COMMUNITY HEALTH COMMITTEES' SOCIAL ACCOUNTABILITY APPROACHES AND TOOLS TRAINING MANUAL

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Contents

Table Of Figures

Acronyms

CHC	Community Health Committee
CHW	Community Health Workers
HF	Health Facility
LHD	Local Health District
NHIF	National Health Insurance Fund
NMSF	National Medicines Supply Fund
PHC/U	Primary Health Center/unit
SMOH	State Ministry of Health – North Darfur

Preface

The State Ministry of Health (MOH) of North Darfur has adopted a community engagement approach to improve Darfur's transition from emergency response to recovery. This is in line with several national documents that emphasize the importance of community participation in strengthening the local health system. Accordingly, the Ministry of Health has established Community Health Committees (CHCs) to enhance the role of the community in the management and supervision of health services. The purpose of the Community Health Committee is to promote dialogue and feedback between the community and health service providers, involve the community in the delivery of health services, and improve social accountability. Therefore, the Ministry of Health recommends that each health facility should have a Community Health Committee.

Community health committees play an important role in the sustainability of primary health care delivery through the health facility. CHCs achieve this by taking the responsibility of leadership, governance, monitoring and coordination at the facility level. In addition, it is their duty to mobilize their communities to participate in initiatives that promote health and ensure the continuity of health services.

Among the efforts made by the Ministry of Health of North Darfur to improve community health committees, it supported the process of developing a guideline for the formation, working, and monitoring of CHCs, in addition to this training manual on community health committees' social accountability approaches and tools. This was a collaborative effort between the MOH and GOAL Global Organization. The development of these documents was led by the GOAL's consultant in collaboration with officials of the MOH in Planning Department. The Community Health Committees Training Manual is the first curriculum to train CHCs on community accountability in North Darfur State as well as Sudan. The curriculum for this manual has been developed based on the results of training needs assessment of CHCs in North Darfur. This training manual is aimed at trainers who will train members of CHCs, and its purpose is to guide the training of CHCs on community mobilization, advocacy, and community accountability roles and mechanisms.

The development of this training manual used an evidence-based approach including desk review, situation analysis, training needs assessment for CHCs, and a validation workshop. Furthermore, this manual has been pre-tested and appropriately modified to provide a strong foundation for training CHC members.

We, in SMOH, encourage all health staff and stakeholders involved in community health activities to use this training manual to standardize the roles of CHCs and strengthen the role of the community in the health.

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Acknowledgment

First, the Ministry of Health – North Darfur would like to express its sincere gratitude to GOAL Global organization for the technical and financial support for developing this training manual. We appreciate the continued support of HealthPro Project Coordinator, Dr. Mekitew Abuto; as well as HealthPro Project Health System Strengthening Coordinator, Dr. Ali Sayed; and HealthPro Project Social Accountability Coordinator, Dr. Duha Abuobaida.

We also thank those who participated in any development process of this Community Health Committees' social accountability approaches and tools training manual. We appreciate the cooperation of MOH- North Darfur staff, Locality Health Department in localities, National Medical Supply Fund, and National Health Insurance Fund during the data collection phase. We also express our appreciation to the participants of the validation workshop held in El Fasher on May 26, 2022.

Finally, we extend our appreciation and thanks to Dr. Ashwag Abdul-Rahim for her role in leading, directing and writing this training manual.

Introduction

Background

The establishment of Community Health Committees (CHCs) is one of the strategies for enhancing community engagement. The community committees involved in managing health services at the health center level in Sudan are known as Community Health Committees (CHCs). CHCs are defined as "any formally constituted structure with community representation that has an explicit link to a health facility and whose primary purpose is to enable community participation with the aims of improving health service provision and health outcomes[1]". Members of these committees have a crucial role in providing leadership, monitoring the delivery of primary care health services, promoting social accountability and mobilizing resources for community. CHCs are one of the mechanisms to promote social accountability. Also, many of the social accountability mechanisms can be facilitated by CHCs themselves. They play an important role in ensuring quality services for the whole community. It is expected that CHCs will increase community ownership of the primary health facilities and contribute to local health system strengthening if fulfilled their role effectively.

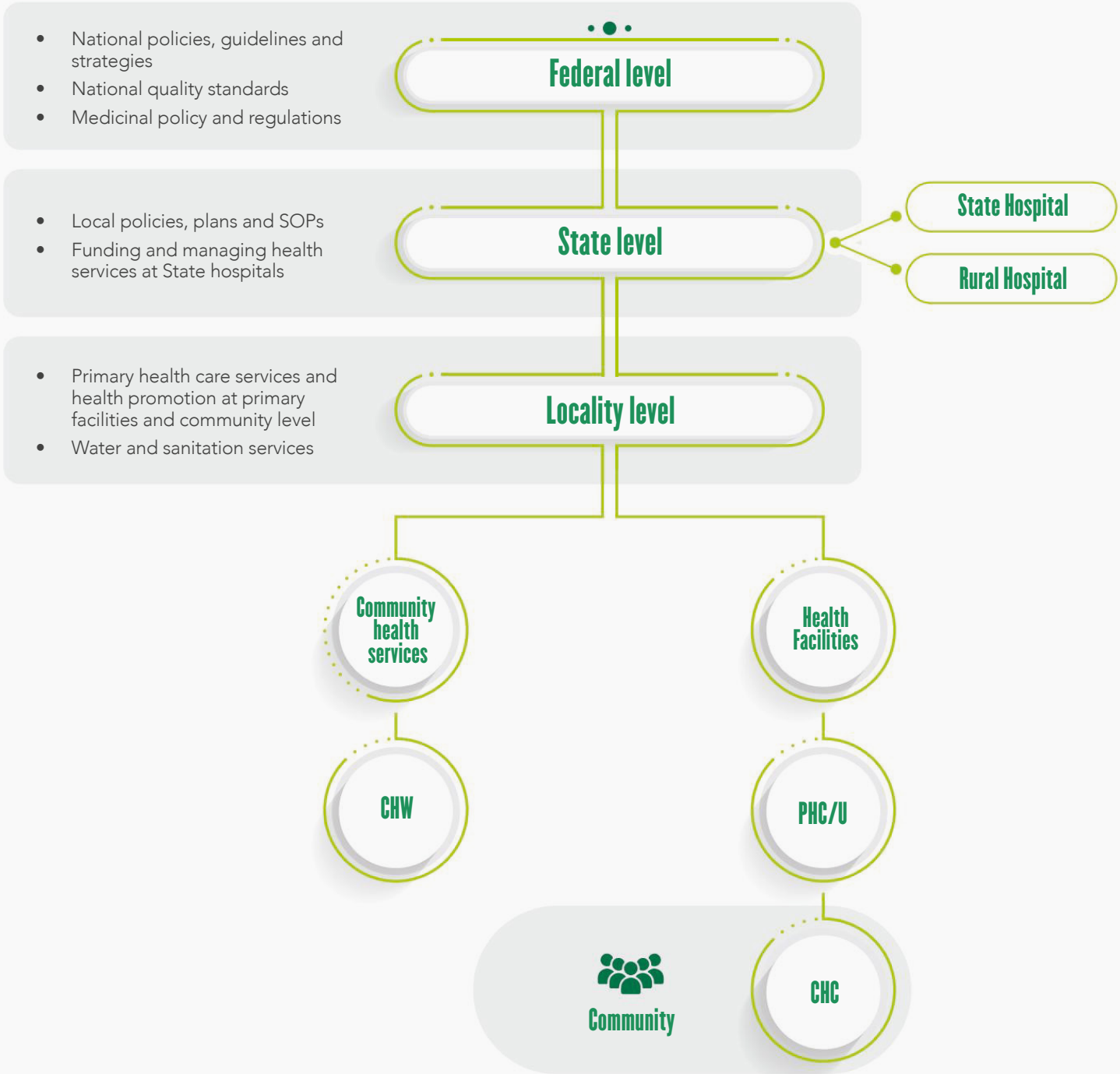
Health System in Sudan

The Sudanese health system is characterized by the decentralization of managerial authorities. There are three tier systems: federal, state, and district (locality). Figure 1 illustrates the health system organization structure in Sudan and the roles of each level. Health services are provided through public sector institutions, including state MOHs, NHIFs, universities, the military, and the police, as well as the private sector and non-governmental organizations. The Local Health District (LHD) at the locality level is responsible for the management and delivery of primary healthcare. Primary healthcare is provided either through the primary health center or unit (PHC/U) or community health workers (CHW) in the community. As shown in the figure 1, CHCs are connected to primary health care facilities thus the local health system. They normally consist of both community representatives and facility staff as members and they are formally linked with LHD. CHCs were introduced as a governance structure for overseeing of health services provided by their facilities.

1 McCoy DC, Hall JA, Ridge M. A systematic review of the literature for evidence on health facility committees in low-and middle-income countries. Health policy and planning. 2012 Sep 1;27(6):449-66.

Figure 1 Health system organization and governance in Sudan

Roles and Responsibilities



Community health approaches in Sudan

Communities were acknowledged by the Ministry of Health of Sudan as the core of the health system and community participation is one of the principles of the local health system (locality level)[2]. The community engagement approach was also introduced as a vital component in primary health care services in an effort to provide access to fair and quality health care. The National Policy for Strengthening Primary Healthcare in Sudan emphasized on community engagement in decision-making about the health and well-being of its members and awareness of the processes of care delivery[3]. Furthermore, Sudan's National Health Policy 2017-2030 specifies that social accountability should be strengthened and mechanisms should be developed to strengthen the role of the community in oversight and holding health system managers and service providers accountable. Many Sudanese states formed community health committees to connect local communities to health services and to provide a forum for community representation and voice.

The Ministry of Health-North Darfur adopted community engagement mechanisms for optimizing Darfur's transition from emergency response to recovery. The Ministry of Health-North Darfur recognized the importance of establishing CHCs to improve accountability as well as promote dialogue and feedback between the public and health providers. The Ministry of Health-North Darfur recommends that each health facility should have a health committee.

In an effort to enhance access to equitable and affordable health care in North Darfur, GOAL launched an innovative health system strengthening project, HealthPro, in 2020. HealthPro recognized communities as the foundation of the health system. HealthPro supported the community health strategy that specifies that communities should be empowered to participate in the delivery of health care services. As a result, the project is promoting CHCs as a strategy for empowering local communities to engage with and hold health care providers accountable.

2 Locality Health system building guide 2006

3 Strengthening Primary Health Care in Sudan Through a Family Health Approach Policy Options

CHC's Roles

According to the SMOH the CHCs roles include:

1. Community representation and feedback
2. identify existing health problems in the community, their causes and participate in developing solutions to them.
3. Reflect the health needs of the community to the relevant authorities
4. Community engagement, sensitization and mobilization for health
5. Advocacy for health and resource mobilization to cover the need for health services provision
6. Support the continuity of health services in the health institution and the retention of health cadres
7. Monitor the flow and quality of health services provided by the health institution in the area
8. Report abnormal health phenomena in the community

CHC's Capacity Building Program

Proper capacity building programs for CHCs would improve the delivery of essential health services and thus contribute positively to local health system strengthening. The North Darfur MOH has many documents and training materials for CHCs to support the establishment and functionality of these committees to meet the goals of the Sudanese health system. There is a guideline document that details and standardizes the CHCs' establishment, registration, roles and responsibilities, and monitoring. Based on this guideline and the training needs assessment, CHCs training should include the following:

1. CHC training on organizational structure, roles, and responsibilities as outlined in the SMOH Guideline for CHCs
2. CHC training on basic health topics
3. CHC capacity building on social accountability approaches and tools
4. CHC capacity development on broader skills and competencies needed for effective functioning and discharging their responsibilities

Community Health Committee's Social Accountability Approaches and Tools Training Manual

About the Manual

The Community Health Committees Social Accountability Approaches and Tools Training Manual is part of an on-going training and broader capacity building program with CHCs. Other capacity-building programs include training on roles and responsibilities and basic health topics related to local communities. This manual focused on capacity building of CHCs on social approaches and tools for effective advocacy and ensuring accountability within the decentralized health system. The training modules in this manual were developed with the intention of filling the gap in the training needs in knowledge related to social accountability and to equipping CHCs with appropriate skills to fulfill their governance role. Strengthening CHCs' capacities in social accountability approaches and tools would improve their ability to hold healthcare providers accountable.

The curriculum of this manual was developed based on the findings of the CHCs' training needs assessment in North Darfur. Clearly, it was found that there is a need for structured training modules on social accountability to build the competencies and skills of CHC members. As a result, this manual was developed in consultation with stakeholders, including LHD, NHIF, NMSF, implementing agencies, and members of CHCs as well as communities to build the capacity of CHCs to fulfill their leadership and governance roles at the community level. The training manual will serve as a tool to develop the capacity of the existing CHC members as well as new health committees that are yet to be established.

The purpose of this manual is to guide the training of the CHCs on community mobilization, advocacy and social accountability roles and mechanisms, thus contributing to overall community-health system strengthening, community capacity, and improved overall health outcomes. This manual is thus produced as a tool to support the capacity building of CHCs in the knowledge and skills needed to function effectively. This manual will contribute positively to all development projects aimed at strengthening the health system and empowering communities in Darfur and will serve as a tool to support the capacity building of CHCs to ensure effective participation and accountability mechanisms.

TARGET AUDIENCE & BENEFICIARIES

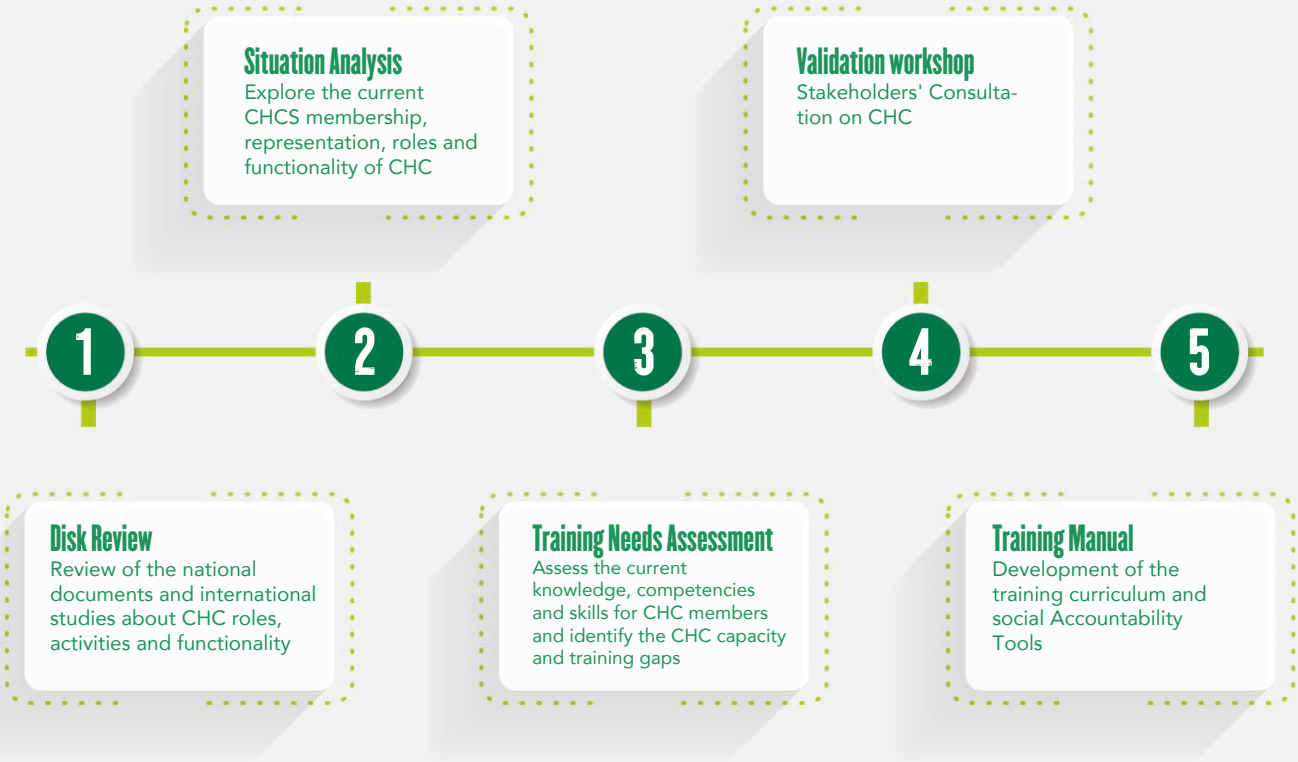
The manual is aimed at experts/trainers who will train CHCs members. The intended users are the SMOH, LHA and implementing partners. However, the CHC training manual and tools, with support from the GOAL or SMOH, may be used by catchment communities themselves. State health managers, Local health mangers, health providers, and community will be benefited from the manual.

Manual Development Methodology

The development of the manual includes many stages to develop an evidence-based training curriculum. Figure 2 illustrates the stages and steps taken to develop this training manual. Relevant data was collected from different groups, such as CHC members, health workers, health officials and managers, and members of the community during May 2022. All of the following steps took place in North Darfur:

1. **Desk review:** Many documents have been reviewed to better understand the CHCs' structure, activities, and functionality. The literature review focused on project-related documents and studies reviewing other CHC implementations in a similar context.
2. **Situation Analysis:** Current CHCs' membership, representation, roles, and functionality were explored. Also, existing social accountability approaches were identified; how CHCs monitor the quality of health services, the ways in which they demand accountability of health workers and the factors that influence CHCs' practices in selected settings were also identified.
3. **Training needs assessment:** Existing knowledge, competencies, and skills for CHC members were assessed to identify capacity and training gaps.
4. **Validation Workshop:** Stakeholders were consulted during the validation workshop on community health committees held on May 26th, 2022, attended by officers from the SMOH, LHD, NHIF, NMSF, GOAL, and other implementer NGOs. At that consultation, decisions were made on roles and responsibilities for CHCs and the competencies that CHC team members needed to have in order to carry out governance and social accountability roles.
5. **Development of the training manual:** An evidence-based training curriculum was developed and a training of the trainers (TOT) workshop was delivered to train potential trainers on the manual.

Figure 2 CHC Training Manual Developments Steps



Training structure and methodologies

The training should be interactive, expecting participants to take an active role. The facilitator must adapt various methodologies to increase participation and enhance learning among participants who have low or basic literacy. Practical exercises, pictures, and role-playing should be adopted.

Training resources

To deliver an effective training program, many resources are required, including human, material, and financial resources. This includes:

- Skilled facilitator(s) who understand community engagement and have experience working with CHCs.
- Appropriate venue that have comfortable chairs, benches, and tables.
- Participant's handouts, notebooks, pens, flipchart stand and markers.
- Budget to conduct the training e.g transportation, refreshments, printing…..etc.

Training Curriculum

Aim

This manual aims to help the facilitator build CHC capacity on social accountability mechanisms and tools to fulfill their key roles and functions. The manual can be used as an initial or refresher training for current or new CHC members. The competencies required in CHCs to perform their accountability roles served as the foundation for the curriculum's development. The competencies are:

1. Leadership and management skills
2. Communication skills
3. Networking, advocacy and resource mobilization
4. Governance and oversight for service accountability

Training modules

This training manual is composed of different chapters, in which each chapter will be designed as a standalone module to accommodate the identified training needs for CHCs. The modules are:

1. Leadership and Management
2. CHC stakeholders and relationships
3. Effective Communication
4. Advocacy
5. Social Mobilization
6. Governance
7. Social Accountability
8. Social Accountability Tools

Module 1: Leadership and Management

Objectives

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

- Understand the difference between leadership and management
- Identify the characteristic of a community leader
- Understand the qualities of an effective community leader

Session plan:

1.1 Overview of Leadership

1.2 The practice of leadership and management

1.3 Characteristics of a Good Community Leader

1.4 Qualities of a Good Community Leader

1.1 Leadership

A leader is someone who has the ability to influence others through knowledge, personality, or position. Leadership is about relationships, values, capacities, qualities and processes that ensure that leadership is created between people in a group. Leadership can therefore be viewed as a talent or skill that individuals or groups possess to start, guide, influence, persuade, and motivate others to attain a goal.

Activity 1.1: What is the difference between leader and manager?

Purpose: To identify the difference between leadership and management.

Method: Group discussion

Leadership has two main functions: managing and influencing. These two abilities are essential for successful leadership. Management and leadership require different skills.

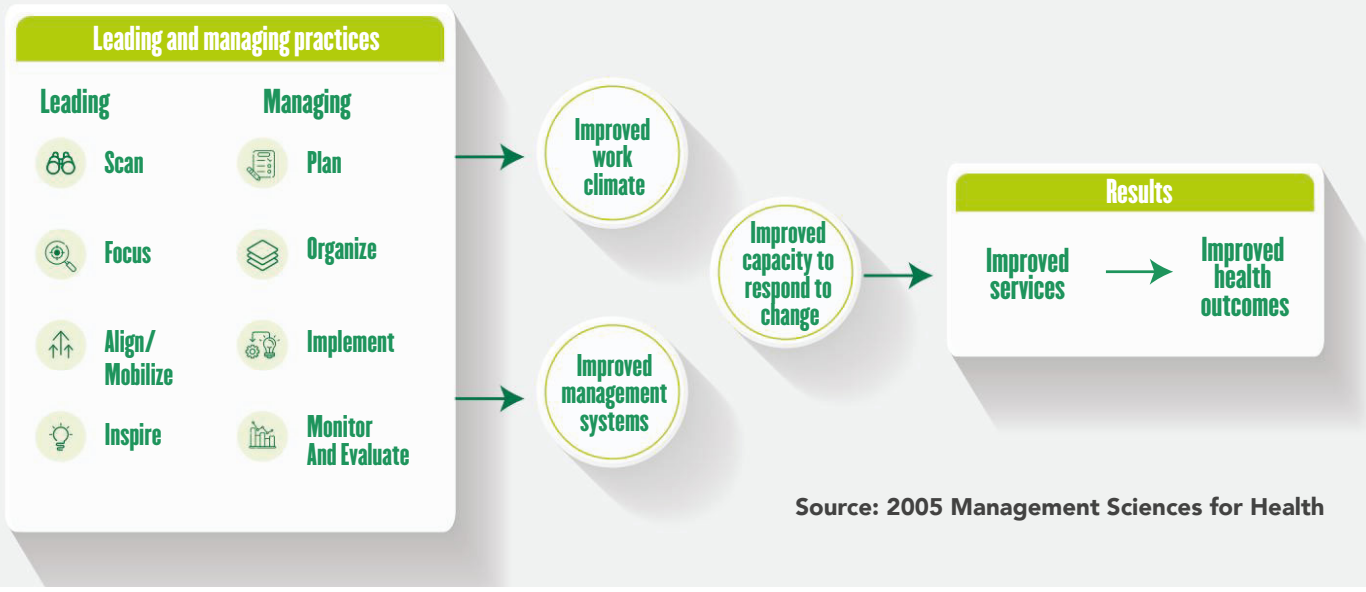
Table 4 Fundamental differences in Leadership and Management

Leadership	Management
• Is an attitude • Use of influence • Creating change • Involves the creation of a vision and motivating in that direction through ideas, guidance, energy and motivation.	• Is an assigned role • Relates to roles and functions • Creating order • Involves planning, organizing staff, time-frames, work flow, overseeing administration and evaluation.

1.2 The practice of leadership and management

Under leadership, there are the functions of scanning, focusing, aligning and mobilizing. Under management, there are the functions of planning, organizing, implementing as well as monitoring and evaluation (figure 4). When applied consistently, good leading and managing practices strengthen organizational capacity and result in higher-quality services and sustained improvements in health.

Figure 3 Leading and Managing for Results Model



Source: 2005 Management Sciences for Health

Both leadership and management skills are needed to improve a community's health. Management skills would ensure that processes and procedures, staff, and other resources are used in an efficient and effective manner to produce the intended results. Leadership is needed to mobilize, influence and motivate the community to attain their goals of improving health. A good leader creates an environment that empowers others to face challenges and achieve the desired results.

Activity 1.2: CHC Members as Community Leaders

Purpose: To discuss how CHC members could be good community leaders

Method: Group discussion

1.3 Characteristics of a Good Community Leader

- Takes responsibility for the well-being and improvement of the community.
- Is prepared to take the initiative and lead the way.
- Is able to think creatively and has great ideas that help to improve the community.
- Is able to mobilize the community towards a common vision and goals.
- Puts people first and sees their role as supporting/nurturing people.
- Encourages participation to build consensus.
- Understands the leadership roles and responsibilities s/he has to perform in relation to the community health committee.
- Has deep respect for the people they work with – s/he knows who the people are, what they know, what they see of him/her and even include what they do not see of him/her.
- Has a genuine interest in other people and listens deeply to what they think, say, feel and what they want.
- Helps people voice their own questions, form their own judgments and make their own choices, even if they disagree.
- Works for the good of the whole community, not only for the interest of a few.

1.4 Qualities of a good leader

- Visionary
- Courage
- Enthusiasm
- Care for others
- Self-confidence
- Persistence
- Vitality
- Charisma
- Integrity

Note: This list is not exhaustive, and there are many more qualities that are associated with good leadership. Participants can add more qualities and discuss what these means to them.

Module 2: CHC stakeholders and relationships

OBJECTIVES

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

- Develop an understanding of important stakeholders and how to build strong relationships.
- Understand the importance of community feedback for HF quality

Session plan:

2.1 Definition of the stakeholder

2.2 CHCs Key stakeholders

2.3 Establishing relationships with key stakeholders

2.1 What is a stakeholder?

- A stakeholder is a group or organization that has an interest in health. A stakeholder can be an institution, an organization, a group of people or individuals.
- It is important to know who the CHC stakeholders are and how to develop a relationship with them. The CHC needs to develop an understanding of the various stakeholders and organizations that are within their local community.

Activity 4.1: Identify Stakeholders

Purpose:

1. To list all institutions and organizations operating in the community, indicating the relationships and linkages.
2. To identify key stakeholders and to discuss the following, using table 2
   - What are the benefits of working with these organization
   - What do these organizations want from the CHC?
   - What does CHC want from these organizations?

Method: Group work

Table 2 Stakeholder Mapping

No.	Stakeholder	Roles of the stakeholder in local health system	Relationship to CHC	Role of CHC toward the stakeholder
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

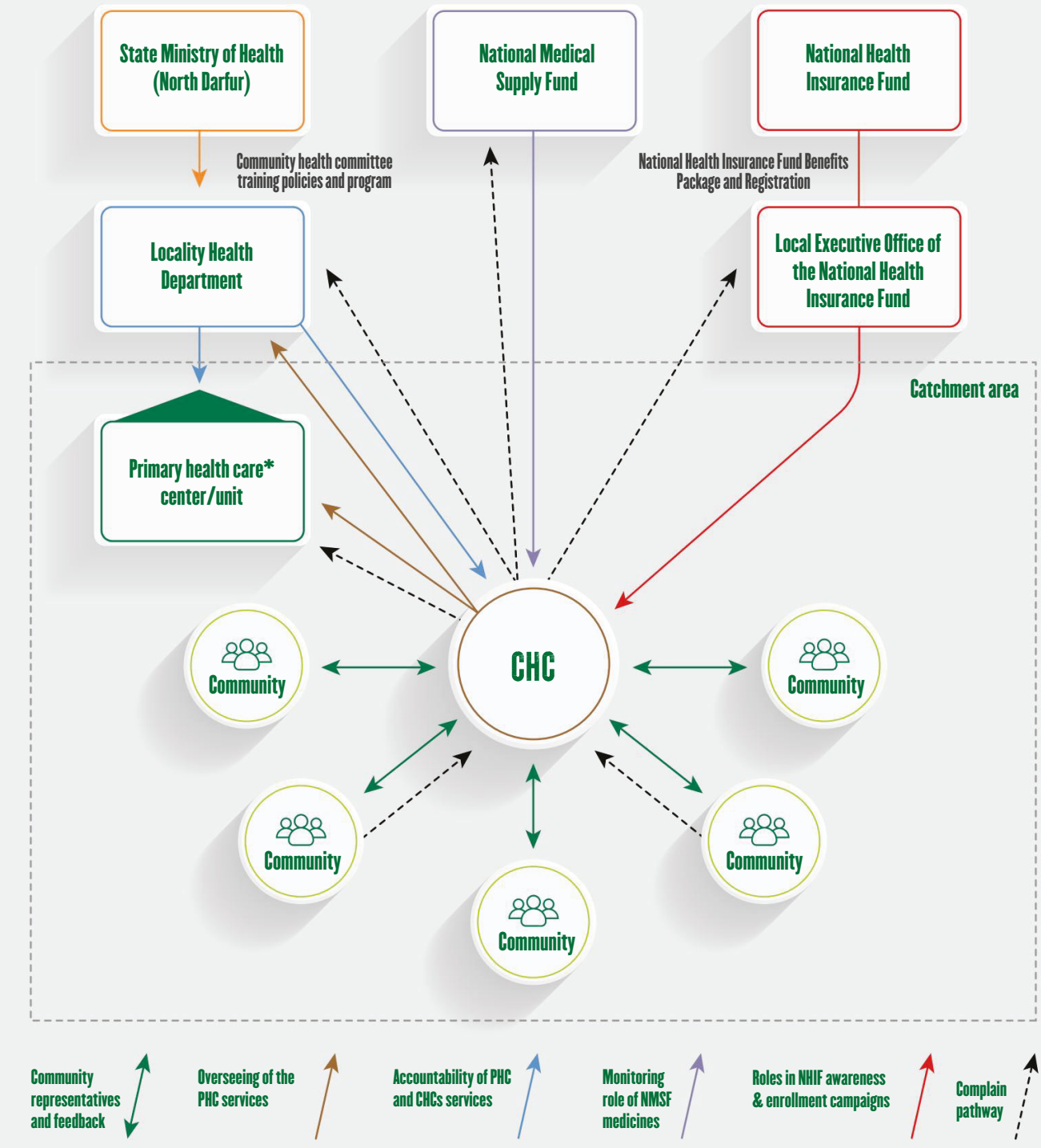
Examples of the important stakeholders:

- Community Leaders
- Community/users of health facility
- Health facility and its staff
- LHD
- NMSF
- NHIF
- Local NGOs, CSOs etc.

2.1 CHC Key Stakeholders

The main stakeholders of CHCs are mapped in the CHC stakeholders and relationships framework, shown in Figure 4.

Figure 4 CHC Stakeholders and Relationships



*Operated by government or NGO

2.2 Establishing Relationships with Key Stakeholders

It is important to establish and maintain good relationship with all health actors in the community. Some stakeholders are critical to the success of CHCs. The LHD is vital to CHC as it's the governing body for both CHCs and primary health facilities in the community. The facility managers are essential to the committee because they are supposed to be part of it. Members of the community are important because the health committee represents them, and CHCs are elected by community members. Building strong relationships with the National Health Insurance Fund (NHIF) and the National Medicines Supply Fund (NMSF) are also important as the NHIF aims to provide access to health care and financial protection for Sudanese citizens while the NMSF is responsible for medicines supply to health facilities.

2.2.1 Relationship with the Health Facility Manager:

Health facility is an important stakeholder for CHC. A good working relationship between the CHC and the health facility is important for the effectiveness of the committee. Although the facility manager is part of the CHC, it is crucial to build a good relationship with him/her. It is easier to raise service delivery issues if a good relationship has been developed between the health committee and the facility management staff. However, a good relationship isn't always easy to maintain with HF manager, especially when there are challenging topics to address. It is important to develop trust in the relationship through clear communication, mutual respect and a demonstrated commitment to the health committee functions.

Activity 2.2: Relationships of CHCs with Health Facility Managers

Purpose: To discuss how CHC would develop a good relationship with the facility manager. How would CHC handle the conflict situation with facility manager or staff?

Method: Plenary discussion

It is critical to define clear roles and responsibilities for both CHC members and HF staff in order to ensure effective communication. It is important to develop an understanding of the role of the CHC and the role of the facility manager. HF managers should respect the oversight role of CHCs and their right to represent the community as well as voice their concerns and complaints. CHC members, on the other hand, should not interfere with the work of the HF staff and should not take on clinic responsibilities. If a conflict occurs between the HF Manager and the CHCs, the matter shall be referred to the LHD.

2.2.2 Relationship with the Community:

The community members who use the health facility are the most essential stakeholders. The purpose of the CHC is to represent the interests of the community. They serve as the community's "eyes and ears." They speak for the community and represent the community's concerns. The CHC must establish a solid relationship with the community and actively involve them. Part of a CHC's role is to ensure the community's needs, concerns, and complaints are addressed. Also, to make sure that the community members are able to access health services of good quality.

The first step in developing a relationship with the community is to ensure that everyone in the community understands what a community health committee is, what it can do, and how they can make use of it. Members of the community should also be aware of who serves on the CHC and how they can contact them. The CHC should be well-known in the community. CHC should be proactive and engage in active communication with the community. They also must be accessible to members of the public.

Activity 2.3: Ideas to Market the CHC

Purpose: To discuss how the CHC could develop a relationship with their community and inform the community of the purpose and activities of the CHC.

Method: Plenary discussion

There are different ways and methods for CHC to connect with their community. Some examples are discussed in Table 3 below.

Table 3 Methods to approach communities

Method	Activity
Organize public meeting	• To promote CHC and to explain their roles and activities. • To hear from the communities their health needs and expectations. • To provide regular feedback to the community about current issues.
Do presentations at religious and social gathering events	• To advocate the role and importance of CHC. • To discuss the urgent matters in Health.
Have regular office hours at the HF.	• To receive any suggestions or complaints.
Community surveys	• To conduct a survey with community members or a facility exit interview to collect information about opinions and satisfaction regarding health services.
Additional suggestions	

2.2.3 How can community feedback help a CHC improve HF services?

Through feedback from community members, CHC members can learn a lot from the community about the availability and quality of community health services. CHCs should handle the information carefully. They can start discussing this information within the CHC meeting and communicate the relevant complaints to the facility manager. They can also involve LHD if the problem needs higher authority to be involved. Concerns about medicine can be directed to NMSF, while health insurance issues can be directed to NHIF. However, it is important that CHC ensure that what they learn improves the HF and does not create conflict. CHC, together with HF staff and other stakeholders, should turn facility priority problems into action plan with clear objectives.

Module 3: Effective Communication

OBJECTIVES

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

- Define communication
- Describe communication process
- Identify types of communication
- Describe characteristic of a good communication
- Identify barriers to effective communication and ways of overcoming them

Session plan:

3.1 Definition of communication

Communication is a process by which information is sent and received to create common understanding.

3.2 Importance of communication

Effective communication is a key skill for CHCs in order to fulfill their roles. The communication is carried out to:

1. Create awareness
2. Explain new ideas
3. Persuade people to take action
4. Give feedback

3.3 Communication process

Figure 5 The communication process

The communication process composed of:

Source/sender: The person who is the source/origin of the message.

- At the source, the message must be clear by stating why you are communicating and what you want to communicate.
- The information you are communicating must be useful and accurate

Message: The information that is being passed from the sender to the receiver.

Channel: The means through which the information is passed.

- The channels of communication include meetings, phone calls, verbal exchanges, reports, presentations, posters.
- Different channels have different advantages and disadvantages. E,g criticizing someone strongly through phone text message or in writing may quickly cause a problem.

Receiver: The audience or person for whom the message is intended.

- It is important to consider your receiver first before you deliver your intended message.
- Keep in mind that each individual enters into the communication process with ideas and feelings that will undoubtedly influence their understanding of your message, and their response.
- To be a successful communicator, you need to consider these points before delivering your message and act appropriately.

Feedback: Is the reaction of the receiver.

- Feedback can be verbal or nonverbal reactions to the message.
- The receiver is expected to interpret the message and respond to the sender (give feedback), and then communication starts all over again.
- Feedback is the mechanism by which confidence is gained that the message is understood by the audience or receiver.

3.4 Types of communication

No.	Types of communication	Description	Examples
1	Verbal communication	Known as oral communication. Verbal communication involves words, language and vocal tone.	Act of speaking or writing
2	Nonverbal communication	Describes the process of conveying meaning in the form of non-word messages. Majority of our communication is non -verbal, also known as body language.	Gestures, body language or posture, facial expressions and eye contact

3.5 Qualities of an effective communicator

1. Knowledgeable: Has relevant knowledge of the topic.
2. Good Listener: Listens keenly to the audience.
3. Friendly: Should not be harsh to audience.
4. Observant: Should be able to discover audiences' problems by observation.
5. Positive: Has a good attitude towards audience.
6. A good planner: Plans messages and learning sessions in advance.
7. Patient, confident, clear, and audible: Motivates audience, varies dialogue methods.

3.6 Characteristics of an effective message

A good message must have the attributes of 7 "Cs" of communication.

It must be (1) clear; (2) concise; (3) concrete; (4) correct; (5) coherent; (6) complete; and (7) courteous.

Activity 3.1: What are the communication barriers?

Purpose: To identify communication barriers for CHCs and how to overcome these barriers.

Method: Group discussion

3.7 Barriers to effective communication

1. Age/status differences: When the sender and the receiver are of different age groups or social standings, communication may suffer.
2. Language: The use of language that is not understood by the audience will stop communication in its tracks.
3. Communication overload: Too many messages at one time may be so confusing that people cannot comprehend them.
4. Mistrust: If either the sender and/or the receiver do not trust each other, communication may be delayed or halted.
5. Gender roles: Men may not agree to listen to women.
6. Timing: The message may be too late for effective action, or the audience may not have time to listen to it.
7. Competition for attention: Everybody wants to talk, or other distractions interfere with attention.
8. Incomplete messages: When only part of the message is delivered, either through ignorance or oversight, this causes confusion.

3.8 Effective communication

Since communication involves a two-ways process, the sender and the receiver must work together in order to have successful communication. The audience should take care to remove any barriers that might be impeding communication, such as personal characteristics that interfere with communication. To make it more acceptable to the audience, the sender should do the following:

- It is important to understand the background and interests of the audience.
- Make the message meaningful, clear, concise, and clear.
- Make sure the message is delivered at the right time and place
- Recognize and encourage the participation of men and women

Module 4: Advocacy

OBJECTIVES

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

- Define communication
- Describe communication process
- Identify types of communication
- Describe characteristic of a good communication
- Identify barriers to effective communication and ways of overcoming them

SESSION PLAN:

4.1 Definition of advocacy

Advocacy is a set of organized activities designed to influence the policies and actions of others to achieve positive changes. It includes:

- Speaking up for an issue or for the people who cannot speak for themselves.
- Empowering concerned community members to speak for themselves.
- Making sure that the policies for positive change are put into practice.
- Conveying information and messages to decision makers or leaders with the goal of influencing them to act for the benefit of the community

An advocate is a person or groups who lead, facilitate, initiate activities designed to influence the policies and actions of others to achieve positive change based on the experience and knowledge. S/He can be anyone in the community who wants to share his/her message with decision makers and leaders. An advocate is eager for change.

4.2 Benefits of health advocacy

- Contributed in developing or changing health policy
- Ensure accountability to the people
- Representation of the voiceless
- Mobilize the people to participate in the desired change process

4.3 The role of CHCs in advocacy

- CHC members play an important role within their communities to influence other decision makers, such as local health authorities, HF staff, and community leaders.
- CHC members are passionate about and committed to issues affecting the delivery of health services.
- Address issues in the community that impact health
- CHCs promote and mobilize a campaign for actions.
- Propagates change through teamwork, allies and network.

Activity 4.1: Advocacy role of CHC members

Purpose: To discuss an advocacy issue that CHC would lead or participate in

Method: Group discussion

N.B: the facilitator should discuss the following:

- Why each group chooses that particular advocacy issue?
- What are the expected challenges?
- What are the implemented activities (advocacy process)?

4.4 Steps in advocacy development

1. Identify the problem (facilitator should give examples related to the context)
2. Determine the key audiences who can either make the necessary change or influence decision makers.
3. Define message points for each audience and plan the right campaign strategy
4. Determine the communication activities to deliver those messages.
5. Decide what resources are necessary to complete each activity.
6. Establish a timeline and responsible party for each activity.
7. Implement the action plan
8. Monitor and evaluate the progress

Activity 4.2: Advocacy Process

Purpose: To discuss the implemented activities (advocacy process) that CHC would lead for the selected issue

Method: Group discussion

Module 5: Social Mobilization

OBJECTIVES

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

- Define social mobilization
- Describe the steps in social mobilization
- Identify approaches used in social mobilization

SESSION PLAN

5.1 Social mobilization

Social mobilization is the process of organizing the community and all the resources available in the community for a specific health purpose. It involves planned actions and processes for reaching, influencing, and involving all relevant societal segments across all sectors.

The aim of social mobilization is to guide people towards the achievement of a common goal. It involves:

- Create awareness of the health issue
- Motivate the community through community preparation, organisational development, capacity developments and bringing allies together
- Target interested organisations, individuals, NGOs, and the private sector.
- Share information and communication
- Support community, provide incentives and generate resources.

5.2 Steps in social mobilization

1. Identify a significant health problem.
2. Plan and select a strategy to solve the problem (for example, conduct a workshop for influential people in the community for sensitization on the issue).
3. Identify key actors and stakeholders (community leaders, Imam, heads of families, etc.).
4. Mobilize these key actors and stakeholders for action (discussions and agreement on what to do).
5. Develop communication objectives to address the behavior and key messages.
6. Set out a social mobilisation plan with stakeholders with clear coordination mechanisms
7. Implement activities to work towards a solution (blend of communication interventions).
8. Assess the results of the activities carried out to solve the problem.
9. Improve activities, based on the findings of the assessment.

5.3 Approaches to social mobilization

Some of the approaches to social mobilization are presented in Table 5.

Table 5 Approaches to social mobilization

No.	Approach	Aim
1	**Political mobilisation**	Securing political and policy commitments
2	**Government mobilisation**	Earning the cooperation and help of service providers and other government organisations that can provide direct or indirect support
3	**Corporate mobilisation**	Winning the support of national and international companies in promoting appropriate goals
4	**Community mobilisation**	Gaining commitment of local, political, religious and traditional leaders as well as local government agencies and non government organisations, women's groups and cooperatives
5	**Beneficiary mobilisation**	Informing and motivating programme beneficiaries, for example the health facility, towards the achievement of the set goals and objectives

Activity 5.1: Developing a Community Mobilization Plan

Purpose: To develop a social mobilization plan by CHC. Each group will identify a problem affecting their facility services delivery and then develop an action plan to mobilize the local community to participate in the problem's solution.

Method: Group Discussion

5.4 Strategies in social mobilization

1. **Participation:** Ensures that the beneficiaries of any intervention are consulted and contribute to a particular development activity. This will lead communities and individuals to define and control their own agenda, thus achieving community ownership and sustainability.
2. **Collaboration:** Through multi-sectoral collaboration among ministries, health organizations, donors, and local organisations at the national, state, and community levels. Leaders must be involved consistently throughout all phases of the campaign.
3. **Partnership:** Whether it's partnerships with ministries, communities, or other NGOs, it is important that there is shared recognition for implementation and success, transparency, and joint decision-making.
4. **Equity:** Equity is at the core of every social mobilization campaign. Success will depend on equity being applied to all areas of society - gender, race, class, literacy, and even health status.
5. **Quality:** Quality must be achieved in all components of a successful campaign.

Module 6: Governance

OBJECTIVES

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

- Define governance and describe its importance in community health
- Describe governance roles and responsibilities of CHCs

SESSION PLAN:

Governance Definition and Importance

Governance roles of CHC members

6.1 Definition of governance

Governance relates to decisions that define expectations, grant authority, or verify performance. Governance implies the practice of decision-making in ways that are transparent and fair.

The CHC has been formed with the intention of performing in the course of governing primary health care facilities. CHCs should be involved on behalf of a community in the management and decision-making at the primary facility level, taking into account the interests of the community.

6.2 Importance of governance

A good governance practice at community level clarifies authority, simplifies decision-making, and ensures leaders and institutions are accountable for their actions and decisions. The practice of good governance will:

- Promotes trust in the health facility and the community
- Connects the health facility to the community and stakeholders
- Enhances services to the community and stakeholders
- Improves decision-making and the quality of health services
- Enhances the perception of the health facility among community members and stakeholders

6.3 Terms related to Governance

Participation

Participation is a cornerstone of good governance. Participation needs to be informed and organized. Participation at the community level could be through legitimate intermediate representatives (the CHC members representing the community). CHC, as a community representative, shall ensure that the concerns of the community are taken into consideration in decision making. A community's well-being depends on ensuring the engagement of all members of the community. This requires that all groups, but particularly the most vulnerable, have opportunities to improve or maintain their well-being. That's why CHC should have wide representation of all community segments.

Accountability

Accountability is a key requirement of good governance. CHCs can be perceived as structures that hold the health system accountable for delivering quality health care services and for meeting the needs of communities. At the same time, CHCs are accountable to the communities they represent. They must therefore provide feedback to communities on how they carry out their mandate and what they achieve. They must also give reasons for why they did not achieve certain goals.

Oversight

To provide oversight means to oversee something and ensure it is happening according to what has been agreed upon. For CHCs, oversight can entail two things: monitoring health services and being involved in complaints

Activity 6.1: Governance roles of CHC members

Purpose: To list the governance roles of the CHCs

Method: Group Discussion

6.4 Governance roles of CHC members

1. **Voice of the people**
   - Collect the views and opinions of the community and present them to the CHC and the health facility.
   - Report to the community the general decisions of the CHC and the actions taken to solve problems raised by community members.
   - Maintain close contact with community members and consult them on issues to be discussed in the CHC.

2. **Oversight of health services**
   - Monitor health facility services in the community.
   - Link various health project activities with appropriate institutions, i.e., LHD, NHIF, NMSF, etc.
   - Handle community complaints about the HF and solve them if possible, or direct them to the suitable health authority.

3. **Revenue and resource mobilization**
   - Educate community members about the importance of supporting local health activities and facilities.
   - Maintain good relationships with key partners and stakeholders in the community to strengthen networks and funding opportunities.
   - To ensure transparency and effective utilization of resources mobilized.

4. **Community mobilization**
   - Mobilize community members to actively participate in health activities.
   - Ensure the sustainability of health projects.
   - To promote community ownership of health facilities, programs and initiatives.

Module 7: Social Accountability

OBJECTIVES

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

- Explain social accountability, and its importance and benefits, to a community audience.
- Describe some social accountability tools and activities, and how they can be used for different purposes

SESSION PLAN

Social Accountability
Role of CHCs in social accountability
Implementing social accountability activities

7.1 Social Accountability

Definition of Social Accountability

Social accountability in health is a participatory process in which users of health services are engaged to hold policy makers, public officials and health providers accountable for the services that they provide if their services are judged and proved to be below the required standards.

7.2 Role of CHCs in social accountability

CHCs are a mechanism to promote social accountability if they have the ability to meaningfully influence the management of health facilities. Strengthening CHCs' capacities would improve their ability to hold healthcare providers accountable. Also, many of the social accountability mechanisms can be facilitated by CHCs themselves.

Activity 7.1: Reasons to implement social accountability

Purpose: To discuss the reasons and benefits to use social accountability in health.

Method: Panel Discussion

Reasons to use social accountability

- To generate public pressure through citizen advocacy: a combination of citizen engagement and monitoring that creates a "voice".
- Provides vital feedback to government departments on the challenges or gaps in public service delivery.
- To improve relations between communities and service providers, and reduce tensions or conflicts between citizens and lower level providers of public goods and services (e.g. health workers).
- To enhance equity and social inclusion where marginalized, vulnerable, youth, women and other socially excluded groups get attention.
- Complements formal accountability mechanisms to ensure that public officials and public bodies are performing at their best

7.3 Implementing social accountability activities

1. Identify and prioritize the governance concerns constraining the delivery of health services
2. Analyze the context and consult with key stakeholders
3. Choose the intervention to address identified concerns, taking into consideration the constraints and opportunities from context analysis and internal capacity
4. Develop a monitoring and evaluation plan to ensure documentation of best practices
5. Implement and institutionalize the intervention

Module 8: Social Accountability tools

OBJECTIVES

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

- Describe some social accountability tools and activities, and how they can be used for different purposes
- Develop facility improvement action plan

SESSION PLAN

Examples Social Accountability tools

Facility Improvement Action Plan

8.1 Social accountability tools

Some of the most common types of tools and interventions are summarized in table 8.1. The selection of the best social accountability tool depends on the local context, human resources expertise and capacity, and cost of implementation (figure 6).

The purpose of social accountability tools is to:

- Improve governance and accountability.
- Increase service delivery effectiveness.
- Empower communities.

Table 6 Social accountability tools

No.	Social accountability tool	Description
1	**Participatory Planning and Budgeting**	Builds the capacity of citizens and civil society and increases citizens' voice through exposure to the government planning and budgeting processes.
2	**Citizen Report Cards**	Used to get feedback from users about the performance of public services from large numbers of households or individuals. It provides practical improvements in service delivery that can be made by providing information about the effectiveness of service delivery.
3	**Community Score Cards**	Links service providers to the community by empowering citizens to provide immediate feedback to service providers.
4	**Public Hearings and Community Dialogues**	Public Hearings are meetings where specific concerns are discussed before an official commission. The concerned government officials also participate to present their responses to the concerns voiced. Public dialogue prompts discussion and partnership among diverse stakeholder groups.
5	**Citizen Charters**	Aims to improve the quality of services by publishing standards which users can expect for each government service they receive.
6	**Complaints Handling Process**	Clear mechanisms for handling complaints should be stated. Consequences for actions must be defined. It increases user input, reduces corruption, absenteeism, abuse, etc.

Figure 6 Complexity of the social accountability tool

8.1.1 Community Score Cards (CSC)

What is a community score card?

- A Community Score Card is a tool used to rate the services and performance of a health service provider using scores.
- Used on a small, local scale and focus on a specific group of people in the community
- Conducted at local/health facility level
- Use the community as the unit of analysis
- Seek user perceptions on quality, efficiency and transparency of services
- Provides immediate feedback to service providers and emphasizes immediate response and joint decision-making.

Aim of community score card:

- To identify failures and lapses in service delivery, in order to improve the quality, efficiency, accessibility, relevance and accountability in the delivery of public services.
- To bring together the users and provides of a service to jointly develop solutions to resolve the service delivery problems identified.

What is NOT part of the Community Score Card?

- It is NOT about blaming.
- It is NOT designed to settle personal scores **(scoring services or projects, NOT people).**
- It is NOT supposed to create conflict.

What is needed for a successful community score card process?

- **Good facilitation skills** are needed, especially to keep the process on track and ensure that there is a spirit of mutual cooperation and not 'blaming'.
- **Planning in advance** to ensure maximum awareness and participation from the community, and acceptance from the service provider.
- **Realistic expectations** both sides need to be clear on what can and cannot be achieved through the process, and avoid having unrealistic expectations of the service providers.

The role of CHC:

CHC members could use the CSC to guide the improvement plan of the facility. They use the results from the focus group discussion to develop facility improvement priorities and objectives. It is recommended to conduct CSC every 3-6 months. A baseline indicator can be generated from the results of the first CSC. These indicators could be used by CHC to monitor the effect of the improvement plan.

Steps of the Community Score Card process:

Step 1: Planning and Preparation

- Conduct meeting with the community to discuss the CSC purpose, technique and process.
- Involve community leaders from the start. It is important to have their support.
- Identify the service/s to be assessed and locations. Accordingly, the main user groups in the communities that use the service will be identified.
- Identify and train lead facilitators. To deal with the various user groups and guide them through the process, there will need to be a number of facilitators participating.

Step 2: Conducting the Score Card with Community

- Community meeting where participants are divided into interest groups for focus group discussions.
- Score the performance of the HF using the score card tool. Discuss the community reasons for the given score.

Step 3: Conducting the Score Card with Service Providers

- Meet the health service provider to score the card.

Step 4: Interface meeting and action planning

- Conduct meeting between service providers and the community, with a skilled facilitator. For the meeting to run well and avoid hostility, a trained facilitator is necessary.
- Exchange and discuss the score cards and justify the scores given. Here, it's crucial to identify problems that are common to both users and providers.
- Key decision makers should attend, to allow for immediate feedback and commitment to action.
- Joint action plan is prepared with a list of changes that can be made immediately, to ensure that quick results can be seen

Step 5: Action Plan Implementation and Follow Up

- Prepare a report on the score card process, including the action plan.
- Use the outcomes and action plan to inform other service delivery plans.
- Monitor the action plan implementation—both service providers and community users.
- Plan a repeat score card cycle to assess if any improvements have been made.

Challenges:

- Holding service providers accountable might be a new concept and therefore a difficult concept to understand and get accepted by communities and service providers.
- Can lead to conflict, therefore, the interface meeting must be facilitated well.
- Sometimes the process can raise expectations and create a demand which cannot be fulfilled by the service provider.

8.1.2 Public Hearings and Community Dialogues

These are formal meetings at the community level where local officials and citizens have the opportunity to exchange information and opinions on community affairs.

Aim of Public Hearings and Community Dialogues:

- It gives community the chance to voice their concerns to health officials.
- It serves as a practical method for officials to get feedback in order to better understand the experiences and opinions of the people.

Importance of Public Hearings and Community Dialogues:

- Increases transparency in public service delivery.
- It is an opportunity for citizens receiving local services and officials providing services to share on matters of public interest.
- It provides citizens with the opportunity to voice problems related to the service to health officials.
- It helps make service providers accountable to citizens, and increases transparency in the service provider's activities.

8.1.3 Citizen Charters

A Citizen Charter is a public notice displayed by public institutions which provide public services for the information of the service receivers. It signifies a commitment expressed by the institution in the context of a particular service meant for targeted service receivers.

The charter should mention:

- the types of services available
- the service charges or fee
- the responsible person providing the service
- the service quality or expected standards
- the duration for providing the service
- the terms and procedures of service delivery
- the remedy if the service is not available.

Aim of Citizen Charters:

Aims to improve the quality of services by publishing standards which users can expect for each service they receive from the government.

Importance of Citizen Charters:

- Simple medium for citizens to receive information about the services being provided.
- Citizens are well informed about the process, money and time involved in making the service available to them.
- Reduces the possibility of a situation where the staff of an office creates confusion about the services and poses unnecessary problems to those wishing to access services.
- Helps ensure that the service is speedy and of good quality, that service providers are accountable and transparent.

8.1.4 Citizen Report Cards

- It is a method of providing feedback to government offices after evaluating citizens' direct experience, observation, and feelings through a participatory survey method.
- Used on a larger scale
- Used to get feedback from users about the performance of public services from large numbers of households or individuals
- Enables assessment of the impact of public policies and programs.
- Prompt and practical improvements in service delivery can be made by providing information about the effectiveness of service delivery.

Challenges:

- Need technical expertise as technical steps of the survey process are critical to the credibility of the findings
- Weak engagement with the community (no interface meetings)

8.1.5 Participatory Planning and Budgeting

- Participatory planning allows citizens, local organization, government officers and other stakeholders to take part in the identification and prioritization of development projects to be implemented with public funds.
- Participatory budgeting is a bottom-up approach where citizens engage with government officials on how public funds are prioritized and used. It allows for the preparation of budgets that are more responsive to citizens' preferences.
- Participatory budgeting ensures the direct participation of citizens and their representatives in respect of budget allocation, and the management and monitoring of expenditure.

Importance of Participatory Planning and Budgeting

- Increases citizen's voice by providing opportunities for citizens to identify their development needs and also prioritize development projects.
- Builds the capacity of citizens and civil society through exposure to the government planning and budgeting processes.
- Ensures plans and budgets that are more responsive to local needs.
- Empowers citizens to influence public decisions in regard to matters having direct impact on them.
- Ensures budgetary allocations to poor and marginalised areas.
- Increased transparency in management of public resources and improved targeting of public spending.
- Reduces corruption.

Challenges:

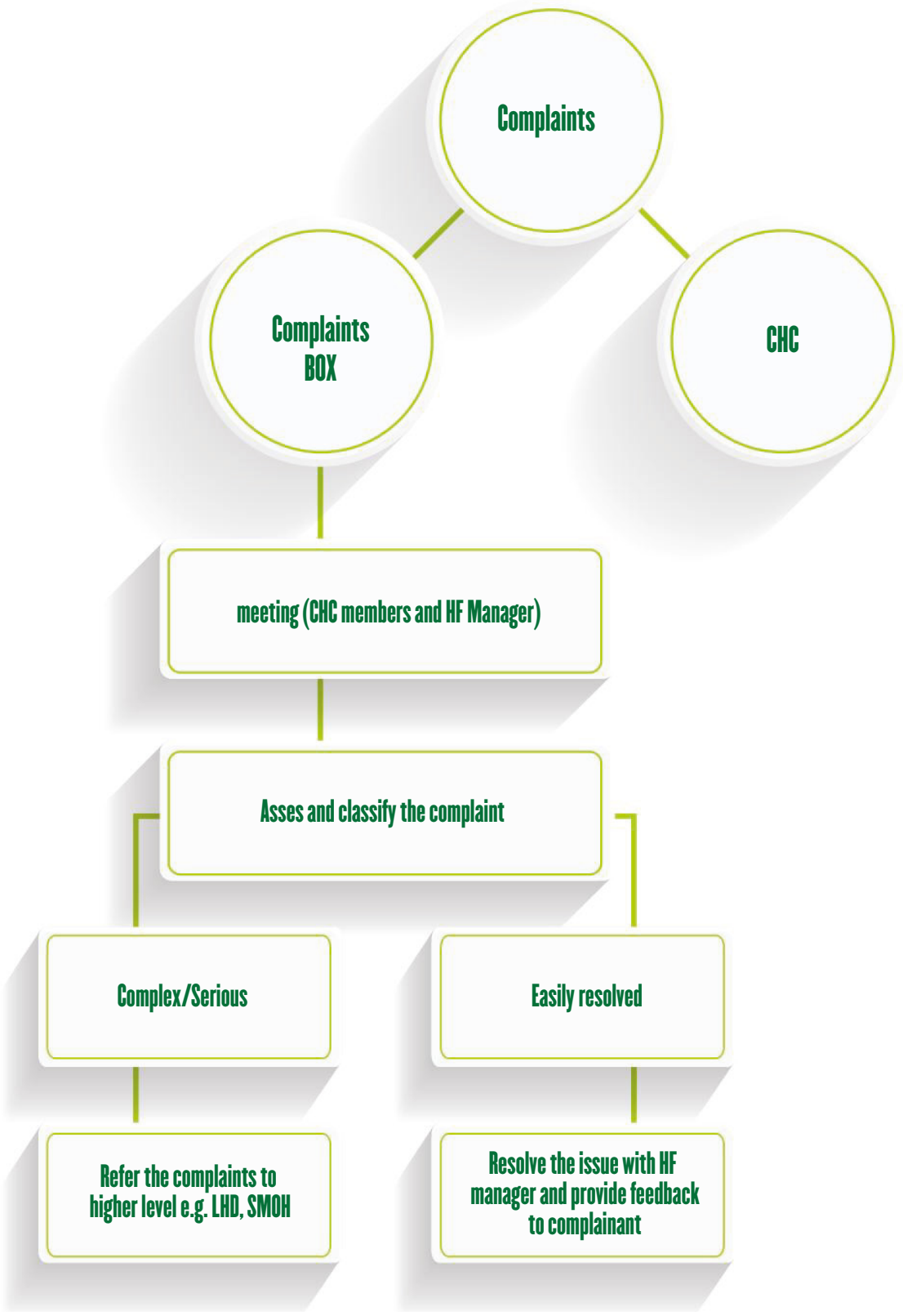
- Need some technical capacity as some planning and budget information uses technical language and can be difficult for lay people to understand.
- No reply from Officials when local authorities do not want to engage with community.

8.1.6 Complaints Handling Process

Complaints from the community could be submitted directly to a member of the CHC or through the complaints box at the facility. Figure 7 explained the complaint handling process. The complaints should be discussed in a formal CHC meeting. The complaints should be assessed and classified. Simple complaints are those that are easy to solve, do not require documentation, and can be resolved by CHC members and facility staff. Serious complaints are those that must be documented and referred to the appropriate authority or person for resolution. It is important to give feedback to the complainant. Also, complaints should be sorted out based on the nature of the problem. If the problem is related to service delivery, the complaints should be communicated to LHD and/or SMOH. If the issue was

with medicines, such as a lack of free medicines or overpricing, the complaint should be submitted to the NMSF. Any problems related to health insurance must be referred to the NHIF.

Figure 7: Complaints Handling Process



Activity 8.1: Social Accountability Tools

Purpose: To discuss which social accountability tools could be suitable to use by CHCs members. How CHC think social accountability could improve service delivery in their community?

Method: Group Discussion

Activity 8.2: Conducting Community Score Card

Purpose: To consolidate understanding of Conducting Community Score Card.

Method: Role Play

Procedure: Set up a role play of a CHC members conducting CSC with communities and HF staff using the CSC in annex II:

Workshop participants need to assume the following roles:

- Facilitators
- Community members
- CHC members

8.2 Facility Improvement Action Plan

CHC should develop a facility improvement plan based on the following:

- Findings from community score cards
- Issues that have been raised by the community, identified by HF staff, or identified in routine maintenance and supervision checklists.
- Complaints submitted to CHC or HF formally

Steps to develop a facility action plan:

- CHC members must decide which problems they can assist with and which are top priorities.
- CHC shall list these problems in order of priority in the facility improvement matrix (annex 2).
- CHC should plan actions working with the community, HF, and LHD needed to address the problem.
- The responsible person/people should be determined for each action.

- The resources (financial, human,... etc.) required for the actions and who will provide those resources should be stated.
- The timeline for each activity should be written.
- CHC should monitor the progress and review what has been achieved at the monthly meeting.
- CHC must keep one copy at the HF and provide one to LHD.
- When actions are completed, new priorities should be identified and added for planning.

Activity 8.3: Developing the Facility Improvement Matrix

Purpose: To consolidate understanding of developing the facility improvement action plan. Based on the problems identified during the role play of activity 8.2. Each will develop their own improvement action plan using the facility improvement matrix (annex III).

Method: Group Work

Annex I *CHC meetings checklist*

	Item	Yes	No	Notes
1	Notification of the meeting is made at least one week in advance			
2	The meeting was held one month or less since the last meeting.			
3	The location of the meeting was identified in advance			
4	The meeting agenda was developed in advance and followed during the meeting			
5	The meeting quorum was met			
6	The minutes were taken			
7	Action steps were outlined, including the person(s) responsible for action, resources required, and timeline			
8	CHC members communicate CHC activities at regular meetings held within their own catchment community			

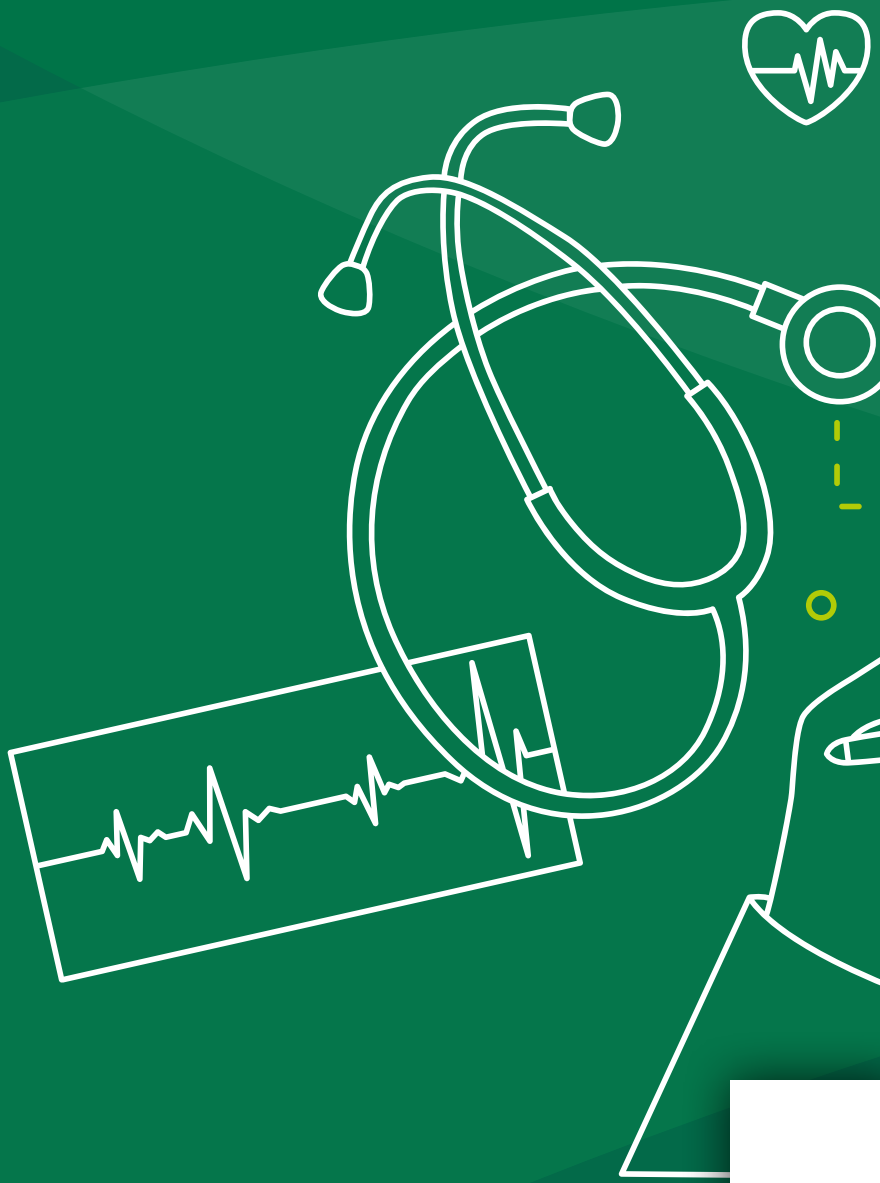
Annex II *Community Score Card for primary healthcare facilities*

	ISSUE	SCORE					REMARKS
		1. VERY BAD	2.BAD	3.FAIR	4. GOOD	5. VERY GOOD	
1	Availability of clean water at the health facility						
2	Cleanliness of the health facility						
3	Availability of sanitation (toilet and hand washing station)						
4	Access to immunization services						
5	Access to nutrition services						
6	Access to antenatal care services						
7	Availability of laboratory services						
8	Availability of medicines at the health facility						
9	Availability of the staff during the working hours						
	Total Score	(out of 45)					

Annex III

Facility Action Plan (Improvement matrix)

NO.	PRIORITY ISSUES OR PROBLEM	ACTIONS NEEDED TO ADDRESS THE PROBLEM	WHO WILL LEAD? (NAME AND INSTITUTION)	TIMELINE (BY WHEN)	RESOURCES (WHAT IS NEEDED)
1					
2					
3					
4					
5					
6					



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