Participation Guide

Involving Those Directly Affected in Health and Development Communication Programs

USAID
FROM THE AMERICAN PEOPLE

HEALTH COMMUNICATION
PARTNERSHIP

Participation Guide

Involving Those Directly Affected in Health and Development Communication Programs

USAID
FROM THE AMERICAN PEOPLE

HEALTH COMMUNICATION
PARTNERSHIP

Written by:
Marcela Tapia, MA. Senior Specialist, Community Mobilization, Save the Children USA

Angela Brasington, MSPH, Associate Director, Health Communication Partnership Project, Save the Children USA

Lynn Van Lith, MPH, HIV/AIDS Technical Advisor, International HIV/AIDS Alliance

Suggested Citation
Tapia, M., Brasington, A., & Van Lith, L. (2007). *Involving Those Directly Affected in Health and Development Communication Programs.* Baltimore: Health Communication Partnership based at the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs.

HEALTH COMMUNICATION
PARTNERSHIP

HCP is a global communication initiative based at the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs in partnership with the Academy for Educational Development, Save the Children, the International HIV/AIDS Alliance, and Tulane University's School of Public Health and Tropical Medicine. In addition to the five core partners, HCP works with leading Southern-based health communication organizations as well as global programming partners from the corporate sector.

USAID
FROM THE AMERICAN PEOPLE

The Health Communication Partnership (HCP) is supported by a five-year cooperative agreement from the U.S. Agency for International Development (USAID) (No. GPH-A-00-02-00008-00).

Photos:
Marcela Tapia, Angela Brasington, Aimee Centivany, Jim Stipe/Lutheran World Relief. Binoy Dil Lama, Ericka l. Moerkerken, Paul Jeffrey/Action by Churches Together

Publication Coordinator: Maureen McNulty
Editor: Brandon Howard
Design: Teresa Tirabassi

Contents

INTRODUCTION

The Participation Guide presents a simple set of guidelines to design and implement participatory health and development communication programs. While the catalyst for developing this Guide is the often expressed need in the field for such a resource, it is not meant to be exhaustive or to cover all the complex issues related to inclusion and participation. As with most guides, it is a work in progress. Readers are encouraged to document and share their experiences with the authors and others to enrich this Guide and revise it as needed.

What Is The Participation Guide?

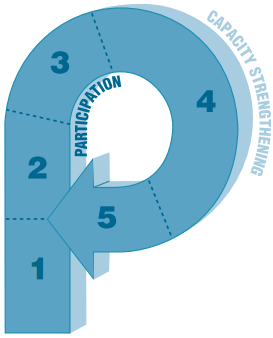
The Participation Guide provides simple tips and tools to involve affected individuals and groups in the various stages of health and development communication programs. This Guide provides examples of how to include those most marginalized that a health or development communication program is meant to empower. These people could include low-income women of reproductive age, youth, orphans and vulnerable children, people living with HIV/AIDS (PLHA), or staff from organizations working with affected individuals or groups

Who Is This Guide For?

The Guide's intended audience includes program officers, program staff, and development practitioners interested in effectively involving those directly concerned in the health and development communication programs they support.

How To Use The Guide?

The Participation Guide is an easy-to-use tool that program managers and development practitioners can refer to when they have questions about involving affected individuals and groups in health and development communication programs. It is a companion to the Health Communication Partnership's (HCP) new P-Process—a step-by-step guide for developing strategic communication programs—and follows the P-Process's five stages.



Stage 1 Analysis
Stage 2 Strategic Design
Stage 3 Development & Testing
Stage 4 Implementation & Monitoring
Stage 5 Evaluation & Replanning

The first part of the Guide answers some common questions that apply to all stages of communication program design. The second part addresses participation in each specific stage. Each stage includes a brief description followed by a list of steps on how to involve affected individuals and groups. A list of additional resources appears at the end of the Guide.

This Guide does not mandate what must be done or in what order, but rather offers suggestions. Program staff will need to adapt and reinvent the guidelines according to the context in which they are used and to specific health and development communication program needs.

AT THE CORE OF Participation

Widely recognized human rights, such as the right to access information and knowledge, the right to self-expression, and the right to take part in collective decision-making, are at the basis of participatory strategies. Participation helps translate values and ideals associated with social justice, equality, and freedom into action.

Why Involve Those Affected?

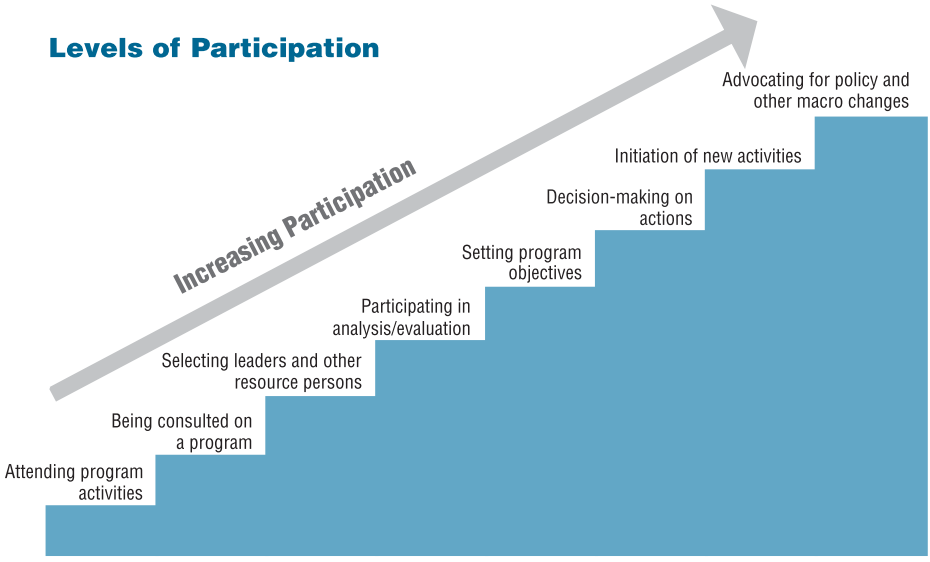
Participation in health and development communication programs can strengthen the voice of ordinary citizens and ensure their involvement in decisions that affect them, their families, and their communities. Those directly affected by the issue addressed in a health and development program have wisdom, abilities, and experience the program can and should build on.

It has been widely documented that participation can increase the impact of health and development programs and lead to long-term sustainability. Individuals and groups actively involved become committed and feel increasingly capable of improving their health and living conditions.

What Is Participation?

Ideally, participation should facilitate the exercise of people's decision-making power and promote higher levels of self-reliance. In the context of health and development programs, self-reliance does not necessarily mean total "autonomy," but rather

the creation and strengthening of appropriate forms of interdependence between communities and governments, service providers, or other external agents. Different types and levels of participation may be viewed as part of a continuum towards those higher levels of participation and self-reliance. Attending a meeting without expressing opinions, for instance, can be an important first step, particularly for those individuals and groups not used to having their voices heard. The same people can become more actively involved in other program aspects or stages later on.



Participation will vary in every situation. In some cases, involving those affected is not possible at the beginning of a project. The involvement process may require additional groundwork to include the most marginalized individuals who may believe they are not capable of participating. A step-by-step approach to participation may be more appropriate for individuals and groups historically reluctant to participate in development programs or who mistrust "external interventions." In every case, increasing opportunities for participation by those directly affected by a problem or issue is crucial.

Using the P-Process as a framework, the chart on the next page illustrates the advantages of involving key groups and individuals when developing a communication program.

Who to Involve in the P-Process and Why

Those Directly Affected and/or representatives of groups that gather together individuals directly affected by the issue or problem (e.g. people living with HIV/AIDS, orphans and vulnerable children, low-income women)	Other Key Stakeholders Representatives of governmental and non-governmental organizations, health staff/workers and others working on the issue and with the individuals and groups affected
• To acknowledge and build on their capacity and knowledge • To strengthen their skills and overall capacity to develop, implement and evaluate health and development communication activities/programs • To assure long-term sustainability	• To help identify and select participants for each stage • To facilitate coordination of activities with those affected • To play a key role in scaling up

ANALYSIS

To gain a deeper understanding of the issue from the affected people's viewpoint, and enable them to revise their own assumptions

To gather information such as reports and documents containing recent information and help identify those directly affected by the problem

STRATEGIC DESIGN

To provide insights on strategy design and ensure that strategies and approaches selected are adequate to their contexts and will be effective in reaching them and their needs

To learn what has been used before, what strategies worked or didn't work

DEVELOPMENT & TESTING

To ensure cultural appropriateness of messages, materials, and tools

To identify messages and procedures that complement or contradict existing materials/programs

IMPLEMENTATION & MONITORING

To effectively incorporate program activities into existing social networks

To facilitate the implementation and monitoring of activities with those directly affected

EVALUATION

To find out what has or has not worked and why, and to plan future action

To provide input for the evaluation of programs with those affected through participation in core teams, steering committees or other participatory mechanisms

General Guidelines for Involving Those Affected

Establish an equal relationship with those affected. Favor mutual learning rather than top-down approaches.

Value people's knowledge and experience.

View participation as a continuous learning process. Take every opportunity to strengthen the capacity of those affected to actively participate.

Avoid professional jargon and difficult words. Use words and symbols or images that are understandable for all.

Guide without imposing. Participants may be reluctant to adopt a different way of doing things because they may view it as an imposition; or, contrarily, they may be too ready to defer to "the experts."

Start where people are, and respect local traditions and values that do not undermine their health and welfare. Be careful not to apply your own standards, values, and world views.

Integrate the health and development communication program into local groups that represent and work with those affected whenever possible.

Ensure appropriate and fair representation of those directly affected. Committees or groups that represent affected individuals may or may not exist at the local level. To ensure fair representation:

- Involve members of local existing committees, associations, and groups that actually represent the affected individuals
- Help set up new committees and groups that represent the most affected when needed.

Broaden the participation base. The comprehensive involvement of the community and other stakeholders is essential for program success. This may not happen immediately, but it should increase over time.

Strive for a gender balance.

- In contexts where it is not usual for women to participate in formal decision-making forums, negotiate with representatives of traditional (male) decision-making structures about the inclusion of women in separate or mixed meetings and activities, as culturally appropriate.
- Find ways to include men in programs that address issues that are often thought to concern only women, such as maternal and child health.

Recognize that increasing participation of marginalized groups may cause conflict. Be ready to deal with conflict in a constructive way.

Be ready to share decision-making power and control over the process. Participation empowers those directly affected to make important decisions and take greater control of their lives.

Experience from the field: Egypt

Through HCP's Communication for Healthy Living (CHL) project in Egypt, a maternal and child health program tapped into men's traditional meetings to explain the importance of the activities. Once they knew what the program was about, men contributed by supporting their wives, advocating for service improvements, and mobilizing local resources.

How to deal with potential resistance from governments and other external agents

Some governments and development agencies may not have experience in, or understand the principles and rationale of, involving those affected in every program stage. They may be concerned that broader participation will result in new demands, which they may or may not be able to meet.

- Facilitate reflection on professionals' assumptions about who can contribute to developing strategies and solutions. Even when they have not had access to formal education, those directly affected know best about their own situation. They can effectively contribute to health and development efforts when given the space and the opportunity to do so.
- Advocate before multilateral, regional, and national organizations for the adoption of participatory, inclusive health and development communication approaches. Provide them with technical briefs and other informative documents that explain the benefits of participatory approaches for development.
- Take part in task forces that advance the integration of participatory approaches in health and development programs.
- Support the advocacy efforts of those directly affected to broaden and strengthen civil-society participation.
- Develop and strengthen links supporting cooperation between governments and civil society organizations representing those directly affected (e.g., PLHA, youth). Work with these civil society organizations to initiate sound partnerships with government and other agencies.
- Anticipate and manage any potential conflict between governments and grassroots stakeholders. Be aware of past and present disagreements or disputes that could jeopardize cooperation between governments and other agencies and the concerned groups.
- Suggest culturally appropriate mechanisms to involve different stakeholders. For instance, it may be appropriate to organize one meeting with those traditionally disenfranchised and another with policy- and decision-makers before bringing them together at the same table. Gradually build mechanisms into the program to facilitate dialogue between and among diverse groups.

Capacity Building

Strengthening the capacity of affected individuals to analyze their situation and to develop, carry out, and evaluate health and development communication activities is part of a continuous learning process. Through their participation in health and development communication and other activities, individuals and groups affected will develop and strengthen a variety of skills in different areas such as the following:

- Dialogue and participation
- Critical analysis and problem solving
- Organization and planning
- Networking, resource mobilization, and advocacy
- Participatory monitoring and evaluation
- Negotiation (interpersonal, group, vis-à-vis governmental and other institutions)

Questions To Ask At Every Stage Of A Participatory Process

Selection of participants

- Who should participate?
- Who is trusted by others and truly represents those affected?
- Who, among those affected, is willing and available to actively participate?
- What are the most culturally appropriate criteria and procedures to select participants? Who, among those affected, could participate in the definition of those criteria and procedures?

Levels and types of participation

- How actively will those directly affected participate in each stage? At what levels can they realistically participate?
- What might facilitate or hinder their participation at each stage?

Power structures and social relations

- How could local leadership influence the participation of those affected?
- How could other existing power structures influence their participation?
- How could customs, traditions, and gender relations influence their participation?

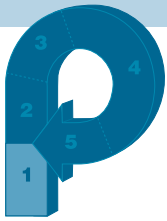
Capacity

- What is the existing capacity?
- What capacity building needs exist?

Media

- What traditional and technical communication media do participants access?
- What traditional and technical communication media could they use?

Other, more specific questions apply to particular stages in the process :



Analysis

Who are those directly affected? (e.g., their characteristics, role in their social setting, participation in social life, level of organization, formal and informal networks, prevailing social norms)

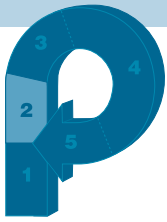
How do they view and define the problem?

What is their previous history of participation?

How might time and other constraints affect their involvement?

How can one facilitate their analysis of the problem?

How can their view and definition of the problem complement and enrich the program team's view?



Design

How can activities increase opportunities to participate?

What kinds of exercises would allow affected individuals to be involved in design?

How can the program team adapt activities to be appropriate for diverse levels of experience and interests?

What are the existing (human and material) resources? Are they sufficient?

Development & Testing

How can affected individuals' creativity and involvement shape the development of materials, activities, and tools?

How can messages, materials, and tools portray their local culture, systems, and context appropriately?

How can one prevent reinforcing negative stereotypes, gender biases, and prejudices?

Implementation & Monitoring

How can affected individuals have input in the development and monitoring of project management plans?

- Who should participate?
- How?

What type of participatory monitoring system will be effective?

Evaluation

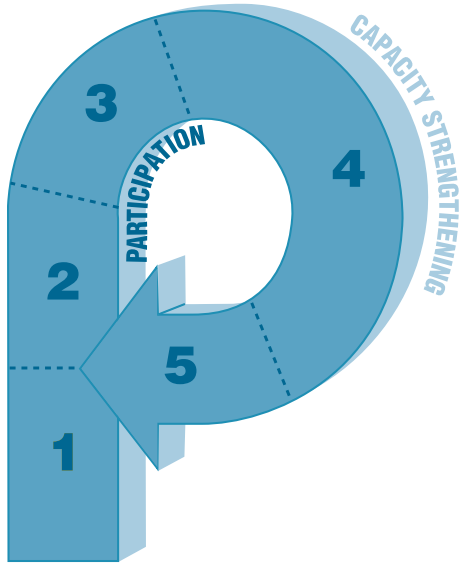
How might outside specialists and affected individuals work together to design, plan, and carry out the evaluation?

How can affected individuals participate in documenting and disseminating evaluation results?

How to develop indicators/evaluation criteria with those affected that are pertinent and reflect their own experience?

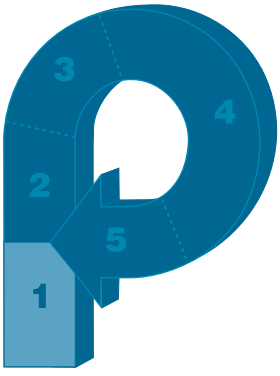
What participatory evaluation methods would be useful?

Participation in Each Stage of Health and Development Communication Program Design



Stage 1 Analysis
Stage 2 Strategic Design
Stage 3 Development & Testing
Stage 4 Implementation & Monitoring
Stage 5 Evaluation

STAGE ONE
Analysis



Analysis, the first step in the P-Process, is essential for designing effective health and development communication programs. Through analysis, all involved gain a deeper understanding of perceived needs and wants, social and cultural norms, existing capacity, and potential constraints on individual and collective change.

Involving Affected Individuals and Groups

1. Consider the results of previous assessments

Individuals or affected groups may have already analyzed their situation before the initiation of a new health and development communication program in their community. Meet key people representing or working with those affected. Request past documents, reports or meeting minutes they may have on the subject. This helps build on their experience and knowledge while showing that the new project values those efforts.

2. Be transparent and clear

Be transparent and clear about the program's goal and objectives. Clearly state your program's opportunities and constraints. If the priorities of the affected individuals and groups do not match those of the health and development communication program, program staff should explain the problem and be transparent about what their new program can and cannot offer. Linkages and collaboration with other programs may be crucial in responding to locally stated needs not related to your program. Whenever possible, incorporate activities that respond to expressed needs that are related to your program but that you had not originally anticipated. For instance, an advocacy component to stop industrial water pollution can become a key facet of a water and sanitation program as a result of early dialogue with those directly affected. Investment in these unanticipated activities enhances your health and development communication program and increases local ownership.

Not all affected individuals will participate in every initiative. Those who do not initially participate may be interested in joining later when they see the usefulness and progress of the group's efforts to address issues that affect them.

3. Facilitate participatory analysis

It is essential to involve representatives of affected individuals and groups in a collective analysis of their situation.

Things to Consider When Recruiting Participants

- Among those affected, who can participate in this stage?
- Who best represents the individuals and groups directly affected by the problem?
- Are those affected mobile or should meetings be organized in their localities?
- What type of tools can be used to facilitate the participation of persons that do not read and/or write?

When affected individuals and groups analyze their situation, they reflect together about their situation and get organized to act collectively. A variety of participatory techniques (e.g., transect and group walks, social/community mapping, ranking and scoring) can be effective in this stage.

Participatory Analysis in an HCP Namibia Program

A Health Communication Partnership (HCP) program in Namibia began by helping to stimulate a collective understanding of HIV as a problem within several communities. Using participatory learning and action techniques, the Namibia HCP team:

1. Held a series of community meetings with local leaders to

- explain the proposed community assessment process
- answer concerns or queries
- ask for assistance in selecting participants for the assessment
- identify important peer groupings (e.g. by age, sex)
- gain local leaders' approval to work in the community

2. Trained peer facilitators in the use of a participatory assessment tool to be used over a period of several weeks in each community.

Peer facilitators then led sessions with their community members broken down by age and sex. The sessions facilitated participants' reflection on a series of interrelated topics, such as:

- the main problems of people like them in their communities
- how vulnerable they were to HIV/AIDS
- the reasons why people are getting infected
- how can people prevent infection and support those living with HIV/AIDS
- services available
- significant changes observed in their communities since independence
- changes they would like to see in the next three years, particularly in relation to HIV and AIDS

The HCP team held a plenary meeting in each community to share findings among all participating groups. Community members and HCP staff organized community action forums to discuss the findings with the communities at large and to collectively decide on future action based on those findings.

(See *For People Like Us: An HIV/AIDS Participatory Learning Assessment Tool.* Full reference in the Additional Reading section.)

PARTICIPATORY ASSESSMENT TOOL

The following is an example of a participatory assessment tool used by HCP Namibia. For a complete description of each peer session, see For People Like Us: An HIV/AIDS Participatory Learning Assessment Tool. Full reference in the Additional Reading section.

Objective:
To gain an understanding of the issues and problems affecting community members' everyday lives.

Question:
What are the main problems for people like you in this community?

Step 1: Ask the group this question. As each problem is identified, ask the group if they agree that this is a problem for people like them. Then, ask the group to draw a picture or symbol to represent this problem. For example, a picture of a bottle could represent a problem with alcohol. Continue this process until the group feels that all the main problems for people like them have been identified and drawn on the paper.

Step 2: Draw a large chart. Prioritize the problems with participants by listing all the identified problems horizontally across the top of the chart, using the chosen symbols–each problem is the heading of one column. Then, in reverse order, list the problems vertically down the left side of the chart (each problem is the heading of one row). In other words, if "drug use" is listed first (upper left) across the top of the chart, it should be listed last (bottom) along the side of the chart.

	Symbol of Problem A	Symbol of Problem B	Symbol of Problem C	Symbol of Problem D	Symbol of Problem E
Symbol of Problem E	Problem E	Problem B	Problem C	Problem E	
Symbol of Problem D	Problem A	Problem B	Problem C		
Symbol of Problem C	Problem C	Problem C			
Symbol of Problem B	Problem B				
Symbol of Problem A					

Fill in the table by recording the symbol of the problem that is a bigger issue for people like them in the community. For example, in the first empty square (top row, first column), you compare Problem A (let's say alcohol abuse) with problem E (let's say rape). Ask the group to discuss the two problems and decide which is bigger in the community. Then, draw the symbol for the bigger problem in the first square of the table. Continue doing this until you've filled in the whole table. In the table above, C and B are the two biggest problems in the community.

Agree with the group beforehand on how they will define the "bigger" problem. A problem can be considered "bigger" than another one because it (a) affects many people in the community, or (b) causes serious disease/handicap or death.

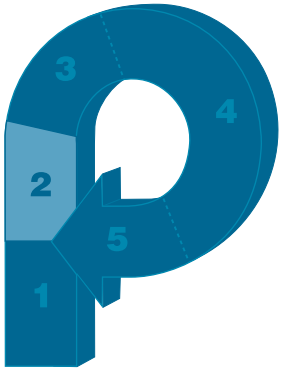
Step 3: Each group can summarize the main problems in their community according to age and sex (e.g., young girls and boys, adult males and females, elderly males and females) using simple symbols drawn on a flipchart, such as the one shown to the right.

Participatory techniques encourage participants to freely express themselves and reflect on their situation. External facilitators may help the group analyze the information being shared to encourage further reflection and collective action. They can also enrich participants' understanding of the issue by sharing insights and lessons learned from other programs and assist in identification of information for the development of program messages, materials, and activities. There are many creative ways of disseminating program findings to the community such as community maps and drama. After the analysis, the external facilitation team can assist in the development of tools for presenting the findings to the broader community.

Facilitation Tips

- Encourage people to express their opinions and freely talk about their own experiences.
- Use participatory techniques or games to help break the ice, lighten the atmosphere, and make people feel at ease.
- Use open-ended, non-judgmental questions that lead to open answers instead of yes/no answers. For example:
  - "What have you seen?" instead of "Have you seen such and such?"
  - "What do you think about…?" instead of "Don't you think that…?"
- Leave room for questions and be open to suggestions or comments from participants.
- Leave room for different views and concerns.
- Keep focused: Do not allow the group to totally deviate from the topic being discussed without a valid reason.
- Appreciate the enthusiasm and validate the opinions of those who express themselves.
- Provide equal opportunities to participate by ensuring those that tend to talk more do not dominate the discussion. If necessary, assign them a task within the meeting (e.g., ask them to take notes or to help determine who speaks next).
- Express interest in listening to those who are silent without making them feel obliged to talk. People have the right and should have the choice not to express their opinions.
- Some people may choose not to talk to show their disapproval of the process or content, in which case it is useful to openly discuss their concerns. If necessary, this can be done individually outside the meeting.

STAGE TWO
Strategic Design



The goal of the strategic design stage is to develop activities that will help the program reach its objectives. The strategic design incorporates what has been learned in the analysis stage. Its overall goal and vision should be meaningful to those most affected and reflect their views and concerns.

Involving Affected Individuals and Groups

1. Carefully select participants

Since strategic design requires certain planning skills, there is a natural tendency to involve well-known local leaders in this stage. However, these leaders may not always work with or represent those most directly affected.

In some cases, those affected are organized and can nominate delegates for this stage. Using the results from the analysis stage can help them develop appropriate selection criteria and recruitment processes (e.g., who is directly affected, where do they live and socialize). In some contexts, it is essential to develop specific criteria of "inclusion" to ensure fair representation of women or particularly marginalized

segments of the population (e.g., those who do not read and write). Time and commitment to participate are also essential criteria.

2. Organize the strategic design process

Strategic design workshops facilitate the involvement of affected individuals and/or groups that may work or live in different localities. Careful preparation and planning are necessary to ensure that affected individuals are involved. The following key ingredients can help ensure the success of strategic design workshops and sessions:

- A skillful facilitator with an in-depth understanding of the issue, the local context, and the affected individuals' views and needs. A skillful facilitator will:
  - Develop a flexible and realistic agenda that considers the affected individuals' characteristics and needs
  - Determine the type of exercises and "games" that will encourage participation during the sessions
- Good organization, including schedules that take into account the affected individuals' availability and venues that are accessible to and appropriate for participants
- The creation of a safe environment where those most affected may speak freely (e.g., preventing and resolving situations where there may be power imbalances)

3. Pull the pieces together

Provide a simple format to summarize the objectives, rationale, activities, resources needed, and the implementation timeline. When suitable, encourage the integration of traditional and technical media into the program strategy. The appropriate use of media can effectively encourage and support participation.

The overall strategic design is not a static, unchangeable product. Adaptations will be necessary to respond to unpredictable events such as unexpected results discovered during monitoring or unexpected events that may result in schedule changes.

Example of Strategic Design

WHY? (problem / issue)

The voice of the PLHA community is absent in HIV/AIDS prevention and care radio programs.

Opportunity to build PLHA capacity to develop/produce radio programs and give them a voice.

WHAT? (objectives)

Help PLHA develop life-enhancing skills. More specifically, strengthen their capacity to use media as a means to voice their concerns and reach others with health promotion and HIV/AIDS prevention messages.

HOW? (strategies, activities, procedures)

Develop a radio program on HIV/AIDS prevention and care with PLHA that truly reflects their concerns and needs.

WHO? (facilitators & participants)

12 participants who are representatives of various PLHA groups/organizations

Facilitator with experience in participatory radio production or community radio training and with experience working with PLHA

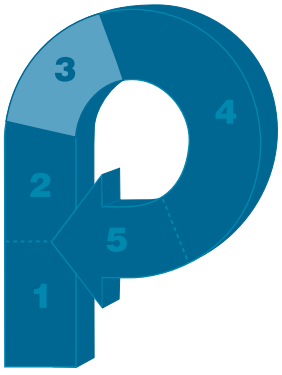
WITH WHAT? Some Suggested Resources

A series of hands-on training workshops may require:

- Travel allowance and per diem for participants
- Lodging (as appropriate)
- Workshop venue (incl. chairs, table, etc.)
- Colored markers
- Tape recorder & audio cassettes (or another way of recording workshop results)
- Snacks
- Flipcharts
- Masking tape

WITH WHAT RESULTS? Monitoring	WHEN? Timetable
12 PLHA representatives with the necessary skills to produce and broadcast radio programs Scripts developed with PLHA Radio program produced with PLHA Broadcasting schedule developed with PLHA Programs broadcasted by PLHA	Four 5-day training and production workshops scheduled: Oct. 23-27 Nov. 26-30 Dec. 10-15 Jan. 15-20

STAGE THREE
Development & Testing



This stage consists of the development and testing of the materials, tools, and processes outlined in the strategic design stage.

Involving Affected Individuals and Groups

1. Develop materials, tools and processes

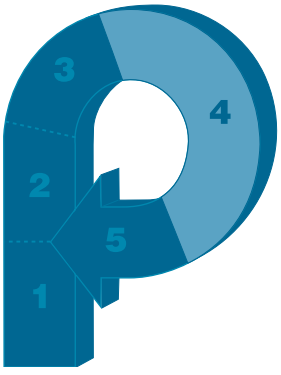
Individuals affected by the issue and members of groups that represent them can participate in various ways during this stage. The following chart provides examples of how affected individuals might participate in various program activities.

Activity	Examples of involvement
Developing a handbook on living positively	Partner with a national PLHA association by inviting them to a design workshop to brainstorm key messages.
Defining the content and format of health promotion materials	A school contest for the development of a health promotion poster with in-school youth. An advertising agency can reproduce the winning poster for wide distribution.
Scriptwriting for a media program	The scriptwriting of a community-radio program with anti-AIDS Youth Clubs to improve inter-generational communication and promote the prevention of HIV.
Producing and broadcasting a radio program	The production and broadcast of a community-radio program by youth to prevent HIV/AIDS.
Developing production and broadcasting schedules for a mass media campaign	Capacity-building sessions for young journalists and members of youth organizations on the development of a production and distribution plan of a radio program for youth.
Developing or adapting program tools to increase use of services	A working group formed by service providers and women seeking or using family planning methods to develop guidelines and visual tools to increase the use of these services by women of reproductive age.
Developing or adapting advocacy tools	An advocacy booklet developed with clients of reproductive health services to influence government policies and decision-makers regarding family planning methods.

2. Pretest messages, materials, and tools

Be sure the messages, materials, and tools are culturally appropriate, gender-sensitive, and free from negative stereotypes of the affected individuals and groups. Local firms often produce the program materials and tools developed with or by those affected. These firms, in turn, should pretest the materials and tools with other individuals directly affected by the issue. In order to avoid stereotypes that may be unconsciously accepted by those most affected, consult key persons working with affected individuals and groups. These key people can more easily identify these stereotypes and usually recognize content that may contradict other existing materials or intensify pre-existing conflicts. It is best to get their input before materials are pretested. This consultation saves time and ensures that content is accurate and appropriate.

STAGE FOUR
Implementation & Monitoring



The implementation and monitoring of activities developed in the strategic plan take place during this stage. Monitoring consists of closely following program activities to make sure they are being carried out as planned and proposing changes in a timely manner, if needed.

Involving Affected Individuals and Groups

1. Select participants

This is the time to involve even larger numbers of stakeholders. Those who participated in earlier stages can play a key role in mobilizing others during implementation. The members of committees from previous stages can decide to form other groups to tackle specific objectives and activities.

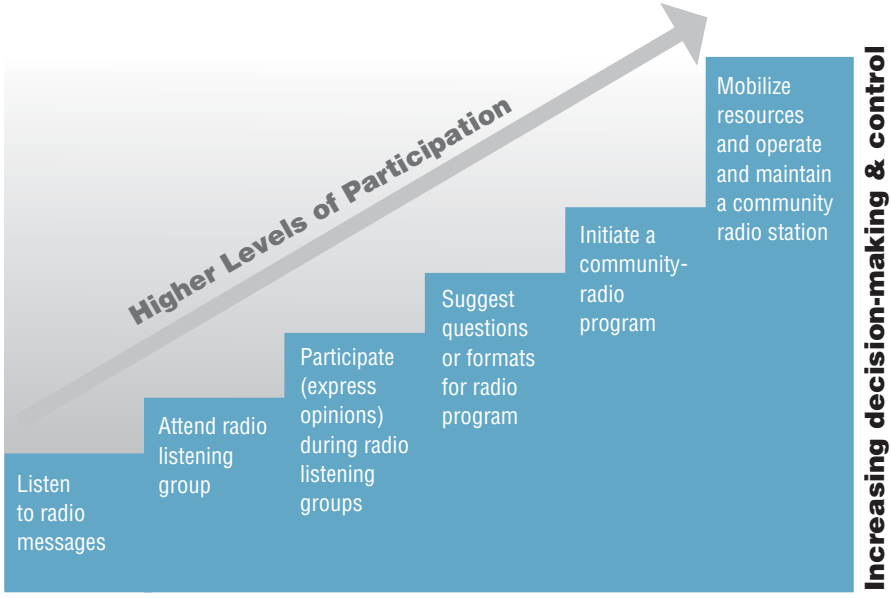
Experience from the field: Zambia

The Health Communication Partnership (HCP) in Zambia assists Neighborhood Health Committees (NHC) to ensure fair representation of community members in the committees. Suggested membership criteria include the following:

- Individuals most interested and affected by the health issue
- Individuals or groups that may be considered most marginalized in the community, for example: women, persons who cannot read and write, handicapped or disabled people, youth or children, persons living with or affected by HIV/AIDS, orphans and vulnerable children
- Individuals or groups already committed to working on health and HIV/AIDS issues
- Representatives of a large group of interested/affected individuals
- Informal leaders (e.g., traditional healers, ethnic or religious leaders, influential women in the community)
- Formal leaders (e.g., the school headmaster or headmistress, village council members)

2. Implement activities

There are many ways for those directly affected to get involved in health or development programs. A radio program for the promotion of HIV prevention among youth, for instance, can involve disadvantaged young people at different levels. The following graphic shows some of the levels at which those directly affected could participate.



**Adaptation of Juan Diaz Bordenave's participation scale, O que e participacao, Sao Paolo, Editora Brasilense, 1983.*

As illustrated in the graphic, higher levels of participation require an increasing amount of decision-making power and control by those directly affected. It is important to note that not everyone will participate in the same way or at the same level. For example, not every single youth will be interested or available to participate in a radio production, but the majority should have access to the messages broadcast via community or mainstream radio, and many of them will attend radio listening groups. Likewise, fewer people will participate at decision-making levels, at least in the beginning.

Use of Local Media

Program staff should explore the various channels most appropriate for really engaging the most affected. During this exploration, do not undervalue traditional media channels that may reach the most affected. Also, remember that mass media messages can stimulate dialogue.

3. Monitor activities

Participatory monitoring consists of a periodic review of activities which allows for any needed adaptation of strategies.

Steering committees that include representatives of the affected individuals/groups and other stakeholders (e.g., local leaders and officials, program staff) can fulfill an important and practical role. They can oversee program implementation, make recommendations, and ensure action to correct or improve plans and activities.

Program monitoring should include measures or observations of the affected individuals' levels of participation and it should identify problems such as low participation, lack of or few opportunities to participate, or low representation of particular groups.

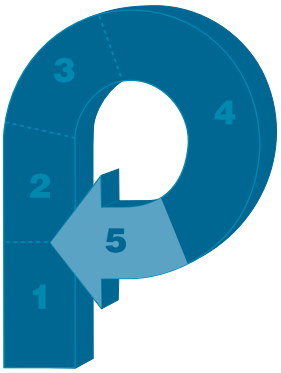
Finally, sharing responsibility with those affected means being accountable to them. Every effort should be made to share the results of external monitoring and evaluations with the affected individuals and groups.

Experience from the field: Ghana

Community-based Health Planning and Services (CHPS): Ghana

Communities that have access to health information, and tools to analyze it, are better able to plan and carry out action to improve their health. In Ghana, CHPS used the Community Decisions Systems (CDS) tool successfully to enhance community participation. The information gathered through the governmental health information system was shared through skits or stories at community-wide meetings and tracked over time on a simple chalkboard. Participation in the monitoring of the use of bed nets and early treatment helped address the problem of malaria as communities witnessed improvements in their health related to the action they took themselves. Not only did the community participate in addressing the problem, but the community's success motivated its members to continue their efforts.

STAGE FIVE
Evaluation



In the evaluation stage, various stakeholders analyze information about the health and development communication program to determine its value or contribution to individual and collective change. Furthermore, they identify the elements that facilitated or hindered the success of the program.

In particular, participatory evaluation provides an opportunity for those affected to collectively reflect and provide valuable input on whether and how the program is helping to resolve the problem.

Depending on the program context and needs, participatory evaluations may include appraisals of one or several dimensions, such as the following: (i) the actual participation of those affected in different stages of the program; (ii) the impact of affected individuals' participation on health and development outcomes; and (iii) the effect of participation on individual and community capacity.

Involving Affected Individuals and Groups in Participatory Evaluation

1. Involve those affected

Involve representatives of the affected individuals and groups in the design of participatory evaluation sessions/activities. Facilitate discussion about what they want to know, why, and how they can conduct and use the results of the participatory evaluation.

- Build on existing local evaluation processes.
- Revisit the objectives set during the strategic design phase.
- Use participatory methods and tools.
- Use simple language and images.

2. Engage other stakeholders

- Form a core team with representatives from a range of stakeholders (e.g., those directly affected and other community groups, program and management staff, government officials, donors).
- Organize meetings and workshops where different stakeholders can express their views and make collaborative decisions.
- Facilitate the negotiation of different views, making sure the voice of those who hold less power is also heard.

3. Harmonize participatory and external evaluations

- Encourage the involvement of affected individuals/groups in external evaluations (e.g., evaluation design, steering committees).
- Request the results of external evaluations and share key findings with those affected.
- Share the results of the affected individuals'/groups' participatory evaluations with other stakeholders (e.g., governmental and non-governmental organizations, local organizations and groups) as appropriate.

4. Share results, re-plan, and advocate

- Encourage affected individuals and groups to share evaluation results inside and outside their localities.
- Encourage them to use those results to support the initiation of similar activities in other localities.
- Encourage the involvement of the affected individuals and groups in advocacy efforts as a result of the evaluation(s).

The participatory evaluation stage completes a P-Process cycle and constitutes the beginning of a new one. Through their involvement in this process, those who have been traditionally excluded will become more empowered to participate in and initiate health and development projects and activities that are culturally appropriate and that respond to their needs.

PARTICIPATORY EVALUATION TOOL: BIG BAGS

Time:

1 to 2 hours — Time will vary depending on the number of activities/objectives and the complexity of the issues.

Materials:

Three large sheets of paper on which to draw bags, pieces of cardboard, pictures depicting program objectives, colored markers, masking tape.

Directions: Place three large drawings, each representing an empty bag, on a wall. In an earlier session, participants determined what the key images or symbols would be to describe the program objectives (e.g., home-based care for PLHA, youth using VCT services, increased participation of youth in public forums regarding community health and local development). Draw or glue these symbols/images on pieces of cardboard or paper.

If there are 8 or more participants, divide the group into sub-groups. Each sub-group receives a set of cards. Ask each group to place their cards in the appropriate bag:

Each sub-group discusses and decides where to place each card. Ask each sub-group to place each card in one bag.

Discussion follows in the larger group. Each sub-group explains why they put each card in a given bag. Invite participants to share real-life stories that support their choices. Ask, for instance, What are the major obstacles that have prevented issues from moving from Bag 1 to Bags 2 and 3, and why? Encourage them to talk about how participation has influenced the changes observed. Examples of questions to ask: What unexpected changes have occurred? What is needed to "move" all cards to Bag 3? What has been done so far and what is left to be done? What is needed to effect these changes.

Place the "filled" bags in a room or facility where those affected regularly meet as a reminder both of accomplishments and of continuing challenges. Use these same bags for follow-up and later participatory evaluation sessions.

Additional Reading

ACCESS Program. (2007). *Demystifying community mobilization: An effective strategy to improve maternal and neonatal health.* Baltimore: Access to Clinical and Community Maternal, Neonatal, and Women's Health Services (ACCESS) based at JHPIEGO.

Davies, R. and Dart, J. (2005). *The 'Most Significant Change' (MSC) technique: A guide to its use.* Available from the Mande Website: *www.mande.co.uk/docs/MSCGuide.pdf*

Diaz Bordenave, J. (1983). *O que e participacao.* San Paolo: Editora Brasilense.

Figueroa, M. E., Kincaid, D. L., Rani, M, and Lewis, G. (2002). *Communication for social change: An integrated model for measuring the process and its outcomes* (The Communication for Social Change Working Paper Series, No.1). New York: The Rockefeller Foundation. *www.communicationforsocialchange.org/pdf/socialchange.pdf*

Gumucio Dagron, A. (2001). *Making waves: Stories of participatory communication for social change.* New York: The Rockefeller Foundation. *www.communicationforsocialchange.org/pdf/making_waves.pdf*

The Health Communication Partnership. (2003). *The new P-Process: Steps in strategic communication.* Baltimore: The Health Communication Partnership based at Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. *http://www.hcpartnership.org/Publications/P-Process.pdf*

The Health Communication Partnership. (2005). *"For People Like Us": An HIV/AIDS participatory learning assessment tool.* Windhoek, Namibia: The Health Communication Partnership based at Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs.

Howard-Grabman, L., and Snetro, G. (2003). *How to mobilize communities for health and social change: A field guide.* Baltimore: The Health Communication Partnership based at Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. *www.hcpartnership.org/Publications/Field_Guides/Mobilize/htmlDocs/cac.htm*

The International HIV/AIDS Alliance. (2006). *All together now! Community mobilisation for HIV/AIDS.* Brighton, UK: The International HIV/AIDS Alliance. *www.aidsalliance.org/graphics/secretariat/publications/All_Together_Now.pdf*

The International HIV/AIDS Alliance. (2006). *Tools together now! 100 participatory tools to mobilise communities for HIV/AIDS.* Brighton, UK: The International HIV/AIDS Alliance. *www.aidsalliance.org/graphics/secretariat/publications/Tools_Together_Now.pdf*

The International Save the Children Alliance. (2004). *12 lessons learned from children's participation in the UN General Assembly Special Session on Children.* London: The International Save the Children Alliance. *www.savethechildren.net*

Labonte, R., Feather, J., and Hills, M. (1999). A story/dialogue method for health promotion knowledge development and education. *Health Education Research, 14*(1), 39-50.

Mefalopulos, P. and Kamlongera, C. (2004). *Participatory communication strategy design: A handbook.* Rome: Food and Agriculture Organization of the United Nations. *www.fao.org/docrep/008/y5794e/Y5794E00.htm*

Palmer, L. (2006). *Addressing the social dynamics of sexual and reproductive health: CARE's exploration with social analysis and community action.* (Working Paper Series, No. 3). Atlanta: CARE. *www.care.org/careswork/whatwedo/health/downloads/srh_social_dynamics.pdf*

Parks, W., Gray-Felder D., Hunt J., and Byrne, A. (2005). *Who measures change? An introduction to participatory monitoring and evaluation of communication for social change.* West Orange, NJ: Communication for Social Change Consortium. *www.communicationforsocialchange.org/pdf/who_measures_change.pdf*

Shah, M., Degnan Kambou, S., Monahan, B. (Eds.) (1999). *Embracing participation in development: Worldwide experience from CARE's Reproductive Health Programs with a step-by- step guide to participatory tools and techniques*. Atlanta: CARE USA. *www.care.org/careswork/whatwedo/health/downloads/embracing_participitation/embracing_participitation_en.pdf*

The Health Communication Partnership

Based at:

Center for Communication Programs:

In partnership with:

Academy for Educational Development

Tulane University's School of Public Health and Tropical Medicine