TECHNICAL BRIEF

ENGAGING COMMUNITIES FOR HEALTH AND SOCIAL CHANGE

Save the Children

WHAT IS COMMUNITY ENGAGEMENT?

Community engagement is the process of inviting and empowering community members to be their own agents of change through individual and collective action. This integrated, rights-based approach to social and behavior change (SBC) fosters deliberate collaboration between communities and the institutions that serve them. A core component of community engagement is community mobilization, defined as a capacity-strengthening process through which communities, groups or institutions identify and address pressing health or social issues. Community mobilization supports communities to self-identify and act on social norms and structural barriers with strategies rooted in their values, culture and context. This work can generate social support for families and community members to try or maintain improved behaviors.[1]

THE COMMUNITY ACTION CYCLE

The **Community Action Cycle (CAC)** is a proven community engagement approach that supports community-led problem solving. The CAC has been defined as "a process of public and private dialogue through which people define who they are, what they want, and how they can get it."[2, 3] More specifically, the CAC is an intentional process through which communities, groups or institutions organize for action, explore the issues affecting them, set their own priorities, develop action plans and monitor and evaluate for improved outcomes.

Inherent to the CAC design is the recognition that social or structural barriers often hinder behavior change. Addressing such barriers, however, is not achieved through an accumulation of changes at the individual level. Rather, changes in institutional policy, structures and social and community support are required to support and influence individual decisions.[4] Community engagement approaches such as the CAC are designed to understand and respond to harmful gender and social norms and challenge the social, structural and environmental inequities that affect development outcomes for children and their communities. These approaches endeavour to make certain practices more socially acceptable, link households to social networks and community support, mobilize communities for collective action and ensure there is district- and national-level stakeholder support for change.[4]

Over the past decade, Save the Children has strengthened community and institutional infrastructure and capacity for implementing the CAC in over 40 countries. The CAC has created sustainable health and social change across a variety of program areas, most notably in maternal and newborn care; child health and nutrition; reproductive health and family planning; risk communication and community engagement; the prevention of child marriage; and HIV/AIDS prevention, care and support. Beyond individual and community behaviour change, the CAC has been used to successfully build community health systems and improve quality of service delivery in health facilities.

TAILORING THE COMMUNITY ACTION CYCLE TO SPECIFIC CONTEXTS AND PROGRAM NEEDS

No one-size-fits all approach exists for community engagement. Each context and program require tailored support. The original CAC model includes seven defined phases that span the lifecycle of a program – from community assessment and program design through evaluation and scale-up (see Figure 1).[3]

This model can be tailored to better meet program objectives or accommodate contextual or programmatic constraints by adjusting the number of phases or the time needed to complete each phase, by modifying the intensity or frequency of CAC trainings or by incorporating new or complementary tools. Figure 2 illustrates a tailored CAC model that condensed the original seven CAC phases into five phases.

Figure 1: The original seven-phase Community Action Cycle model

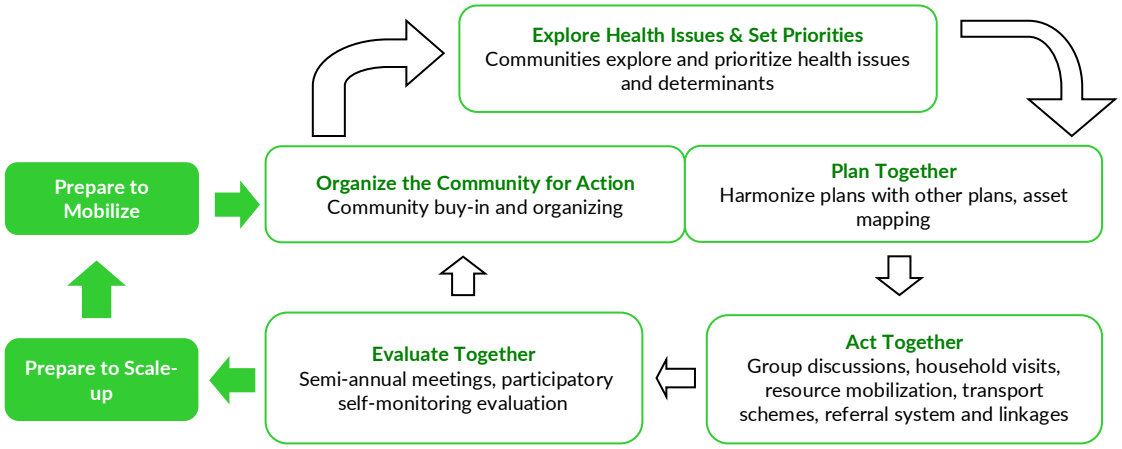

Figure 2: Tailored Community Action Cycle model with five phases

There is a misconception that the CAC is both time and labor intensive. However, the time and budget required for implementation depends on how the CAC process is integrated into existing structures or staff mandates (rather than implemented as a parallel process) and the unit of implementation.

This section describes ways in which the CAC can be tailored to different contexts, conditions and programs:

Context: The CAC model can be tailored to account for circumstances in the program area. Working in a humanitarian or emergency context (e.g., COVID or a natural disaster) will impact the urgency of intervention and the time available for phased implementation. The existence and strength of community platforms (community governance structures i.e., village health assemblies) through which community members can be engaged will also determine the intensity of support required in the first CAC phases. For example, a project using the CAC to motivate populations to practice healthy behaviors and improve social accountability in the health system in Burkina Faso shortened the 'organize for collective action' phase because there were already functioning community structures in the program area.

Program focus: The specificity of the program focus will influence the length of time needed to explore issues and set priorities using the CAC. A broad program area (e.g., improving health service provision) may require additional time to identify priorities in the exploration phase compared to programs with a narrow focus (e.g., the prevention of child marriage). Under Breakthrough ACTION,[i] Save the Children implemented the CAC in Kenya and Malawi to increase uptake of malaria services and prevent child marriage, respectively. As malaria and child marriage prevention are narrow program areas for which priorities are already mostly defined, the CAC models in both projects shortened the 'exploration and setting priorities' phase and increased focus on identifying determinants and drivers.

Capacity and availability: The capacity and availability of communities, groups or institutions engaged through the CAC will differ. Where capacity is low (for example in problem solving, effective leadership, social network or accountability to their constituents), CAC phases may need to be tailored to account for any lack of skills. If a program is using the CAC to improve institutional capacity, participants in high-level institutional positions may only be available for a short number of days. In Liberia, the CAC was combined with human-centred design (HCD) activities to address the ability of community structures to respond to reproductive, maternal, newborn and child health issues. Due to the limited availability of county and district-level staff, the CAC process was shortened.

[i] Breakthrough ACTION (2017-2025) is USAID's flagship SBC global program, designed to increase the practice of priority health behaviors and enable positive social norms, including gender norms, for improved health and development outcomes, with an emphasis on FP/RH, HIV, MNCH, malaria, and zoonotic diseases. SC is the leading partner for community engagement active in 12 countries, implementing approaches such as the CAC, and providing technical assistance across other sectors such as RCCE, Reducing Child, Early and Forced Marriage, Malaria, and Nutrition. Breakthrough ACTION is a partnership led by the Johns Hopkins Center for Communications Programs in collaboration with SC, Think Place, ideas42, Camber Collective, International Center for Research on Women and Viamo.

Time and resources: Limited budgets and/or short project timelines may require a modified or shorter CAC process. Where time or money is scarce, the unit of implementation for the CAC (i.e., village, health facility or other catchment area) can be adjusted. For example, a project using the CAC to improve uptake of malaria prevention services in Cote d'Ivoire used the health facility catchment area as the unit of implementation rather than the village in order to minimise the number of community action plans that needed to be developed, and thus saved time. In this project, the facility management committee was then used to strengthen collective action within target communities. This also allowed for implementation at scale.

Complementary tools: Complementary approaches and tools can be incorporated into the CAC model to help realize results. Incorporating tools and facilitation techniques that are not explicitly mentioned in the CAC guidance – such as community scorecards, mini-drama, community theatre, HCD techniques and others – can help to enhance certain phases of the CAC or its overall impact. In the project to prevent child marriage in Malawi, a media component incorporated into the CAC model amplified collective action and created greater accountability within the community for the CAC process and its outcomes.

Even when tailored, the core tenants of the CAC model – to organize, explore, set priorities, plan and collectively act for improved outcomes – tend to remain unchanged. All decisions to tailor the CAC design should be made in collaboration with the Government departments(s) leading program implementation and other stakeholders. Validation of the CAC design from Government will set the stage for the entire program process and will enhance ownership.

BUILDING EFFECTIVE AND SUSTAINABLE COMMUNITY ENGAGEMENT

Regardless of the final design, community engagement approaches such as the CAC should be conceived and deliberately designed with long-term sustainability in mind. To ensure that community engagement efforts are sustainable and successful, the CAC design process should consider four key principles:

1. **Multi-sectoral:** Health and social issues are driven by a wide range of factors that cut across program areas. The deliberate inclusion of stakeholders from multiple sectors in designing, implementing and evaluating the CAC not only helps create more sectoral coordination but also enhances the process by incorporating the complementary skill sets brought by partners from different program areas.

2. **Scale**: The CAC does not need to focus on a small number of communities only. It can be scaled up to many administrative levels or geographic areas or target varying levels of participants (from community members to high-level government decision makers).[5, 6] The success of a community engagement process

is dependent on the quality of the participatory facilitation provided to communities during collective action. Implementing the CAC or any other community engagement approach at scale is feasible if the various units of implementation are clustered under the responsibility of a multi-sectoral team of community mobilizers or facilitators. For example, for health-related interventions a team of community mobilizers based at the district level and reporting to the district health management team can be tasked to roll out the process within the health facility catchment of their district.

3. **Institutionalization:** The CAC can only become a sustained and standard practice when it is embedded within governance structures. When governments buy into the value of community engagement, the CAC approach can be integrated into national strategies and tailored and implemented on a continuous basis through a government owned process. When the CAC or other community engagement approaches are adequately funded and reliably staffed, they can create sustainable, community driven change that improves the current and future lives of the population. Key indicators of institutionalization include integration of community engagement into operational plans and budgets, supervision and performance monitoring

4**. Using data for decision making:** For community collective action to realize its full potential, decisions made by both communities and program implementers should be informed by data. Health committees should micro-plan their SBC activities using data generated by the health facility and their own reporting and propose program course corrections as needed. Similarly, region- and district-based teams should tailor their support for community groups based on results from relevant data. To support this, a Minimum Quality Standards and Indicators for Community Engagement guide was developed by a group of global experts and published by UNICEF.[7] The outcomes of community engagement should be measured through routine monitoring by community groups and district teams using participatory tools such as community information boards so that stakeholder can track changes.

Community group members in Nepal committing to reduce child marriage

PROJECTS AND RESULTS

Examples of successful adaptions of the CAC employed by Save the Children are shown in Table 1. Each project example includes a brief summary of the approach used and its results.

Table 1: Examples of how the CAC has been tailored to meet a variety of contexts and program objectives

Project Example	Results
Mainstreaming youth engagement and incorporating media components	
Breakthrough ACTION Malawi, Child, Early, and Forced Marriage Initiative, 2020-2022 As part of Breakthrough ACTION, Save the Children (SC) led efforts to adapt and contextualize the CAC using principles from the Tostan Community Empowerment Program, including: organized diffusion, setting communities' values and vision, human rights, and public declarations. Youth engagement was incorporated into the CAC to ensure meaningful buy-in by those most affected by child marriage, and a strong media component was built into the model to support mapping, discussion, problem solving, feedback loops, and validation of community action plans. Community Action Groups (CAGs) were established, trained, and supported to explore and identify the key underlying drivers of child marriage in their communities and to develop and implement collective actions to address their identified drivers. Community radio outlets ran radio spots, programs, panel discussions and call in-shows and provided community updates on the project activities, ensuring that the community as whole could also hold each other to account on CAG identified actions.	• 20 CAGs established, with half of each CAG membership list reserved specifically for youth. • The CAGs reached a total of 34,144 community members through awareness and advocacy meetings, focus group discussions and other identified collective actions. • 7 radio spots, programs, panel discussions and/or call in-shows aired, reaching 5,668 people. • A total of 379 children were withdrawn from child marriages, and many on the verge were rescued. A total of 188 of those withdrawn from a child marriage are now back in school.
Working with local governments	
Breakthrough ACTION Nigeria, Community Capacity Strengthening, 2018 to present Under Breakthrough ACTION, SC adapted the CAC to engage and strengthen community leaders' and members' capacity for collective decision-making, participation and action on health-related issues. Specifically, the project engaged community structures – such as Ward Development Committees (WDCs) –to improve the uptake of priority health behaviors around maternal, newborn and child health and nutrition (MNCH+N) and other health issues. Each WDC developed a Community Health Action Resource Plan (CHARP) focused on addressing barriers to use of antenatal care (ANC) services and facility-based delivery as well as community health facility support. The project implemented the CHARP in stages, with Stage 1 activities focused on achieving quick wins and tangible outcomes in the community to build momentum, confidence and recognition of the WDC's contributions. This included various activities ranging from providing transportation support to women for ANC and facility delivery, supporting facility repairs, coordinating with other community structures and addressing the challenges community volunteers face around community mobilization. After one year, the project facilitated a community-led participatory assessment and WDCs that performed well moved to Stage 2.	• A total of 75 WDCs across 3 states were reactivated and trained on CHARP Stage 1 in 2020. • 81% of WDCs have at least 35% female representation within the committees. • Each WDC developed and funded their CHARP. • 83% of WDCs implemented a minimum of two CHARP activities in Stage 1. • 67% of WDCs have a community/ emergency transport system. • In Stage 1, WDCs raised USD8,047 to transport 2,270 pregnant women for ANC and facility delivery and 132 children and 128 women for illnesses. • WDCs registered 6,693 newborns, of which 4,224 received their first immunization.

Project Example	Results
Engaging communities through multi-sectoral teams	
Breakthrough ACTION West Africa, Resilience in the Sahel Enhanced (RISE II), 2018-2022 RISE II provides technical assistance to host governments and USAID implementing partners in Burkina Faso and Niger to use SBC approaches to engage communities for collective action. The project aims to enhance community mobilization to motivate populations to practice healthy behaviors in four areas: nutrition; maternal, newborn, child, and adolescent health; family planning; and water, sanitation, and hygiene. Through RISE II, SC supports four Resilience Food Security Activity (RFSA) partners to implement the CAC to strengthen health facilities. After facilitating the community entry process to facilitate each community's buy-in, a multi-sectoral community mobilization team (MCMT) then conducted three-day community workshops at the health center level to identify and prioritize problems related to health outcomes and develop community action plans. The MCMT shared these community action plans with district officials and the broader community for input and validation and they were then implemented by communities with support from the health committees. This process complemented the community strengthening work the RFSA partners conducted concomitantly in these villages including mother care groups, husband schools and model fathers' groups so all entities were working for the same results across the same communities.	• Over 130,000 people from 80 communities have been reached by CAC activities. • Over 1,100 people trained on CAC processes. • Almost all communities have completed 80% of their community action plans. • Communities raised over USD$100,000 to improve health center infrastructure and clients' privacy and experience, to purchase equipment and increase access to the health center, to support community health workers conduct outreach services, and to construct household toilets. • Municipal and technical officials own the problem and support communities and health centers to access local funds for upgrading health facility water and electricity services.
Building institutional capacity	
Breakthrough ACTION Nepal, Local Systems Strengthening to Reduce Child, Early, and Forced Marriage, 2019-2022 As part of Breakthrough Action, SC led efforts to adapt and contextualize the CAC to strengthen institutional and technical capacity of the Government in child protection programming and to reduce child marriage. The project trained government stakeholders in six municipalities on child protection and facilitated the formation of two types of child protection structures as mandated by the Children's Act-2018: Local Child Rights Committees (LCRC) at municipal level and Ward Child Rights Committees (WCRC) at local level. LCRCs and WCRCs were the key groups that rolled out the CAC. The project trained LCRCs on community mobilization, community entry and how to organize the community for action. Then the LCRCs worked with 30 WCRCs at the ward level to explore the root causes of child marriage in each ward, and to create community action plans to address them and reduce child marriage.	• 6 LCRCs created at the municipality level, and 51 WCRCs created at the ward level. • 6 municipalities now have a Child Welfare Officer, serving under LCRC as member secretary, who is responsible for promotion of child rights, including protection issues and child marriage. • LCRCs trained 30 WCRCs on the Root Cause Analysis and Community Action Plan phases of the CAC. • Action plans developed by the WCRCs have been integrated into the Government of Nepal's seven step planning process at ward level, and municipalities have committed to include the action plans in their annual plans, policies and budgets.

KEY TAKEAWAYS

- Communities can and should play a central role in developing initiatives that affect them. Empowering communities to identify and act on the unique issues in their own community is a powerful and sustainable way to create social change.
- The CAC is a proven community engagement approach that supports community-led problem solving to address context-specific goals.
- The CAC is an intentional process through which communities, groups or institutions organize for action, explore the issues affecting them, set their own priorities, develop action plans, and monitor and evaluate them for improved outcomes.
- The original CAC model can be tailored to better meet program objectives or accommodate contextual or programmatic constraints by adjusting the number of phases or the time needed to complete each phase, by modifying the intensity or frequency of CAC trainings or by incorporating new or complementary tools.
- The CAC has been successfully tailored and implemented to achieve of variety of program goals, including individual and collective behavior change, establishing community health systems and improving the quality of service delivery.
- Save the Children has strengthened community and institutional infrastructure and capacity for implementing the CAC in over 40 countries.
- Community engagement approaches such as the CAC can be conceived and deliberately designed with long-term sustainability in mind.

ADDITIONAL RESOURCES ON COMMUNITY ENGAGEMENT AND THE COMMUNITY ACTION CYCLE

- CORE. Participatory Facilitation Techniques Workshop Curriculum, 2015: https://coregroup.org/resource-library/participatory-facilitation-techniques-workshop-curriculum/
- CORE, World Relief. The Care Group Difference: A Guide to Mobilizing Community-Based Volunteer Health Educators (2nd reprint 2010): https://coregroup.org/wp-content/uploads/media-backup/documents/Resources/Tools/Care_Group_Manual_Final__Oct_2010.pdf
- CARE. The Community Score Card (CSC): A generic guide for implementing CARE's CSC process to improve quality of services, 2013: https://www.care.org/wp-content/uploads/2020/05/FP-2013-CARE_CommunityScoreCardToolkit.pdf
- Health Communication Partnership, USAID. How to mobilize communities for health and social change: A field guide, 2003: https://resourcecentre.savethechildren.net/document/how-mobilize-communities-health-and-social-change-field-guide/
- UNICEF. Minimum Quality Standards and Indicators for Community Engagement, 2020: https://resourcecentre.savethechildren.net/document/minimum-quality-standards-and-indicators-community-engagement

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6. Snetro-Plewman, G., et al. Taking community empowerment to scale: Lessons from three successful experiences. Baltimore: Health Communication Partnership, 2007.
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