their table.
7. **Ask** each group to write ONE SMART objective related to FP/RH. Ask 2 – 4 groups to read aloud their objective to the rest of the group.
8. **Ask** the rest of the group to determine if the objective is SMART and why or why not? If not, ask the group to change the objective to make it smart.
9. **Ask** the groups to remain in their buzz groups. Ask them to write down the characteristics of a **strategy** on one color card and a characteristic of an **activity** on the other color card. Provide more cards, if necessary.
10. **Collect** cards and place them on the board or wall. Then analyze the characteristics of a strategy and the characteristics of an activity as written by the participants. Clarify any confusion by reviewing the example strategies in the participant manual.
11. **Ask** participants to go to the CM Compendium (or participant manual) to review the sample community plan, **Learning to Plan – Building on what we already know**. Ask them to read aloud the Family Planning and Reproductive Health examples.
12. **Ask** participants if they have questions about objectives, strategies and activities. Take time to answer any of their questions
13. **Share** with participants the **Sample Community Action Plan Matrix** in their participant manual. Review each section of the Plan aloud.
14. **Ask** participants if they have any questions and answer them.
15. **Tell** participants that after the CAG or core group have worked on a draft community action plan with stakeholders, they should discuss:
  - With whom the plan should be shared
  - Who should 'sign off on the plan
  - Where the plan should be kept so that it is visible to the community.
16. **Ask** participants to answer all these questions one by one, take note on flipchart paper, summarize the key points and announce the following session.

## Session B: Developing effective Objectives, Strategies and Activities for addressing the issue(s)

### Objectives:

By the end of the session, participants will be able to:

- Develop objective and strategies to address priority issues for FP or RH
- Identify and describe activities to implement a strategy to address FP or broader RH issues
- Identify whether the activities promote gender equality

**Time:** 2 hour

**Materials:** Flip chart paper

### Preparation:

Template community action plan matrix on flip chart paper or slide

### Activities:

1. **Tell** participants they will now practice developing an objective, strategy, and related activities as if they were a Community Action Group or community health committee members (see below a sample matrix for a community action plan).
2. **Divide** participants into small groups based on their responsibility. Give them 45 minutes to do the following task based on a fictitious FP/RH issue:

Review your Program goal. Based on the underlying influences affecting the FP/RH issue, which were generated from the Problem Tree Analysis (and other results from the Explore Phase) develop:

- 1 Objective (can use the one from the activity before)
- 2 Strategies
- 2 Activities per each Strategy

3. **Ask** each group to share their work in plenary.
4. **Discuss** the following questions for each group after they've presented, in plenary:
  - Do participants think the objective will address the problem? If yes, why? If no, why not?
    - If no, how would they improve the objective?
  - Do participants think the strategy will address the problem? If yes, why? If no, why not?
    - If no, how would they improve the strategy

- Which proposed strategy will better address (priority) the problem compared to the others
  - If they are uncertain, then at what point does the community/team decide that the strategy needs to be reviewed and modified?
  - Do participants think the activities that have been developed will support the strategy? If yes, why? If no, why not?
    - If not, then what would they do to improve the activities?
5. **Tell** participants it is important to have creative and effective strategies, and that it is important for the CAGs to come up with their own ideas, and not force our own.
  6. **Share** examples of strategies that have worked in the past, such as ‘teen mother’s club’, youth peer-to-peer health promotion, and parents clubs.
  7. **Ask** participants to read **Techniques for Identifying Strategies** in their CM Compendium.
  8. **Ask** the following questions:
    - Do you have any questions about these strategies?
    - Have you ever used any of these strategies yourself?
  9. **Ask** participants about whether their strategies and activities ensure Gender Equality. Ask participants the following questions:
    - Does the community action plan contain any activities that address gender inequality or work around gender norms?
    - Does the community action plan contain any activities that may be potentially gender exploitative?
    - Are there appropriate measures in place to ensure the full participation of women and men equally?
  10. **Summarize** all the key discussion points of the session and announce the next session.

The community action plan could look similar to the following example:

SAMPLE PLANNING MATRIX						
Objectives	Strategies	Activities	Responsible	Resources	Timeline	Indicators of success
(What do we want to achieve specifically?)	(How might we achieve our goal?)	(What are we going to do to)	(Who is responsible for each)	(What do we need to achieve)	(When and how long is needed)	(How will we know when we have)

		achieve the result?)	activity? (Names)	the result?)	for each activity (From X to X)	achieved the result)
	Strategy 1	Activity 1				
		Activity 2				
	Strategy 2	Activity 1				
		Activity 2				

## Session C: Review Planning Preparations and Logistics

### Objectives:

By the end of the session, participants will be able to:

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

**Time:** 90 minutes

**Materials:** Flipchart; Plan together facilitation guide

### Preparation:

Make enough copies of the “Plan Together” facilitation guide

### Activities:

1. **Tell** participants that now that they have practiced the development of some elements of the community action plan as if they were community members, they will now put their hat of a community mobilization team back on, to discuss how they would facilitate such a process in the communities
2. **Ask** participants to review their CM Compendium: **A Guide to the Planning Process: 16 Key Tasks**
3. **Tell** participants that now that they have the 16 sample tasks, they will add or delete tasks as appropriate to their context and agree on a final list and sequence of tasks (the agenda) to be achieved during the planning meeting.
  - a. Orient participants to the overall goals of the CM program.
  - b. Clarify the specific objectives of the planning session.
  - c. Consolidate and review relevant information.
  - d. Develop a consensus on program priorities, objectives, desired results or other indicators of success.
  - e. Identify resources, opportunities, challenges and constraints.
  - f. Develop a variety of strategies to achieve the desired results.
  - g. Select strategies with the most potential to improve health.
  - h. Specify activities, resources needed and how resources can be obtained.
  - i. Assign responsibilities.
  - j. Determine timeline.
  - k. Establish or reaffirm coordination mechanism.
  - l. Determine how the community will monitor progress.
  - m. Determine next steps and congratulate the group.

- n. Present draft plans to the broader community if appropriate.
  - o. Revise plan (if necessary) based on feedback.
  - p. Finalize plans in a formal document.
4. **Tell** participants that based on the tasks above a facilitation guide has been developed and it is time to look at it and make amendments.
  5. **Hand** out the facilitation guide to participants.
  6. **Form** small groups and ask each group to go over the document. Tell them that in plenary they will simulate the community action plan development as prescribed in the guide
  7. **Invite** the groups to start the work and organize the plenary at the end of the allotted time with each group offered the opportunity to report back on their feedback on how to improve the facilitation guide
  8. **Propose** a summary of key discussion points and remind participants what needs to happen once a draft action plan is available in terms who to share it with, who finalizes it, and where it should be kept
  9. **Ask** participants to share their key take home message from the Plan Together phase, make the necessary clarification and announce the next session



**MODULE V:  
IMPLEMENTATION AND DATA UTILIZATION FOR  
DECISION MAKING**

# STEP 1: DEFINE YOUR TEAM'S ROLE IN ACCOMPANYING COMMUNITY ACTION

## Session A: Overview of the Implementation and Data Utilization for Decision Making, Phase, and Deciding Your Team's Role

### Objectives:

By the end of the session, participants will be able to:

- Describe and apply the steps of the Implementation and Data Utilization for Decision Making Phase
- Define the role of the mobilization team members and community members

**Time:** 30 minutes

**Method:** Brainstorming

**Materials:** Flipchart paper

### Activities

1. **Ask** a participant to remind everyone about the content of the previous module (planning community solutions) and what should be the next logical phase (implementation and data utilization of decision making) of the process
2. **Tell** participants that now that communities have developed their own action plans, the mobilization or facilitation team members need to support communities for implementation and monitoring of the planned activities.
3. **Ask** a participant to read the implementation steps from their participants manual out loud for all participants:
  - Define your team's role in accompanying community action.
  - Strengthen the community's capacity to carry out its action plan.
  - Support community groups to monitor and utilize data to inform their microplanning and collective action
  - Problem-solve, troubleshoot, advise, and mediate conflicts.
4. **Tell** participants that up to this point the mobilization team has probably played a significant role in the CM effort, It is now time for the responsibility to shift to the CAG or the core group which was established or identified during the community entry phase..
5. **Brainstorm** with participant's the following questions:
  - What are some of the activities you carried out to help the CAG with this CM process
  - Of these activities, which ones do you think may have created a dependence by the CAG on you?
  - What would happen if we stopped doing these things for the CAG?

- How can you increase their capacity and motivation to do these things themselves?
6. **Write** down all the answers on flip chart paper; summarize the key points from this discussion.
  7. **Ask** participants what the role of community mobilization team or NGO's should be during Implementation and Data Utilization for Decision Making Phase, keeping in mind we want to encourage independence in the community groups. Capture these notes on flip chart paper.
  8. **Summarize** the key points at the end of the brainstorm, and point out the importance of having clear roles and responsibilities at all levels and announce the next session.

## STEP 2: STRENGTHEN THE COMMUNITY'S CAPACITY TO CARRY OUT ITS ACTION PLAN

### Session A: Defining Community Capacity

#### Objectives:

By the end of the session, participants will be able to:

- Describe community capacity
- Identify the roles of mobilization team members in building community groups/CAG capacity
- Identify whether gender equality is being considered with community activities

**Time:** 1 hour 15 minutes

**Method:** Structured experience and group work

**Materials:** Balloons for activity 2; masking tape

#### Preparation:

- Prepare the balloons in sets of 14 based on the number of groups you want to form
- Avail a masking tape per group
- Identify the place where the exercise will be carried out
- Prepare Gender Equality Checklist on flipchart paper

#### Activities:

1. **Ask** participants to write briefly in their notebooks what they understand by the phrase "community capacity". After everyone has finished writing, ask 2 to 3 participants to read out their statement.
2. **Review** some of the definitions of community capacity presented in the participant manual, **Community Capacity: Definitions and Perspectives**.
3. **Explain** that participants will now explore how they might support the community during the Implementation phase, learning more about how to assess community capacity, their community capacity-building roles, and how to help communities plan to develop their capacity in specific areas.
4. **Carry out** the Balloon Activity by dividing participants into small groups of 5-6 persons (depending on the size of your workshop this could also be 3-4 persons). Give each group 14 balloons and masking tape and give the following instructions. They will have 15 minutes for the activity:

- Each group should build a structure out of the balloons. The group that makes the tallest, freestanding structure wins the game! Freestanding means the structure cannot be attached to anything—not a chair, a table or the ceiling!
  - Each group has the same amount and type of materials (14 balloons and masking tape).
  - Tell participants they will have no more than 15 minutes to build their structure. When the facilitator shouts, “Go!” each group must begin to make their structure.
  - If a group burst some balloons it is allowed to replace them as long a stock of balloons is available
5. **Take** mental notes of the organizational dynamics that take place in each group so that you can provide examples during the debrief.
  6. **Ask** participants to present their structures at the end of the allotted time. After each group presents their structure, the facilitators determine which team built the highest structure and therefore won the competition (Award the winning team with chocolates, sweets, etc.)
  7. **Determine** the winning group. Use the following questions to debrief the experience with all of the participants.
    - What did you see happen during this exercise?
    - Please describe how your group organized themselves for the task
    - How were roles in the group assigned? Did everyone perform the same role? Who took leadership?
    - What capacity did your group need to work well together?
    - What was the secret to building the tallest structure? (Often the groups who have won the game will have managed to create a base of balloons linked together before trying to build higher. The groups that try to reach for the sky without building a foundation often do not reach their goal.)
    - What could this foundation or base represent when we think of helping build community capacity to reach their health outcomes?
  8. **Ask** participants: Based on this experience what capacity or skills might a core group/CAG need to implement their action plan?
  9. **Take** note on flipchart paper.
  10. **Explain** that to help communities carry out their action plan, a quick capacity-building assessment can be undertaken that looks not just at needs or deficiencies but also at strengths and capacities. Ask the following questions:

- What is our role in helping communities build their capacity to achieve the results they desire?
- Once the community has identified their capacity strengths and weaknesses, how can we best support them to build on and share their strengths and/or seek assistance to build capacity?
- How can existing CAGs be tapped to share their skills within the community?
- What outside resources could be required to support the range of capacity needs which may be highlighted (e.g., conflict resolution; leadership; financial management: group organization and maintenance; technical skills)?

11. **Display** the Gender Equality Checklist previously developed.

Questions	Yes	No
Is gender equality included as an agenda item in all meetings?		
Do women and men participate equitably in the CAG activities, both in terms of physical presence and meaningful participation?		
If women are not participating equally as men in the community action plans, is the community trying to address this inequality?		
<i>(empty rows intentionally added)</i>		

12. **Tell** participants that the gender checklist can be used by communities to support them in remembering some of the key elements related to gender equality. However, mention that this is not a comprehensive list [\[1\]](#).
13. **Ask** participants if there are other questions that could be added to ensure gender equality; add these to the table.
14. **Ask** participants if they have any questions or comments on these questions.
15. **Summarize** all the notes from the flipchart paper, ask participants if they have questions and or comments and announce the next session

[\[1\]](#) Adapted from Save the Children’s “Engendering Transformational Change: Gender Equality Program Guidance and Toolkit”

## Session B: Assessing Community Capacity

### Objectives:

By the end of the session, participants will be able to:

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

**Time:** 1 hour, 30 minutes

**Method:** Group work

**Materials:** Flipchart paper; Assessment tools in the participants manual

### Preparation:

- Gift of Head; Hands; Heart Flipchart, as per activity #3
- Small plant, large plant, flower, seeds as per activity #5

### Activities:

1. **Tell** participants that we will now look at how to assess the CAGs strengths and needs, related to carrying out their Action Plan. Explain that we will review three (3) different Community Capacity Assessment Tools.
2. **Ask** participants to turn to their *CM Compendium, Community Capacity Self-Assessment Tools*. Ask them to review together (aloud) the *Assessment Guide Example #1*. Explain these are simple questions which CAG members may use during a meeting to assess their own capacity.
3. **Explain** that next, participants will carry out *Assessment Guide – Example #2* on their own.
4. **Present** the Flip Chart paper you previously prepared with the definition of Gifts of Head; Gifts of Hands; Gifts of Heart (as per CM Compendium).
5. **Ask** participants to form groups of 4-5 persons and to take 20 minutes to carry out *Assessment Guide – Example #2* in their groups, where each member thinks about each question and shares their answer with their group. Each group member records their responses and writes down the members name next to their 'Gifts'
6. **Ask** for a representative to share their groups' collective gifts in plenary.
7. **Ask** the following, after all groups have had a chance to share their "Gifts":
  - What have we learned about each other from this exercise?
  - What have we learned about the capacities in this room that we didn't know before?

- Would it be useful for a CAG to carry out this exercise amongst their own members? Why or why not?
  - How easy would it be for a CAG to carry out this exercise amongst their own members?
8. **Demonstrate** for participants the final self-assessment tool based on a **Farming Example** (Germination; Growing; Flowering; Propagating). The facilitator should place on the floor a small plant, large plant, flowering plant and seeds – separated by some distance. Explain to participants that these represent different ‘growth stages’ with the seeds representing high capacity – even sharing with others.
  9. **Ask** participants to play the role of a CAG. Read capacity statements from each phase of the CAC. Ask participants to come to consensus as to their capacity and select a *farming stage* that best represents them as a core group. Have them explain why they selected this. Share only a few examples until participants have an understanding of the tool.
  10. **Explain** that when done with a CAG, someone should be writing down responses and justification for their selection. Explain that this tool can be used at the beginning of a project, mid-way and at the end line.
  11. **Ask** participants:
    - What questions they have on this Assessment Tool?
    - Would it be easy or difficult to use with a CAG? And why?
  12. **Ask** participants to turn to their *CM Compendium, Matrix for Capacity Development Plan*. Review the matrix together.
  13. **Tell** participants that it is best to have CAGs complete this after they have undertaken a capacity assessment as it would allow them to have already identified some of their strengths and gaps. Mention the importance of referring to their Action Plan Activities to see if they have the capacities necessary to carry out their action plans.
  14. **Close** the session by asking participants what they learned. Emphasize any major points including:
    - the importance of proactively defining the program team’s role in this phase
    - community’s capacity assessments and identifying skills, knowledge and resources that communities have and need to develop to implement their plans
    - helping communities carry out activities to develop these capacities.
  15. **Ask** the group if they have any questions or comments and introduce the next session.



## Session C: Creating a safe space

### Objectives:

By the end of the session, participants will be able to:

- Define the characteristics of a safe space
- Understand the importance of creating safe spaces
- Develop a better understanding of how a community mobilization team can create a safe space

**Time:** 1 hour

### Materials:

- Flip chart paper
- Pens/large markers
- 8-10 pieces of paper cut in cards
- Adhesive tape
- Flip chart paper with the definition of a safe space written out

### Activities:

1. **Hand** out small pieces of colored paper to the participants (2-3 per person)
2. **Ask** participants to write down the first word or expression that comes to mind when they hear the words “safe space,”.
3. Place all the cards on a space on a wall so that everyone can see
4. Ask participants to help cluster similar words together.
5. **Facilitate** a discussion about what emerges from the clustering.
6. **Announce** that they will now explore the do’s and don’t’s for creating safe spaces.
7. Next, tell participants that you will read out cards that share some activities/behaviors.
8. Ask participants to decide whether it qualifies as a DO or a DON’T. Ask some few participants to explain their reasoning for each card.
9. **Ask** a few participants to summarize the key takeaways from this activity.
10. **Ask** a volunteer read out the following definition of a safe space from the flip chart paper on a wall: **A space in which participants can bring their “full selves” without having to “filter” what they have to say. Participants can feel confident that they will not be exposed to discrimination, harassment, judgement, or any other emotional or physical harm.**

11. **Ask** participants whether, based on the discussions and activities, if everyone agrees with the definition? Discuss until there is consensus.
12. **Tell** participants that safe spaces can be created through small focus groups for women led by a female facilitator or a community radio.
13. **Read** the following explanation of safe spaces:

*Discussions take place within safe spaces create a strong foundation for action. It uses non-threatening dialogue to evoke reflections that enable mutual learning and identification of shared principles. We hope that safe spaces will allow vulnerable groups to see that their experiences are valuable in identifying where change was needed and that they have the power within to change their lives. Moreover, a safe space is a great tool for reflecting with the community to identify problems, check assumptions, and validate data. Hence, it can be used during both the 'Plan Together' and 'Evaluate Together' phase of the CAC.*

Safe Space Cards:

- Creating an environment of trust, community, and mutual inquiry (DO)
- Listening in an open-minded way (DO)
- Treating participants as victims (DON'T)
- Dismissing deep pain and sharing (DON'T)
- Conducting a grounding exercise when in-person: bringing the group together (e.g., breathing, holding hands, etc.) (DO)
- Asking the group if they have anything to offer back to people who have shared- e.g. I really appreciate you sharing. (DO)
- Interjecting when someone is sharing a story. (DON'T)
- Creating provisions for follow-up and external support resources if needed. (DO)

## Session D: Developing draft materials for training community groups on key topics

### Objectives:

By the end of the session, participants will be able to:

- Define learning objectives for strengthening community group members capacities on key topic
- Draft training materials for strengthening community group members capacities on key topic

**Time:** 2 hour, 30 minutes

**Method:** Brainstorming and group work

**Materials:** Flipchart paper

### Preparation:

- Participants manual with content on key topics on page xx
- List of capacity strengthening topic areas from session A above

### Activities:

1. **Tell** participants that we are going to practice developing some training modules for strengthening CAG capacities to implement their community action plan
2. **Ask** participants to recall the various key competence area that they have identified during session A
3. **Take** note of all the ideas on flip chart paper and summarize at the end and select **leadership, effective meeting management, resource mobilization; clarification of roles and responsibilities** as areas to focus the practice on
4. **Tell** participants to open their participant manual to look at the proposed content presented on those topics. Give participants 5 to 10 minutes to read this content individually
5. **Tell** participants that we will now formulate some learning objectives for the CAG members on each of the selected topic
6. **Ask** participants in plenary to propose 2 to 3 SMART learning objectives for each topic
7. **Tell** participants that each objective statement should start with: “by the end of the session participants will”

8. **Write** down the objectives on flip chart paper and with the group, ensure that for each topic there are 3 SMART learning objectives that everyone agrees with
9. **Tell** participants that now that we have an idea of what the CAG members would potentially learn on those various topics we will now reinforce our skills in developing training facilitation guide
10. **Ask** participants to form small working groups of 7 to 8 people and assign a topic and set of learning objectives to each group
11. **Tell** participants that once in their group they will be required to draft guidance for facilitating a session based on the topic they received based on the following plan:
  - a. Session title
  - b. Objective
  - c. Duration
  - d. Method
  - e. Material
  - f. Preparation
  - g. Activities
12. **Draft** a sample session plan in plenary with participants to serve as an example. Ensure detailed instructions are included for the trainer/facilitator
13. **Ask** participants if they have any questions.
14. **Tell** participants they have 1.5 hour to complete the exercise
15. **Go** round to each group throughout the 1.5 hour to ensure that any needed support is provided
16. **Call** the groups back into plenary at the end of the allotted time
17. **Ask** each group to take 5 minutes to present their work. At the end of each presentation make inputs and comment on what is not clear or could be improved.
18. **Summarize** the discussion at the end of the plenary and tell participants that this is a first draft of a training curriculum for CAG members that they just developed. The workshop managers will make sure to avail a soft copy of their production so that they can continue refining it for future use
19. **Thank** participants for their effort and generosity and announce the next session

## STEP 3: SUPPORTING COMMUNITY GROUPS TO MONITOR PROGRESS AND UTILIZE DATA TO INFORM THEIR MICROPLANNING AND COLLECTIVE ACTION

### Session A: Supervision: Defining, adapting tools, and planning for CE supportive supervision

#### Objectives:

By the end of the session, participants will be able to:

- Define supportive supervision
- List the steps for planning and carrying out supportive supervision of community engagement activities
- Adapt key instruments to utilize for supportive supervision of a community action group

**Time:** 2 hours,

**Materials:** Flipchart paper, markers group work TOR

#### Preparation:

Print out of existing tools for adaptation

#### Activities:

1. **Tell** participants that at this stage, in keeping with their roles listed during step 1, session A, we are going to look into greater detail how to accompany the community for quality implementation of its action plan
2. **Ask** participants to share their understanding of supportive supervision and record the answers on flip chart paper.
3. **Tell** participants that monitoring community progress and supportive supervision are two important roles the community mobilization team undertakes during this phase of the process
4. **Mention** that participants will now review a sample CM supervision tool in their CM compendium, titled *CM – Supervision Check List*.
5. **Ask** participants to form small groups of 4-5 persons (if participants represent regional/district staff ask them to make groups by regional/districts).
6. **Ask** the groups to take the next 45 minutes to review the sample CM supervision checklist and then to discuss and suggest:

- Changes to the checklist to make it more useful
  - How this tool might be used in your region/district
  - Who would use this tool
  - How often would this tool be used
7. **Ask** the groups to share their recommendations on the CM supervision checklist. Have someone from the participants take notes so that this tool can be adapted post-workshop
  8. **Ask** participants if they have any questions or comments; address these and announce the next session.

## Session B: Defining community-based monitoring mechanism and its tools

### Objectives:

By the end of the session, participants will be able to:

- Define monitoring
- Identify the actors and describe the process for monitoring community engagement
- Identify what activities are important to be monitored
- Develop a monitoring plan: Easy-to-use community bulletin board to monitor and share achievements
- Define various stakeholders' roles and responsibilities in community-based monitoring

**Time:** 1 hour, 30 minutes

**Method:** Brainstorming; group work

**Materials:** Flipchart paper; Draft community information board from the participant's manual; Group work term of reference

### Activities:

1. **Tell** participants that as presented in the agenda, this session is about how to operationalize a community-based monitoring system.
2. **Ask** participants to share their own understanding of monitoring. What does it mean? What does it entail?
3. **Note** the responses of the participants on flipchart paper. Facilitate a discussion so that participants all agree that monitoring is about collecting data on specific performance indicators to be able to track progress on a continuous basis as specific actions are being implemented to solve an issue.
4. **Tell** participants that monitoring is a key function for every individual, group, or organization that is trying to implement change. It is the only way one would know if the actions they are carrying out are making the expected change hence the principle of data utilization for decision making.
5. **Tell** participants that the only way to know if change is happening is to collect the right data, analyze the data and use the result of the analysis to make decision on whether to continue the same course of action, modifying it, or changing it drastically. Therefore, community groups need to be accompanied in their collective action for SBC to be able to make decisions on whether the actions being implemented are the right ones or if adaptation is needed. For instance, it is important to disaggregate the data collected by gender and age to assess who is involved or benefiting.

6. **Tell** participants for community-based monitoring to work, it needs to be very simple and pragmatic so that community members can own the process and find in it a source of motivation.
7. **Tell** participants that now that we have a common understanding of community-based monitoring and its importance, we need to identify what is needed to operationalize it.
8. **Ask** participants, what is needed to put in place community-based monitoring?
9. **Note** all answers on flipchart paper.
10. **Tell** participants that to put in place a CBM system one important step is to develop a plan. Tell participants that a monitoring plan should contain:
  - o A list of indicators
  - o A definition or a way of calculating each indicator
  - o A source of data for calculating each indicator
  - o A timeline for collecting data
  - o A baseline for each indicator
  - o A target for each indicator
11. **Ask** participants to open the participants' manual to look at a monitoring plan.
12. **Ask** participants to share any questions on the plan, and to share any inputs that would improve the plan.
13. **Ask** participants for form into small groups of 7 – 8 people. Each group will take 1 hour to develop a simple monitoring plan that would be used/referred to by the CMT, and a community information board that is easy to understand in a low literacy context.
14. **Tell** participants that the case they are going to work on is the story of a community health committee that has prioritized its main challenge to be the very low contraceptive prevalence by women and men, and the low uptake of health facility delivery.
15. **Ask** a participant to read the group work ToR in detail that was shared in advance for everyone and ensure that all participants have the same understanding of the work requested.
16. **Visit** each group during the group work to offer any support or clarification.
17. **Call** the groups back at the end of the allotted time for a plenary discussion. Have each group post its community information board and CMT board in a specific spot of the room and have all participants move around the room to listen to each group reporter present the tool they developed.



18. **Ask** participants to ask clarifying questions or inputs to enrich the proposed tool.
19. **Summarize** how a community information board or a community monitoring plan should look.
20. **Tell** participants that the following are gender equality indicators could be added to:
  - o Women’s access to information and health services
  - o Representation of women in the CAG
  - o How many women participated in making decisions that affect the community
21. **Ask** participants to look at the example of a community information board in their participants manual; ask participants if they have questions or comments.
22. **Tell** participants that each unit of community collective action, be it health facility management committee, village committee, women group etc. need to have a community information board that they use during their monthly meetings to see if they are making changes in their action plans and what they need to do differently to maximize chances of better success.
23. **Tell** participants without such a tool and such mechanism the community collective action is incomplete, and the community action group would be working without the tool that would help them fulfill their self-motivation.
24. **Tell** participants that they should encourage the community groups to display in public space the community information board so that it is accessible to wider community members. The CAG or the committees should be using such a tool for social accountability but also for advocacy for more resource allocation at district or municipality level.
25. **Brainstorm** with participants, based on the example of the community information board, in the context of a primary health care center who are the stakeholders who should be involved in such a community-based monitoring endeavor and what would be their specific role.
26. **Note** all the ideas on flipchart paper and summarize all the ideas using a table format.
27. **Note** on the table all categories of actors and in another column list specific tasks for each one.
28. **Make** sure that the community action group, the service providers, the wider community members, community media are listed in the matrix.
29. **Draw** participants attention on the fact that 2 sets of monitoring plans are needed. One is the community information board for the CAG to be able to monitor changes being made but it is equally important for documentation and business case making purposes that the

CMT develops its own monitoring plan as well to be able to develop evidence at a bigger scale that the CE effort is contributing to greater FP/RH outcomes.

30. **Congratulate** the participants on the job well done and announce the next session.

## Session C: Reporting mechanism and tools

### Objectives:

By the end of the session, participants will be able to:

- Define reporting and its importance
- Discuss reporting template and process
- Model the use of reporting tools

**Time:** 1 hour

**Method:** Brainstorming; Small group work

**Materials:**

- Flipchart paper
- Reporting template in participants manual
- Small group work terms of reference
- Case scenario for reporting modeling
- Gender equality checklist

### Activities:

1. **Tell** participants that one of the last key functions that is important to discuss in this training is Reporting.
2. **Tell** participants that this session is about discussing the importance of CAG's reporting, how they should report, to whom they should report and what kind of template they will use to report.
3. **Ask** 2 - 3 participants who have been involved in such a process to share their experience in terms of community health committee for example reporting on a regular basis on the activities they carried out.
4. **Take** note of all the ideas on flipchart paper and at the end summarize the ideas in such a way that some of the following can appear: who reports to who? What is frequency? What template did they use.
5. **Tell** participants that they will continue this reflection in small groups using the case of the health committee that was working on FP in the previous session.
6. **Ask** a participant to read the group work ToR in detail that was shared in advance for everyone and ensure that all participants have the same understanding of the task requested.

7. **Ask** participants to form into small groups of 7 to 8 people. They will have 1 hour to complete the task. During the group work, visit each group to offer more clarification and support.
8. **Ask** the groups to come back to plenary at the end of the allotted time. Have each group post its production including a community report template in a specific spot of the room and ask all participants to move around the room to listen to each group reporter present.
9. **Ask** participants to ask clarifying questions or inputs to enrich the proposed process and template.
10. **Facilitate** a discussion at the end of the presentations in such a way that participants can agree on a reporting process, the timing of the reporting, the actors involved in the reporting and a reporting template.
11. **Pick** from all the proposed reporting templates one that seems to get the consensus and invite 1 volunteer to show in plenary how to fill out the reporting template.
12. **Give** to one of the participants a reporting “case study” or a scenario coming from the health committee working on the family planning above and ask that participant to read the case out loud so that the volunteer can use that information to fill out the reporting template.
13. **Tell** participants that while the volunteer is doing the exercise, they could be doing the same from their seat so that we can have a very informed debriefing at the end.
14. **Debrief** with participants, at the end of the allotted time ask them how they felt filling out of the reporting template went. Did they like it? Do they think a community group could use it? Most importantly how would such a report fit or be used by the health facility and the district?
15. **Summarize** all the key information discussed, thank participants for their work and announce the end of the module and the various remaining sessions leading to the closing of the training.

**MODULE VI:**  
**POST-WORKSHOP NEXT STEPS, LEARNER EVALUATION AND  
CLOSING CELEBRATION**

## Session A: Midterm evaluation

### Objective:

By the end of the session, each participant will get their posttest performance score.

**Duration:** 30 minutes

**Method:** Individual exercise, discussion

**Material:** Multiple choice questionnaire (same as pretest), evaluation matrix, marker, masking tape

### Activities:

1. **Announce** the session objective and remind the participants the spirit in which the evaluation will be done.
2. **Administer** the questionnaire, correct it while participants are completing the next steps session and post the results on the wall after they have presented their next steps.
3. **Interpret** the results by focusing on the participants' efforts and the insufficiencies, and give the correct answers.
4. **Remind** the participants that the minimum required score is 85% and invite those who did not achieve that score to fill out another questionnaire so that a second chance to perform 85% is taken.
5. **Distribute** the questionnaire to those who need to refill it, correct the forms and give your necessary feedback.
6. **Make** a summary of the session and announce the coming session.

## Session B: Planning next steps

### Objectives:

By the end of the session, participants will have planned the next steps in rolling out the CM process once back in their respective areas.

**Time:** 2 hours

**Method:** Small group work

**Materials:** Adapted CAC Steps; markers; Flipchart paper; Community Mobilization-Mentoring List

### Preparation:

- Prepare a flipchart with the planning Matrix of the 5 basic elements of a community mobilization plan
- Prepare enough copies of the adapted CAC steps
- Prepare enough copies of Community Mobilization- Mentoring List

### Activities:

1. **Remind** participants that this is a work plan for how, as a CM team, they are going to roll out the adapted CAC steps in their health facility catchments areas.
2. **Indicate** on the flipchart the 5 basic elements of any community mobilization plan:

Steps	Activities	Period/Dates	Responsible	Needed resources

3. **Review** these elements with the participants.
4. **Ask** participants if they have any questions on the matrix and answer any questions they have.
5. **Ask** participants to form into their CM team. Tell the groups to take 45 minutes to develop their community mobilization plan, as a group.
6. **Visit** each group to help clarify and/or answer any questions.
7. **Ask** participants to come back to plenary at the end of the allotted time. Allow each group to present their plan.
8. **Facilitate** the discussions to ensure that the work plans follow the steps of the CAC.

9. **Explain** to participants that, to ensure quality implementation of the CM activities, it is important to agree on a list of standard actions according to how the work will be monitored. Ensure that participants are clear with what we mean by standards of CM (quality procedures/protocol...)
10. **Distribute** the Community Mobilization- Mentoring List and explain to participants that they will be mentored by the regional and national level CM team and officers according to the elements of this check list. In plenary ask participants to read each element
11. **Ask** participants if they have questions and take time to ensure that participants understand the elements of the checklist.
12. **Ask** participants if they have any other questions on the session and announce the training evaluation.



## Session C: CMT training Evaluation

### Objective:

By the end of the session the participants will have given their appreciation on how the training went and received their certificate.

**Time:** 30 minutes

### Activities:

1. **Explain** to participants that at the end of all CM Training you will distribute a written evaluation for all participants to complete.
2. **Ask** participants why a written evaluation is important.
3. **Provide** a sample of the *CM Evaluation Handout* to all participants. Ask them to review it. Explain that it is not necessary for participants to add their names to the questionnaire as this often inhibits responses.
4. **Ask** participants to complete the form and hand it back to you. After all participants have handed their evaluation, inform them that it is time to distribute the certificate of completion and have the closing remarks.
5. **Invite** the guest of honor to hand out the certificates to participants and proceed with his closing remarks.

### TRAINING FINAL EVALUATION FORM

Please give your opinion on each question by ticking the box that corresponds to your level of appreciation regarding the training. This will help us better organize for the next training.

- 4 = totally agree
- 3 = agree
- 2 = disagree
- 1 = totally disagree agree

Items	4	3	2	1	Comments
The training objectives were clear					
The training objectives have been achieved					
The themes were relevant					
The methodology used was appropriate					
The trainers were effective					
The knowledge and skills taught are useful for my job					
The handouts are useful					
The training timing was appropriate					
The training venue and organization were appropriate					
<b>Suggestions and comments</b>					