



Getting Ready

Engaging Stakeholders and Building a Supportive Environment

Establishing Linkages with the Health Sector

Building Capacity

Equipping Facilitators to Implement Group Learning and Counseling

Figure 4. Getting Ready to implement Group Learning and Counseling



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Getting Ready

ENGAGING STAKEHOLDERS AND BUILDING A SUPPORTIVE ENVIRONMENT

Why Engage Stakeholders?

The first element in Getting Ready involves establishing stakeholder engagement to build a supportive environment around FA and FAM. Using the tool provided in the Visioning section of this handbook, program managers should have previously compiled a list of key actions and tasks that support stakeholder engagement. While this list of tasks will vary on a program by program basis, at minimum, program managers should have:

- Identified local officials that will help recruit local community leaders (stakeholders).
- Assessed officials' willingness to engage in the program through an initial call or meeting.
- Established an initial planning meeting.
- Compiled a list of potential community leaders that may be interesting in supporting the model to be suggested at initial planning meeting.

How to Engage Stakeholders

Stakeholders should be identified and their early involvement is essential for ensuring that they remain invested in the project and facilitate a supportive environment.

The following actions support stakeholder engagement, and should be used as a guide when working with community leaders to adapt the model:

1. **Meeting with government officials.** By meeting with local government officials involved in community development activities, program staff may gain valuable insights into the communities with whom they hope to engage. These meetings may also assist in identifying players, and help plan for and facilitate the attendance of key stakeholders at community meetings.
2. **Community meetings.** Community meetings (e.g., district, sub county and parish or village meetings) provide opportunities for program staff to share details, the objectives and the overall goal of the Group Learning and Counseling model. Program staff may provide information on FA and FAM, as well as the implementation strategy and overall vision for the model. Meetings also offer an opportunity to sensitize local leaders. Before conducting these meetings, program staff should first conceptualize how (and how much) stakeholders will work to mobilize their communities, ultimately creating a shared vision for participation with each stakeholder.

3. **Leaders Orientation.**

4. **Reflection meetings.** Regular implementation updates that become available from monitoring integration activities should be built into the first year of the model integration workplan. These updates can be provided through routine meetings, where stakeholders (1) are given the opportunity to reflect on their observations and interactions with facilitators and community members and (2) report on issues that have arisen and suggest a course of action to address those.



Actors: Who are the Key Stakeholders Involved?

The Group Learning and Counseling model operates at the community level, and stakeholders are integral in raising awareness and promoting acceptance of FA and FAM activities. Stakeholders also assist in facilitating the work of government staff or Community Development Officers (CDOs) and youth facilitators in their communities. As every community is different, the stakeholders involved in the Group Learning and Counseling model will likely vary by the population of interest for each organization and program.

In general, local stakeholders comprise both civic and religious leaders, health workers (e.g., FP providers) and other local community leaders. Stakeholders may also assume other roles including local business owners, traditional healers or community elders. Irrespective of their position or job, stakeholders are unique in their shared ability to engage and mobilize their respective communities.



Forms and Tools

- **Family Planning Poster**
- **Agenda for Community Entry Meetings**
- **Agenda for TAG Meetings**
- **Reflection Meeting points**
- **Guide for Sensitizing Community Leaders**

Recommendations and Tips

The Family Planning poster - which was the main tool used by the community leaders for mobilizing communities - was designed in such a way that it was universal and acceptable at all levels of the community and its message was easy to understand.

The project team should work to ensure the values reflected by the TAG and other stakeholders do not reinforce harmful gender and social norms around family planning.



THE WALAN STORY

Both active engagement by stakeholders and community participation have been the foundation through which WALAN was developed, from project design and planning through implementation and refinement. Built into program design were opportunities to sensitize cultural leaders, health workers, and other stakeholders, along with ongoing reflection meetings, allowing for continuous engagement and values clarification on gender and social norms especially, as related to fertility and family planning.

In WALAN, program staff engaged with a range of civic, religious and cultural leaders known as Rwot-Kweris. These leaders were identified through CDOs during initial government meetings, and were further informed and sensitized at community meetings that were run in sequence at the district, sub-county and parish/village levels. At each community meeting, project staff explained the strategy for implementation in WALAN, and discussed the utility of working with youth (i.e. YIELD) to facilitate the program components. Project staff also answered questions from both stakeholders and other community members.

Once these community leaders agreed to lend their support, they integrated discussions about WALAN into their ongoing activities. For example, a Rwot-Kweri would use community gatherings and meetings to promote and discuss upcoming WALAN community learning sessions. A poster that promoted family planning was designed with input from the Rwot-Kweris, and was used to prompt community discussions about child spacing and family planning methods. Religious leaders would initiate discussions about WALAN during services, and youth facilitators would submit information about an upcoming WALAN activity to be read as part of the weekly notices during church.

Health workers and Village Health Teams (VHT) were also integral to WALAN, and worked in concert with youth facilitators to provide family planning information and services. For example, patients who required additional information of FA or FAM were referred to youth facilitators for community learning and group counseling. Similarly, youth facilitators distributed family planning invitation cards to community members who were interested in additional family planning methods and services (e.g, obtaining hormonal contraception). In some instances, youth facilitators were invited by health workers and VHTs to local health fairs during the antenatal clinic days to discuss FA and FAM.

ESTABLISHING LINKAGES WITH THE HEALTH SECTOR

The second element in Getting Ready involves establishing linkages with the health system. Using the tool provided in the Visioning section of this handbook, program managers should have previously compiled a list of key actions and tasks that facilitate the strengthening of linkages between the health system and their program or organization. While this list of tasks will vary on a program by program basis, at minimum, program managers should have:

- Determined if their organization or program has a pre-existing relationship with the local health system.
- Ensured a system is in place for referrals if such a relationship already exists.
- Prepare a list of potential health facilities or workers to be suggested at initial planning meeting if no such relationship exists.

Why is it Important to Establish Linkages within the Health System?

In the Group Learning and Counseling model, facilitators refer interested participants for additional FP services using invitation cards. To facilitate these referrals, linkages between the program and health workers must be formally established. In addition, health workers can themselves support the Group Learning and Counseling model by referring individuals interested in FAM to facilitators for Community Learning and Group Counseling sessions. If successful, linkages between health workers and facilitators create a supportive environment so that women and couples are empowered to use FAM or other FP methods.

Establishing and Strengthening Linkages with the Health System

In many cases, an organization or program will already work synergistically with members of the health sector. For example, some organizations or programs provide direct services themselves and may function as part of the health system. In these cases, it is important that health workers are re-engaged around the Group Learning and Counseling model and receive additional orientation. This orientation should emphasize the importance of FA and FAM, and provide detailed instructions on the use of invitation cards for persons who are not eligible for FAM or those who wish to explore other FP methods.

In the case of some programs, a relationship with the health system will need to be established before integration with the Group Learning and Counseling model can occur. If this is the case, then introductory meetings facilitated by program staff, mentors or local stakeholders should be the first step in working with health workers. By providing an introduction, the former are able to demonstrate their commitment to the project and, ideally, facilitate a relationship between facilitators, program staff and health workers.

In all instances, the relationship between the health sector and project staff will need to be strengthened and maintained throughout the duration of the project. This can occur through the following steps:

- Orient health workers, including providers and Village Health Teams (VHT), on FA, FAM and the objectives of the Group Learning and Counseling model
- Link facilitators and health workers through sharing of contact information.

- Inform community members of the availability and location of FP services and who offers FP services
- Work with health workers and community members to understand the intricacies of the invitation cards and the referral system
- Create an environment, through facilitators, local stakeholders and CDOS that promotes FP choice

Monitoring facilitators and community members' interactions with health workers is integral to maintain successful linkages between the program and the health services. Monitoring can occur through regular check-ins by facilitators. Monitoring may also occur at reflection meetings, where health workers discuss potential challenges and concerns. Routinely identifying issues as they arise will naturally strengthen linkages with the health system. Further discussion on this topic is included in the Monitoring chapter of the handbook.



Forms and Tools

Facilitators maintain a record of the number of FP referral cards they have distributed. This record is maintained through completion of the forms for Community Learning and Group counseling, and is discussed in greater detail in the Monitoring chapter of the handbook.

Recommendations and Tips

- Whenever possible, facilitators can attend events organized by the health workers to deliver Community Learning sessions.
- Maintain liaison with the health services, if the implementing organization is not a service delivery organization.
- Health workers should be oriented to the content discussed within the Community Learning and Group Counseling sessions.
- Periodic reflection meetings should be held with health workers to address their concerns and provide regular project updates and monitoring data.
- Health workers should be invited to Community Learning sessions on healthy timing and spacing of family planning, to further encourage community members to seek services and establish a better rapport with both facilitators and the community.

BUILDING CAPACITY

The third element in Getting Ready involves Building Capacity among mentors, trainers, and facilitators. Using the tool provided in the Visioning section of this handbook, program managers should have previously compiled a list of key actions and tasks that facilitate capacity building in facilitators and supervisors/mentors. While this list of tasks will vary on a program by program basis, at minimum, program managers should have:

- Determined who will act as trainers and establish a set of minimal qualifications required of all trainers.
- Identified organizational members who are equipped to train facilitators and determined what additional support and activities are needed to prepare them to deliver facilitator training.
- If additional capacity building is needed to train the trainers, identified potential organizations that could support these activities.
- Developed a training plan that determines training activities for facilitators and any other staff that will be involved in program implementation. The training plan should also include duration (e.g. 2-hour training, full-day, phased-in training, etc.).
- Ensured training exercises comprise use of all job aids and tools.
- Identified the process for implementing a training plan and described all actors involved in the development and approval of the plan. Include an estimated timeline.
- Determined who will act as trainers and establish a set of minimal qualifications required of all trainers.

What is Capacity Building?

Capacity building in the Group Learning and Counseling model involves:

- Training mentors/supervisors in the model so that they may, in turn, train the non-health volunteer facilitators;
- Training mentors/supervisors in their mentoring and supervision functions;
- Training those facilitators to deliver community and couple sessions; and
- Orienting providers on the model as a first step to establish or strengthen linkages with the health sector.

A training manual provides the lesson plans with the methodology, content and materials used in these training activities. The training is centered on the use of the facilitator tools which include:

- Facilitator Guide with instructions for conducting the different sessions
- Flipchart with large images that are shared with the audience to stimulate knowledge sharing during sessions
- Activity Cards that support reflection, decision-making and discussion on various topics with the audience
- Family Planning methods display board for session participants to touch and talk about each method.

These materials are also discussed in greater detail in the Implementation chapter of the Handbook.

How to Build Capacity

Facilitators are trained in five main topic areas: 1) Female and Male fertility; 2) Healthy Timing and Spacing of Pregnancies (HTTSP); 3) Family Planning; 4) LAM; and 5) Fertility Awareness methods. Facilitators also receive training in how to use a set of job aids to facilitate community learning and couples counseling.

The facilitator training also covers essential facilitation and counseling skills, group dynamics and logistics planning, to enable them to carry out community learning as well as FAM counseling. Facilitators are also oriented in scheduling, mobilization and recording community members' attendance to the different sessions.

Facilitator training occurs during two rounds that are scheduled two-three months apart. The first training occurs over three consecutive days, and includes Community Learning and Group Counseling in SDM. The second training covers TwoDay Method counseling and a review of the topics included in the first training. These two classroom trainings are complemented with two opportunities for the youth facilitators to practice delivering Community Learning and Group Counseling for couples: once in the classroom in front of their peers and a second chance during a scheduled session in their communities. Field practice provides an opportunity to observe the facilitators' performance delivering their sessions. Facilitators are given feedback and coaching after their practice and knowledge gaps can be addressed at this time. A competency checklist used during classroom and practice observations can also be used by the mentors during supervision visits.

Actors

Mentors/supervisors are entrusted with the task of training the group facilitators. They are typically part of the implementing program or organization, have in-depth understanding of the community context, dynamics, stakeholders and familiarity with the platform where the model is being integrated. Selection of mentors/supervisors should also be based on their availability to carry out routine visits to facilitators for mentoring and support. When appointing mentors, make sure that their workload will allow for additional activities related to implementing this model.

Facilitators are central to the model as they are responsible for convening community members, delivering learning sessions and conducting counseling for couples. Facilitators work in a team of a female and male selected by their community members. The process for selecting facilitators is detailed in greater detail in the next chapter.

Forms and Tools

- Trainers Manual
- Facilitators' Guide
- Facilitator Job Aids
- FAM Method Materials

Recommendations and Tips

Facilitators should be encouraged to:

- Pay attention to participants who are quiet and encourage them to talk.
- Allow the female peer to facilitate as the male facilitators tend to dominate the facilitation. The facilitators' pair meeting in advance—to prepare, draw a clear division of labor and practice jointly using the guide and job aids—can help ensure that both facilitators are actively engaged.
- Meet after their initial sessions to discuss how the sessions went and what can be improved. Using the observation checklist, they can reflect on how they delivered the key sections and points of the sessions.
- Take notes of questions asked by community members during sessions. If facilitators don't know the answers, these questions should be discussed with mentors/supervisors and answers should be shared in future sessions.

If the model is to be implemented as is, facilitators training would include:

- One 2-day training to cover community learning topics and field practice delivering sessions
- One 2-day training in group counseling for SDM and classroom practice (one month after initial training)
- One 2-day training in group counseling for TwoDay Method and classroom practice (two months after the second training)



THE WALAN STORY

In WALAN, youth facilitators were observed while conducting Community Learning and Group Counseling sessions. Supervisors/Mentors observed and completed a Youth Facilitator's Competency Assessment for each session that was delivered. In addition, observers debriefed the facilitators using a standard set of questions. Data from the competency checklist and debriefings were analyzed to determine the level of performance of the youth facilitators and thus draw conclusions on the effectiveness of the training in equipping them with the necessary knowledge and skills to deliver the WALAN activities. Results from these competency assessments are provided below.

EQUIPPING FACILITATORS TO IMPLEMENT GROUP LEARNING AND COUNSELING

The final element in Getting Ready involves Equipping Facilitators to Implement the Group Learning and Counseling model. Using the tool provided in the Visioning section of this handbook, program managers should have previously compiled a list of key actions and tasks that prepare for facilitator selection. While this list of tasks will vary on a program by program basis, at minimum, program managers should have:

- Determined what youth groups or organizations their organization or program works with, and assessed if members will be able to act as facilitators.
- If your organization or program does not have a defined relationship with organized local youth, determined any additional actors or organizations that might be able provide an introduction to such groups.
- Described existing systems and how facilitators who are delivering Community Learning and/or Group Counseling may be supervised and supported.
- Adjusted the existing system or establish a mechanism for providing support/mentorship
- Described the system for documenting performance, including specific tools.
- Identified the process for providing feedback so that facilitators' may improve their performance.
- Adapted tools, or created new tools as necessary.

Facilitators are integral to the Group Learning and Counseling model as they are responsible for delivering the Community Learning and Group Counseling sessions. To successfully implement the model, facilitators must be well-trained in FA and FP including FAM. They must also be able to work well with community leaders, government officials, health workers and program staff. Detailed below are the specific tasks that define the facilitators role in the Group Learning and Counseling model.

Facilitator tasks

- Mobilize community members to around FA, FP and FAM with the support of local stakeholders, supervisors/mentors, and program staff;
- Liaise with local health workers to build and strengthen linkages with the health system;
- Invite community members to attend Community Learning sessions;
- Prepare and work in pairs to deliver Community Learning and Group Counseling sessions;
- Refer interested participants to health workers for other FP methods; and
- Complete monitoring forms after sessions and routinely meet with supervisors to discuss performance, session outcomes and potential areas of improvement.

Selecting Facilitators

Facilitators should be selected from existing community groups. Facilitators should be young (ideally between the ages of 18 and 30), able to read and write in the local language, and able to volunteer their time. Facilitators should also be comfortable interacting with community members and local leaders around the content of the model. They should be comfortable notifying their friends and family of their facilitator role.

Facilitator Training

Facilitators must be well-trained to perform all of the tasks outlined above. Facilitator training is outlined in detail in the Capacity Building chapter of this handbook.

Establishing a Supervision and Mentorship Plan

During Implementation, facilitators routinely meet with supervisors/mentors. This process is formally detailed in later sections (Implementation; Monitoring and Evaluation). However, the relationship between facilitators and supervisors/mentors should be cultivated early-on in the Getting Ready phase. In some respects, this relationship will form naturally, as supervisor/mentors are responsible for training the facilitators and building their capacity.



THE WALAN STORY

In WALAN, youth facilitators were female and male volunteer members of their local Youth Initiative for Employment and Sustainable Livelihood Development (YIELD) Program. They were between the ages of 18-30 and were selected by their peers to participate. They worked in pairs (male and female) and were able to read and write in Acholi, the local language. In each community, a pair of WALAN youth facilitators conducted Community Learning sessions on FA and FP, followed by small Group Counseling sessions on either SDM or TwoDay Method to interested couples and women, in over three-month cycles.

Included below are major challenges identified during the implementation of WALAN as well as the solutions to address those issues as recommended by stakeholders, CDOs, and facilitators themselves.

Establishing Linkages with the Health Sector	
Turnover of health workers: In WALAN, health workers were sometimes transferred to other facilities outside of the community. Once a transfer occurred, the linkage between WALAN and the health worker was effectively broken. New health workers, therefore, were unaware of the program and invitation cards, and required constant retraining.	In the case of transfers, new health workers should be introduced to the project through local stakeholders and oriented to the Group Learning and Counseling model. This can be done on a case by case basis rather than a formal orientation meeting with multiple health workers to minimize cost and mobilization.
Use of invitation cards: Even among health workers that had been oriented through WALAN, some did not understand the purpose of the invitation cards.	Project staff should periodically visit health workers to identify new challenges as they arise and offer solutions, particularly around the use of invitation cards and determine if community members referred to the facilities are seeking services.
Logistical concerns around transport prevented routine monitoring by facilitators.	Facilitators should work with supervisors and program staff to coordinate transport ahead of visits.
Community Learning and Group Counseling	
Confusion exists around the SDM and TwoDay methods, and who should be using each method.	If a couple is already using SDM with CycleBeads, they don't need to be invited to a TwoDay Method session. They should not be offered CycleBeads or TwoDay Method to women who are already using a family planning method like pill, injection, implant, etc. These women do not need to be in counseling session for SDM or TwoDay.
Women who are pregnant are offered SDM and TwoDay method.	Facilitators should not offer and don't allow in the counseling sessions women who are pregnant. They should always ask women as they arrive to the session if they are pregnant. If they are, they should be told that the SDM counseling is not appropriate for them and gently tell to leave and invite them to attend the LAM community session.

Facilitators are confused about group counseling versus method support sessions.	Establish strong supervision/mentoring, especially during the first six months to ensure facilitator competency and good quality of both the community learning and counseling sessions. Monthly supervision/mentoring visits could be phased into quarterly visits provided that monitoring through observation indicates an acceptable level of quality.
Facilitators forget to offer all information about family planning methods.	Use the Family Planning poster to remember sharing information about all methods of family planning and distributing the invitation card.
Facilitators experienced difficulties with mobilization and planning, and community members expect refreshments.	
Unavailability of supplies such as condoms for use during fertile days.	
Facilitators must respond to questions about the safety and hygiene of Two-Day method.	When explaining TwoDay in the community, facilitators should emphasize that secretions can be checked by looking at the underwear, or feeling the sensation of “moist” in the genitals. Also, if toilet paper is available looking at it after wiping before urinating. There is no need to explain first checking with clean fingers. Not everyone should use that option. There are several other options.

Equipping Facilitators

Facilitators were required to read and write in Acholi, the local language. In addition, facilitators were required to work in pairs with a facilitator of the opposite gender. In several groups, identifying a female that was literate was not always possible. Having a facilitator with very low literacy unable to read the lesson plans to conduct the community sessions and counseling posed a challenge	1) When necessary to work with a low-literate facilitator, ensure that the other member is indeed literate and is able to support the peer facilitator by preparing together, assigning clear responsibilities for a task, practicing the steps of the activity and using the job aids correctly. A low literacy level limits a facilitator ability to read instructions but does not make her/him unable to perform if the proper support is available and provided that the peer facilitator is literate and supportive. To the extent possible, ensure that both facilitators are literate. 2) Always ensure there are both a female and a male facilitator working as a team. Having two male facilitators is not an option given that there are activities and group discussions where women are more comfortable engaging with a female facilitator.
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Some facilitators became overwhelmed in their roles and quit, leaving their co-facilitators without a partner. They increased the workload of the remaining facilitators.

1) When selecting facilitators, make sure to clearly communicate the workload and level of responsibility. 2) Facilitators should be reminded that they work as part of a team, both within their specific partnership, and overall. The ramifications for missing sessions should be presented early-on, and efforts to boost team morale should start with training. 3) Facilitators should work to develop a schedule that is manageable and functional for both members of a team. Creating a schedule that's unattainable will increase the risk that facilitators miss sessions or drop out.