



# Community engagement for sustainability: AmplifyPF technical support committees

## Context

The USAID-funded Amplify Family Planning and Sexual and Reproductive Health (AmplifyPF, 2018-2023) project works to mobilize partners to expand access to, and use of, quality family planning services (FP) in the West Africa region. Since 2018, Pathfinder International has led the project in partnership with Population Council, building relationships with Ministries of Health and facilities across its four countries of intervention—Burkina Faso, Côte d’Ivoire, Niger, and Togo—to provide FP services and strengthen service delivery, with a focus on poor and underserved urban populations. While contraceptive prevalence rates have increased and total fertility rates have decreased across the region since the beginning of the project, challenges abound. The modern contraceptive prevalence rate among all women (married and unmarried) is roughly 20% across the four AmplifyPF countries. Ministries of Health in the region find it difficult to use international assistance in a coordinated way to address the abiding issues of sexual and reproductive health and rights (SRHR), including high unmet need for contraception, low acceptance of postpartum and postabortion FP, and youth-friendly SRHR services. Additionally, approximately half of FP funding for health systems come from international donors.<sup>1</sup> To build more sustainable, effective, and locally owned health services, governments and local communities need to be able to better coordinate and mobilize local resources.

AmplifyPF’s core approach is to establish Integrated Learning Networks (ILNs). These networks work to coordinate health resources and delivery of quality services by bringing together representatives from different areas across the health sector. This innovative, district-wide approach is based on the concept that a successfully implemented high-impact practice (HIP) is the result of coordinated efforts by a number of actors in the district coming together to accelerate the scale-up of the HIPs across the health district. Bringing together

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<sup>1</sup> FP2020, “Finance.” <http://progress.familyplanning2020.org/finance>. Accessed 19 September 2022.

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health system actors, community members and leaders, local businesses, and other stakeholders pools resources from non-traditional sources and is intended to lead to sustainability.

## Implementation Planning

For the proper functioning of the ILN, AmplifyPF envisioned and set up a technical committee for ILN Support (Comité Technique d'Appui au RIA, or CTAR).<sup>2</sup> The CTAR is a steering, consultative, and monitoring body at the health district level, set up in partnership with all the stakeholders of the district with the facilitation of AmplifyPF. CTARs act as an interface between communities and health services within the framework of community participation. CTARs visit health facilities, assess needs, and proactively identify potential solutions, pinpointing targets for advocacy and conducting resource mobilization. This new body brings together health system providers, clients, and local stakeholders to improve health services for the broader community, building local ownership, engagement, and shared value. It also plays an important role as an intermediary between providers and the community in terms of the availability of quality FP services and the stimulation of demand through the facilitation of community dialogues and guided site visits.

CTARs consist of 12 to 15 members who are representatives from private and public health facilities, financial and technical partners, local government and health officials, religious and traditional leaders, youth, women's groups or associations, private sector, Chamber of Commerce or economic actors, and health unions. CTAR membership is a voluntary



*Delivery of beds and mattresses by members of the Evangelical Church of Boromo to the Boromo District Hospita. Photo Credit: LOUROGO Martine, CTAR Boromo.*

<sup>2</sup> This information is excerpted from the AmplifyPF ILN Toolkit, in draft form, August 2022.

position, and CTAR members must agree on how they will work together, what commitments they will undertake, roles and responsibilities, and frequency of meetings.

All 19 ILNs set up have their CTAR in a phased approach. In Year 1, Burkina Faso, Cote d'Ivoire, and Niger each set up one ILN, and Togo set up two. In Year 2, relying on lessons learned from the initial five ILNs, countries accelerated their approach and installed another 12 ILNs, and another two in year 3, for a total of 19 ILNs across the four countries (Table 1).

**Table 1. Integrated Learning Networks in Each Country by Year**

Country	Year 1 (Oct 1, 2018 to Sept 30, 2019)	Year 2 (Oct 1, 2019 to Sept 30, 2020)	Year 3 (Oct 1, 2020 to Sept 30, 2021)	Total
Burkina Faso	1	3	0	4
Cote d'Ivoire	1	4	0	5
Niger	1	4	0	5
Togo	2	1	2	5
Total	5	12	2	19

## Implementation Experience

### Building the CTAR

CTARs—inclusive bodies for planning, monitoring, coordination, and mobilization—were established in a highly participatory process with constant support from the AmplifyPF project. The primary role of CTAR members is to ensure that providers of health services in general and FP services in particular work in the right conditions. CTARs are responsible for reviewing the activities of health structures, identifying problems and possible solutions, and mobilizing local resources. To achieve this, AmplifyPF trained members in resource mobilization, advocacy, and facilitation of community dialogues and guided site visits. In an informational meeting and technical orientations for all stakeholders (e.g., district executive

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teams, regional health technical team, prefects, mayors, traditional chiefs) AmplifyPF presented its project approach and the ILN model and established the CTARs and related action and communication plans. AmplifyPF worked with CTARs to write charters, in which CTAR members agreed to play the following roles:<sup>3</sup>

- *Leadership and governance:* Integrate feedback and accountability mechanisms into strategies, program proposals, monitoring and evaluation processes, staff recruitment and orientation programs, trainings, performance monitoring and partnership agreements;
- *Transparency:* Provide donors and users of FP services with timely and accessible information about organizational procedures, structures, and processes that affect them so they can make informed decisions and choices;
- *Feedback and complaints:* Consult and seek input from donors and users of FP services with a view to improving policies and practices in program development while ensuring that feedback mechanisms and complaints are integrated, appropriate, and robust enough to handle complaints about policy violations (i.e., communicate, receive, review, follow up and learn from) and respond to stakeholder dissatisfaction;
- *Participation:* Enable donors and users of FP services to actively participate in decision-making processes that affect them; and
- *Development, monitoring, and evaluation:* Develop, monitor, and evaluate programs (as well as goals and objectives) with input from donors and users of FP services, while continuously feeding lessons learned back into the organization and reporting results of the process.

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<sup>3</sup> Excerpted AmplifyPF, ILN Toolkit, 2022.

## Building CTAR capacity



*Guided Site Visit, CSI Rerewa RIA, Zinder, Niger. Photo credit: Hadiza Lawali Ali, AmplifyPF.*

One of AmplifyPF's objectives is to mobilize and engage populations, national resources, donors, and communities to strengthen the sustainability and scaling up of postpartum and postabortion FP and the delegation of tasks. The resource mobilization strategy instituted by the AmplifyPF project therefore strengthens capacity for CTAR

members to identify and mobilize local resources to upgrade health facilities. In the initial training, CTAR members discuss resource mobilization steps and challenges, develop donor mapping,

develop micro-projects that identify needs and propose potential solutions, learn to negotiate financing and draw up accountability charters, and create resource mobilization plans. CTAR members are also trained in advocacy according to the AFP SMART model<sup>4</sup>. This training helps CTAR members identify specific donors and tailor micro-projects that may appeal to their specific interests.

## Community dialogues and guided site visits

CTAR members play a role in facilitating and participating in community dialogues and guided site visits. The overall goal of community dialogues is to help trigger social and individual changes within communities to improve health outcomes. This requires meaningful community engagement through collaboration with existing community structures and

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<sup>4</sup>"Smart Advocacy." Baltimore, MD, USA: Advance Family Planning, Bill & Melinda Gates Institute for Population & Reproductive Health, 2021. <https://smartadvocacy.org/>.

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health care systems. The community dialogue approach aims to create a space where communities can discuss key health issues and identify possible solutions, best suited to their context, by strengthening the working relationship between the community and the health system. These solutions form the basis of a micro-plan CTARs use to target donors and conduct resource mobilization and advocacy.

The guided site visit allows community representatives to learn about the specific health services provided onsite and their benefits. The guided site visit is also an opportunity to share and discuss health services data, engage staff and community representatives to identify barriers to service use, and identify possible corrective actions. In addition to health facility staff and community members, influential social and community leaders who can promote the use of FP in their communities and reduce barriers to FP access are invited to participate. This approach ensures that the community is aware of and comfortable accessing health services. It also promotes a change in the mentality of community members to feel ownership and personal engagement in health service delivery, which leads to resource mobilization for FP.



*Meeting of the association of scouts in Bobo, Burkina Faso. Photo credit: Yonli / Diabri Assara, AmplifyPF.*

## Advocating, mobilizing, and tracking resources

Using the micro-projects developed through community dialogues and guided site visits, CTARs draw up resource mobilization plans. Then, through the mapping of stakeholders and, in particular, local businesses, the CTAR draws up a list of potential donors to invite to a resource mobilization meeting, during which the CTAR present its health promotion projects and requests resources for implementation. Some meeting participants donate immediately, while others make commitments to give at a later date. Each donation is recorded, a letter of

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*Donation of a wardrobe and check by the Bale Women's Coordination to CSPS Urban 1 in Boromo, Burkina Faso. Photo credit: Wili, AmplifyPF.*

commitment is signed between the CTAR and all donors who plan to donate later, and the CTAR and donors agree on a timeline and process to inform donors on the use of donations received.

Potential donors who make commitments at resource mobilization meetings fill out a letter of engagement that outlines their contact information, proposed donation, and type of donation (financial or in-kind). CTAR members follow up on these commitments through regular phone calls and discussion at CTAR meetings. AmplifyPF Private Sector and Community Engagement (PSCE) officers help these members to

monitor and follow up with donors as needed.

## Performance

After the training in resource mobilization, CTARs participate in and lead community dialogues and guided site visits members and draft micro-projects to improve working conditions in health facilities. Between 2020 and 2021, a total of 11 resource mobilization meetings were organized in Togo (7), Niger (2) and Côte d'Ivoire (2). (Burkina Faso conducted resource mobilization activities through one to one donor engagement, rather than formal resource mobilization meetings.) As a result of the resource mobilization activities, the CTARs were able to accomplish the following (Table 2):

- ✓ Organized and facilitated 100 community dialogues;
- ✓ Organized 114 guided site visits;
- ✓ Organized 11 resource mobilization meetings; and
- ✓ Mobilized 195,061,985 XOF francs (over \$290,000).

**Table 2. CTAR Activities Carried Out Between 2020 and 2021**

Countries	Results			
	Community Dialogues	Guided Site Visits	Resource Mobilization Meetings	Mobilized funds
Burkina Faso	8	20	0	14 149 860 XOF (\$21,135)
Cote d'Ivoire	21	21	2	60 000 000 XOF (\$91,478)
Niger	37	39	2	81 774 000 XOF (\$124,676)
Togo	34	34	7	39 138 125 XOF (\$59,672)
Total	100	114	11	195 061 985 XOF (\$291,354)

## Case Studies

### Gada Integrated Health Center, Niger

The Gada health center in Mirriah, Niger, is 85 km from the district hospital. Without an ambulance, emergent cases, particularly women in obstetric emergency, are unable to seek the care they need. In March 2022, the Mirriah CTAR recognized this gap and advocated to the municipal authorities of Dogo and businesspeople of the health area of the Gada health center to raise funds.



*Ambulance bought by the Mirriah CTAR for the Gada CSI, Niger. Photo Credit: Moustapha Abdou, AmplifyPF.*

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These efforts resulted in donations of 3 million XOF, or about \$5000, which will allow the health facility to purchase an ambulance.

## Polyclinic of Demakpoè, Togo

The Agoè-Nyivé CTAR in Togo was created in December 2019. During their initial training, AmplifyPF supported CTAR members to map partners for resource mobilization targeting, develop priority projects, and organize a resource mobilization meeting. The CTAR organized a resource mobilization meeting on December 3, 2020, to which they invited potential donors listed in the partner mapping. In Agoè-Nyivé, due to lack of pediatric facilities and widespread support for child health interventions, the municipal council chose to invest mobilized resources in the construction of a pediatric service in their municipality. The local government and CTARs developed and signed an accountability charter to set terms for how resources will be mobilized, used, and reported at each quarterly CTAR meeting. During this meeting, potential donors committed to a total of 10,000,000 XOF, or \$15,246, to support their ILN.

Since then, AmplifyPF has continued to coach resource mobilization managers who, in turn, follow up on donor commitments. The second deputy mayor of the commune of Agoè-Nyivé



*Participants at the resource mobilization meeting on December 2, 2020 in Togo. Photo Credit: Abdoul Alichawu, AmplifyPF.*

1 was designated as responsible for mobilizing additional resources and keeping track of the commitments. As of October 4, 2021, the amount mobilized from the initial donors has increased from 10,000,000 XOF (\$15,246) to 25,775,000 XOF (\$39,298). Galvanized by this commitment, other private actors have committed themselves for an additional 8,925,000 XOF (\$13,607). In line with the monitoring agreement in the accountability charter, the Commune of Agoè-Nyivé 1 with the support of the CTAR, organized a press

conference on July 29, 2021, to share the state of resource mobilization with the citizens. The following day, July 30, 2021, the commune conducted a public ceremony to lay the foundation

for the construction of a pediatrics unit. The Municipality of Agoè-Nyivé 1 has committed to providing 22,500,000 XOF (\$34,305) towards the cost of the hospital, or 15% of the total 150,000,000 XOF (\$228,696) required.

## Lessons Learned

To continue CTAR activities, the structures must define how to manage mobilized resources.<sup>5</sup> Initially, AmplifyPF used the Accountability Charter to ensure that mobilized resources were used properly and responsibly in all ILNs. Some donors saw the accountability charter as a reassurance, which led them to commit and contribute to the cause. However, while the charter was a useful tool to align expectations, signing agreements with municipalities took too long and, in some cases, AmplifyPF was unable to get municipalities to sign charters, rendering them useless. AmplifyPF instead moved to a more flexible approach, allowing CTARs to continue engaging potential donors through one-to-one relationships and ensure they were up to date on ILN functioning and the results derived from their donations. While effective, this approach lacks consistency and transparency to allow for robust monitoring.

Additionally, CTAR is a voluntary position. The availability of members to participate in activities is a major barrier to implementation. The availability and interest of local authorities (prefects and mayors), who can often galvanize or impede local resource mobilization, is also a challenge. While the CTAR is developed to bring together local resources to support health systems, outside of donor funding, CTAR activities themselves are sustained by the AmplifyPF project. AmplifyPF must work with the CTARs and local stakeholders to find solutions and sustain the CTAR structure and activities after AmplifyPF ends.

## Conclusion

CTARs are an effective way to support health facilities with resources that can be mobilized locally, particularly by rehabilitating or building infrastructure. Additionally, the establishment of CTARs has raised awareness among some municipalities and private individuals of the

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<sup>5</sup> Excerpted from AmplifyPF, ILN Toolkit, 2022.



need to mobilize endogenous resources to support state funding in the field of health. Thus, municipalities have strengthened their involvement in the management of health facilities.

Additionally, the inclusion of several entities within the CTAR has allowed for the holistic participation of all stakeholders in health promotion, including community members who have little traditional authority. Communities are better engaged with and aware of health system issues, and more likely to find local resources to solve these challenges, bolstered by providers and local leaders who are better able to conduct advocacy and resource mobilization activities for their facilities and communities. Because of the interest and attention that local authorities and the population pay to the services, there have been improvements of the quality of care in many health facilities.

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