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Mapping of Engagement Structures

This document was developed by MUW for use in the Sonar-Global project, and can be applied to any type of intervention, program or project involving communities and collecting community feedback for program interventions.

Mapping of engagement structures in Bangladesh, Uganda, and eastern Europe

As part of task 4.1, MUW is coordinating the mapping of existing engagement structures in Bangladesh, Uganda, and Eastern Europe. For this undertaking, we need your cooperation and support. This assessment serves as basis for deciding which engagement structures will be piloted in the course of tasks 3.3., 4.2., 4.3.:

- **Task 3.3.** Vulnerability assessment testing and evaluation in Uganda
- **Task 4.2.** Developing models for multiscale, dialogue-based engagement with local stakeholders in Bangladesh
- **Task 4.3.** Developing models for multi-scale, dialogue-based engagement with local stakeholders in eastern Europe (Ukraine)

We have prepared this document as a guideline for you to collect information on existing engagement structures in your countries/ regions. In a next step, we will jointly conduct a combined assessment of the identified and other existing community engagement manuals and social science models in order to adapt them to the contexts in eastern Europe, Bangladesh and Uganda.

We aim to collect information on any kind of intervention, program or project on AMR or infectious diseases that is involving communities and seeks community feedback for program interventions (community engagement). For instance, we would like to know how communities were involved in Cholera or Diphtheria projects/ interventions in Bangladesh. Furthermore, we are interested in which way, for example, communities were involved in measles projects in the Ukraine or how communities were involved in Ebola projects in Uganda.

There is a great variety of definitions of what community and of community engagement is. What is meant by community, differs depending on the objective of a project and needs to be specified in each case. Furthermore, individuals in a given community have their own sense of community membership (to sometimes multiple communities) which are often different to the definitions of community applied by researchers and engagement leaders (CTSA 2011). Often, "community" is applied in a geographic context and describes a rural village setting (Farnsworth, et al. 2014). A community can be

a "group of people who are affiliated by geographic proximity, special interests, or similar situations with respect to issues affecting their well-being" (CTSA 2011). More generally speaking, community can be defined by describing the social and political networks that link individuals, community organizations, and leaders; the according relations, meanings and power structures are shaped by culture (CTSA 2011).

Johnston (2018) defines engagement as "a dynamic multidimensional relational concept featuring psychological and behavioral attributes of connection, interaction, participation, and involvement, designed to achieve or elicit an outcome at individual, organization, or social level." According to OCHA (2015), "community engagement is a two-way dialogue between crisis-affected communities, humanitarian organizations, and, where possible, within and between communities. It should enable affected people to meet their different needs, address their vulnerabilities and build on their pre-existing capacities."

It is our duty to scrutinize the terms community and community engagement used in our projects and define them in the course of this mapping process. This will be a next step that will happen parallel to the collection and analysis of data on base of this template. It is important to understand which kind of processes are applied in your countries, and we are asking you to collect very specific data material.

We are interested in a country specific overview on the engagement structure in your country/ region **(1)**, and more concrete information on individual implemented projects **(2)**.

To keep the task manageable, we would like to ask each partner for a particular focus:

- For <u>Bangladesh</u>, please particularly focus on those interventions/ processes addressing AMR (taking into account interactions with humans and animals and environment),
- For <u>Uganda</u>, please focus in particular on interventions/ processes addressing viral hemorrhagic fevers (for example: Ebola, Marburg, Yellow Fever, Crimean Congo, Rift Valley…),
- For <u>Eastern Europe/ Ukraine</u>, please focus on any form of community involvement or initiative in a broad sense concerning measles and influenza (e.g. concerning vaccine hesitancy).

If feasible and available, please include information on programs concerning other infectious diseases, as well.

1) **Country specific overview**: We would kindly ask you to answer the following questions in one single word document:

- Please list any governmental and non-governmental **institutions and actors in your country** that target health topics specifically related to infectious disease or issues around AMR (for example measles vaccination approach and/ or antibiotics use in farming or as medication…). This includes actors such as business enterprises (pharma, oil industry, energy sector et al.) and community driven "grassroots" initiatives or civil society organizations (e.g. patients' health groups)

2) **Individual projects:**

Secondly, we kindly ask you to elaborate in as much detail as possible on any governmental and non-governmental health related **community-engagement, -information, -consultation and -participation action** (henceforth simply called project), including those of business enterprises (pharma, oil industry, energy sector…) and community driven initiatives that concern **AMR or infectious diseases,** such as for example:

- participatory research with communities regarding population and/ or animal health,
- any initiatives targeting communities' preparedness to health-related issues,
- health promotion activities etc.

For each such project please create individual Word documents and provide us with the following information detailing the community-engagement, -information, -consultation and -participation processes by expanding on the following questions that will help us in the analysis and assessment of the models applied:

1) **General overview on the project**
   a. Title
   b. Key focus (AMR, infectious disease…)
   c. Project duration
   d. Project costs
   e. Region and community

2) **Who took the initiative?**

Implementing organization/ program/ project lead and partners, community initiative…

3) **Why was this project done?**

Project rationale, objectives, or project goals, tactics and evaluation mechanisms…

4) **Who was engaged?**

a. A brief description of the target group: ethnic or social groups; publics; stakeholders (interested public) and/ or community (affected public))

b. Participants (number, national, regional, community level)

c. Vulnerable groups identified (definition of vulnerability?)

5) **How were these publics/ communities engaged? Level of participation/ engagement?**

a. What was the form of interaction with the community? Was it, e.g. community consultation, community participation, or outreach?

b. What was the form of target group involvement? Did the community play an active role? Was there collaboration and shared leadership? For example: shared decision making, decision making authority of the community, inclusion, consultation, community owned initiative, community member committees…?

c. Who was making decisions on the processes, the objectives, and the outcomes of the project? Who was responsible for these decisions, the community or the organization taking the initiative? Advocacy of the community?

d. Which methods were applied in such projects: community meetings, focus group discussions, surveys, formal and informal interviews, participant observation, questionnaires, stakeholder consultations, web-based engagement etc.?

e. What information was provided to the community and in which form?

f. What were the communication channels and dialogue tactics applied (media, mobile and digital technology, face-to-face exchanges)?

g. What were the strategies to maintain engagement (dialogues or monologues → bidirectional communication or monodirectional)?

6) Outcomes and outputs

    a. Was the project evaluated?

    b. Where the processes of engagement documented?

    c. What were the long-term effects of the project? Sustainability of the project?

    d. Did the project lead to a better health outcomes for a community?

    e. Which measures were taken as a result of the project?

    f. Were policies changed, adapted as a result of the project? (Policy implications)

    g. Were (public health) regulations adapted?

Please include both **published** and **unpublished information** from the last 10 years in this mapping exercise, starting with the most recent. If applicable, pleases attach publications or reports. If documents are solely available in a local language, please provide us with the necessary information in English (executive summary).

Contact:

Elena Jirovsky elena.jirovsky@meduniwien.ac.at

Skype: elenajirovsky

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