

Toolkit One

Community Entry and Organizing for Collective Action

Breakthrough ACTION South Sudan



TOGETHER FOR
EACH OTHER



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ACRONYMS

CAC	Community Action Cycle
CAG	Community Action Group
CDO	Community Development Officer
CBO	Community Based Organisation
CHV	Community Health Volunteer
CM	Community Mobilisation
CMT	Community Mobilisation Team
HSP	Health Service Provider (Community level)
MNCH	Maternal, Neonatal and Child Health
MoH	Ministry of Health

NOTE TO THE FACILITATOR

This tool serves as a guide for Community Mobilisation Teams (CMT) to the facilitation of the 'Community Entry & Organizing for Collective Action' phase of the Community Action Cycle. This is the process where you orient the community on the mobilisation goal and other key information on the Program. It is during this phase that you start building relationships, trust and credibility and impart the sense of ownership with the community.

Use this phase to invite the community participation to the mobilisation process. This is also the phase that you develop a core group from the community. This phase is therefore articulated around the following activities:

- Preparing for the series of 3 community orientation and visioning meetings
- Conducting the series of 3 community orientation and visioning meetings
- Putting together a community action group (CAG)
- Orienting the CAG on its roles and responsibilities and discussing equity, gender, and diversity on CAGs.

For the efficient utilization of facilitation guide a minimum of preparation is required prior to the community orientation and visioning meetings. To achieve these minimum preparation requirements, you need to do the following:

1. Work out the meeting schedule
2. Translate the tools, the questions, and the meeting program in local languages; copy out the program and various pieces of information on the flip chart a day in advance.
3. The meeting venue should have the benches arranged in a U format for maximum interaction of participants
4. Plan a series of funny stories as ice breakers and energisers

Always agree with the participants on how the meetings will be conducted. Together with the group develop the norms for the meeting. The norms should be flexible for the participants. Also consider the availability of participants as they have other things to attend to.

This guide must be your constant reminder and guide during the meeting facilitation process. Nonetheless this should not restrict your imagination and creativity to do things more effectively.

TOOL 2.1: PREPARTION

You will carry out a series of three community orientation and visioning meetings.

1. The **first** meeting will take place at the health facility level with the objective of securing buy-in from health facility stakeholders.
2. The **second** set of meetings will take place at the community level. Stakeholders that participated in the first meeting will travel with CMTs, split into smaller sub-teams, and conduct the same meeting in each of the communities within the catchment area of the health facility.
3. After the conclusion of the community level meetings, the health facility stakeholders and the CMTs will reconvene for a **third** at the health facility level to share feedback from the community-level meetings and to confirm participation in the Project's community mobilisation initiative to improve outcomes around family planning and reproductive health.

Before the community orientation meeting, the Community Mobilisation Team who oversees conducting the community mobilisation, should undertake the following activities:

- **Clarify** the content of the meeting with themselves and the key traditional and community leaders, community groups, service providers and frontline health workers.
- **Negotiate** with all the local authorities like extension workers, traditional/community, and religious leaders on the dates for the meeting.
- **Confirm** the types of participants expected (all community members).
- **Use** the preliminary information gathered during the prepare phase of the CAC, it is expected that you know the major stakeholders and gatekeepers who should be involved on the orientation meeting.
- **Make** sure that all the participants are informed in good time (one week before the meeting day).
- **Write** scenarios for a mini drama on problems relating to a core family planning and/or reproductive health issue relevant to the community.
- **Prepare** the actors for the mini-drama, and make sure they have had ample time to rehearse the drama and you have seen it.
- **Get ready** to facilitate the meeting by reviewing these guidelines, reviewing program documents, anticipating community members' questions and concerns etc.
- **Prepare** venue, arrange the necessary inputs including stationery, budget for refreshment expenses or payment as needed, formats for attendance, branding and promotional materials-banners, binders, camera, etc.
- **Pay attention** to COVID-19 safety measures.
- **Procure** the items you may require for the meeting.
- **Plan** how to arrive at the venue.
- Clearly **define** the roles of each CMT and program members during the orientation and visioning session.
- **Consider** the issues of drinks and/or snacks for the meeting, transport refund (if there should be any – some of the participants in the meeting may be coming more than 10 kilometres away from venue of the meeting). Are you going to provide money for their

transport? How sustainable is that and what precedent would you have set? Or can it be explained to and understood by the participants?

Please note: It is important that diverse groups of people participate at this orientation meeting.

TOOL 2.2: CONDUCTING THE SERIES OF COMMUNITY ORIENTATION & VISIONING MEETINGS

Once all the preparations are done and it is time to conduct the series of three community orientation and visioning meetings. The community orientation and visioning meetings should take place at the health facility level, the community level (communities within the catchment area of the health facility).

Duration:	2 hours
Methodology:	Questions and answers Mini drama Q&A Visioning Exercise
Materials:	Flipchart; markers
Venue:	Health facility; community level

Preparation:

- Select volunteers for mini drama; prepare and rehearse scenarios or paper line prepared on a piece of paper.
- Ensure that the participants sit in a semi-circle so that they see or face each other.

Activities:

Step 1: The CMT member who is leading the meeting will call the meeting to order; and welcome all the people for coming to the meeting.

The Leader should introduce himself/herself (name, surname, home village or where he/she works and his/her role in the community mobilisation program).

Introduce the health facility who are present at the meeting.

Step 2: Lead the Project team to introduce themselves by way of self-introductions or introduce themselves in groups.

Ask the village leader to officially welcome members of the meeting, thank the people for their presence despite their various occupations and give opening remarks.

Step 3: The CMT Team with support from the Project and the Sub-National Health Promotion Subcommittee will have nominated a lead facilitator for the process (most likely chairperson of CMT or representative from the Ministry of Health). The lead facilitator introduces the objectives of the meeting to the participants i.e., orienting them to the community mobilisation program.

Step 4: Announce the mini-drama and ask the already prepared actors to go on stage to act out the play. At the end of the first scene, make a short summary and announce the second scene.
At the end of the mini drama (10 minutes maximum) discuss, using the questionnaire provided in the technical note in this guideline to gradually move from the issues discussed in the mini drama to the realities of the community.

During discussions, rephrase the questions every time the participants do not seem to react to the first question and always look for 2 to 3 different opinions for each question.

Technical Note – Sample Questions to ask after the mini-drama: *(Different questions may be asked depending on scenario and what you want people to learn from the mini-drama)*

- *Now that we have all seen the drama, who can tell me what took place in the first scene? What was the problem? What do you remember of what you have just seen? Have you experienced these family planning or reproductive health challenges in your community?*
- *What is wrong with the characters? Who is arguing? Why are they arguing?*
- *Have you experienced anything like that in your village?*
- *What happens in the 2nd scene?*

Step 5: Summarize the answers given or the discussions following the different questions you asked.

After exhausting the list of questions and obtaining satisfactory answers, inform attendees that you will lead them through a visioning exercise.

Step 6: Explain: “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?”

Ensure that participants have understood the visioning exercise, form small working groups and give them 5-10 minutes to participants to complete the exercise.

Step 7: Ask participants in plenary at the end of the allotted time, to share their dream using found objects or symbols.

:

Capture on flipchart paper key points of the dreams and facilitate a discussion that will help participants develop a draft vision based on their dreams.

- Step 8:** Ask participants once a common vision is drafted what they think should be next steps to realize this vision?
- Take note of all ideas on the flip chart paper, summarize the ideas, and agree on what need to happen next. Introduce your Project and discuss its focus on improving family planning and reproductive health outcomes.
- Make sure that the overview is made in simple language, and where necessary make sure that, all the key concepts are translated into the local language.
- Step 9:** Allow participants to ask questions and give time to respond to participant's questions regarding all aspects of the Project to make sure that the important points have been understood. Other CMT members (and the program staff) should help in responding to questions from participants.
- Step 10:** Inform the participants that the Project will invest its time and skills to help them to use existing community structures.
- Invite the people to be part of the process.
- Step 11:** Introduce the concept of the Community Action Group (CAG); a group that will be the hub of the community mobilisation activities at the community level and orient the community of their roles.
- Discuss with the people the criteria for selecting the CAG (60% of the vulnerable people from the community and 40% of the Community Health Committee members) and tell them that once they commit themselves officially to partner with the program further discussions will take place.
- Agree with the community how CAG members will be selected later (think about the selection process on the material day) and people should start about which individuals could serve on the CAG.
- Give participants time to ask questions, make comments and add some more criteria if necessary. Insist on the fact that this is voluntary work and that there will be no payment.
- Step 12:** Finally, thank the participants for their availability and their collaboration and assure them that the process that is beginning may bear fruit that will benefit their children, their families and the nation as a whole.
- While the meeting is going on; Count (discreetly) the meeting attendants (by sex) and note the pertinent observations and analysis they made.
- Step 13:** Invite the community leaders to take time to digest the information given to them, consult each other and decide if they are interested in partnering with the

program. Once they have made their decision, they need to inform the CMT so that they can move together to the next phases.

Inform the attendees that if they are interested in participating the Project, they will travel with the CMTs to the communities within the health catchment areas to carry out the same orientation & visioning meetings. After the second set of meetings at community level, CMTs and stakeholders at the health facility level should reconvene, discuss feedback from the community-level orientation and visioning meetings, and confirm participation in the Project's community mobilisation initiative.

Step 14: The Leader of the meeting should also bring the meeting to order and thank all members for coming and participating

Ask the village leader to accept the coming project by saying a few committal remarks at the meeting.

Ask the representative from Ministry of Health (i.e., Health Centre Supervisor) to say few remarks and formally close the meeting.

Step 15: Evaluate yourselves (facilitators) on how effectively you conducted the meeting.

Find time a few days after the meeting, to go around in the communities or stakeholders or make random calls to see how people feel with the program, get some feedback, and provide any complementary information.

Tips for a successful meeting

1. Be on time for the meetings – ensure that the time of the meetings has been clearly communicated. At the start of the meeting, indicate an estimate of the time that the meeting may take, and should the discussions overshoot, seek consent to continue the meeting beyond the agreed upon time.
2. Speak in the local language – ensure that the CMT understands the dialect and common terminology used on key issues related to the program and attempt to learn and use these terms. It is important for the team to learn and familiarise itself with the key program goal and other key elements in the local language and be able to articulate it with ease.
3. Wear appropriate clothing in the field – it is important to wear clothing that identifies the team with, rather than alienate it from the community. It is important not to wear clothing that the community may find offensive.
4. Wearing of sunglasses when speaking with the community members must be avoided. This helps the team to maintain eye contact with them.
5. Allow the local leaders to open the meeting and guide the discussions. It might be important to hold a caucus prior to the commencement of the meeting with the local leader and brief them on the objectives and scope of the meeting.

6. Treat people with respect, regardless of age, sex, health, or economic status
7. It is important to be realistic and not to raise false hopes.
8. It is important to ask the participants (especially towards the end of the meeting) if they have any question to the program staff and attempt to respond to the questions with utmost honesty. Be mindful not to create unrealistic expectations from the program among the community members. It is important to stay within the scope and mandate of the program.
9. Use of cell phones (calling, text messaging, and internet etc.) during the meeting must be avoided.
10. Go to the meeting sober. Do not smoke in the meeting
11. It is important not to park the car too close to the meeting venue/arena. The vehicle must be parked at a respectable distance from the meeting arena.
12. Always remember to thank the meeting participants for their time spent participating in the meeting.
13. Don't forget COVID-19 safety measures.

TOOL 2.3: PUTTING TOGETHER A COMMUNITY CORE GROUP OR A COMMUNITY ACTION GROUP

Objective:

To elect/select a team of people to comprise the CAG

Duration:	2 hours
Materials:	Flipchart paper, markers
Venue:	Community-level

Preparation:

- Community Mobilisation Team should negotiate a date and time for the meeting in consultation with the Group Village Head and other stakeholders at community level.
- The community leader should facilitate identification of convenient venue for the orientation meeting and communication to CAG members. Venues at community level may include churches, schools, or other community structures. It is important that the community leader attends the orientation meeting.
- CMT should hold a planning meeting prior to the orientation meeting to draw agenda of the meeting, solicit resources, and share responsibilities during the meeting.
- Invite participants to the village development committee meeting at least a week in advance to elect the CAG.
- Involve individuals and groups at different levels in the CAG selection process including the CMT, Project staff, sub-national staff from relevant government departments, partner Non-Governmental Organisations (NGOs), traditional leaders and representation from the community-based organisations (CBOs) and representatives from each village that comprise the village development committee or comparable structure. To address and define quality between communities and health service providers, ensure that the CAG consists of half HSP and half, community members.
- Where old CAGs exist, discuss, and agree with the community whether to use the old groups, include some members from the old CAGs or form completely new structures.
- Prepare objectives of the meeting.
- Write roles and responsibilities of the CAG on flipchart paper.
- Organize the venue and sitting arrangement with the participants.
- Choose in advance who will lead the session and let him/her rehearse his/her role.

Activities:

- Step 1:** The CMT Chairperson will call the meeting to order and will welcome participants to the meeting
- Step 2:** Ask participants to introduce themselves by way of self-introduction.
- Step 3:** Ask the community leader to officially welcome members of the meeting, thank them for coming and give opening remarks

Step 4: In the opening remarks, the community leader should inform the people that this meeting is very important, and people should take it seriously and participate freely openly

The CMT Chair will hand over the facilitation to a lead facilitator.

Step 5: The lead facilitator introduces the objectives to the participants i.e., selecting/electing a CAG. The lead facilitator will also brainstorm with the attendees on the expected roles of the CAG to be elected/selected; write them on flipchart paper

Step 6: Agree with the participants on the qualities of members from the village development committee. These all will comprise the CAG. The principles below are provided for guidance and the meeting should brainstorm on additional criteria:

- Of the community members (remember they will comprise 50% of the CAG), 40% of the membership of the CAG to be taken from the village development committee, 60% from the community (to include membership from vulnerable and marginalised/most affected/interested members of the community) to form a subcommittee of the village development committee called a CAG.
- Of the 50% of Health service providers who will form the CAG, they should be a combination of HSP that work directly with communities as managers, and head nurses.
- The community members should be left to identify the marginalised.
- Efforts should be made to avoid having members of the community that are already influential in other structures such as chairpersons of Village Health Committees (VHCs) etc. to be in the CAG.
- Efforts should be made to avoid having community members from other community structures/committees to chair the CAG. Chairpersonship of the CAG should be left to those that do not hold influential positions in other sectors of the society.

Step 7: Agree with the participants on the mode that will be used in selecting/electing the CAG. The selection/election may be done through a secret ballot, open voting, self-selection etc. Ensure all villages are represented during the meeting

Step 8: Facilitate the selection/election process for the CAG using the agreed upon method.

Step 9: When the CAG membership has been elected/selected, explore with the village development committee if they are happy with the process and its outcome. Ask them if the team that they have elected/selected is the team that they will be committed to working with on community mobilisation around health issues in their area.

- Step 10:** Once the election process has been finalized and the participants are satisfied, inform the participants about an orientation that will be organized for the CAG. Where appropriate, negotiate the actual date(s) of the orientation (if it has already been set) to ensure that CAG members keep the date(s) free.
- Step 11:** Ask the participants if they have any questions and answer only those that you have answers for. If there are no questions, thank the participants for their time and close the meeting.

TOOL 2.4: ORIENTING THE COMMUNITY ACTION GROUP ON THEIR ROLES AND RESPONSIBILITIES; AND ROLES OF OFFICE BEARERS

The Community Action Group (CAG) is an important structure to implementation of community mobilisation process especially when it comes to exploring family planning and reproductive health issues at the community level. The effectiveness of the CAGs in mobilizing members of their communities to tackle health issues largely depends on the capacity and support they acquire from the Community Mobilisation Teams (CMTs). Community Mobilisation Team should take a leading role in capacity building of the CAGs supported by your Project and district community mobilisation team.

Objective:

By the end of the session participants will have been oriented on their roles and responsibilities and bylaws defined

Duration 3 hours

Methodology: Flipchart paper, marker, behaviours cards

Preparation:

- Community Mobilisation Team should negotiate a date and time for the meeting.
- Arrange the meeting in consultation with the community leader and other stakeholders at community level. The community leader should facilitate identification of convenient venue for the orientation meeting and communication to CAG members. Venues at community level may include churches, mosques, schools, or other community structures. It is important that the community leader attends the orientation meeting.
- Community Mobilisation Team should hold a planning meeting prior to the orientation meeting to draw agenda of the meeting, solicit resources, and share responsibilities during the meeting.

Activities:

Step 1: The chairperson of Community Mobilisation Team or representative should call the meeting to order and welcome all participants.

The chairperson should then ask the community leader to give opening remarks and open the meeting

The Chairperson introduces other members of the CMT and asks CAG members for self-introduction. Introductions include names, village where they come from, and what entity they are representing.

Step 2: Ask participants to mention expectations for the meeting. List each expectation on a flipchart paper for easy view of all members. The facilitator reads aloud each expectation and presents the agenda

Once the agenda is presented, clarify eventual questions and explain whether the participants' expectations will be addressed or not during the meeting depending on their relevance. Assure participants that they will not be there for the whole day. Ask participants if they have any questions, comments, or adjustments to the agenda.

Step 3: Describe objective(s) of the orientation meeting. The objective(s) should be clearly written on flipchart paper properly displayed for everyone to see.

Step 4: Explain background of the initiative to participants as an introduction to the roles and responsibilities of CAG members.

This includes: project goals; stakeholders; implementation structures at district and community levels; selection and composition of CMT and CAG. Explain to them that they were selected by the village development committee to participate as CAG members

Step 5: Divide CAG members into two groups and let them discuss what they perceive of the roles they will play. Ask CAG members to note the points that they agree on using flip chart paper.

Step 6: Let members present what they have agreed in respective groups on a flipchart paper during plenary.

Step 7: Guide discussion on what are the actual CAGs roles from what has been presented by the groups. The Facilitator will then add the roles that were not mentioned by the groups from following roles and responsibilities as stipulated in the community mobilisation strategy document:

- Explore quality health issues in their community and develop action plans to address those issues.
- Serve as a catalyst for community responses to family planning, reproductive health, and related issues.
- Facilitate awareness raising and SBC activities
- Identify Community Health Volunteers (CHVs) and agrees on their tasks in community mobilization.
- Develop internal by-laws.
- Help to link community initiatives with the health facility and other social services.
- Ensure ownership of community initiatives rests primarily with the community.

- Ensure that the minimum required numbers of CHVs, village discussion facilitators etc. are identified and provide them support.
- Developing management systems and structures appropriate to their own capacity.
- Build upon community traditional coping strategies and avoid becoming over dependent on external resources.
- Gather and document information/data on health prevention, promotion and care activities within the community.
- Meeting on a regular basis to monitor, document progress achieved and make necessary readjustment.
- Participating on any training or capacity building activity.

Step 8: Ask participants for any questions/areas for clarification and summarize the discussion on the CAG roles and responsibilities then announce discussions on by-laws

Step 9: Brainstorm on and agree upon a code of conduct and norms for the CAG e.g. how many times they will meet per month; for how long, what they will do to the absentees; any membership fee; CAG members replacement and motivation etc.

Start by brainstorming first on areas that needs norms and by laws then in a second exercise define very specific norms. Using the examples below discuss with participants to agree on draft by-laws for the CAGs:

Example of Norms/Code of Conduct for a Group:

- We will be transparent and open about what we do and why we do it.
- We will be clear about what we can/cannot do, and avoid raising expectations
- We will do what we say, and we will keep all the promises that we make.
- We will respect confidentiality relating to HIV status and any sensitive information.
- We will make sure that all community members are involved in our activities, including people who are often stigmatized or discriminated against.
- We always demonstrate respect for everyone.
- We will actively seek to involve children fully by creating space for them to participate and demonstrating respect for and interest in their views.
- We will be always accountable to community members.
- We will strive to challenge harmful attitudes, behaviours or ideas

Adapted from Save the Children, 2009 Draft, "CASP – Mobilising Communities for Education, Health and Social Change", Malawi.

Step 10: Explain that now you will conduct an activity around equity and diversity of CAGs. By the end of the activity, participants will have identified community participatory behaviours that could be easier or harder to change regarding family planning and reproductive health.

TOOL 2.5: EXPLORING EQUITY AND DIVERSITY AMONG THE CAG MEMBERSHIP

Duration: 1 hour
Methodology: Small group work, large group discussion
Materials: Flipchart paper; markers; masking tape; behavior cards

Preparation:

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:

Step 1: Have the participants look at their hands, left and right. Explain that as hands, they are the same, yet their position and function in relation to the body are not neutral. Around the world, despite enormous cultural variability, the left and right hand are viewed and valued differently. For example, phrases such as left-handed compliment, right-hand man, and the word sinister (from the Latin word for left), which are not unique to English, reflect and reinforce this differential valuation.

This is also true with gender. What is considered feminine or masculine reflects power and hierarchy. This insight is essential to understand how gender inequality and restrictive gender norms lead to inequities in health and how persistent these disparities can be.

Step 2: Next introduce the activity. Tell participants we are going to think about the people in the communities where we work. (20 minutes)

- Have participants form small groups of 4-5 people.
- Give each group a packet of behavior cards. Explain that there are behaviors listed on the cards.
- Ask participants to take a piece of flipchart paper and make four columns. Write *Always*, *Sometimes*, *Never* on the top.

	ALWAYS	SOMETIMES	NEVER
Give birth	Women		Men

Step 3: Look at each behaviour, and see if you can agree as a group where to put the behavior (In the communities where you work do women always, sometimes, or never? How about men?)

Add additional behaviours specific to your community or project, if you wish.

Step 4: As a large group, 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.

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).

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. So, 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.

Step 5: Finish the discussion by asking the participants what *sometimes* behaviors could the CAG promote and how. Ask a volunteer to note all ideas on flipchart 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 6: Divide participants into two groups to discuss roles and responsibilities of duty bearers for CAG (Chairman, Secretary, Treasurer and present on a flipchart paper during plenary).

Roles of Office Bearers

Role	Key responsibilities
Chairperson	Day-to-day running of the group Disciplinary action Attending to community disputes regarding to the core program issues Liaison with partners Chairing meetings to review progress and activities
Vice Chairperson	Supports the chairperson in his or her absence
Treasurer	Keeping a record of financial donations, disbursements and expenditures incurred by group Responsible for banking and withdrawals (with second signature)
Vice Treasurer (optional)	Supports treasurer in his or her absence
Secretary	Keep minutes and resolutions from meetings Keeps records of all group activities Calls for meetings on behalf of chairperson
Vice Secretary	Supports Secretary in his or her absence May have additional responsibilities for record keeping
Representative of local government or traditional authority – may be an extension worker	Acts as focal point for communication between the group and local decision makers
Committee members	Provide support to the chair, secretary and treasurer in carrying out all activities of the CAG May provide supervision functions for community activities on behalf of the CAG

- Step 7:** The facilitator then summarises by including following roles and responsibilities as proposed for the formation and institution of the CAG, a sample of a code of conduct/norms for a group and roles of office bearers.
- Step 8:** Tell participants that this is the end of the orientation and ask them if they have any questions or comment at the end. Thank them for their participation and contribution. Inform participants that they will be invited for another meeting to continue with the process.
- Step 9:** Thank the community leader for their participation and ask them to give closing remarks

EVALUATION AND CLOSURE

Objective:

By the end of the session the participants will have given their appreciation of the session

Duration:	10 minutes
Methodology:	Plenary discussion
Materials:	Flip chart; markers

Activities:

- Step 1:** Inform the participants that we are at the end of the meeting and ask them to evaluate the workshop by stating what needs to be improved during the next meeting.
- Step 2:** Explain to the participants how the evaluation will be done; either in writing or through verbal questions and answers. Give a sample question for the evaluation and discuss and agree with the CAG members
- Step 3:** Conduct the evaluation as agreed then discuss with the participants the date for the next meeting
- Step 4:** Thank the participants for their time and recall the next steps, mainly the “Communities Defining the Issue, Exploring Strengths and Setting Priorities” phase of the CAC.
- Step 5:** Invite an already notified leader to say a word or a prayer to close the session and thank the one closing the meeting at the end.