



# Community Engagement Approach



## Manual for Basic Health Staff

(December, 2018)

Department of Public Health

## Foreword

The National Health Plan 2017-2021(NHP) aims to strengthen the country's health system and pave the way towards Universal Health Coverage (UHC). It promotes alignment among different types of providers and the engagement of various community organizations. It cannot be achieved without ensuring essential health care – what we call 'primary health care' – is available to everyone in Myanmar.

Engaging the community is central to any primary health care intervention. This empowers communities to be in control of their own lives and health decisions. Community engagement helps the community build a long-term relationship with health organizations, together developing a collective vision for the benefit of the community. It is primarily about the practice of moving communities towards a better change through empowerment. Community engagement is also one of the effective tools a country can make towards sustainable development.

To make this a reality, capacity building of Basic Health Staff (BHS) is important. They have a role of play in how they approach the community and help them to be actively engaged in primary health care. This manual will demonstrate for the BHS guiding principles and structured ways how to approach the community. It is applicable for various levels of staff.

We want to express our appreciation to the 3MDG Fund and their four donors – Sweden, Switzerland, United Kingdom and United States –for their support to the development process of this manual. We would like to thank the State/Region Health Directors of Northern Shan State, Southern Shan State and Sagaing Region, Township Medical Officers, Ethnic Health Organizations and Community Health Organizations from Thibaw, Taungyi and Chaung U Townships for their valuable input to this manual development process. We would also like to thank 3MDG implementing partners for their active participation in the development of this manual. Last but not the least, we are pleased to express our thanks to Dr Kyaw Oo, Deputy Director General (Retired), Department of Human Resource for Health, Ministry of Health and Sports for his consultancy services throughout the manual development process.



Dr. Thar Tun Kyaw  
Permanent Secretary  
Ministry of Health and Sports

## ABBREVIATION

AMW	Auxiliary Midwife
CBO	Community Based Organization
CE	Community Engagement
CEA	Community Engagement Approach
CHC	Community Health Clinic
CHO	Community Health Organization
CHW	Community Health Worker
EHO	Ethnic Health Organization
EPHS	Essential Package of Health Services
iTHP	Inclusive Township Health Plan
NGO	Non-Governmental Organization
NHP	National Health Plan
PRA	Participatory Rapid Appraisal
RHC	Rural Health Center
UHC	Universal Health Coverage

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## 1. INTRODUCTION

### 1.1. Definition of Community Engagement

**Quote 1: "Public health should advocate and work for empowerment of disfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all." (A Principle of Ethical Practice of Public Health)**

Community engagement (CE) is a continuing process of activities towards achieving a set of objectives aimed for the well-being of a community affiliated by geographic proximity, special interest, or similar situations. It is exercised by health services organizations in close collaboration, coordination and cooperation with the community groups. Activities that help firms engage the community include credible and transparent reporting, meetings, talks and collaborative decision making.<sup>1</sup>

### 1.2. National Health Plan (2017-2021) and Community Participation

"Myanmar's political leadership has expressed a strong commitment to accelerating progress towards Universal Health Coverage, which has also become a global priority." The National Health Plan (2017-2021) aims to strengthen the country's health system and pave the way towards Universal Health Coverage (UHC), choosing a path that is explicitly pro-poor. It aims to promote alignment among the different types of providers, through the engagement of Ethnic Health Organizations (EHOs), Non-Governmental Organizations (NGOs), private-for-profit providers, etc. In the NHP, it is clearly articulate that the 'Community Engagement' is one of the strategies at the core of the NHP implementation and the demand side cannot be ignored.

In this regard, enhancing community engagement and strengthening community system come up as an important agenda to achieve the UHC goal. In addition, it described that "the implementation of NHP will create or increase community engagement and the demand for essential services and interventions. Focusing on the Basic Essential Package of Health Services (EPHS), for example, will clarify entitlements and manage expectations. The introduction and strengthening of accountability mechanisms, including social accountability, will help give communities a voice, which in turn will enhance responsiveness of the system."<sup>2</sup>

### 1.3. Community Engagement Approach Manual

It aims to give support Basic Health Staff for successful approach the community for their active participation in the health promotion.



<sup>1</sup>NIH Publication No. 11-7782 Printed June 2011

<sup>2</sup>National Health Plan (2017-2021), MoHS. 2016

Successful approach will create community self-practicing their health promotion activities by their continuous effort of awareness raising, active discussion, decision making, planning and exercising. The manual contains principles and concept of CE, importance of CE, factors influencing health service provision, and ways to approach the community for their active participation.

## 2. FACTORS INFLUENCING ON QUALITY HEALTH SERVICE PROVISION

*Quote 2: Public health policies, programmes, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members. (A Principle of Ethical Practice of Public Health)*

### 2.1. Quality of health service provision

*Health care quality* is the degree to which *health care services* for individuals and populations increase the likelihood of desired *health* outcomes. Quality of care is also a key component of the right to health, and the route to equity and dignity for clients. Community engagement is also central to improving quality of care. The perspectives of women, their families and communities, on the quality of services influence their decisions to seek care. Engagement of facility service providers with the

communities they serve – so that they can understand their expectations, build trust and engage them in the process of delivery – is an essential component for creating demand for and access to quality maternal and newborn services.<sup>3</sup>

### 2.2. Effect of Health System on quality service

Efforts to improve quality of care and institutionalize a culture of quality across a health system can be supported by strong national quality policy and strategy. Integrated health services centering the people would meet the needs of people and communities, not diseases, at

#### *Tips 1:*

- Community engagement activities help the community in collaborative decision making and participation in development activities.
- One of the NHP elements is to create or increase community engagement and the demand for essential services and interventions.
- Community Engagement Manual supports Basic Health Staff for successful approach to community for their active participation in the health promotion.

the centre of health systems, and empowering people to take charge of their own health. To be an integrated people-centered health system, followings system changes are needed<sup>3</sup>;

- Empower and engage people and communities
- Strengthen governance and accountability
- Reorient the model of care
- Coordinate services within and across sectors
- Create an enabling environment.

<sup>3</sup> [www.who.int/maternal\\_child\\_adolescent/topics/quality-of-care](http://www.who.int/maternal_child_adolescent/topics/quality-of-care) (retrieved 19-8-18)

## 2.3. Effect of community participation on quality service

Community participation is a foundational principle of primary health care, with widely reputed benefits including improved health outcomes, equity, service access, relevance, acceptability, quality and responsiveness. Policy makers should strengthen policy and funding support for participatory mechanisms in primary health care, an important component of NHP for the people in remote areas. Service providers are encouraged to consider participatory mechanisms where participation is an engaged and developmental process, and where people are actively involved in determining priorities and implementing solutions.<sup>4</sup>

### *Tips 2:*

- Engagement of facility service providers with the communities they serve can understand their expectations, build trust and engage them in the process of delivery.
- Integrated health services centering the people would meet the needs of people and communities, and empowering people to take charge of their own health.
- Community participation can give health system widely reputed benefits including improved health outcomes, equity, service access, relevance, acceptability, quality and responsiveness.

## 3. IMPORTANCE OF COMMUNITY PARTICIPATION

Community participation approach is a cost effective way to extend a health care system to remote areas of a country. Communities that begin to understand their health status objectively rather than fatalistically may be moved to take a series of preventive measures. Communities that invest labor, time, money, and materials in health promoting activities are more committed to the use and maintenance of the things

they produce, such as water supplies; health education is most effective in the context of village activities. Community health workers, if they are well chosen, they will have the trust and compliance of the people they served. Community activities are most successfully promoted with reference to the people's own ideas of purity/pollution, cleanliness/dirtiness, and health/illness.<sup>5</sup>

**Quote 3:** *“There is immense power when a group of people with similar interests gets together to work toward the same goals.” – Idowu Kovenikan*

<sup>4</sup>*Impact of community participation in primary health care: What is the evidence? | Request PDF.* Available from: [https://www.researchgate.net/publication/258213067\\_Impact\\_of\\_community\\_participation\\_in\\_primary\\_health\\_care\\_What\\_is\\_the\\_evidence](https://www.researchgate.net/publication/258213067_Impact_of_community_participation_in_primary_health_care_What_is_the_evidence) (retrieved 19-8-18)

<sup>5</sup>[MacCormack CP.](#) Community participation in primary health care. [Trop Doct.](#) 1983 Apr;13(2):51-4.

## 4. LEVELS OF COMMUNITY PARTICIPATION

**Tips 3:**

- **Communities that invest labor, time, money, and materials in health promoting activities are more committed to the use and maintenance of the health system components in the context of village.**

The degree of participation and the purpose of participation vary widely depending on the type of project being done. Level of community participation in a project or activity is considered based on dimensions of idea generation, consultation, decision making, getting informed consent, involvement in implementation, and taking responsibility along with the process. The more involvement they have, the higher the level of participation and engaging.

In some collaborative implementations the role of local people is limited mostly by giving information regarding the activity. In contrast to that, in participatory implementation local people and providers have greater role and participation. Chambers and Jewkes identified modes of participation as a continuum for ensuring participation in the project.

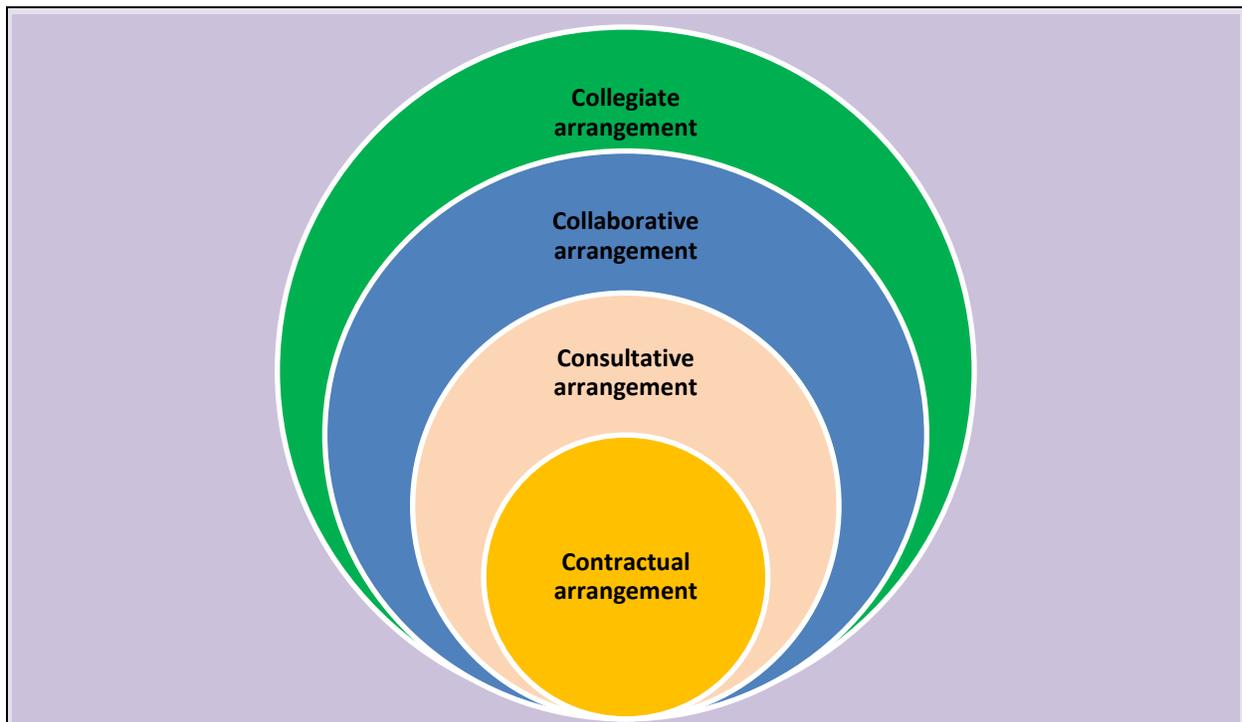


Figure 1. Adopted from Chambers and Jewke's' Modes of Participation

Contractual arrangement	Involve the contracting of people to participate in providing data which providers need
Consultative arrangement	Promote consulting with people “for their opinions” before interventions are made
Collaborative arrangement	Encourage the provider and local people to work together towards identifying, designing and initiating projects managed by providers
Collegiate arrangement	Promote local people and providers working together as “colleagues with different skills to offer in a process of mutual learning where local people have control over the process”

The continuum of participation is important to be considered by health providers. The higher the engagement of community in planning, the more ensure the continuum of participation.<sup>6</sup> Continuum of engagement could be made only with all essential engagement steps in approaching activities. These essential steps include; 1) outreach of health providers to the target community, 2) consultation with key stakeholders at the community, 3) getting their involvement in planning, and 4) getting their collaboration in implementing the plan with shared leadership.<sup>7</sup>

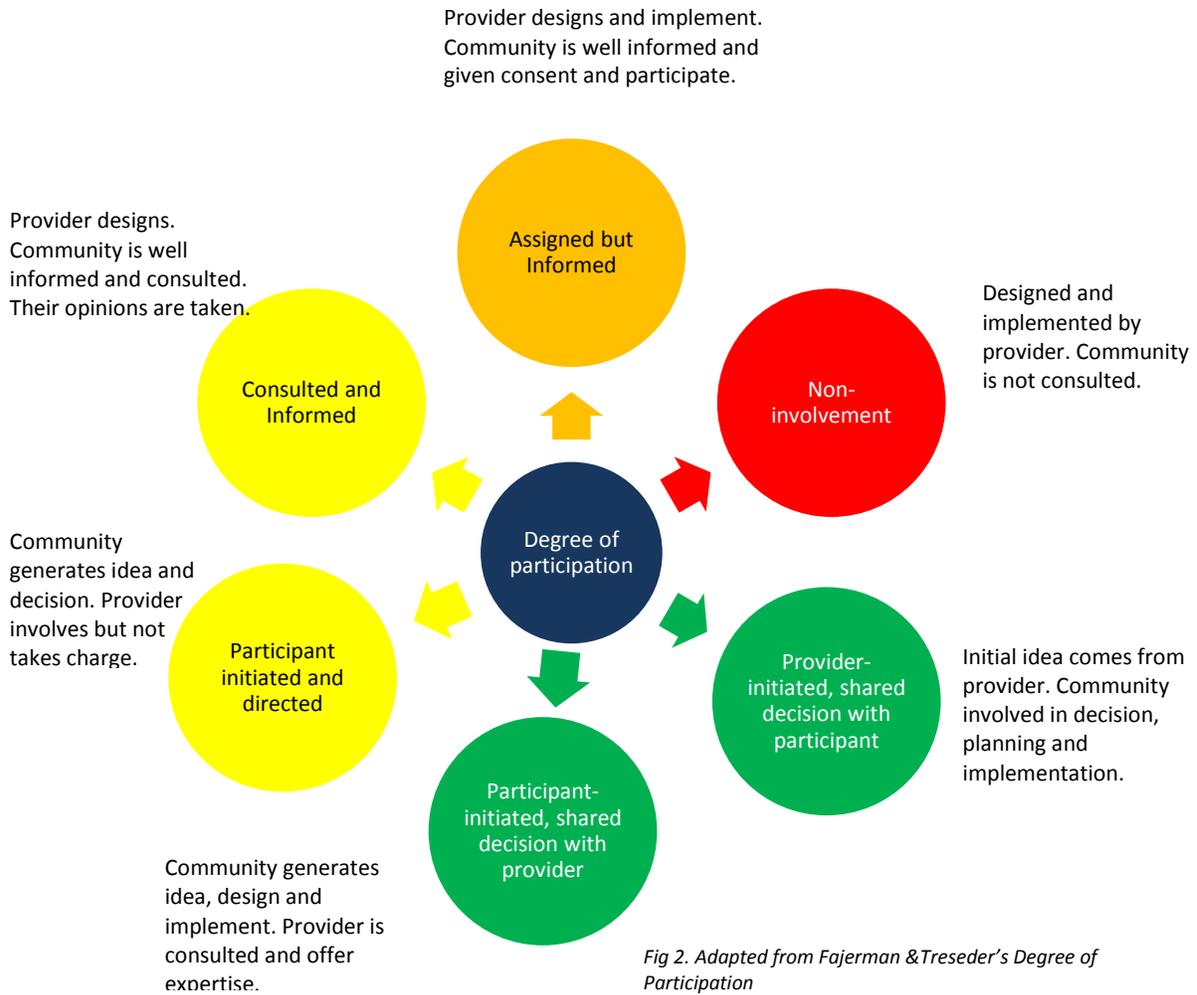


Fig 2. Adapted from Fajerman & Treseder's Degree of Participation

**Tips 4:**

- The more involvement the community, the higher level of participation.
- The higher the engagement of community in planning, the more ensure the continuum of participation.

<sup>6</sup> [http://ysu.am/files/01G\\_Tadevosyan\\_M\\_Schoenhuth.pdf](http://ysu.am/files/01G_Tadevosyan_M_Schoenhuth.pdf) (retrieved 18-8-18)

<sup>7</sup> Principles of Community Engagement. NIH Publication No. 11-7782. Printed June 2011

## 5. CONCEPT OF COMMUNITY ENGAGEMENT

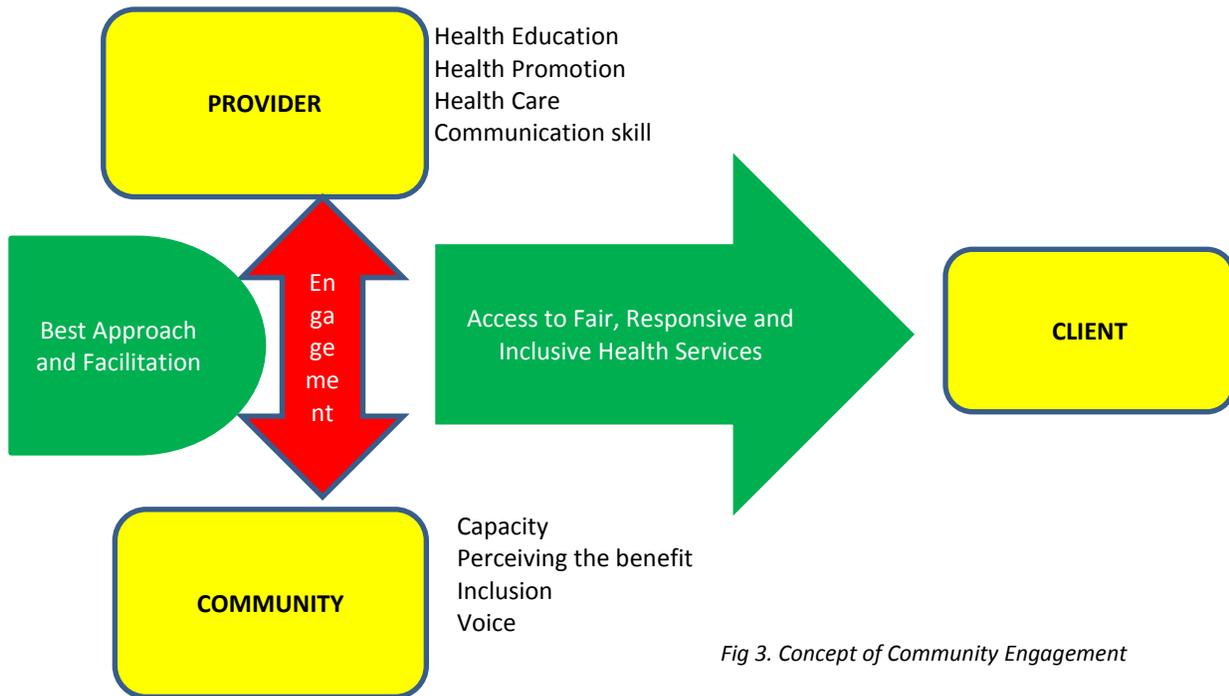


Fig 3. Concept of Community Engagement

Community could be described as the social and political networks that link individuals and community organizations and leaders. Understanding the nature and boundaries of these networks is critical to planning engagement efforts (Minkler, 1997). An individual also has her or his own sense of community membership which may vary over time and is likely to influence participation in community activities. This variation is affected by a number of factors such as emotional, cultural, or experiential tie. Sense of membership and participation is also influenced by their own individual needs, capacity, perceived benefits, confidence on inclusion and their rights to have a voice. Before individuals and organizations can participate in community health decision-making and action, they may need additional knowledge, skills, and resources. Before beginning an engagement effort, it is important to understand that all these potential variations and perspectives may exist and influence the work within a given community.<sup>8</sup>

Providers must give efforts of engagement to the community to be ready and to adopt development activities by raising awareness of the severity of a problem, transforming awareness into concern for the problem, establishing a community intervention initiative, and developing the necessary infrastructure so that service provision remains extensive and constant in reaching residents<sup>8</sup>.

In a favourable environment, if health providers approach the community with mutual respect, understanding and trust informing them clearly about their ownership on the issue and benefit of action using open informal or formal communication, they will engage in their development activities leading individual members towards access to fair, responsive and inclusive health services<sup>8</sup>.

<sup>8</sup><http://chl.berkeley.edu/images/stories/conference/communityengagementdefinitionsandorganizingconcepts.pdf> (retrieved 20-8-18)

## 6. PRINCIPLES FOR APPROACHING COMMUNITY ENGAGEMENT

There are 9 principles that are essential to the success of community-engaged health promotion for the community <sup>7</sup>.

1. Be clear about the purposes or goals of the engagement effort and the populations and/or communities you want to engage.
2. Become knowledgeable about the community's culture, economic conditions, social networks, political and power structures, norms and values, demographic trends, history, and experience with efforts by outside groups to engage it in various programs. Learn about the community's perceptions of those initiating the engagement activities.
3. Go to the community, establish relationships, build trust, work with the formal and informal leadership, and seek commitment from community organizations and leaders to create processes for mobilizing the community.
4. Remember and accept that collective self-determination is the responsibility and right of all people in a community. No external entity should assume it can bestow on a community the power to act in its own self-interest.
5. Get partnering with the community to create change and improve health.
6. Recognize and respect the diversity of the community.
7. Identify and mobilize community assets and strengths and by developing the community's capacity and resources to make decisions and take action.
8. Release control of actions or interventions to the community and be flexible enough to meet its changing needs.
9. Have long-term commitment by the engaging organization and its partners.

### *Tips 5:*

- **Recognize and respect the diversity of the community.**
- **Identify and mobilize community assets and strengths.**
- **Make decisions and take action by developing the community's capacity and resources.**

## 7. PLANNING COMMUNITY ENGAGEMENT APPROACH

Since inclusive planning at the local level is essential for the NHP, Community Engagement Activities should be included in micro-planning of the health center. BHS should consider the health services planning based on a priority problem issue, where, when and how to conduct the meeting. This information will be fed into higher level health authority that will support planning and monitoring efforts at all levels of the system. Using this information, stakeholders at township level will be able to plan and estimate cost jointly that need to be taken to fill coverage gaps and meet the minimum standards of care.

### *Tips 6:*

- **Before beginning an engagement effort, it is important to understand that all potential variations and perspectives of community.**

## 7.1. Selecting the major theme for focusing

The key concept is "making them seeing the need" and "making the need to be the demand". Many community organizations focus on conflict effected area and disaster management. BHS should carefully identify priority issues and areas in his/her area. Within time frame, he/she should consider number of activities and field visits for CE. Topic should base on real need of community. Plan for any emergencies should be one of common CE activities. CE Approach activities should be planned together with other activities as integrated activities. But RHC and sub-RHC level planning should be flexible for set time/place/issue of CE activities because CE activities are better to be based on ad-hoc issues and emergency problem like disasters. All discussed solutions from CE must be processed till to get achievement.

## 7.2. Selection of discussants

Selection should be Inclusive of discussants from diverse background for wide range of background information, problem identification, prioritization and thinking about solution and action plan. Inclusiveness, comprehensiveness and barrier free environment could support the discussion more sense of ownership and collaborative action in future leading targeted achievement.

### Suggested selection criteria

- Higher education level villagers
- Invite village leaders and village health committee
- Use trained village youth as a facilitator
- Invite respectable persons in the village
- Use well trained or experienced local volunteer/ community based health workers
- Should consider gender balance
- Set an appropriate number of invitees in meeting
- Include vulnerable/disabled/migrant people

## 7.3. Identifying time and place

- Since medical care services are major community demand, CEA should initiate with mobile clinic activities, Community Health Clinic (CHC) activities followed by recruitment of local volunteer and training. In some circumstances like mass immunization, Health Literacy Promotion activities, and some other health related events or Community Health Talk could be linked to or in-shape of CEA activities.
- Choice of time for CE meeting is evening (it depends on the availability of discussants).
- Place should be formal or informal. It is better to choose a place more familiar with discussants.
- Cost of venue would be an issue for sustainability of CE activities. Thus, low/no costing for venue or site selection is preferable.

## 7.4. Selection of the approach method

### *Tips 7:*

- **Communicate the community with respect, warm and friendly manner.**
- **Appreciate the contributors in CEA activities.**

Appropriate methods are crucial for success. It could be informal, easy and simple way of discussion. Simple way of CEA should link any emergency incidence of ad-hoc health problem or as post-emergency CE activities (Problem-based CE). Referral of emergency cases is mostly needed.

## 7.5. Prepare assistance for success

Resource scarce situation would make the planned activities difficult for implement. If the resource could not be identified, idea generation for the main activity and sub-activities during the group discussion would divert to unprioritized problem. External support is important for drawing plan for prioritized areas and also for the sustainability of CE activities and processing of the action plan. CHOs could link the community with potential donors. BHS should have more linkage between CBOs/EHOs and BHS.

# 8. SIMPLE APPROACHES TO COMMUNITY ENGAGEMENT

## 8.1. Use of Simple Approach

Community engagement can assist the achievement of key outputs and outcomes for community as well as health service providers only when it is conducted professionally and effectively. When not delivered at all or delivered badly, it can raise opposition to schemes and create an unfavourable local environment that can even challenge the successful completion of delivery. Consequently, an adequate understanding of how to achieve effective community engagement is a core skill for many providers working in different levels of health system.

In this section, simple and easy method is introduced for health providers who are not so familiar with professional dealing to community. Too structural and formal approaches make the providers reluctant to initiate the CE activities and difficult to handle or moderate the CE activities which could not achieve main objective.

### *Tips 8:*

- **Community Engagement Activities should be included in micro-planning of the health center.**
- **The key concept in approach is "making them seeing the need" and "making the need to be the demand".**
- **Inclusiveness and comprehensiveness could support the discussion more sense of ownership and collaborative action.**

## 8.2. Placecheck<sup>9</sup>

'Placecheck' is a method for members of a community to take the first steps in deciding how to improve an area. Due to its ease of application, Placechecks are often able to precipitate change in a way that might not otherwise be possible as it's very simply about looking around, understanding, talking and thinking about a place. With simply initiation and facilitation by BHS working in the community, Placecheck method could draft a quick and simple action plan which can fulfill urgent need of the community.

Placechecks have been carried out by small groups of individuals as the first step in becoming involved in a change process at their area. A Placecheck can be carried out for a place as small as a neighbourhood or town centre, or as large as a city or county. The setting might be urban, suburban, town, village, housing or even industrial estate.

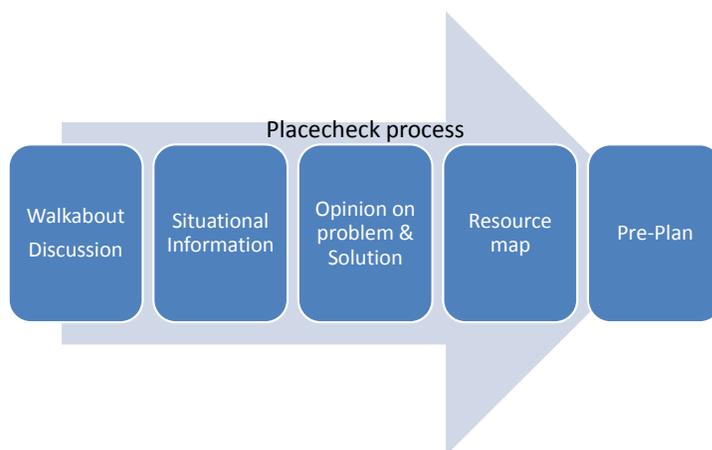
Simple, low cost, locally led with minimal resources and preparation mean process can be organised relatively quickly. Placecheck can assist the initial stages of a community planning exercise by identifying local issues and community ambitions for change. It can be used by local community leaders or health personnel - when they are seeking to establish a vision for a community, which can then be used to inform a development framework, strategic plans or action plan.

Placecheck is a method of stage one only, so it needs other techniques to build upon. It can attract only a small percentage of the whole community. Quality and robustness of outcomes are limited and varied dependent on skills of organisers.

### 8.2.1. Participants

The Placecheck provides a list of candidate participants such as; residences, residential voluntary organization, youths, community leaders, school teachers, religious leaders, land owners, business persons, health staff, health volunteers.

### 8.2.2. Process



A Placecheck consists of one or more walkabouts, followed by discussion of the information gathered and opinions provoked, and some serious thinking about the next steps and who needs to be involved. It is generally useful to pre-plan the event ahead in order to identify a series of prompts and questions which will help identify the key local issues.

Fig 4. Placecheck process

The Placecheck approach offers a very 'bottom up' methodology and participants can themselves determine the number and nature of questions that are addressed during the walkabout. Three basic questions are all that is required to get the process going. These are:

1. What do we like about the situation in this place?
2. What do we dislike about it?
3. What do we need to work on?

Information including photographs and explanatory notes gain from prompted questions are essential, and can be placed on the map.

### 8.2.3. Follow up

Follow up sessions after the walkabout are organised to agree themes and discuss/ gain consensus for further stages of the Placecheck process. The follow up activities would usually engage the original participants but may also widen the exercise to include organizations and service providers who are responsible for some of the issues identified in the initial stage.



## 8.3. Open Space Meeting

Open Space is a meeting framework that allows large groups to have self-directed, but structured discussions around a particular theme. It is quite flexible and adaptable for facilitator and community participants to create their own idea and themes of discussion without much preparation. It can generate enthusiasm among discussants for dealing with urgent issues needing quick action. The "open space" refers to the space in the centre of the discussants, which symbolises the non-prescriptive.<sup>10</sup>

It is low cost and needs minimal resources and preparation, and can be organised relatively quickly. It can break down traditional 'us and them' barriers due to high level of participant control. The more informal nature of this method can attract people than formal structural meetings. Greater ownership may motivate the discussants and commitment can emerge. Although it appears to be flexible and informal, there are strong reporting and recording structures in place. Events are normally one-off but can be run over a period of time with a series of meeting. The meeting helps quick identification of ideas or issues within a local area. It is useful when a fast response is needed or where formal procedural methods have failed or are inappropriate.



<sup>10</sup> Adfywio Cymru. A Guide to Effective Community Engagement. [www.regenwales.org](http://www.regenwales.org) (retrieved 19-8-18)

### 8.3.1. Requirement

The resources required include;

a facilitator	BHS who is responsible or trained volunteer at the local area
meeting space	building with enough space at the village
environment	have convenient for discussion and inspiration for the improvement activities for the village
refreshments	which may not over burden on the BHS or community
equipment	such as flip charts, paper and pens which are not too costly for BHS

### 8.3.2. Invitation

Send an open invitation to the community that explains the purpose of the meeting (The largest amount of preparatory work should be on promoting the event so that the relevant people are there to allow all the differing views, data and knowledge to come together.) Although it is an open invitation, topic, date & time and venue should be informed in the invitation.



Meeting time should preferably be evening or the time which most of invitees are free from daily routine task. There should be an ascertainment on the receipt of invitation and reminder system for every invitation. It is important not to miss key informants who traditionally avoid open meetings or formal settings

### 8.3.3. Preparation

1. Arrange the meeting chairs or sitting sites into a circle and provide breakout spaces where participants can move freely between discussion/topic groups
2. Provide a bulletin/clip board for participants to raise issues and offer suggestions
3. Agree on a reporting mechanism and key contacts.

### 8.3.4. Start the meeting

Procedure of the conduct the meeting would be;

1. A theme, venue and time are determined and publicised by the organisers but the content and workshops are then managed by the participants themselves.
2. Participants start by sitting in a circle and decide themselves on the issues to discuss, using a simple procedure usually guided by a facilitator.

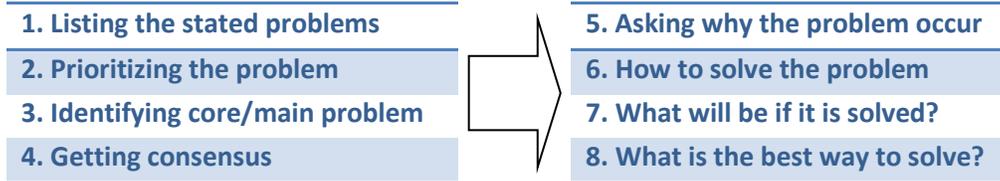
The Open Space framework provides an opportunity to bring together the knowledge of all participants and is attractive because the agenda is formed by the participants.

### 8.3.5. Discussion

1. Meeting sessions are self-managed by the participants within a framework of simple principles. Each meeting session develops a list of actions required. It needs a note taking or recording

method generated by facilitator in a convenient way such as writing on flip, note book, note sheet or white board etc. It should not be too formal for the villagers that make them reluctant to discuss openly and informally.

2. Firstly discussion starts to identify the service delivery gaps based on the assessment and considering the different types and most recent issues of health problems in the village. Then proceed the following steps;



3. Secondly, discussion focus to define the needs (including infrastructure, HR, training, community mobilization, etc.) based on identified gaps and who is to address those needs. The discussion



would be synchronized with identifying existing resource in the area by open discussion probed by the facilitator.

### 8.3.6. Action Plan

Open Space meeting helps to translate detailed discussions into action plans and can be especially useful wherever complex issues need to be resolved or when it is necessary to motivate a group or organization to action. Rewrite simply the action plan come out from the meeting.

It should include;

1. Background information (Regarding the meeting information and reasons for the conducting the meeting).
2. Major problem identified in the meeting
3. Expected outcome from the action.
4. Action decided to solve the problem
5. Plan of activities describing resources, which activities will be carried out by who, when and where, how etc.



### 8.3.7. Reporting and embedding to iTHP

Each session is used to form a report back to participants, helping to translate detailed discussions into action plans. Facilitator should take action for summarizing the discussion points and conclusion or decision made by discussants after getting consensus at the end of the meeting. Formal official report to higher level facility (including a cover letter, description of CEA Activity; stating Date, Place, Discussion

**Quote 4: Real, sustainable community change requires the initiative and engagement of community members.**

**Helene D. Gayle**

session such as; attendees, conclusion, action plan). Example of meeting report is described in Annex Table 2.

The meeting can be viewed as an end to the issues - some community members may perceive that no further action will be taken on the discussed issues beyond the meeting. (Table 3)

## 9. FORMAL APPROACH

Community Engagement Approaches should be adapted to local context in actual implementation phases according to all level of health staff could implement. Community based organizations and other related personnel should be invited for their cooperation.

The methods should be fully understood and familiar with BHS. They need training or exercise for familiarity with the methods. If there is facilitation of third party person who have experience, they can follow the activities smoothly. In existing context at some areas, local ethnic organization and voluntary organizations are actively exercising these approaches in their community. If BHS could organize and cooperate with those organizations, the community engagement activities will be much effective and productive.

In previous section, easier and feasible approaches for BHS are selected. These methods are also appropriate for community engagement and be able to synchronize with current routine activities of BHS at their areas and community. Two approaches described in previous section will be seen as exercises that just systematize to their daily activities in community.

However, for those personnel who have experiences on participatory rural appraisal methods, and those who want to exercise more formal approaches, following approaches are also included in this version. Methods of approach are internationally well established and more utilized in socio-medical research and participatory rural appraisal for some public health interventions. These methods are also modifiable to local context based on community engagement principles for achieving community oriented health promotion action plans which can support fulfillment of NHP Goals.

### Suggested selection criteria

- Higher education-leveled villagers
- Village leaders and village health committee
- Trained village youth (as a facilitator)
- Respectable persons in the village
- Well trained or experienced local volunteer /community based health workers
- Vulnerable/disabled/migrant people

### 9.1. Planning and preparation for field visit

#### Selection of key discussants

Careful selection of relevant discussants with potential topic of discussion should be made first. According to key informant interview, following discussants should be selected and invited.

An important suggestion is to have "**gender balance/ gender sensitivity**" among invitees. Having gender balance could make the discussion more complete view for issues and identifying solution and drawing action plan according to many studies.

Inclusion of vulnerable and disable persons involves practices, programs and policies designed to identify and remove barriers such as physical, institutional, communication, and attitudinal, that hamper the ability of individuals with them to have full participation in society on an equal level to those without vulnerabilities and disabilities.<sup>11</sup>

### Preparation

An appropriate number of invitees for meeting should be considered based on theme of discussion, local context (population, number of household, venue, local people's availability), logistic requirement and method of the Engagement Approach to be used. Profile of the village or area should be enquired, studied and summarized. It will help in effective facilitation and moderation of the meeting to be productive. Date and Time and Location of meeting should be set by discussion with local responsible person prior to invitation.

### Invitation

As described in the previous section, invitation should be in respective manner describing agenda, background, reason and expected outcome via mail or phone contact or personally by BHS preferably in official procedure. Every invitation should have follow up action for awareness of the invitee and whether they can attend or not. There should be a gentle reminder at an appropriate time before the date of meeting.

## 9.2. Tools

### *Tips 9:*

- **Participatory Rapid Appraisal (PRA) is a way of using lots of different community engagement techniques to understand community views on a particular issue.**

The aim is to enable local people to assess the issue, and make their own plans to address it. Health providers in community could facilitate the people in the area to be able to address themselves about issues, problems, vulnerabilities and inequalities related to health and at the same time, the provider could

empower them to have abilities to solve the issues in collaboration with providers.

Participatory tools in this manual can be used across all age groups, socioeconomic status, education and cultural background and. Participation would be on a group basis.

Methods are highly visual and information could be summarized from different approach methods and be triangulated the same information. The methods are adaptable and some of the non-traditional ways in which needs assessment is undertaken.

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<sup>11</sup> Inclusion Strategies: Centers for Disease Control and Prevention

This method is characterised by flexibility, triangulation of observation (data comes from various resources, sectors, experiences, tools and methods) and participation. There is a family of approaches and methods which enable communities to share, develop and analyse their own knowledge and is used frequently for developmental issues. It is usually done quickly and intensively – often over a two or three-week period. A series of methods are applied during this time, including interviews, focus groups, mapping and events.

However, experience and knowledge of facilitator is critical. The availability of appropriate people with the necessary skills is also important to conduct the events. This is an intensive approach to community engagement. Whilst costs are usually minimal, it can be time consuming and resource heavy. Ideally a number of facilitators and volunteers should be involved in carrying out the process. Training of those involved is essential; participatory appraisal does not rely on the tools themselves but the approach and behaviour of facilitators to maximise the quality and depth of information gathered. Proper use of methods raises people’s self-awareness, suggests viable solutions and helps people analyse complex issues and problems. It is particularly suited to rural communities and has been found to be useful in assessing long-term change.

Although there is a wide range of potential tools can be utilised in the Community Engagement method, we will describe a series of tools which can be familiar and easily adapted to the local context and BHS for their effective approach to community engagement in this manual. If there are enough facility and resource, Community Engagement should be better approached in systematically by following stages. In each stage, appropriate participatory methods are described for exercise.

- 1) Situation analysis
- 2) Problem identification and analysis
- 3) Problem prioritization
- 4) Identifying solution
- 5) Drawing action plan

**Tips 10:**

It is recommended for its flexibility and ability to promote ownership of knowledge and ideas and is ideal for:

- Identification of populations within given geographical boundaries,
- Identification of local knowledge and areas of change,
- Sharing of local information and knowledge,
- Empowerment of a community to promote ‘ownership’,
- Exploration of opportunities for dialogue with individuals, groups, services and organisations, and
- Dissemination of local knowledge

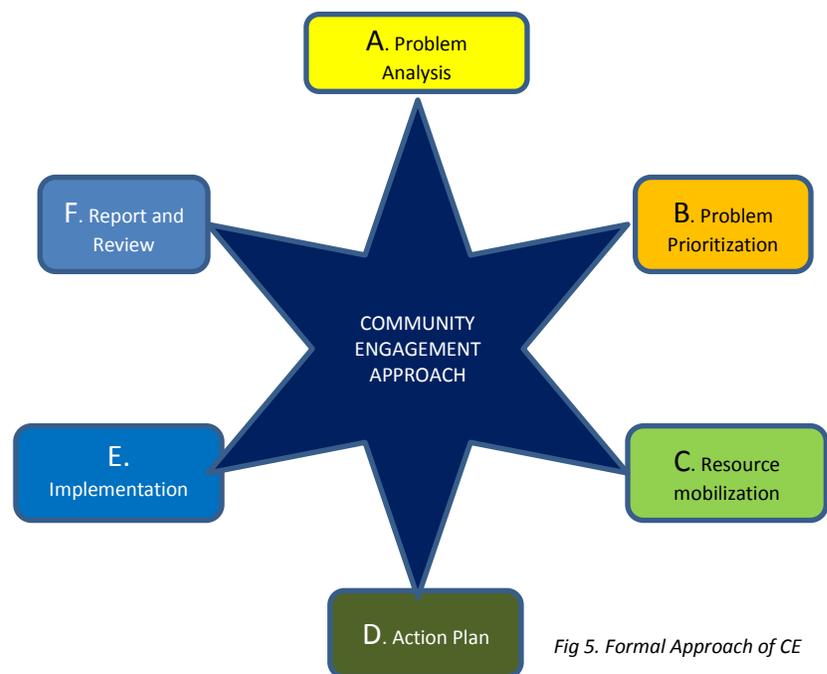


Fig 5. Formal Approach of CE

### 9.2.1. STAGE 1: Situation analysis<sup>12</sup>

Health risk and resource mapping as a kind of community resource mapping is a method of showing information regarding the occurrence, distribution, access to and use of resources; topography; human settlements; and activities of a community from the perspective of community members. It can enable people to picture resources and features and to show graphically the significance attached to them. A risk and resource map which is drawn by the residents and which shows the social structures and institutions found in an area helps us to learn about location and occurrence of health related issues, social and economic situation and differences between the households.<sup>13</sup>

#### Requirement:

- 1-2 hours duration
- Skilled facilitator
- Notebooks/papers and pens
- Enough free space
- Sticks, stones, leaves, seeds, colored powder, and so on

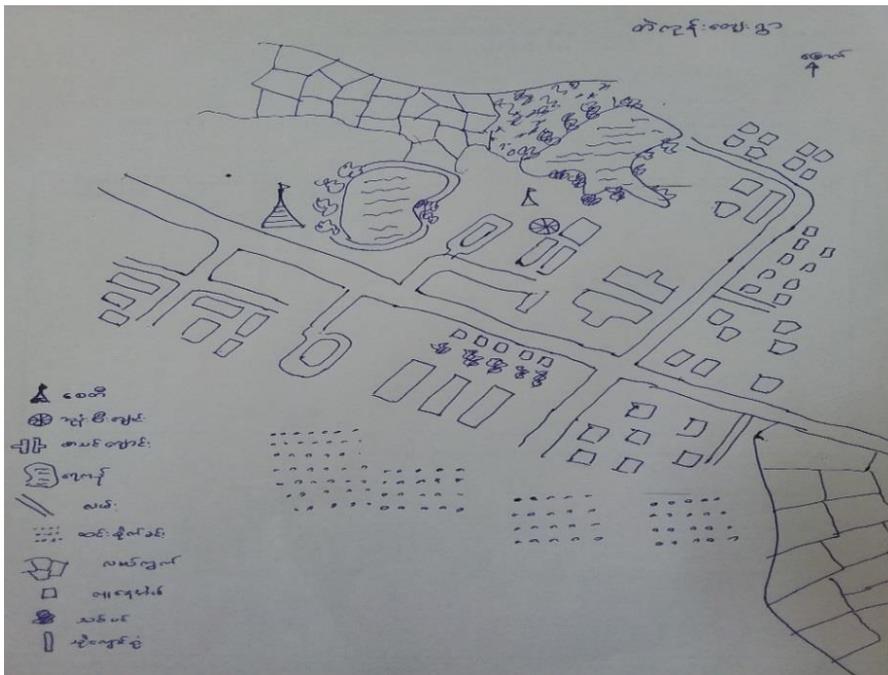


Fig 6. Village Resource Map

<sup>12</sup>[http://siteresources.worldbank.org/EXTTOPPSISOU/Resources/1424002-1185304794278/4026035-1185375653056/4028835-1185375678936/4\\_Community\\_resource\\_mapping.pdf](http://siteresources.worldbank.org/EXTTOPPSISOU/Resources/1424002-1185304794278/4026035-1185375653056/4028835-1185375678936/4_Community_resource_mapping.pdf) (retrieved 19-8-18)

<sup>13</sup>Picture of social mapping of 'Purba para' (a part of the village) in Netrokona, Bangladesh 2008

***Steps in procedure***

**Step 1:** Select Discussants. Identify the groups of people to talk to about their perceptions of their local key resources relevant to the topic. It might be necessary to balance different categories (such as ethnicity, well-being category, or gender). Groups of five to ten local analysts should reflect any relevant and important social divisions.

**Step 2:** Provide Introductions and Explanations. Begin the session with introducing themselves by facilitator and explain carefully and clearly the objectives of the discussion. Check that the discussants understand and feel comfortable with what will be discussed.

**Step 3:** Produce a Community Resource Map.

First decide what *type of area* the map will show or any limitations. (With the help of discussants, select a suitable place and medium such as on the ground using objects such as stones, seeds, sticks, and colored powder; on the floor using chalk; or directly on a large sheet of paper, using pencils and pens.)

Ask the local people to start by preparing the outline or *boundary* of the map. The process should not be rushed.

Ask the discussants to draw other *landmarks* on the map that are important to them. (It is not necessary to develop an absolutely accurate map; the goal should be to get useful information about local perceptions of resources.)

Discussants should develop the content of the map according to what is important to them, which might include *infrastructure and services* (such as roads, houses, bridges, schools, health clinics); *geographical structures* (water sites and sources; agricultural lands, forest lands, and grazing areas; soils, slopes, and elevations); *social structures* (households, school, female Headed Households, ethnic groups, mobile population, shops and markets; churches). If time and the situation allows, local analyst could integrate the *wealth ranking* among the households.

Once the map is underway, sit back and *watch*; only interrupt when absolutely necessary or if the analysts stop drawing. (Alternatively, it might be helpful to go away for a time and come back later.)

If the map is being drawn on the ground, ask the discussants to start making a copy on to paper (indicating which direction is north) once the broad outline has been established. This process is important because extra information and corrections can often arise as a result. Also ensure that a copy or permanent record of the map is available if they want it.

Once the discussants stop, ask whether anything else of importance should be added. When the map is completed, facilitators should ask the discussants to describe it. Ask questions about anything that is unclear.

A further stage that might be useful involves transposing the information from the community resource map onto a *conventional topographic map*. (This process creates two outputs by discussants: a community resource map rich in local people's perceptions regarding their resource base and a more detailed topographic map that adds precision in the location of the information.)

**KEY QUESTIONS**

- What health and related health problems are abundant or scarce?
- Which area has the most health problems?

- How does access to health vary between households or social groups?
- Who makes decisions about health care seeking?
- Where do people obtain transportation?
- Who takes responsibility for needs (transportation)?
- Where do people seek health care services?

**Step 4:** Analyze a Community Resource Map. Once the map has been completed, use it as a basis for conducting semi-structured interviews on topics of interest (such as how health seeking behaviour patterns have changed and why, how and when people move in/out from the area and why and what consequences occur etc.) or for collecting more statistical data (such as how crop yields vary from one area to another) and for enabling discussants to conduct their own discussions and discussants. These discussions should be noted or recorded.

It might be useful to have a list of key questions to guide a discussion about community resources. Key questions might include the examples in the box.<sup>14</sup> If discussants have sufficient time, it might be useful to ask them to draw a seasonal calendar to illustrate changes over time of problem or resources and vulnerable community. (If there are several different groups, ask each group to present its map to the others for their reactions and comments. Are there serious disagreements? If so, note these and whether a consensus is reached.)

**Step 5: Conclude the Activity**

Check again that the discussants know how the information will be used

Ask the discussants to reflect on the advantages, disadvantages, and the analytical potential of the tool. Thank the local discussants for their time and effort.

## 9.2.2. STAGE 2: Problem prioritization<sup>15</sup>

**Description:** Community engagement activity can only start with identifying and defining the main problem and continue with analysis of the factors causing the undesired situation and in order to organise the plan of action. The prioritisation of the focal problem is the most crucial and often the most difficult task to be performed. The priority focal problems selected constitute the bases upon which to build an effective development strategy. This good start leads the people in providing an effective and

**Tips 11:**

- To be relevant to community needs and capabilities, the selection and prioritisation of the focal problems should be done hand in hand with the people.

sustainable solution to address the identified problem. When dealing with community engagement, we need to identify the right starting point that will enable us to provide the solutions to the critical problems. The problems and needs of the communities are crucial to involve the community in the decision making process for their development plans.

Focal problems, also known as development (health promotion) entry points, are the major causes of the main problem. This is important because, generally, neither the community nor the basic health

<sup>14</sup>[http://worldbank.org/EXTTOPPSISOU/Resources/1424002-1185304794278/4026035-1185375653056/4028835-1185375678936/4\\_Community\\_resource\\_mapping.pdf](http://worldbank.org/EXTTOPPSISOU/Resources/1424002-1185304794278/4026035-1185375653056/4028835-1185375678936/4_Community_resource_mapping.pdf) (retrieved 19-8-18)

<sup>15</sup><https://www.sswm.info/planning-and-programming/decision-making/situation-and-problem-analysis/problem-%26-preference-ranking>

staff/ organization has sufficient financial and human resources to eliminate all the causes of the main problem at the same time.

A good way of prioritising root-problems is to assist the community to rank and score them. One simple participatory method is to ask participants to list the main problems of their community are confronted with. Afterwards, ask them to rank these problems in order of importance. These enable BHS and CBOs to obtain information on community's preferences, priorities, and criteria for major problems.

**Tips 12:**

- **Priority focal problems should be selected on the basis that they are considered to be major bottlenecks to the solution of the main problems, by both the community and the BHS.**

***Problem identification Exercise 1 (adapted Nominal Group Technique)***

**Requirement:**

- **Cards, Flip papers and board, Soft pen, Space, 1-2 hours**

**Steps in procedure:**

A. Grouping:	If need of grouping, it should be in accordance with socioeconomic strata of type of community.
B. Silent generation of ideas in writing:	Let discussants individually list major issues in the community recently or frequently happening which cause the people distressing in solving it. The participatory process would base on both subjective and objective interests. Let the discussants think individually and write down their result on separate sheet of paper.
C. Round-Robin Listing of Ideas on Flip Chart:	Let individual presentation (without discussion) of own generated ideas to stimulate write newer ideas among audience.
D. Serial discussion of ideas on Flip Chart: Let start discussion:	Let discussants clarify, elaborate, defend or dispute with items, or add new items.
E. Priorities:	Following the break, the group is asked to rank the priority or critical problem elements choosing the 3 most critical elements from the total list on the flip pad. The facilitator requests each member to independently choose and record on three items from the list at flip paper that he/she perceive most important each on a separate sheet. After each participant has chosen the 3 items he considers most crucial, the staff person requests the participants to rank the 3 items in order of importance by writing a value of "3" on the card with the most important item, "2" on the second most important card, etc. During this period when members of the group are ranking priorities the staff researcher prepares a voting tally sheet on the flip-chart. As each participant completes his ranking of the three items he feels most critical, he goes to the tally sheet and writes his weighted value next to the item number on the tally sheet.
F. Priority	After each group member has written his vote on the tally sheet, a spontaneous

ranking;	discussion ensues in which participants can re-clarify, elaborate, defend or dispute, the preliminary vote. This discussion of the priority vote usually results in a redefinition of some problem dimensions.
G. Re-ranking:	Following the discussion of the initial vote, the staff researcher asks each participant to review and change, as he wishes, the 3 preliminary priority items on his cards. Then each individual privately re-ranks his three critical items. The facilitator then asks each participant to privately rate his re-ranked items. In this rating procedure, each individual assigns and writes a value of 10 on his most important priority card. He then assigns values between 0 and 10 on the other 2 cards in his set so as to reflect relative differences in importance between items. This final rating of priorities is collected by the facilitator.
H: Final ranking and prioritization:	Facilitator collects the group members' selected list, scoring sheets and writes the list and scores on a flip paper. Items similarly selected by different discussant would be collapsed into one but the score would be summated. Prioritized problems are then identified in group consensus.
H. Reporting:	All the groups then meet together and the preliminary votes of each small group are reported to the entire audience. Discussion is allowed for as long as the participants desire usually about 20 minutes. The health planner briefly explains how the data obtained in this exploratory meeting will be used to define the parameters or critical dimensions of the problem under investigation. The discussants are thanked, and the meeting concludes.

### ***Problem identification Exercise 2 (Pair-wise Ranking)***

Sometimes focal problems from exercise 1 could not be decided to clear cut priorities. In this circumstance, facilitator may use another exercise called Pair-wise ranking approach. The method makes the discussants brain storm exercises on which focal problems are more important than others. The exercise stimulates them intensive thinking and critique on each and every problem in accordance with their background situation.

#### **Requirement:**

- **Cards, Flip papers and board, Soft pen, Space, 1-2 hours**

Pair-wise ranking exercise could be carried out as following steps.

Step 1:	Draw a table with (number of problems + 1) row and column. Enter the name of problems which will be prioritized in row captions and column captions as shown in the example. The first cell in the row /column will be emptied or write "Problem". Shade the diagonal half of the cells. We will use only the remaining half of cells.
Step 2:	Note down the (six) problems/preferences on a separate card — use pictures or symbols instead of text, where possible. (Example: Lack of facilities, Pregnancy, Losing traditional values, Distance from home, Early marriage)
Step 3:	Place two of the cards in front of the discussants and ask them to choose the bigger problem and to give reasons for the choice. Mark down the response in the appropriate box in the priority-ranking matrix.

- Step 4: A preference matrix has two identical lists of problems or alternatives, one across the top (x-axis) and the other down the left side (y-axis). Each open box or cell in the matrix represents a paired comparison of two items or alternatives.
- Step 5: Present a different pair and repeat the comparison.
- Step 6: Repeat until all possible combinations have been considered.
- Step 7: List the problems in the order in which the discussants have ranked them by sorting the cards in order of priority.
- Step 8: Check with the discussants whether any important problems have been omitted from the list. If there are any, place them in the appropriate position in the ranking.
- Step 9: If appropriate, use the ranking to begin a discussion about potential solutions to the priority problems.

Problems	Lack of Facilities	Pregnancy	School fees	Losing traditional values	Distance from home	Early Marriage
Lack of Facilities		pregnancy	lack of facilities	lack of facilities	lack of facilities	early marriage
Pregnancy			pregangy	pregnancy	pregnancy	pregnancy
School Fees				school fees	school fees	school fees
Losing Traditional Values					distance from home	early marriag
Distance from home						early marriage
Early Marriage						

Problem	No. of Times Preferred	Rank
Pregnancy	5	1
Early Marriage	4	2
Lack of facilities	3	3
School fees	2	4
Distance from home	1	5
Losing traditional values	0	6

As the relevant priority focal problems are being selected and analysed, the most effective ways and means of eliminating them or reducing their influence are also being identified and discussed. Once decisions on possible solutions of the priority focal problems are reached, the design of the community engagement, beginning with the formulation of appropriate solution and objectives, can start.

**Tips 13:**

- Proper problem identification and analysis are the bases for the design of an effective and successful problem solving community engagement.

### 9.2.3. STAGE3: Problem tree analysis<sup>16</sup>

*Every problem has causes and consequences.*

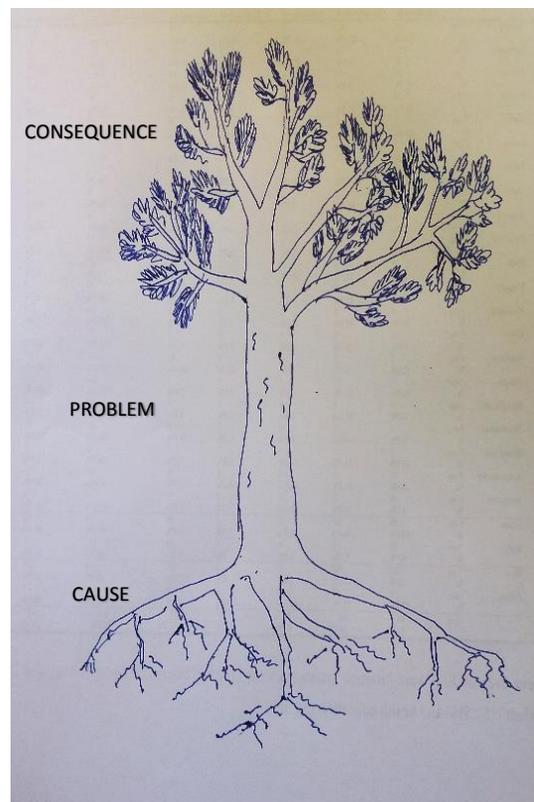
**Description:** The problem tree is a visual problem-analysis tool that can be effectively used by both field development staff and the community to specify and investigate the

causes and effects of a problem and to highlight the relationships between them. For each problem tree carry out a comprehensive cause-effect analysis of the situation identifying the focal problems.

As the name implies, this tool resembles a tree. The roots of the tree, in the lower part of the drawing, metaphorically represent the causes of the main problem (Figure: Problem Tree). The tree trunk at the centre of the drawing represents the main problem and the tree branches, on the upper side of the drawing, provide a visual representation of the effects of the main problem. It will later form the bases for formulating solutions and objectives for the community engagement activities. The problem tree can be used in on-going projects as well as in the formulation of new development efforts with a community.

A discussion of the causes can help to identify the segments of the community who are most affected and who should be specifically interested in participating in activities aimed at removing the causes of the problem.

The most important tool to keep in mind throughout this process is a single question or rather a single word: '**WHY?**' It is amazing how this short word can generate unexpected insights, which greatly help in developing an effective strategy. Never be afraid of asking or wondering why something is happening, even if it seems obvious. Looking for reasons why something is occurring is the correct way of investigating an issue.



<sup>16</sup><http://www.fao.org/docrep/008/y5793e/y5793e04.htm> (retrieved 19-8-18)

Let us consider this story.

<i>Thi Thi was going to work when her car broke down.</i>	<i>WHY did the car break down?</i>
<i>Thi Thi checked her car and found out that the fan belt had broken.</i>	<i>WHY did the fan belt get cut?</i>
<i>Probably because she had driven the car for too long without replacing the belt.</i>	<i>WHY?</i>
<i>Because she enjoys travelling by car or maybe she lives far away and she needs to use the car to accomplish her daily tasks.</i>	<i>WHY?</i> <i>This questioning could continue to infinity but when should it stop?</i>

*The answer is: whenever a point is reached that will allow for the problem to be effectively addressed. In Thi Thi's case that point was reached when she found out that the fan belt was broken. Since her main problem was that the car would not move and her objective is to have the car fixed to go to work everyday she only needs to find a good mechanic and replace the belt. It is of no use, and of no relevance for solving the problem, to know why she drives long distances by car.*

**Requirement:**

- **A facilitator, observer/note-taker**
- **Local discussants**
- **about 1-2 hours**
- **Good participatory facilitation and social analytical skills**
- **Markers and large sheets of paper are required**
- **Notebooks/paper and pens**
- **Enough free space**

For each specific main problem selected develop a problem tree. Before going to the next section go through this summary outlining the sequence of developing a problem tree.

**Steps in procedure:**

Step 1:	At the centre of a large paper, or any other big space as available, draw a square representing the main problem;
Step 2:	Above the central square draw the branches of the tree (i.e. the effects experienced as a consequence of the main problem) making a box for each effect leading to another one and so on;
Step 3:	Below the central square representing the main problem draw the roots of the tree (i.e. the factors causing the main problem) making a box for each cause resulting in another cause and so on;
Step 4:	Use the fully developed problem tree to analyse all events and their causal relationship. Remember that each box, depending on how it is looked at, can be a problem, the cause of a problem (that is, of the box directly above) and the effect of a problem (that is, of the box directly underneath).



### 9.2.4. STAGE 4: Identifying the solution

**Description:** Solution is a way of solving a problem or dealing with a difficult situation so that the difficulty is removed. Previous section explained about the problem identification, analysis and prioritization using participatory methods. The people in the community are trying to engagement on improving activities for their community. If they expect to change of the community in positive direction, they need to give effort in positive direction targeted to their expectation. In community engagement approach, we expect the community to engage a specific, feasible, achievable, time bound and committed action in collaborative manner.

This section, the invited community discussants are to be stimulated in participatory approaches to find out an action objective for solving the problem they identified and prioritized.

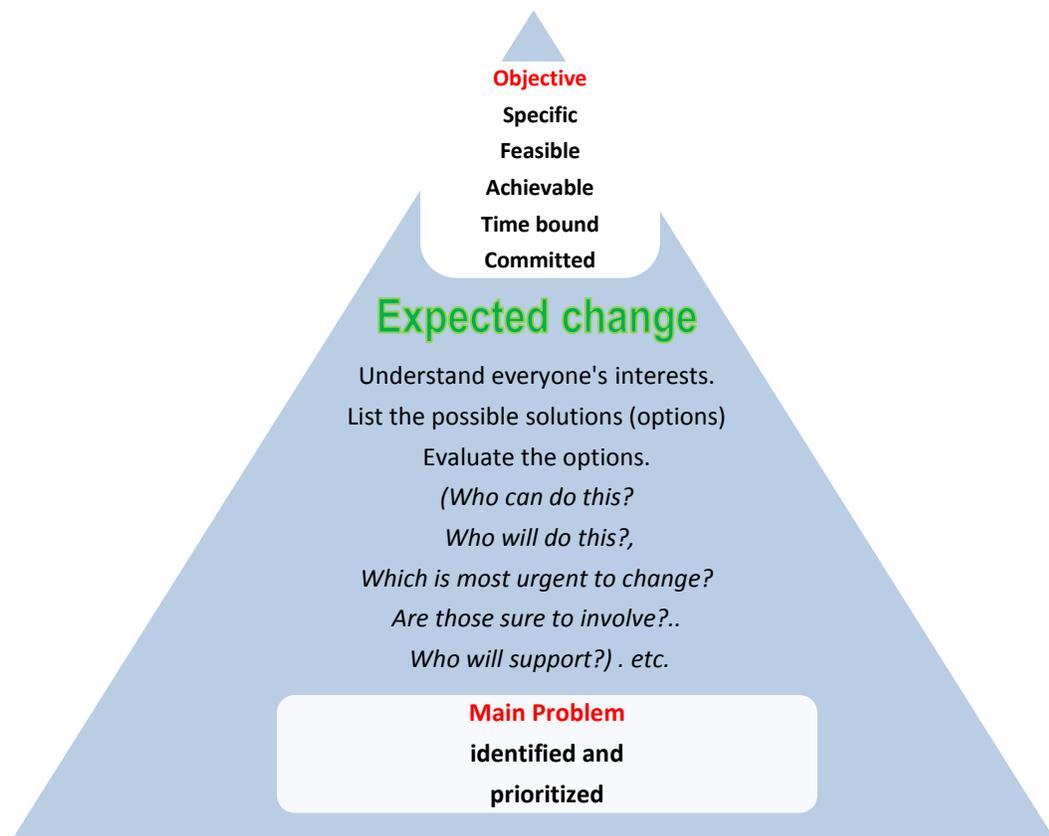


Fig 7. Identifying a solution

#### Requirement:

- A facilitator
- Flipchart paper
- Pieces of paper
- Pens
- Free space

**Steps in procedure:**

Step 1:	Beginning by writing out the main problem identified and prioritized from previous exercise.
Step 2:	Ask the informant what kind of change they expected to remove the problem. Write down the changes they expected on flip paper and let them discuss to screen most important and essential point for expected change.
Step 3:	Request discussants to answer following question related to their expected change plan. What action will be needed for this change? Who can do this? Who will do this? Which is most urgent to change? Are those sure to involve? Who will support? etc. From discussion at Step 3 process, discussants and facilitator could make the expected change plan to be more specific, feasible and committed one.
Step 4:	Then, use new expected plan for asking similar questions as Step 3 again and again till to get most specific, feasible and committed one.
Step 5:	Final expected most specific change plan one will beset as working objective from their commitment.

**9.2.5. STAGE 5: Drawing action plan<sup>17</sup>****Exercise 1. Resource Map** (Source: adapted from Callens et al. and Berg et al.)<sup>18</sup>

**Description** A Resource Map is a map showing a community's or group's living environment, natural resources, social facilities and infrastructure. The objectives are to gain an overview on the situation in the area as perceived by the people living there, · to find out various potential resources on solving major problem and objective of change process.

The Resource Map is a good tool to with which to begin with. It is easy and fun for local people to do. It helps initiate discussion amongst the group members themselves and with the PRA/PLA-team. Apart from starting a joint process of information gathering and analysis, the Resource Mapping is also a helpful tool to make outsiders familiar with the people and their area, because it provides an overall orientation to the features of the group and its resources.

In most cases, it will make a lot of sense, to go through this map with separate sub-groups, e.g. men and women in the village. This is because women and men often do different work and use different resources, which results in a different focus on what are important features. Resource Maps may include: water sources, firewood sources, grazing land, infrastructure (e.g. roads, buildings, bridges),

<sup>17</sup><http://www.fao.org/docrep/006/ad424e/ad424e03.htm> (retrieved 19-8-18)

<sup>18</sup>Callens/Seiffert/Sontheimer: "Conducting a PRA Training and Modifying PRA Tools to Your Needs. An Example from a Participatory Household Food Security and Nutrition Project in Ethiopia."

shops, markets, health clinics, schools, mosques, churches, special places (sacred sites, cemeteries, shrines, etc.)

### Requirement

- **A large space soft and sandy ground easy to draw on (or)**
- **Large size flip paper and pens**
- **Facilitator**
- **Note taker**
- **Marker materials of various types**

### Steps in procedure:

Step 1:	Start by placing a rock or leaf to represent a central and important landmark or large size flip paper
Step 2:	Ask participants to draw a map of the area they are living in, showing all important items (according to their perception), such as natural resources, buildings, infrastructure etc. Encourage them to use symbols or natural materials to visualise the different items.
Step 3:	Take care, that once somebody has made a statement, you ask the others, whether they agree, disagree or want to add something - encourage again and again the participation of all persons present. Once they stop, you can ask whether there is anything else of importance that should be added.
Step 4:	When people stop working on the map, ask them first, if all participants feel that the map is complete and shows all important things in their living environment.
Step 5:	Then start asking questions like: "which of the things we can see on this map are helpful for set objective?" - "which ones are bothering?" - "to whom belongs this?" - "who decides how to use this and that resource?" - "where are the problems in your area?" etc. Highlight the resource to use for activities related to the set objective.
Step 6:	After having discussed the characteristics of the area and the actual conditions of living there, ask people to show you, how they would like it to look like after 5 years, what could be done to reach such a situation, who would be the persons/groups to decide upon and enhance such changes
Step 7:	Make sure to note down carefully all important points of discussion and any other additional information
Step 8:	Draw a copy of the map before leaving - insert the legend and cardinal points
Step 9:	North, South, East, West
Step 10:	Before closing the session, thank participants for their contributions

**Exercise 2. Mobility Map** (Source: adapted from Berg et al.)

**Description** A mobility map is a map which shows patterns of spatial mobility for different groups within an area/community subgroup. It helps to find out about patterns of spatial mobility for different groups and sub-groups within an area (e.g. women/men, elders/youth, herders/farmers etc.) and to analyse contacts of group members to persons outside their group.

**Requirement:**

- A large space soft and sandy ground easy to draw on (or)
- Large size flip paper and pens
- Facilitator
- Note taker
- Marker materials of various types

**Steps in procedure:**

Step 1:	Explain to participants that they would like to understand their local pattern of movement, the destinations they frequent, and the purposes of their movements.
Step 2:	Find out about one area, where they usually spend more time than in other regions and mark this in the centre of the drawing.
Step 3:	Ask participants to name all important places they usually visit/move to within one year.
Step 4:	Encourage them to draw these places in relation to the centre one.
Step 5:	Then ask about the purposes for which they move and invite them to choose symbols for these purposes and indicate them on their map.
Step 6:	Ask them to connect the different destinations with lines and to indicate the frequency of moving to the respective areas by the thickness or number of the connecting line.
Step 7:	Probe for details by asking how often they actually move to a certain destination - try to find out, whether some of the movements are done seasonally or following other reasons - ask, which means of transport they use for which destinations. Note the information on the map.

**Key questions to probe:**

- How far and to which destinations do the group members move?
- For which purposes/resources do they move?
- Which resources are being used by which groups/where is competition?
- How intense is their contact with other people?
- How high is the frequency of mobility and what does it depend upon?
- Which group members/sub-groups have more/less outside contacts?
- To which sources of information do the outside contacts draw?

### Exercise 3. Wealth Ranking (Source: adapted from PL&A)

**Description:** Wealth Ranking (also called Wealth Grading) is a tool to support an analysis on the social standing and conditions of certain groups of local people. Objectives are to identify different socio-economic groups, to investigate the impact of a specific intervention on those different groups and to investigate the criteria of defining wealth amongst local people. This exercise is suitable to conduct in CEAs at village level or small size coverage HF than township level CEA.

#### Requirement:

- A large space soft and sandy ground easy to draw on (or)
- Large size flip paper and pens
- Facilitator
- Note taker
- Marker materials of various types

#### Steps in procedure:

Step 1:	Begin by writing out the names of members of the community on cards.
Step 2:	One name per card, or one household per card.
Step 3:	The informant is asked to look at names on the cards and to identify which one is the best off, which one the least well off.
Step 4:	This process is continued until all the cards have been identified.
Step 5:	The process can be continued with each of the three groups of cards that you now have - best off, middle, and worst off.
Step 6:	The informant now has to be asked to explain what criteria was used to make these distinction.
Step 7:	Once the criteria has been made clear, the team can go back and cross-check the information, asking whether the criteria fits for all the ranked cards.

#### Key Questions to probe:

- Which different socio-economic groups do exist in the region?
- What are the underlying rationalities for local people to define someone as 'rich' or 'poor'?

#### Exercise 4. Seasonal Calendar and draft action plan (Source: adapted from Berg et al.)

**Description:** A seasonal calendar is a tool to explore seasonal changes (e.g. of climate, workload, grazing areas being frequented, fodder and water availability) throughout the year. The objectives are; 1) to generate information about seasonal trends, 2) to identify the time and amount of labour arising from activities done by women, men, elders, youth within a group of local people, 3) to plan for additional/alternative activities, 4) to identify convenient time periods for meetings, training etc., 5) to increase awareness of participants and field workers on different workloads at certain times of the year and 6) to identify periods of particular stress and vulnerability, where support from outside would be needed. Action plan describe activities in detail breakdown for the main objective in sequence of start, time to act, persons to lead and available resources. It is the end output for Community Engagement Approach activities and start points for iTHP and further Community Engagement Activities.

#### Requirement:

- A large space
- Large size flip paper and pen
- Facilitator
- Note taker

#### Steps in procedure:

<b>Step 1:</b>	Ask participants to draw a matrix, indicating each month down along the top row.
<b>Step 2:</b>	Encourage people to talk and discuss the items (eg main activities in details need for the objective) to be looked at, and to indicate them along the first column in sequence of start.
<b>Step 3:</b>	Then ask them to come up with changes in quantity/intensity of seasonally varying dimensions and different actors in the respective cell of the matrix.
<b>Step 4:</b>	Then let them start together to identify potentials (eg in terms of resources/time) and constraints throughout the year.
<b>Step 5:</b>	Try to find out, whether all these changes are similar every year, or if there are also significant variations between the years and, if so, what causes them.
<b>Step 6:</b>	Try to reallocate the results of discussion into the table below for draft action plan and let them see and further discussion on correction and commitment.

#### Key Questions:

- Which are important activities which will be needed for set objective?
- Are there free labour capacities during the year?
- Which individuals/groups would be in a position to contribute more labour during which time of the year?
- Which might be the most appropriate seasons for additional activities?
- Which time constraints exist and what are the reasons?

### Exercise 5. Drawing Action Plan

Drawing Action Plan will usually begin with a provisional meeting where the scope and range of the exercise will be determined with residents playing a key role at that early stage. It is a final stage of the process which includes the collation of all the assembled information and the identification of the key issues resulted from previous CEA activities such as situation analysis, problem identification & analysis, solution finding and resource mapping.

Previous CEA Activities identify persons who need to be involved. Appropriate venues and importantly scopes the range of 'suggestion cards' which will be used in creating commentary "time, place, person, resource and action" model. The suggestion cards are grouped into key themes and colour coded to facilitate later stages of collation and prioritisation of inputs and identified issues in developed draft action model.

**Step 1:** Ask participants to draw a matrix, indicating each detail activities down along the first column in sequence of start.

**Step 2:** Encourage people to talk and discuss the inputs for the activities such as time, place, persons and logistic support are to be filled in top row.

**Step 3:** Then let them discuss together to identify potentials (eg in terms of resources/time) and constraints throughout the involvement which will finally reach to commitment and decision to involve, collaborate in the activities.

**Step 4:** Try to finalize the results of discussion into the table below for draft action plan and let them see and further discussion on correction and commitment.

Activity in sequential order (Detail actions breakdown of the fulfillment of the set objective)	Period of implementing (Start-End)	Main responsible person/group to implement	Requirement/ Resource/ Budget	Potential source of budget
1.				
2.				
3.				
4.....				

### 9.3. Recording the CEA and putting into iTHP

CEA activities from health centers should be reported to respective Township Public Health Department for compiling all township-wise CEAs. It will help Township Public Health Department to analyse need of future CE activities in the township and input to iTHP. Township Public Health Department may conduct its own township level CEA activities for wider context and coverage activities in the township. (Table 3 and Table 4)

Township Public Health Department should register all CEA Reports from RHC and health Centers for evaluation purpose as well as use of drawing iTHP for next year with effective of logistic and resource management.

## 10. CONCLUSIONS

Engaging the community is central to any primary health care intervention. Community engagement is an important process for collection of community voices for demand, needs of the community and getting collaborative action involved by the community. This also empowers communities to be in control of their own lives and health decisions. Action plan resulted from community engagement approach at various level of health facilities should be compiled and summarized systematically thus it could be input to iTHP for successful implementation of NHP.

## 11. Annexes

### 11.1. Managing Community Engagement Approach in Conflict Areas

Health systems in such areas were already weak prior to the conflict and subsequently became dysfunctional as a result of it. Under such circumstances health systems become a financial barrier, and thus a social determinant hindering access to health care for a large proportion of the affected population.

Health systems in conflict settings can, as in “normal” situations, support a healthy life, or, by their absence or ineffectiveness, undermine it and perpetuate health inequity. It is especially essential in emergencies to maintain services at two levels. Firstly, it is important to ensure an essential package of health services to all, covering areas such as maternal and child health, childhood immunization, HIV/AIDS and the provision of essential medicines for malaria, the tuberculosis directly observed treatment strategies, and for other common health problems. Secondly, medical services should be accessible to the victims of conflict and violence, and for emergencies that are seen in any “normal” situation by making accessible life-saving medicines (e.g. insulin, anti-hypertensive medicines), and services (e.g. emergency obstetric services).<sup>19</sup>

Community engagement activities should also cover those people at conflict areas displaced to safer areas. Those people are vulnerable to many health issues different from those at other areas. Authorities should arrange health activities specialized for them. Health activities include the direct provision of health care, and support for existing facilities, as well as mobilization of the authorities or others to assume these responsibilities. Negotiations are required to guarantee affected communities safe access to high-quality health care and medical personnel a safe working environment. Accepted community members should also consider the issues and manage for the sake of health of both people from accepted areas and for displaced person from conflict area.<sup>20</sup>

Use of local resources, inclusiveness of displaced people, strong networking of authorities and organizations (including local CSOs, CBOs, and EHOs) and responsive health infrastructure are essential. Health activities require expertise in the fields of first aid, public health, medicine, surgery, nursing, mental health, hospital administration, laboratory work, pharmacy, physiotherapy and orthotics/prosthetics, adolescent and youth reproductive health including contraception, gender-based violence and readiness to emergency situation are major issues in discussion at CEA activities.

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<sup>19</sup> [Social determinants of health in countries in conflict www.emro.who.int/dsaf/dsa955.pdf](http://www.emro.who.int/dsaf/dsa955.pdf) (retrieved 19-8-18)

<sup>20</sup> <https://www.alnap.org/system/files/content/resource/files/main/researchpaper-utilization-of-remote-sensing-and-gis-in-managing-disasters-a-review.pdf> (retrieved 19-8-18)

## 11.2. Basic Health Staff's Skill for Facilitation<sup>21</sup>

### 11.2.1. Key facilitator's skill

Facilitation is the act of making participation easier by creating an environment in which mutual analysis and learning can take place. Facilitators support participatory processes by balancing their dynamic and receptive qualities. Some key skills of facilitation are personal awareness and organisation, openness, flexibility, familiarity with local culture, and the ability to help groups transform themselves. Good facilitators do not provide solutions but are highly skilled in asking the right kind of question to stimulate reflection, learning and empowerment of all group members. Basic facilitation skills are as follow:

<b>1. Planning</b>	The facilitator learns about the group before the session to help develop clear goals, design an appropriate programme and select appropriate methodology.
<b>2. Listening</b>	The facilitator listens to the group and tries to make sense out of what is going on. They also clarify and help to organise information.
<b>3. Flexibility</b>	The facilitator can adapt to the needs of the group, handle multiple tasks, and has the confidence to try new things.
<b>4. Focus</b>	The facilitator has direction and knows where to go next.
<b>5. Encouraging participation</b>	The facilitator can draw out individuals; involve everyone and use humour, games or music to encourage an open, positive environment.
<b>6. Managing</b>	The facilitator guides the group through the programmes, sets limits, encourages ground rules, provides models and checks on progress and reactions.
<b>7. Questioning</b>	The facilitator knows how to ask questions that encourage thought and participation.
<b>8. Promoting ownership</b>	The facilitator helps the group take responsibility for their own work and helps them to reflect on necessary follow-up work.
<b>9. Building rapport</b>	The facilitator demonstrates responsiveness and respect for people, is sensitive to emotions, watches body language and helps to construct relationships within the group.
<b>10. Self-awareness</b>	The facilitator examines their own behaviour, learns from mistakes, is honest and open about the limits to their knowledge, and shows enthusiasm.
<b>11. Managing conflict</b>	The facilitator encourages the group to handle conflict constructively and helps the group come to agreement and consensus.
<b>12. Broadening discussion</b>	The facilitator encourages different points of views and uses techniques and examples to get the group to consider different frames of reference.
<b>13. Presenting information</b>	The facilitator uses clear and concise language, gives explicit instructions, and is confident with visual, written, graphical and oral methods.

<sup>21</sup> [http://www.participatorymethods.org/sites/participatorymethods.org/files/VSO\\_Facilitator\\_GuidetoParticipatoryApproachesPrinciples.pdf](http://www.participatorymethods.org/sites/participatorymethods.org/files/VSO_Facilitator_GuidetoParticipatoryApproachesPrinciples.pdf) (retrieved 19-8-18)

### 11.2.2. Questioning skill

Careful wording will help you to communicate. However, the dominant aspects of communication are **tone of voice**, **facial expression** and **body language**.

There are three types of question in participatory method.

Type of question	Use	Example
<b>Open</b>	As an invitation to talk	"Tell me about...." "How is life these days?"
<b>Closed</b>	To acquire specific information	"What work are you doing?"
<b>Reflective</b>	To check your understanding of what has been said	"So you went to market last Monday?"
<b>Probing</b>	To seek an opinion or feeling	"What is your view about...?" "What was it like working in town?" "Tell me more about..." "Why...?"

**Open questions** are also vital in skill-sharing situations for encouraging thought, problem solving and analysis of experience. If your questions are sequential you will encourage logical thought, and hence generate richer and better quality information.

**Closed questions** are useful for gathering information. Avoid completely closed questions that only require a 'Yes' or 'No' answer, because it is impossible to tell whether people have understood the question. If you use an interrogative word instead (What, When, Who, Why, How), the person has to think more carefully about the answer and you will gain better information. 'Why' questions require people to justify their reasons, which can be threatening. If they don't have a reason, they may invent one! Consider other ways of asking this question: e.g. instead of "Why did you that...?" we can say, "That's interesting. What made you do that...?"

**Reflective questions** are used to check meaning, which is important in unfamiliar cultures, communities and organisations where people may attach different meanings to the words they use. "So, you used two bags of fertiliser?"

**Probe questions:** You may need to encourage the other person to explain more about something. Either ask them to tell you more, or repeat one of the key words that you heard. "Important?" "Frustrating?" "Happy?" People will usually respond to this by saying more on the issue concerned. Facts and information need to be supported further by opinions and feelings. When you have a trusting relationship you can often use a probing question:

### 11.2.3. Community volunteers' needs

Community volunteers such as AMW, CHW etc could be much helpful for BHS in conducting CEA activities as well as CE activities. BHS should contact them before preparing the CEA in their local areas. BHS should have ways of communication and contact information.

**Preparatory phase:** Local volunteer could help in basic information for appropriate date and time, availability of discussants, list of potential and appropriate discussants, location of activities etc. He/she could make invitation and follow up of the invitation.

**Implementing phase:** During the conduct of CEA meeting, volunteer may help BHS to get rapport with discussants. He/she could connect BHS and discussants by introductory measures at the start, ice-breaking activities and note taking during the meeting, some input of information about theme of discussion if necessary.

**Monitoring phase:** Local volunteers could help BHS during the follow up phase especially for carrying out committed activities in CEA action plan. He/she could also stimulate and encourage the villagers for continuum of activities. Any challenges, constraints, and deviation will be noticed earlier by local volunteer than BHS.

## 11.3. Case stories for significant changes as a result of community engagement

### 11.3.1. Creating spaces for engagement: Providers and community members come together in Kayin State

Meetings in two townships in Kayin State have brought together health service providers and community members. This improves coordination and relationships, and ultimately health services, for the long term.

In June, 3MDG Collective Voices partner, Community Driven Development and Capacity Enhancement (CDDCET) organized three community engagement meetings in Hpa-an and Hlaing Bwe – two townships in Kayin State.

These meetings provide a platform to listen to the voices of the community, discuss barriers in accessing health services, and identify ways to overcome these challenges. They are essential to strengthening collaboration, coordination, information sharing, and feedback between health service providers, local authorities, community members, and other relevant stakeholders.

“I have never experienced this kind of meeting in my work life,” said Dr. Win Zaw Oo, Township Medical Officer, HlaingBwe. “Now, village representatives have the opportunity to directly discuss the health needs of their village with the health staff who provide the services. The whole situation has changed.”

The meetings were attended by the township medical officer, basic health staff, village leaders and health committee members, and partner community-based organizations.

In the meetings, health staff from township hospitals, and rural and sub-rural health centres shared information about which health services are available where they work. They explained their roles and responsibilities, their achievements, and the limitations and challenges of service delivery. By working out problems together, the chance of effective service provision is improved.



Village representatives also talked about the health challenges from their perspective. They discussed emergency referral and the support provided to the village health funds by CDDCET. These sorts of discussions, with open questions and answers, help to build mutual understanding between the community and health service providers.

For the township engagement meeting in Hlaing Bwe, there were 40 participants (24 men and 16 women) in attendance. At the rural health centre and sub-centre level meetings in Hpa-an, 36 (17 men and 19 women) and 18 (7 men and 11 women) participants attended. CDDCET facilitated both meetings.

### 11.3.2. Giving feedback to basic health staff - Encouraging women to speak up in Kayah state

Community engagement meetings organized to ensure the community had the opportunity to receive information about health services and provide feedback in Nan Phe Village, Bawlekhe Township. Women invited and encouraged to attend the meetings; they made up about half of all attendees. Staff from International Rescue Committee paid specific attention to women attendees utilizing at least one women facilitator during meetings to encourage women to speak up about any issues they face so that they can actively participate.

Making sure that women could not only attend the meeting but were able to actively participate enhanced their role in the community and ensured they received health information in an engaging manner. They become more empowered, and for the first time provided feedback about maternal, newborn and child health services directly to basic health staff. The male HA in Bawlekhe Township in Kayah remarked, “These women said that the renovation and delivery bed were positive developments, and that they felt confident delivering baby at the clinic.” From this open feedback process, the beginnings of a relationship between health service providers and the community have been fostered.



### 11.3.3. Facilitating better health services and strengthening coordination in Mon State

Community and health service provider representatives agree that stronger accountability is the key to better health outcomes for all. In June 2018, a workshop was held in Mudon Township, to generate discussion between community members and health service providers about how health services could be improved. The organizers – Bright Future and two partnering community based organizations – wanted to strengthen the linkage between them to provide a platform to discuss the needs and challenges of both parties.



A lively discussion took place, with 174 people sharing their own experiences and lessons about main health challenges. Feedback collected from community feedback mechanism and end of health education and promotion sessions was also shared and providers were given the chance to respond and make suggestions, highlighting the importance of hearing – and responding to – the voices of community, emphasizing that stronger accountability is the key to better health outcomes for all. Attendees also discussed township health implementation in line with the

National Health Plan 2017-2021 and the importance of strengthened coordination between health staff and village health support groups/village health committees. Conclusions from the workshop were that this would increase quality health service provision to the community, including migrant populations.

Participants at the workshop included 58 representatives from Ministry of Health and Sports including the township medical officer, health nurses, and basic health staff. The community was represented by 45 members of the village health support groups/village health committees, 30 members of villages and migrant clusters, 23 members of INGOs and local charity organizations, 18 members of Bright Future and partnering community based organizations.

## 11.4. Suggestions to BHS for application of this manual

### 11.4.1. How to use the manual?

#### **To understand concept and theories about community engagement**

This manual is composed with both theoretical concepts and practical methods for approaching community. Both components are needed for capacity development of community engagement for BHS. The learning process starting from theory and concept can become the basis for understanding and scaling up to action, individually or collectively, to make progressive change toward practical understanding which is an important component of community engagement.

#### **As a reference material for self-learning and practicing CEA**

Community engagement approaches methods are very flexible and could be adapted to different local context. There are many ways of obtaining information for self-study. The materials in this manual describe selected methods which would be appropriate to BHS at different levels. These could be used for a reference in teaching a course as well as both the user's abilities and platforms for self-practicing. Learning from experience can also be complemented and extended by learning from action.

#### **As a guide for training of BHS**

The manual could be used as a guide for training of BHS for community engagement capacity. Steps in CE exercises which include in this manual are in broader sense and would be guiding for further development of a training curriculum.

### 11.4.2. Use of different approaches by different levels of health facilities

#### **Simple approach**

In this manual, simple approach has two exercises which could be practices separately or combined. The exercises are more appropriate for BHS at RHC, sub-centers and MCH (such as LHV, MWs, PHS2) since these are technically simpler, less costly and less time consuming.

#### **Formal approach**

Formal approach has more steps than simple approach. The techniques need management skill, facilitation skill, communication skill and resources like time, budget, manpower and accommodation. The exercises could produce more concrete and valued community action plan which could be incorporated into iTHP. It should be practiced by a teamwork of health staff (such as TMO, THO, THN, HA1, PHS1) at higher level of HFs like SHC, UHC and THD.

### 11.4.3. Use of sample tables for planning, implementing and reporting CE activities

**Table 1. Community Engagement Approach Planning at sub-township level Health Facilities**

<b>Sub-center</b>	
<b>RHC</b>	
<b>Township</b>	
<b>Name of BHS</b>	
<b>Date of report</b>	
<b>Year for CEA Plan</b>	

#### CEA Plan details

<b>Month</b>	Village A	Village B	Village C	Village D	Village E	Village F	Village G
<b>1</b>	*						
<b>2</b>		*					
<b>3</b>							
<b>4</b>			*		*		
<b>5</b>				*			
<b>6</b>							
<b>7</b>						*	
<b>8</b>							*
<b>9</b>							
<b>10</b>							
<b>11</b>						*	
<b>12</b>							

*\*In the cell, planner should describe what form of CEA, with which logistic assistance agencies, with which background situation such ad-hoc, other health activities etc.*

BHS from sub-centers can draw annual CE plan using the Table 1 as an example. Their CE approach should be “Simple Approach” as described in this manual. Since they have other health service provision in their area for the whole year, they can consider CE Approach activities together with other health services. They can draw the table showing villages/wards in their coverage area in column and months of the calendar year in the row. Then they can synchronize the CE Approach activities with other planned health services at set village/wards. In this simple way, they can draw an annual plan of CEA. Time and place they have marked could be changed depending on current situations. Number of activities may also vary with their coverage and resource availability.

**Table 2. Report Form for Community Engagement Simple Approach and action plan (by sub-township level HFs)**

<b>Date</b>						
<b>Village/Village Tract</b>						
<b>Sub-RHC</b>						
<b>RHC</b>						
<b>Township</b>						
<b>Background of the meeting</b>	<i>(Situation that originate the meeting such as; Planned/Ad-hoc/Emergency/Disaster/Displaced/etc...)</i>					
<b>List of discussants</b>	<i>Sr.</i>	<i>Name</i>	<i>Age</i>	<i>Sex</i>	<i>Education</i>	<i>Type (Authority, Wealth, Religious, Teacher, Health volunteer, Disabled, Migrant, etc...)</i>
	1					
	2					
	3~					
<b>Major problem identified*</b>	<i>(Result from discussions and group consensus)</i>					
<b>Expected outcome*</b>	<i>(To describe what kind of change for improving the recent situation that making problem in the community)</i>					
<b>Objective*</b>	<i>(Way of action for achieving the expected outcome from group consensus or action for change the situation)</i>					
<b>Main activity*</b>	<i>(To describe main topic of action planned to implement in future)</i>					
<b>Activity in sequential order (Detail actions breakdown of the main activity)</b>	<b>Period of implementing (Start-End)</b>	<b>Main responsible person/group to implement</b>	<b>Requirement/ Resource/ Budget</b>	<b>Potential source of budget</b>		
1.						
2.						
3.						
4.....						

*\*If available, attach the raw data output from group discussion such as note taken or flip charts, map etc...)*

Table 2 is for reporting of CE Approach activities exercised by BHS at their local areas. It is suitable for CEA using simple approach. The table has three components; 1) HF identification, 2) CEA discussants who participated in the discussion, 3) Output of the CEA discussion. They can simply fill in the cells as their local language as explanations given in the captions.

**Table 3. Report Form for Community Engagement Formal Approach and action plan**

<b>Date</b>						
<b>Village/Village Tract</b>						
<b>Sub-RHC</b>						
<b>RHC</b>						
<b>Township</b>						
<b>Background of the meeting</b>	<i>(Situation that originate the meeting such as; Planned/Ad-hoc/Emergency/Disaster/Displaced/etc...)</i>					
<b>List of discussants</b>	<i>Sr.</i>	<i>Name</i>	<i>Age</i>	<i>Sex</i>	<i>Education</i>	<i>Type (Authority, Wealth, Religious, Teacher, Health volunteer, Disabled, Migrant, etc...)</i>
<b>Approach methods used (as exercises described in formal approaches)</b>	1. 2. 3. 4...etc					
<b>Major problem identified*</b>	<i>(Result from discussions and group consensus)</i>					
<b>Expected outcome*</b>	<i>(To describe what kind of change for improving the recent situation that making problem in the community)</i>					
<b>Objective*</b>	<i>(Way of action for achieving the expected outcome from group consensus or action for change the situation)</i>					
<b>Main activity*</b>	<i>(To describe main topic of action planned to implement in future)</i>					
<b>Main activity topic: (Description of main activity).....</b>						
<b>Activity in sequential order (Detail actions breakdown of the main activity)</b>	<b>Period of implementing (Start-End)</b>	<b>Main responsible person/group to implement</b>	<b>Requirement/ Resource/ Budget</b>	<b>Potential source of budget</b>		
1.						
2.						
3.						
4.....						

Table 3 is reporting from for CEA used formal approach. It has more items to be filled than table 2 (especially for series of exercises conducted).

**Table 4. Compilation record of CEAs in the township**

Activities committed	Time of action	Area of planned implementation	Submitting Health Center	Assistance required	Intended Source of Budget

Table 4 is a compilation sheet to be used at township for all reported CEA Activities from sub-township HFs as well as THD itself. It will be used for supervision, monitoring and evaluation purposes. The recorded CEA committed by HFs could also be analysed and summarized for resulted township CEA activities needed in iTHP.

This guide book is jointly developed by Department of Public Health, Ministry of Health and Sports, and the Three Millennium Development Goal Fund.

## The Three Millennium Development Goal Fund

