



# Community Health Program

## Integrated Community Dialogue Tool Kit



### 1.0 Background

- Tanzania adopted PHC since independence in 1961
- The Arusha Declaration (1967) reinforced these ideas through Ujamaa village structures
- The decentralization of 1983 transferred management of community health to Local Government Authorities through (CCHPs), enabled participatory planning and local accountability



## Background continued

- Tanzania's commitment to 1978 Alma-Ata Declaration on PHC
- Partners such as WHO, AMREF and OXFAM started supporting community based initiatives
- These initiatives pioneered participatory planning mechanisms that empowered communities to define and act on their own health priorities.



## Background continued

- The National Guideline on Community-Based Health Care Initiatives (1995) and its 2008
- The 2020 Policy Guideline for Community CBHC
- **Tanzania is committed to the 2005** concept of UHC which was endorsed by the UN and the 2015 SDG
- The Integrated and Coordinated (iCCHW) CHWs Program (2024–2028) - need for C Engagement Deployed 137,294 CHWs



## Background continued

- Community Engagement is "a process of developing relationships with stakeholders to work together to address health-related issues and promote well-being
- The goal of a dialogue is to listen and learn from one another - involves sharing thoughts and ideas with the objective of facilitating individual and social change.



# The Difference of CD, CSC and CLM

- Community Dialogue is a participatory approach where communities discuss issues, identify solutions, and take collective action.
- Community Score Card is a social accountability tool where communities assess the quality of services, give feedback, and engage providers to improve outcomes.
- CLM A mechanism where communities collect data on health services, identify gaps, and advocate for improvements.



## The Purpose of Community Dialogue Tool Kit

- The purpose of the CDT is to **facilitate participation, strengthen decision-making,** promote local solutions, build social cohesion by strengthening the bonds of trust, belonging, accountability, knowledge sharing and drive behavior change in various thematic areas which include, Malaria, NTDs, Climate change, RMNCAH, Nutrition, IVD HIV/AIDS, NCDs TB and Leprocy, Environmenal Health, YFS



## The Goal of the Community Dialogue Tool Kit

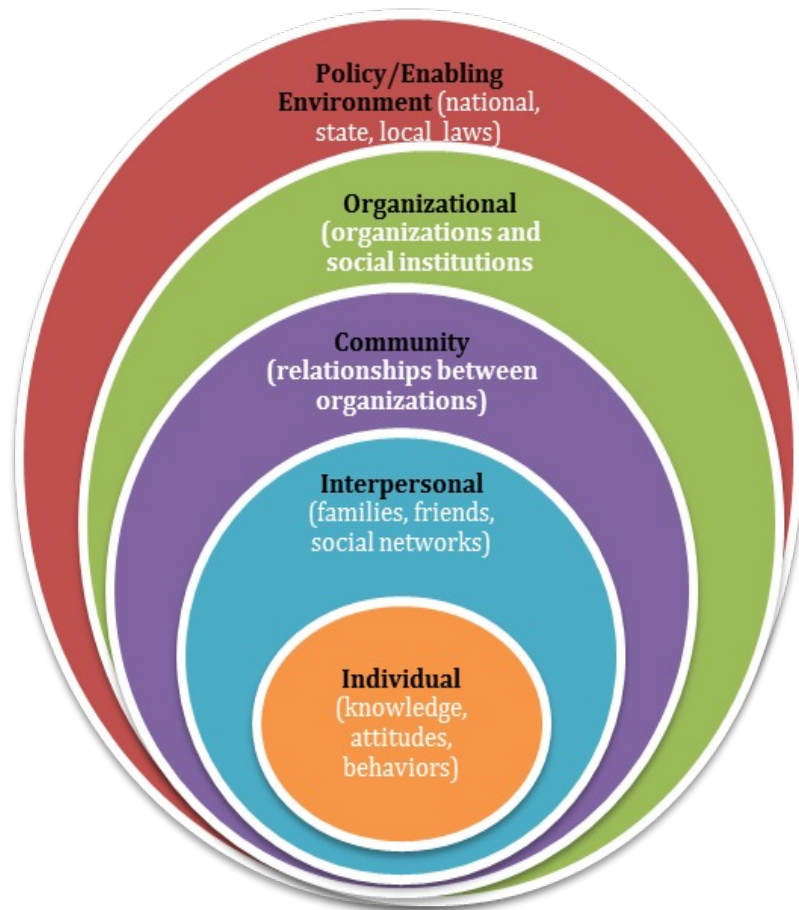
### The Goal of the Community Dialogue Tool Kit eg

- To create environments where communities can openly discuss issues pertaining to their health
- The Social Ecological Model Theory of Change  
individual, interpersonal, community, Policy  
(Advocacy, SBC/SBCC, Community mobilization)

**The Guiding Principles:** Inclusivity and Equity Respect and Empathy, **Transparency and Trust. Etc**

**The Characteristics of This Community Dialogue Tool Kit :** Neutral Facilitation, Structured Process  
**etc.**

# SEM Theory of Change





## Community Dialogue Approach

### The Community Dialogue Approach

- **Community dialogues will be facilitated**

### Trained facilitators

### Examples of What Community Dialogue Approach is able and not able to do Eg;

It is able to Support CE to those best placed to influence change. It has to be integrated it cannot stand alone



# Facilitators of CD

- Community dialogues can be facilitated by trained dialogue facilitators

The facilitators will be trained using:

- The Integrated CD facilitators guide for national, regional, district, NGOs, CSOs
- At community level the dialogue facilitators will be trained using the Community Dialogue Guide they will include( CHWs, Youths, religious leaders, HFHC, HF providers

- **Job Aid** → supports individuals in doing a specific job step-by-step



# Toolkit Vs Job Aid

## The Difference Between a Community Dialogue Tool Kit and a Job Aid

- The differences are in their Purpose, Scope, audiences, Format, how they are used and outcome
- **CDT**: Guides conversations and collective decision-making.
- **Job Aid**: supports individuals in doing a specific job step-by-step.



# Who can use the CDT

- Community leaders, facilitators, organizations, and stakeholders engaged in dialogue. Often includes guides and templates/tools



## 2.0 The Role of Various Levels in Facilitating Community Dialogues

- Ministry of Health (MOH)
- President's Office – Regional Administration and Local Government (PORALG)
- Regional Level, District level/ Council Level
- Ward, village levels
- The role of CHWs and Youths
- Community Leaders and Health facility providers
- The role of VHC, HFGC
- The Role of Stakeholders (e.g., Funding Agencies, NGOs, Development Partners)



## 3.0 Required Facilitation Skills for Effective Community Dialogues

- Required Facilitation skills: Active Listening, Empathy, Neutrality etc.
- Process of conducting Community Dialogues
- Steps of Conducting Community Dialogue eg Preparation, Materials Required, Duration of a Group Dialogue Meeting
- Opening of the dialogues
- Issue Identification, ranking and scoring
- **The Importance of Ranking and scoring**
- Template for Recording Issues from Community Dialogues
- **Action Planning**

# CD Action Plan

No	Issues Raised	Actions to be taken	Responsible person	Resources needed	Timeline	Monitoring indicator
Unfavorable Youth hours in the health facility	Organize youth-friendly clinic hours	Health Facility IN charge	Conducive Room to support youth friendly services	Within 3 months	Number of Youths attending services	Unfavorable Youth hours in the health facility



# CD Review Meeting

No	Date for the follow up meeting	Status of Implementation of issues in action plan	Responsible person	Next Time line	Monitoring Indicator	



# **Closing the Dialogue and Provision of Referrals**

**Referral Reminder/ Feedback form**

**Monitoring & Follow-Up**



## 4.0 Guide for Community Health workers and Youth for Facilitating Community Mapping

- Introductions, explains the purpose of community mapping, things to be included in the map, explains what to be discussed finally relates issues from the map in the process of dialogues



## 5.0 Monitoring Supportive Supervision and Evaluation

- Table indicating the Roles at various levels in conducting supportive supervision monitoring and evaluation
- Eg; see next slide



<b>Level</b>	<b>Supportive Supervision</b>	<b>Monitoring</b>	<b>Evaluation</b>
<b>Community Level (Village/Facility)</b>	Local health workers and community leaders provide support feedback during dialogues.	Attendance, participation, and key issues raised are tracked.	Assess whether dialogues increase awareness, reduce stigma, and improve health-seeking behavior.



### 1: References

Evaluation form for community dialogues

Daily Registration form

Participants particulars

CD schedule

Tools for CD eg for Malaria, NTDs Climate change etc Note : add one column for issues



## Task : The process of Reviewing the Community Dialogue Tool Kit

- Examine the structure and content
- Identify gaps and add content as appropriate in track changes especially need to add content in
  - section 5 monitoring and evaluation
- Review tools included to ensure they are technical sound
- Develop content for the Prelims (abbreviations and acronyms, Foreword and Acknowledgement
- Review Table of content in case of additional sections, Review annexes specially tools



**THANK YOU**