

COMMUNITY HEALTH MANAGEMENT

THROUGH

COMMUNITY DIALOGUE

**FIRST
EDITION**



**MORDECAI OWEIBIA
ORUIKOR GABRIEL JEREMIAH
CHRISTOPHER ONONIWU ELEMUWA**

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TABLE OF CONTENTS

TABLE OF CONTENTS	v
DEDICATION	vi
ACKNOWLEDGMENTS	vii
FOREWORD	viii
PREFACE	xi
CHAPTER ONE	1
THE IMPORTANCE AND OBJECTIVES OF COMMUNITY DIALOGUE.....	1
CHAPTER TWO	4
CATEGORIES OF COMMUNITY DIALOGUE	4
CHAPTER THREE	7
THE IMPACT OF COMMUNITY DIALOGUE IN HEALTH.....	7
CHAPTER FOUR	12
CONCEPTS OF COMMUNITY DIALOGUE	12
CHAPTER FIVE	15
STRATEGIES FOR COMMUNITY DIALOGUE PART 1: THE ESSENTIALS OF DIALOGUE	15
CHAPTER SIX	28
STRATEGIES FOR COMMUNITY DIALOGUE PART 2: DESIGN	28
CHAPTER SEVEN	39
STRATEGIES OF COMMUNITY DIALOGUE PART 3: ASSESSMENT AND EVALUATION	39
CHAPTER EIGHT	53
PROMOTION OF COMMUNITY DIALOGUE	53
REFERENCES	57

DEDICATION

This work is dedicated to God, who by his grace inspired us.

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We humbly wish to appreciate Prof Djibril Naguibou Mohamed, Prof. Wirba Amenu Foven, and Dr. Peace Durotoye, for proof reading and reviewing this book. We appreciate all the team of Institute of Health Science, Research and Administration Nigeria, especially the president, Dr. Celcius for advice and encouragement.

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FOREWORD

Positive interaction is a key factor in promoting and building the strength and existence of community.

Health is not just the absent of diseases, but the level of active participation, contribution and satisfaction an individual experience at his capacity. In other words, being in health is the freedom to express oneself and not get intimidated. Communication in the community bridges the gap in dissatisfaction level in the community.

Today's community situation is terrible and satisfactorily maintain the level of communion. There has been a limited intervention in this area, hence, most people are centered on their personal interest instead of communal.

However, the first edition of this publication entitled "COMMUNITY HEALTH MANAGEMENT THROUGH COMMUNITY DIALOGUE" provides innovative approaches to teaching and learning in health, management administration, for its outlines the essential concepts and components of dialogue, with a particular focus on the role of Community Dialogue in Health promotion. It outlines the design of Community Dialogue, its pre-and post-stage implementation, and the importance of actively involving local communities in the decision-making process. Additionally, it emphasizes the role of inclusive participation in addressing health challenges and providing sustainable solutions. Finally, it emphasizes the need for community dialogue to be actively engaged in order to develop effective health interventions.

The purpose of this multidimensional publication is aimed at bringing together the many voices and talents in our communities. A dialogue

can take place in many kinds of places and forms from a group of five people in a home to five hundred in a public setting.

The authors of this book are well known for their simplicity in transforming the complexities to fingertips of each interested individual to acquire and achieve substantial and potential knowledge in subjects of community health.

I personally appreciate the sense of creativity and innovation of Dr. Oweibia, Dr. Gabriel, and Dr. Chris, visionary, and great scientist who did well to make things easier. Cheaper and understandable.

The organization of this book covers the following :overview of community dialogue and health, which the authors concisely discussed the meaning of the subject matter and the different types of community dialogue ; The concepts and implications of community dialogue on health. Strategies for community dialogue; Community dialogue design is an important part of the community dialogue process. This focuses on the design stage of community dialogue, especially the pre community dialogue activities. These activities help to define clear objectives, select appropriate facilitators, organize logistics, and identify key participants. The pre community dialogue activities set the tone for the dialogue process and ensure all necessary preparations are made.

The design of community dialogue helps to create a safe and inclusive space, promotes respectful dialogue, and uses participatory methodologies to facilitate communication and interaction. Assessment and evaluation, phase is the final step in the dialogue process. This phase includes strategies to capture and analyze dialogue outcomes, and use them to inform future health interventions and political decisions. This phase involves ongoing engagement, ownership, and turning dialogue outcomes into action; Promotion of community dialogue, this section underscores the processes involve in creating more awareness and maintaining community dialogue for effective results All in all, this book is a step-by-step guide to how community dialogue can be applied

to health interventions. Through community engagement, the development of a strong dialogue framework, and the effective use of pre-and post- dialogue phases, we can strengthen health interventions and achieve sustainable health outcomes.

Conclusively, this subject has been writing by so many qualified researchers, but it is impossible to acknowledge each of them here. We hope that this edition will give more light to the subject.

We express our sincere gratitude to our academic colleagues for their courage and closed encouragement in the course of writing this edition. It was a privilege to Foreword this magnificent write-up that will contribute enormously to educate the people and pave a new perspective for academics and community health management.

We recommend this edition for the purpose of academic and management.

Prof.Dr. Djibril Naguibou Mohamed
University of Abomey Carlavi

PREFACE

Coming together in one accord has over time proven its significant in the community since the enhancement of community health is positive. Our world need synergy to live in harmony, peace and tranquility for the betterment of our society.

If healthy family must be maintained, then there is a need for community dialogue.

It's a long life process to grow or maintain a healthy community, hence, constant nurturing and persistency is needed. For the community to grow and develop, everyone must participate with specific role in building a healthier, more vibrant community. The choices we make at home, work, school, play, and worship determine most what creates personal health and community vitality. To a large mile, it's about how we use our time, money, and talents. But the roles we play in the community to bring positive change is the most crucial. This is about using your influence, skills and knowledge to create better community.

Today, our communities bereft good organization and poses the risk for communal conflict due to selfishness among the leaders who have become weeds and tyrants among the less privileged ones. Instead of fostering the growth of the community, the community is running into lost and troubled atmosphere, resulting into many displacement of properties and lives. Thereby, giving hand to suffering and health challenges. In our world today, there's often a gulf between the conversations people have around the kitchen table and the conversations we have with our leaders. We see turf battles and fragmentation of efforts with more resources getting spent on the symptoms of deeper problems, and less on what generates health in the first place. This is the major pandemic of all times that we faced. There

are myriads of ugly effects emanated as a recompense of this neglected friction.

Inspired leaders are required for healthy communities. Leadership is a clarion call for Healthy communities, to pin action from every corner of our communities.

Community dialogue is a means of bringing people from different parts of a community together to exchange information, gain insight, and come up with solutions to problems that are of interest to them.

One definition of dialogue is that it is a "flow of meaning" that occurs in a setting where people come together to communicate and comprehend one another.

Another definition is that it is "a forum that allows people drawn from different parts of the community to share information as much as possible."

Finally, one definition is that it involves people from different fields of work in a community coming together to promote understanding and exchange information on topics that are important to them.

Ultimately, dialogue is a continuous collective investigation into the processes, beliefs, and assumptions that make up everyday life.

Community dialogue is about bringing together the voices and talents of communities. When talents and voices are brought together, there is always an information, and in this case intended to help generate ideas and relationships across lines that divide the people.

Dialogue in the community plants ground for community health assessment, evaluation and improvement.

This is especially true when it comes to achieving successful health intervention program objectives. The key findings from the community

dialogue process, if documented, can provide concrete insights and action points for the development of similar dialogues in future. These dialogues provide an opportunity for local residents to express their aspirations, concerns, and values, and to identify context-specific issues and contribute to the development of solutions. In essence, by collaborating on a specific and acceptable goal, communities can strengthen their control over their own health. Furthermore, the process of community participation creates a sense of trust, emotional commitment, and reciprocity among community members, which can lead to an increase in social capital and a sense of collective efficacy in the community.

The unmet need for RMNCAH+N services goes far beyond the woman in question and, as a result, community support for service access and use is essential to prevent mortality and morbidity.

CHAPTER ONE

THE IMPORTANCE AND OBJECTIVES OF COMMUNITY DIALOGUE

In health, the place of dialogue is highly rated. Health is more than the absence of disease. It is an optimum state of well-being: spiritual, mental, physical, and emotional. Health is wholeness. It includes a sense of belonging to community and experiencing control over one's life. So, it is very necessary to have dialogue which give rise to sense of belonging and thereby open the door for happiness and curb stressful events.

In dialogue, there is “listening, sharing, and questioning”. This to create a shared understanding through the sharing of ideas and different perspectives. The objectives of dialogue vary depending on the context.

There are two broad objectives of any community dialogue:

1. Universal objectives
2. Subject-specific objectives

Universal objectives are the objectives that a community dialogue initiative seeks to achieve. The purpose of a subject-specific objective is to manage and create solutions that address the specific needs of a community.

Common universal objectives of a community dialogue include:

- a. Encouraging the face to face exchange of information between people so that they can understand one another better
- b. Encouraging participants to listen to each other so that they can learn from one another so that they can improve their relationship with one another
- c. Encouraging people to speak up and share their thoughts and ideas so that they can be heard.
- d. Encouraging respect so that people can build positive relationships between people

Here are some of the subject-specific goals of dialogue in peace-building/conflict transformation:

Create a space for dialogue where violence is avoided and conflicts are resolved peacefully

Also, encouragement of reconciliation efforts and end the cycle of violence by creating mutual respect and trust in one another

Engage community members in the process of raising awareness, sensitizing, and problem-solving in order to solve specific issues of interest to the community

Encourage different ethnic, religious, or social groups to work together to resolve their differences

Dialogue and its Impact on Communities

Acknowledged for its positive impact on communities at every level, from reversing harmful health trends around the world to addressing community issues at the local level, dialogue can help to:

- Demonstrate that disagreements or conflicts between communities which can be handled and resolved in a peaceful manner.
- Create a sense of hearing and understanding from others.

- Recognize that dialogue is not about agreeing with the other. People and communities can coexist peacefully if they respect each other, even if they don't agree with what everyone else believes and does. Communities can be created for people of different backgrounds, with different needs and expectations.
- Dialogue provides an opportunity to collectively and creatively plan and implement systems that maximize advantages and minimize disadvantages, instead of resorting to potentially unhealthy competition.

CHAPTER TWO

CATEGORIES OF COMMUNITY DIALOGUE

The voracious need for community dialogue cannot be overemphasized. Communities must welcome meaningful conversations within the components of the community. Community dialogue doesn't connote total gathering of the population size of the community, but in different factions.

Many are wondering how to have the best way for community dialogue hosted, but there is no one best way to host a dialogue. Therefore, the method depends upon what to be accomplished. This will give you the idea of how to start and the necessary resources. So, it's advisable to tailor an approach that works best for the set objectives, setting, participants, time, and capacity.

Below are the various identified categories of community dialogue:

Religious group: groups such as Christian gathering (Church), and Muslim gathering (mosque), with the help of their leaders may like to engage the congregation in service to the neighborhood on a key issues. The issues maybe accessing the poor, and meeting the spiritual needs of the members of the community. They may also influence the active participation of their members in community service and get them into fruitful action to meet the daily demands of the community and decreases health problems.

Neighboring: It is very sickly nowadays, people living closer don't even greet each other, let alone spending time in in their houses. But,

this is necessary to keep the compound love increasing and thereby influence communal love and keep collaborative path. In this approach of dialogue, a neighbor might just have to invite a few neighbors over to enhance neighborhood cohesion or talk about a few rough issues. This could help build bridges across lines of race and class to work on something collaborative, especially, for people from different tribes, but are living in the same compound.

Students or scholars: This involve group of students or researchers. They can discuss issues affecting the society with a view of the community, thereby making research aiming at producing solutions to curb the challenges. Also, this group might want to make sense of their community dynamics or address the pressures and support they find in the community. They may want to identify key issues and become active on something important to them and their future for the betterment of the community, thereby fostering total sanity and constant positive change.

Progressive Alliance: this include people with the same interest, but may be from different background of expertise, using their skills to influence community growth and development. This group may have unique goal which focus and deepen their current work on health and quality of life issues. They may have the capacity to attract or influence others for community service investment.

Private club or organization: A group of this nature is mostly found in some communities. They may be business partners who set their goal as a priority for communal growth. They may influence the community in a holistic way.

Academic institution: They may include University, college, and Polytechnic. They serve to communicate with members of the community in terms of learner-Teacher relationship, and thereby communicating with parents in the community to foster the growth and development of the community where they are located. Students learn

and gather ideas and knowledge for community advancement. Students, faculty, administrators, staff, and community residents get together to listen and learn from each other and discover some possible ways to work together.

CHAPTER THREE

THE IMPACT OF COMMUNITY DIALOGUE IN HEALTH

The community is encompassed with different kind of human beings born from different families and of course, with their unique way of behaviors and lifestyles. Our health is grossly affected by the environment we live. The environment must be put in a good condition if we must maintain healthy living. A healthy community is not a perfect place, but it's a dynamic state of renewal and improvement. It builds a culture that supports healthy life choices and a high quality of life. It aligns its practices, policies, and resource allocation to sustain good life.

People must realize their common interests for optimal continuity of health. Optimal health is a by-product of people realizing their potential and living in a community that works. "Community" can be everything from a neighborhood to a metropolitan region. It can be the workplace or a group of shared interests and faith. In the end, our "community" is where we are and who we are with.

Healthy community is a place that is continually creating and improving its physical and social environments, and expanding the community resources that enable people to support each other in performing all the functions of life and in developing themselves to their maximum potential. So, for the community to remain healthy, there must be dynamic supports from the members of the community in their various capacities.

Community dialogues are a useful tool for engaging with a variety of public health issues, however, their documentation and evaluation has been limited. This is especially true when it comes to achieving successful health intervention program objectives. Community dialogues provide an opportunity for local residents to express their aspirations, concerns, and values, and to identify context-specific issues and contribute to the development of solutions. In essence, by collaborating on a specific and acceptable goal, communities can strengthen their control over their own health. Furthermore, the process of community participation creates a sense of trust, emotional commitment, and reciprocity among community members, which can lead to an increase in social capital and a sense of collective efficacy in the community.

The unmet need for RMNCAH+N services goes far beyond the woman in question and, as a result, community support for service access and use is essential to prevent mortality and morbidity.

Young community members often expressed anxiety and surprise at being invited to have their voice heard in a forum that included older community members, as well as adult health care practitioners who traditionally hold power and authority in the community.

All categories of participants experienced some degree of anxiety and reservations, based on prior experiences and standard expectations around participating amongst a wide range of stakeholders.

Since power dynamics are likely to exist when creating a community dialogue like, it's recommended that time be spent guiding participants, setting goals and expectations, doing ice-breaking activities, and setting ground rules. Letting the group determine the ground rules, rather than laying them out in advance, is a critical success factor as it creates ownership and sets the tone for the dialogue.

The feasibility of engaging community members in dialogue with health service providers has been tested in the past, demonstrating the potential of the dialogue method as a form of participatory outreach. This approach encourages community members to discuss topics related to health-related decisions and outcomes, foster mutual understanding, and create an understanding of the reality, perspective, and state of their health conditions.

Not only does this dialogue encourage those who are less empowered to share their experiences and add value to quality of care understandings, but the act of inclusion and being asked to contribute is transformative for many attendees. What's more, it helped to bridge socio-economic, gender, generational and class divides – all essential components of the theory of empowerment. Although the relationship between inclusion and empowerment is fluid, participation is often seen as a stepping stone toward empowerment. For instance, an unemployed man who, by being invited into the dialogue and asked to contribute his opinion, will feel less marginalized. Similarly, a female participant will appreciate the value of having a space where her voice can be heard. But research on how gender moderates participation highlights the importance of an experienced facilitator in promoting participation from all attendees. A facilitator is essential for the dialogue to be successful, as well as participant observers who can support the facilitator. The facilitator needs to be highly qualified and familiar with the intervention outcomes. The facilitator also needs to have a note taker who can help keep the dialogue going and within the time limits for the various activities.

The note taker acts as an observer and can also support the facilitator by highlighting when certain groups (such as men, youth) don't engage for a certain period of time so that the facilitator can continue to encourage participation.

Previous key findings show that not only do communities vary in composition, but community members will also have similar identities

and roles (e.g., parents, health care providers, health sector stakeholders, etc.). A participant may (or may be asked to represent) a specific identity at a community dialogue. However, findings show that the process of participating in the dialogue may also lead to personal reflection and empathy, indicating that there may be additional benefits to the dialogue method that go beyond the goal of intervention.

Ensuring that community members are represented will be essential for future community dialogue sessions, and will require considerable planning. For instance, community members may be easier to hire than other stakeholders, and recruiters may find it difficult to hire enough men (as opposed to women) for a community dialogue, perhaps due to the economic dynamics (e.g. school hours).

The adolescent population may be the most difficult group to recruit for a community dialogue due to the fact that the community dialogue is held during the school hours.

It will be important to consider when scheduling community dialogue sessions to ensure that community members are adequately represented.

It's worth noting that the sex worker at the dialogue won't identify themselves as such. They might just say they're part of the community. This means there won't be any discussion of 'barriers to quality of care' that sex workers experience.

In future planning for these kinds of dialogues, think about ways to involve marginalized populations beyond just making sure they're there.

It's also worth thinking about ways to listen to the voices of teens. For example, the teens present might be interested in the discussions, but they might not offer their opinion unless asked directly by the facilitators.

The same was true for men. Men didn't usually offer their opinion spontaneously, but when asked they might have an opinion to share and showed comfort in sharing it – they just needed an invitation to do so.

One solution might be to let participants write down their thoughts or ideas on a card that will be given to them at the beginning of the dialogue. This has been tested and worked well. The purpose of this method is to provide an opportunity for more reserved participants to make their voices heard if they are uncomfortable expressing their opinions to the group. A facilitator will read out the suggested ideas and initiate a discussion around the topic. This method is only applicable to those who are literate, and could be seen as stigmatizing for those who are illiterate. If presented as an optional additional method, this is suggested as a viable option, particularly to promote the voices of young people and other marginalized groups. It is beneficial for participants to engage in the dialogue in their native language, however, not all participants are bilingual, and the facilitator may switch between English and the local language, potentially leading to a lack of depth in the dialogue. If this is followed correctly, it can be very beneficial to the participant's involvement. In situations where a bilingual community dialogue is unavoidable, it is possible to include a bilingual record taker who will write key points in the English version of the flip chart. The amount of time between sessions and the overall duration of the dialogue should be carefully monitored (and adapted in subsequent sessions) to prevent participants from getting too tired.

CHAPTER FOUR

CONCEPTS OF COMMUNITY DIALOGUE

Context Analysis

Context analysis is the process of understanding the bigger picture, including all the health, economics, social, culture and political factors that have caused the current situation that necessitates dialogue.

When designing a dialogue design process, context analysis should be focused on the elements that are relevant to your dialogue initiative or areas that you want to influence.

The context analysis helps you decide if dialogue is appropriate to address a specific issue.

There are different ways to determine if dialogue is appropriate for a particular issue.

Getting an idea of what the issue is, the context, dynamics and actors is essential for determining if dialogue is appropriate.

Determining if dialogue is appropriate can be done by looking at the following conditions:

- There are willing and able participants. Dialogue requires the readiness and commitment of participants, as it requires talking and understanding each other's perspectives;
- There is a relative balance of power among the parties. There should not be strong imbalance in the status of the participants.

A relative balance of power is an essential element to implement community dialogue initiatives as it allows participants to engage in the dialogue without feeling that they are coerced;

- The context or environment allows the participants to speak freely and without fear of revenge or rejection.

Using Existing Dialogue Structures and Norms

Building dialogue initiatives can be made easier by building on existing community structures and norms. For example, in Bayelsa state, structures and norms such as IJAW Culture are used as a starting point for dialogue initiatives. This is because:

New dialogue initiatives are legitimized and strengthened by existing structures and norms in a given community. For instance, tribal elders and religious leaders in the Niger delta region are widely respected.

These structures are already understood and accepted by communities, and can be used as the starting point for new dialogue initiatives. In many cultures, existing norms and structures are used to frame dialogue processes, such as who speaks, who represents, where dialogue takes place and how to involve women and youth.

Stakeholders' Analysis:

This tool can be used to identify and differentiate the target audience of a health intervention, select partners for collaboration, and identify the community dialogue's area of focus. Additionally, it can assist in the identification of key actors at various levels who have an impact on the current situation, as well as the role of spoiler actors in the process. The main focus of this tool is to identify stakeholders based on their interests, objectives, positions, capabilities, and relationships. This tool provides essential background information for the design stage of the dialogue process.

- Goals: The strategies that actors use to pursue their interests;

- **Positions:** The solution presented by actors on key and emerging issues in a given context, irrespective of the interests and goals of others;
- **Capacities:** The actors' potential to affect the context, positively or negatively. Potential can be defined in terms of resources, access, social networks, and constituencies, or other support and alliances;
- **Relationships:** The interactions between actors at various levels, and their perception of these interactions.

The above tool for stakeholders' analysis will assist community dialogue organizers to identify relevant stakeholders and explore how they will affect the dialogue initiative. Several methods can be used to collect data on these elements of stakeholders' analysis. Among many others conducting interviews with the stakeholders directly is an important data collection method in addition to indirect sources of collecting data.

CHAPTER FIVE

STRATEGIES FOR COMMUNITY DIALOGUE PART 1: THE ESSENTIALS OF DIALOGUE

Defining Goals

Every single dialogue initiative has a specific goal, which is designed to address the specific issues or demands of communities. Dialogue goals are often derived from the analysis of the issue, context, and stakeholders of the public health situation. As such, dialogue can be discussion-oriented or outcome-oriented. In some cases, organizing a community dialogue session where conflicting actors (such as SBAs and TBAs) are seated together might have a great symbolic value, even if it doesn't solve anything.

While the aim might only be to create space for dialogue, the process can at times offer space to develop solutions to the health problems at hand.

While the dialogue itself has a certain goal, the different stages of dialogue can also have different objectives. The first session could aim at creating a common understanding, the second session might aim at building trust amongst the participant. The following session could then aim at generating solutions.

Goals, objectives, and steps leading to clear outcomes should have a hierarchical relationship where one derives from the other. Goals are broad desired changes that the dialogue process strives to bring about,

and describe what the dialogue seeks to accomplish, whether it is health risk prevention, resolution, transformation, or reconciliation. The goal is based on the problem or the group of problems that the dialogue intends to change.

Objectives are the steps or changes that are prerequisites to achieve the goals. Objectives are brief and clear steps and activities required to achieving the goal. Objectives should be broken down into clear steps with implementable time-bound actions.

Managing Expectations

Community dialogue designers must be able to effectively manage the expectations of both participants and the community. Before a dialogue, facilitators should inquire about the expectations of participants. If these expectations are beyond the scope of a dialogue or session, facilitators should agree on an achievable goal that can be accomplished within the allotted time. This goal should be documented, so that participants can refer back to it at a later date. Additionally, facilitators should be given the chance to express their expectations of facilitators, which will help them to understand their role in the dialogue. To ensure that the outcome is in line with the objectives of a dialogue initiative, organizers should set clear and achievable objectives from the outset, and a definition of success should be established. It is essential to clearly communicate the objectives to participants in order to ensure they are aware of the planned activities and are kept informed of what is expected in the long-term. This is an effective way to manage expectations. Additionally, engaging the various participants in the dialogue to discuss and review expectations is another way to manage expectations; in this process, it is important to explain the set objectives at each stage of the dialogue. An effective and efficient way to begin managing expectations is to include this part of the dialogue as an initial part. Facilitators can ask participants to define their expectations for the dialogue and assist them in setting realistic expectations and managing them at this stage.

If the dialogue process doesn't go as expected, the organizers shouldn't pretend that everything is fine. If something isn't achieved, it's better to be honest about it and provide a space to explain why goals weren't met and what else could have been done.

Keep an eye out for negative rumors about your dialogue process, both within your participants group and in the general community.

After the dialogue process, you'll have to deal with what the community expects from you. If that happens, be prepared to come up with a response.

You can manage community expectations by:

- Developing clear responses to what the community expects.
- Equipping participants with skills to share their knowledge with the community so that they can impact the wider audience.

It is essential to recognize that change does not occur overnight. Dialogues should be the initial step in bringing about change, and should be accompanied by other initiatives and programs. As people in underserved communities suffer from a lack of basic needs, they have high expectations for participation in dialogue sessions. People may expect to receive a reward, such as monetary compensation, for their participation. The issue of providing monetary compensation for participation raises ethical issues, as the question of whether or not to give money to participants remains a contentious issue. Facilitators should address this issue with the organisers of the dialogue process in advance. Travel and lodging expenses should be refunded, but the participants' commitment should not be affected by monetary compensation. In certain cases, per diems should be provided for participation.

Selecting Dialogue Actors

Facilitator Skills

The purpose of a dialogue is to provide an atmosphere in which individuals can express their thoughts, feelings, and opinions without fear of repercussions. The facilitator must be able to create and maintain a safe and secure environment for participants, while also fostering trust between the groups. Therefore, the selection of the appropriate facilitator is essential in order to achieve the desired outcomes of a dialogue.

What skills are needed to facilitate a community dialogue process?

The skills required of a facilitator can differ depending on the specific nature of the dialogue initiative, but there are also characteristics common to all facilitators. Below are the main abilities to be considered:

1. **Reflecting & Clarifying** - A facilitator should be able to clarify and reflect back on the ideas discussed in the dialogue for the concerned participants.
2. **Summarizing** - A facilitator should be able to briefly and efficiently present the ideas of the dialogue participants.
3. **Shifting Focus** - It is important that a facilitator is able to engage all participants, conducting the conversation such that all participants can express their views or ideas no matter what they are. Furthermore, the facilitator should be able to progress and transition into the different topics of the dialogue in a timely manner.
4. **Asking Probing or Follow-Up Questions** - The dialogue facilitator should conduct the dialogue in a manner that allows participants to express different views, explore different ideas, and most importantly, foster an appreciation of disagreement and difference in order for participants to identify common

ground. This is achieved by the facilitator's ability to ask follow-up questions throughout the dialogue.

5. **Managing Conflict** - As diversity of ideas can lead to dispute and conflict, it is important that a facilitator is able to maintain peace throughout any dialogue. To this end, the facilitator should help participants understand and respect differing views so as to make the dialogue not only engaging, but also productive.
6. **Using Silence** - A facilitator should not only trigger discussions and engagement among participants, but also smartly allocate the time and space for each of them to reflect on the ongoing discussion and give back their particular comments.
7. **Using Body Language** - A facilitator should be conscious of participants' body language to perceive when it is necessary to reframe the discussion in case of rising tensions or stalemates, or continue the discussion when a good deal of progress is being made.

The Role of the Facilitator

Prior to the dialogue, the facilitator should be adequately informed about the Health challenges and dynamics from a situation analysis. This will assist the facilitator in designing the dialogue, helping the facilitator become more familiar with the dialogue context and what skills will be needed to facilitate a successful dialogue. A successful dialogue requires the facilitator to collaborate closely with the organising team and dialogue designer.

b. Selection of Participants

The goal of dialogue processes should be to involve participants from a variety of social groups. To ensure that all parties are heard, it is important to use a selection method that is honest, transparent, guided by collective agreements, and ensures that the outcome is seen as legitimate by all parties involved. It is also recommended to limit the

number of participants to 15-20, as this will limit the facilitator's ability to engage everyone. The size of the dialogue should be based on the sensitivity of the subject matter, the format, and the duration. Additionally, the composition of participants should be taken into account when designing the dialogue.

Participatory decision-making: When organizing a dialogue initiative, organizers should consult local independent youth organizations and civil society organizations, as well as religious leaders and professional associations, as well as ethnic group leaders.

Inclusion: The composition of the dialogue forum should be inclusive and include sections of society that are typically excluded from dialogue or other community initiatives.

Voice to voiceless: Dialogues are a way of bringing different participants together to appreciate diversity of views and to find common ground to solve a problem. To do this, organizers must include those who are marginalized or excluded from the day-to-day social, economic and political life of a community.

Empowerment: The organizers must ensure that the chosen participants have the opportunity to express their thoughts, ideas, and concerns. This is especially important if the participants have never participated in a dialogue forum before. Those who are open-minded and capable of becoming change agents can be identified. Therefore, the organizers must not only create a conducive environment for them to express themselves, but also provide them with training to do so.

Gender-sensitive: Community dialogues, particularly in the context of RMNCAH+N, should be gender-sensitive. Therefore, a format that is compatible with local traditions must be chosen. If this is not possible, separate dialogues may be better.

Participation background: The facilitators should understand and evaluate the background of the participants. This will help them to monitor and evaluate the final results of the dialogue.

c. Stakeholder Mapping

Inclusivity is essential for any community dialogue. Therefore, when mapping community dialogue participants, it is important to identify the different stakeholders to your community dialogue. Here are some criteria to consider when mapping and mapping key stakeholders for a community dialogue:

Knowledge and Interest: Make sure that all potential participants are familiar with your community dialogue and that they are interested in your community dialogue.

Diversity: Identify both the knowledgeable and the less-informed individuals in your community on the topic of your community dialogue. A balanced representation of both groups helps to close the knowledge gap and makes your process more informative and more involved, rather than just a lecture.

Inclusivity: Develop a mechanism to include different perspectives of stakeholders in your process throughout the community dialogue. This helps to ensure that all stakeholders are included throughout the process.

Relevance: People who meet all of the above criteria, such as being knowledgeable and interested, may not be relevant to your issue.

Although all stakeholders should be mapped in order to fully understand the situation analysis, this does not necessarily mean that all have to be included in the final community dialogue process. The success of any community dialogue is likely dependent upon the level of interaction between the participants and thus the amount of their

engagement. This is likely to be achieved with an efficient number of participants.

One way of acting mappings is by graphically placing the different stakeholders on a literal map. The stakeholders could be divided in different groups, such as:

- Key actors (to be involved in the community dialogue);
- Primary actors (actors with influence in the community dialogue process);
- Secondary actors (actors with little or no influence, but who are directly or indirectly affected by the community dialogue).

In addition, it can be helpful to draw lines representing the relationship between the different actors. Examples could be:

- **Solid line:** close relationship with regular exchange or similar interests;
- **Dotted line:** weak or informal relationship;
- **Double lines:** formalized partnerships (agreements);
- **Crossed lines:** interrupted or damaged relationships;
- **Arrowed lines:** Symbolize the dominance of one actor over the other;
- **Lines crossed with a bolt of lightning:** Tense relationships or conflicting interests;

As such, not all stakeholders need to be included in the community dialogue; only those that are deemed representatives and key in brokering a solution. In deciding who should be included, it is recommended to on the one hand, target those individuals who have the ability to make commitments and agreements on behalf of their stakeholder group. On the other hand, however, for the outcomes of the community dialogue to be sustainable, the community dialogue needs to be inclusive of the broader society.

d. Grooming Participants

Participants in community dialogue processes typically take part voluntarily, so their readiness for the process is largely dependent on their own political will and commitment. Organizers may also take into account the increasing attention of certain members of the community to a particular issue. If the issue is becoming a topic of discussion between communities or between members of the same community on various platforms, this suggests that members of the community are prepared to formally engage in the dialogue if given the opportunity. After the organizing team has selected participants, they should be prepared for the community dialogue process, taking into account the different sets of interests that the chosen stakeholders in the community have. To facilitate the preparation of participants, guidelines can be developed in a proactive manner. For instance, the following sets of guidelines can be used and discussed:

- Behavioral guidelines: The facilitator should make sure that rules are established among participants and the rules are clear. This helps to assure that all participants enter the community dialogue in a more relaxed psychological readiness. The facilitator should encourage participants to come up with some sort of agreement reached among all participants. This will assure that all community dialogue participants feel comfortable and committed to the process;
- Procedural guidelines: These are technical elements participant preparations. Procedural guidelines should be communicated in a clear and timely manner; examples includes the roles of each participant and the agenda of the event;
- Communications guidelines: The process of the community dialogue must remain transparent all the times. To realize community dialogue, participants should reach a consensus on both internal and external communication.

f. Conflict Sensitivity in Selecting Participants

The application of conflict sensitive principles in the selection of participants to community dialogue facilitates the identification of unintended consequences at the selection stage. Prior to the selection of participants for a community dialogue, conflict analysis should be conducted and stakeholder mapping should be conducted. Utilizing the analysis and indicators of the two, it is possible for the organizers to gain insight into the conflict dynamics of the community. These two analyses also serve as a starting point for the community dialogue organizers in the selection of potential participants for the planned dialogue.

When selecting participants for the community dialogue, fairness, transparency and accountability should be prioritized. When selecting participants to community dialogue in the midst of an ongoing conflict, it is essential to apply the principles of conflict sensitivity carefully as the participants may have different perspectives on the matter, which can influence the goals of the community dialogue.

g. Exclusion of Community Members

In some cases, organizers may be unable to invite the whole community for various reasons, such as limited time, limited space or limited capacity. However, generally speaking, community dialogue participants should represent different segments of society. Exclusion can be explained as legitimate representation.

If this is challenged, facilitators can work with communities to explain the format and limitations of community dialogue and, if possible, find community representatives from those who may not have attended.

h. Selection of location and timeline

In order to ensure the success of a community dialogue, it is essential that the venue is secure, neutral, inviting, and accessible for all

stakeholders. Additionally, the timing of the dialogue should be tailored to the participants' schedules, taking into account factors such as transportation and accessibility. Furthermore, gender labor division should be taken into account when conducting a dialogue in rural areas. Another example, If men work the land in the morning, women have to fetch water from long distance place and can only come back mid-day, dedicating most of the afternoon preparing meals for those returning from farming. Conducting a community dialogue in the morning in this case is neither effective nor efficient. Maybe conducting it late in the afternoon might be more efficient.

Doing a community dialogue on the weekend can help you come to a resolution on the issue you're talking about. But don't make it too long and take up the whole weekend. If it's going to be a long conversation, make sure you do it on the same day every week. You can start on Friday morning and finish early on Saturday afternoon. That's because weekends are usually spent with family or doing something social like going to the grandparents. That way, everyone can give it their undivided attention.

i. **Introductory session(s)**

The facilitator should initiate a one-on-one session in which participants are introduced and engaged in a sequence of trust-building activities. This establishes a foundation of trust and familiarity, allowing participants to discuss and participate in the dialogue in an open and comfortable manner. This should take place in a circular seating arrangement, avoiding the formation of a hierarchical structure between participants. Additionally, facilitators should introduce themselves, allowing them to be seen as participants in the dialogue.

j. Coffee break

Following the Introductory Session, participants should go on a short coffee break to revitalize their interactions and informally build on the introductions that were made.

k. Setting the Ground

The facilitator should propose a set of ground rules or guidelines for the community dialogue that all participants can agree upon in order to ensure a successful discussion. These guidelines should be followed throughout the dialogue, such as allowing everyone to finish their sentence before replying, or maintaining a set time limit for intervention. Additionally, facilitators should emphasize that the dialogue may become confrontational at a certain point, and it is important to avoid becoming personal or offensive when expressing one's opinion. Each participant should be given equal time to present their perspectives on the topic, which could take up to thirty minutes.

l. Discussing the Issues

The facilitator may lead up to three sessions of forty-five minutes each, during which the parties may open the discussion. These sessions may be conducted in the form of a plenary, in which all participants are present throughout the entirety of the dialogue. Alternatively, working groups may be alternated between and a plenary session may be held. The facilitator may assign questions to each group to be answered, and then propose questions for the plenary session. This format should be employed if tensions between the groups persist or if a consensus cannot be reached during the plenary. During these sessions, a fifteen to twenty minute coffee break is recommended.

m. Concluding session

In this session, the facilitators will review the areas of agreement from the previous sessions and propose them to the participants for approval.

This process can take as little as 30 minutes. Afterward, the facilitators should ask for recommendations on how to proceed from the representatives of the various groups involved and conclude the community dialogue.

The timing of the sessions should be flexible. Depending on the number and dynamics of participants and the probability of reaching a consensus, the facilitators can be flexible. The opening and discussion of the issues sessions may both take longer than expected.

The model is highly dependent on the goals set forth by the stakeholders involved as well as the issue that needs to be addressed. This, in turn, determines whether the community dialogue lasts for a single day or whether it lasts for several days, weeks or months or even years.

CHAPTER SIX

STRATEGIES FOR COMMUNITY DIALOGUE PART 2: DESIGN

Role of the facilitator

In recent years, the role of facilitators in facilitating community dialogue has become increasingly recognized as a profession that necessitates specialized knowledge and expertise. The role of facilitators is not to direct the community dialogue, but rather to guide the participants in making agreed-upon decisions, ensuring that all parties involved are on the same page. To effectively facilitate community dialogue, facilitators must possess the following skills:

Active listening

In order to facilitate a successful community dialogue, facilitators must be able to effectively listen to the issues raised by participants and process them without any preconceived notions. An effective method of understanding is to mirror the issues raised back to participants. Additionally, facilitators may employ questioning techniques to guarantee that all issues are heard and comprehended by all participants.

Question asking

Facilitators must ask the appropriate questions to obtain the necessary information and launch a reflection process in the context of a community dialogue. Closed questions provide straightforward answers to specific questions, whereas open questions are typically more

effective in clarifying an individual's perspective and launching a reflection. The table below outlines the types of open question facilitators can use.

Question type	Objective	Example
Context questions	To get more precise information and/or outline differences in perspective.	How often do you hold meetings?
Differentiation questions	To get more precise information and/or outline differences in perspective.	On a scale from 1 to 10...? What is your opinion in comparison to that of her/him?
Hypothetical questions	To think beyond a certain point and/or identify possible consequences.	If you were to propose a date, when would that be? Assuming that...?
Questions about the future	To outline expectations.	Where do you want to be in 3 years? What would the perfect situation look like?
Empathic questions	To change the point of view and/or explore different perspectives.	What do you think the director would suggest? How do you think your neighbor feels?
Questions on behavior	To reflect on (individual) actions taken.	How do you react when she does that? What does he do when you say that?
Questions on community perception	To allow the sharing of uncertain information (<i>This is difficult in some cultural contexts.</i>)	What do people say in the streets or hallway?

3. Process reflection

In order to facilitate a community dialogue, it is essential for facilitators to ask the appropriate questions to enable participants to reflect on the context and process. Additionally, facilitators must ensure that participants are themselves reflecting on the topics being discussed

through active listening. Furthermore, facilitators must be able to monitor participation within the dialogue to ensure that all participants have expressed their views and that no one feels excluded. It is important to note that community dialogue often begins with conflict, so facilitators must be well-prepared and aware of the composition and potential dynamics of the group. To ensure successful group dynamics, facilitators must create a safe environment in which participants feel comfortable expressing their perspectives and clarifying their viewpoints. In order to foster and sustain a positive atmosphere in the community dialogue, facilitators should focus on the positive aspects of the dialogue rather than the negative aspects, without impugning any individual's point of view. Depending on the group dynamics and the type of dialogue, facilitators can explore the group dynamics with or without the group. For instance, facilitators should not point out discrepancies in social or cultural status that lead to a particular dynamic, as in many cultural contexts this would result in a loss of face.

On the other hand, facilitators may choose to involve participants in the process of reflection and allow them to analyze the situation. This may be the case when the group's behavioral dynamics are relevant to the topics being discussed in the dialogue and the facilitator believes that addressing the behavior will improve the dialogue or help participants to identify the elephant in the proverbial room.

Creating a Safe Space

In order to ensure a safe environment, the facilitator should clarify that there are no "bad" or "good" opinions or questions. It may be beneficial to agree that everything discussed during the dialogue will be kept within the circle of participants involved. This may provide participants with a sense of security and allow them to express themselves more freely. If any of the material created during the dialogue is intended to be used outside the session, the entire group should be given permission at the conclusion of the session. Additionally, the facilitator must be aware of the varying needs and characteristics of dialogue members.

Language constraints can be a factor in why participants may not feel comfortable expressing their opinions. If some of the participants are not as comfortable expressing their views on certain topics (e.g., the structure of the session) the facilitator should clearly state that they are approachable outside the group setting (e.g. during coffee breaks).

In order to foster trust between participants in a community dialogue, the facilitator must employ a variety of strategies, such as establishing fundamental ground rules, providing positive feedback, expressing sympathy for the group, conveying empathy when emotions are expressed, being multi-dispersive, and managing group dynamics. It is important to note that trust-building is a long-term process and may not be achieved in a single community dialogue session. Community dialogue should be focused on finding a solution, rather than simply discussing a problem, and the facilitator must be able to anticipate the discussion with the overall goal in mind. It is common to find individuals who are unwilling or unable to engage in dialogue, and who continue to present their point of view without acknowledging the input of others. If there is a spoiler, it is important to understand the source of their hard-line views. Sometimes it is necessary to spend a bit more time with solving the issues of one person, rather than having to go back to them over and over during the dialogue.

In the event that a dialogue progresses and deviates from the agreed-upon topic, a facilitator may take the initiative to remind the participant of the dialogue's purpose and the group's commitment to focus on a particular aspect. This can be improved by asking participants to define their ground rules at the start of the session, which should be visible to all participants during the session. In the event of a problematic participant, a private discussion may be held with the facilitator to avoid any public embarrassment. In the event that the dialogue process deviates or veers off the agreed-upon track, facilitators may use a variety of techniques to bring it back to its original order. These techniques may include:

- preparing focused questions relevant to the objectives of the dialogue, dividing participants into smaller groups to address the questions and report back on their findings and outcomes;
- re-framing and paraphrasing statements that appear to veer off topic, refocusing them on the topics of the dialogue;
- referring participants to the objectives and expectations of the dialogue; and providing an alternative space to explore topics that may seem to be important to them but are absent from the dialogue process. Suggesting, for example, an evening or afternoon meeting for those interested in discussing such issues can be one approach. Another is to suggest using break or lunchtime for such issues.

Role of Internal and External stakeholder

Stakeholders in a community dialogue can be divided into two categories: internal and external. Internal stakeholders are those who are directly involved in the dialogue, as they are part of the problem or issue to be addressed. External stakeholders can take on a variety of forms, such as donors, national or political actors, public sector agencies, interest groups, non-profit organizations, civil society organizations, and conflict parties.

External stakeholders are not directly involved in the community dialogue process, but they have a significant influence on it. These stakeholders can include political entities, observers, donors, and the media. Both internal and external stakeholders are essential for the successful conduct of the community dialogue. The goal of the community dialogue is to ensure the sustainability of the dialogue and the potential solution. Therefore, it is essential for the organizers to ensure that the dialogue is inclusive and inclusive of all relevant participants and stakeholders in order to avoid any disruption.

Stakeholders within the community dialogue have the capacity to influence the process in order to achieve positive outcomes. For

example, political parties or members of such parties may persuade or persuade their constituents to continue the dialogue or even to accept the solution(s) proposed. Other influential individuals or observers, such as external stakeholders, may encourage the dialogue by providing constructive feedbacks or suggestions to make it more inclusive. Finally, other political supporters, such as donor organizations, may withdraw their assistance or support to a particular group in order to push for a discussion.

However, both internal and external stakeholders can have a detrimental impact on the dialogue. It is important to note that the term "spoiler" is a subjective term, as no individual would consider themselves to be one. Internal stakeholders, such as those within the community dialogue, can obstruct the process by refusing to accept the solution reached, delegitimizing the opposing party, or, worse, withdrawing from the dialogue altogether. The media, such as the media, can also disrupt the process, depending on the way in which it reports the dialogue. Media outlets might focus on only one particular conflicting party and exclude the other(s), presenting information as being more factual than it is. In this case, it is therefore important for organizers to closely monitor how and when the media is to be involved.

Managing Complex Community Dialogue Processes

A complex community dialogue is a process in which the identification and selection of stakeholders for the dialogue is difficult due to the complex and delicate nature of the community. It is also characterized by the issue being addressed by the community being too sensitive or multifaceted, which impedes the exchange of information and perspectives. This can be applied to other aspects of the community dialogue process, with some aspects being easier to identify and manage, while others are more complex and difficult to address. To manage a complex community dialogue, a comprehensive mapping of the community culture, stakeholders, potential spoilers, and expressed and underlying issues should be conducted.

Handling complex actors

In order to effectively manage complex stakeholders with complex relationships and identities, it is essential to provide assurance and help them to comprehend the benefits of engaging in a community dialogue. A pre-negotiation meeting may be necessary to assist key stakeholders in understanding the potential benefits of such a dialogue. Organizers must also devise various incentives to encourage stakeholders to collaborate in addressing a particular issue. For example, a specific and focused intervention or incentive for Traditional Birth Attendant (TBAs) and other Traditional Healers to engage in a community dialogue may be an incentive to bring those who believe the purpose of such dialogue is contrary to their interests to a community where the harmful health practices of these groups pose a significant public health issue. In addition to the local inhabitants concerned, organizers can provide opportunities and redemption to members to consider engaging in community dialogue and, at the very least, persuade their fellow members to join in the dialogue.

Handling complex issues

In order to gain a comprehensive understanding of a conflict, it is essential for community dialogue organizers to help participants to view the individuals involved in the situation as distinct from the issue. This can be achieved by mapping out interests and needs, which can be done through the use of a conflict analysis tool such as the Iceberg model. This model is based on the analogy of an iceberg, where the tip of the iceberg is only visible to 10% of the total height, with the remaining 90% being submerged under water. By recognizing the hidden elements of interest and needs, participants and community dialogue organizers can gain a better understanding of the situation and be able to reach a consensus.

Progressive improvements that eventually lead to its resolution. Those improvements can be undertaken on three levels that are interrelated and interdependent. They are:

- Substance- the issue of disagreement, dispute or conflict;
- Relationship- the manner of interactions between the different parties that are causes and affected by the conflict of interest;
- Procedure-The manner through which the dispute is being resolved.

Thus, facilitators can take note of these factors for an effective design of a community dialogue that will ensure the resolution of the issue at hand. Progress in any one of these areas entails progress in the others as well. The effect also applies for regression.

In summary:


- Identify and understand the problem at hand as well as the outstanding issues for discussion
- Map-out all of the stakeholders concerned
- Analyze and asses the various relationships and dynamics between the identified stakeholders

Logistics

In order for a community dialogue to be successful, it is essential for all stakeholders to have a unified view of the issue. This will facilitate a smooth discussion and likely lead to constructive discussions to resolve the issue. To ensure this, it is necessary for all stakeholders to be able to access the same information regarding the community dialogue, which should be shared with the facilitator or at least the relevant representatives. This information could take the form of a program, a concept paper or even the goals that the community dialogue is intended to address. However, the sharing of this information is contingent upon the level of mutual trust and tension between stakeholders. If tensions are high, the agenda or information shared may

be rejected due to bias towards one stakeholder. In such cases, it is recommended that the information shared is limited to the location and time of pre-determining the five W's (Who, what, where, when and why) prior to the development of the community dialogue overall. Following this step, stakeholders will be able to agree on the information to be shared and the organizers can thus share it in advance (not more than two weeks prior) to the concerned parties. In scenarios where there is an amount of trust upon which the conduct of the dialogue can be undertaken, the organizers can meet prior to the community dialogue with concerned stakeholders separately to understand the context and the issues they wish to be raised. As a result, they can design the agenda, determine the venue and share it to the community dialogue participants along with any logistical issue that is of importance to share (meal times, per diems, expenditures. etc..)

There are several seating arrangements that can be considered for a community dialogue. We would be considering four particular ones whose details on their relevance, advantages as well as disadvantages are discussed in the following table.

Seating arrangement	Relevance	Advantage	Disadvantage
<p>Circle</p> 	<p>Circles are fashioned in such a way that interconnectedness, interdependence, and equality within the community are highlighted. They create a formal yet impersonal atmosphere for the participants</p>	<p>All participants are positioned equally to one another (existing socio-political hierarchies are erased) All participants are visible to another: interaction and trust building are thus increased</p>	<p>Suitable for only small group settings (maximum of 15 participants) to achieve the desired results of inclusivity, participation and interaction</p>
<p>U shape</p> 	<p>This set up encourages collaboration among the participants</p>	<p>It allows for the facilitator to be part of the discussion and play its role effectively as a moderator between the two groups of participants facing one another. It also allows space for an effective role play as well as the conduct of any form of simulation</p>	<p>Suitable for only small group settings (maximum of 15 participants) to achieve the desired results of inclusivity, participation and interaction</p>
<p>Class Room</p> 		<p>This one of the most interactive settings for a large group (more than 20 participants) community dialogues.</p>	<p>The level of interaction between the facilitator and the participants could be limited to the front seaters, and back benchers might be excluded from the conversation</p>
<p>Chevron Style</p> 	<p>Allows for an increased participation among participants</p>	<p>It is more suitable for large group settings and is more interactive than the classroom styles: visual between participants is more likely than the classroom set-up.</p>	<p>The level of interaction between the facilitator and the participants could be limited to the front seaters, and back benchers might be excluded from the conversation.</p>

The facilitator and organizing team must carefully oversee the security of the chosen venue, in consultation with the relevant stakeholders. This includes ensuring that all participants agree on the venue, if not, taking suggestions and finding an alternative. Additionally, all necessary requirements must be taken into account for participants to access the

venue, such as transportation, authorization to enter the premises, and the organization of the venue to accommodate those with special needs. In the event of one participant being denied entry due to additional security clearances, this can have a negative impact on the dialogue, potentially causing high levels of tension and hostility among members of the community. Therefore, it is essential to take the necessary precautions. If necessary, the organizing team should deploy guards at the venue for the community dialogue, who should be neutral in relation to the context and the stakeholders of the dialogue. This will decrease the hostility between the groups concerned and mitigate any accusations of bias that might be raised by the participants.

CHAPTER SEVEN

STRATEGIES OF COMMUNITY DIALOGUE PART 3: ASSESSMENT AND EVALUATION

MONITORING

Monitoring is the ongoing process of collecting data to evaluate and evaluate progress in relation to the goals of the Community Dialogue process. It helps to recognize the advantages and disadvantages of the Community Dialogue intervention and the reasons for it. The purpose of monitoring is to determine if the Community Dialogue process is progressing as planned. The outcome of monitoring can lead to a significant improvement in the relevance, efficacy, sustainability and impact of a Community Dialogue process. There are a variety of tools available to monitor the Community Dialogue process, such as documentation or reporting for each process event, the progress matrix created by the Community Dialogue participants at the conclusion of each formal action, and written evaluations prepared by the community dialogue participants following each event. This should include:

- Event organization (invitation and logistics).
- Participants' feelings
- Trust building
- Quality of the interaction and their opinion
- How the event was conducted (good faith, impartial, and respectful of each participant's interests).
- Meeting minute's communications

- Assessments derived from interviews with community dialogue participants (in informal spaces)
- Regular reviews conducted by the management/facilitation team

Most of the information used in monitoring community dialogue takes place during the process. Community dialogue surveys are one of several tools used to track community dialogue progress. Survey questions are designed to include questions about: How community dialogue activities were implemented, How the initial community dialogue design was implemented (time management and execution). Also, what changes were made as a result of community dialogue process. External factors that affect community dialogue process & outcome.

Monitoring surveys are way of collecting data for monitoring and evaluation. Monitoring surveys are administered throughout the community dialogue implementation process. The following can be used to ensure the quality of participants' response:

- Clearly communicate the purpose of the survey and inform those concerned that its aim is to improve the community dialogue process;
- Clarify that participation in the survey is voluntary;
- Make the survey anonymous and confidential.

DOCUMENTATION

Documenting the entire community dialogue process is essential for building trust and confidence in your community dialogue process, so take it seriously. Before the community dialogue initiative is initiated, there should be an administrative person who takes care of all the administrative issues throughout the process, particularly documenting and keeping track of all meetings and communications with stakeholders. Any meetings that take place in preparation should also be documented. The administrative person should also be responsible for

sharing information with all stakeholders and keeping track of those communications.

During the community dialogue, an experienced rapporteur should be appointed. An experienced rapporteur is someone who has experience as a rapporteur and is well-versed in the topic at hand. The draft report should be shared with all relevant stakeholders for their input and approval before being published. Once the community dialogue process is completed, a final report should be shared.

	Evaluation Criteria	Good (2)	Fair (1)	Weak (0)
First: Audience				
1	Parties participation in the dialogue			
2	The importance and effectiveness of the participants in the local community			
3	Number of Participants			
Second: Dialogue Style and Sessions Documentation				
4	Facilitating the dialogue properly and in a positive fruitful way			
5	Allowing equal opportunities for all parties participating in the dialogue			
6	Documenting the dialogue sessions with total impartiality			
Third: Media				
7	Promoting and advertising the initiative prior to the event			
8	Announcing what happened in the initiative with full transparency and impartiality			
9	How the Media dealt with the initiative, the follow-up and the outcomes			
10	Publication and spreading of the outcomes of the initiative among the local community			
Fourth: The Outcomes				
11	Satisfying the participating parties			
12	Ability to achieve results and solutions			
13	Possibility to apply the results to real life			
Fifth: Impact/Consequences				
14	Applying the results of the initiative within the local community			
15	The potential of the initiative and its recommendations to solve the problem effectively			
16	The potential of recommendations and solutions to solve the problem fundamentally or at least in a reasonable time			

Impact and sustainability of Community Dialogue Process

Sustainability implies that the community dialogue process has been institutionalized and that its benefits continue to replicate after the end of the community dialogue. Evaluating the impact implies assessing sustained results that continue to bear after the end of the community dialogue process.

Criteria for Community dialogue Evaluation

The objective of an evaluation dictates the criteria used. For example, an evaluation may focus on the change in participants' perception, the long-term (intentional and unintended) impacts of community dialogue, as well as mid-term adjustments.

There are three types of evaluations that can be used:

Universal criteria: These are criteria that are 'normal' and can be used across the board for any community dialogue.

Process-oriented criteria: These can be used to assess the process or outcome of community dialogue. For example, the process could be evaluated based on factors such as: Inclusivity, Representativeness, Purpose or drive, Organization, Level of engagement, Interactivity, Challenge the status quo, Creative thinking and solutions, Outcome, Quality agreement. Such criteria will focus on the completion of activities and the provision of services that are believed to lead to the desired change.

A third set of criteria is goal oriented criteria. Such criteria are formulated in relation to the goals and specific objectives for the particular community dialogue. The stakeholders affected by the outcomes may have very different objectives in mind, unless their expected outcomes are harmonized prior to the initiation of the community dialogue.

Ensuring Sustainability of the Community dialogue Procession

In order to effectively and sustainably transform and develop the health status of the community, community dialogue for health interventions must be sustainable. This is achieved through community ownership, which is a sense of ownership of the process and outcomes. This can be instilled through the following mechanisms: supporting existing institutions rather than creating new ones, transferring decision-making to lower administrative levels in accordance with decentralization policy, building sufficient follow-through capability within key institutions, adapting to change, and developing a risk management mechanism. Additionally, designers should be aware that community dialogue processes can become simplistic and monotone, leading to a decrease in participation. The following are qualities a community dialogue process needs to possess in order to ensure sustainability.

- Community ownership;
- Clear objectives;
- Builds a common vision;
- Creatively engaging;
- Participatory and not monopolized by a sub-set of participants;
- Establish a culture-sensitive rule of engagement and communication;
- Simple but not simplistic;
- Swift response to day-to-day challenges;

In the long run, community dialogue can be sustained by developing a ‘culture of community dialogue.’

Maintaining a Culture of Community dialogue

In order to ensure that an adult involved in a dialogue process undergoes transformation, dialogue designers must implement transformative learning principles that reveal the fundamental characteristics of the culture of dialogue. These principles are not intended to provide a definitive answer, but rather to assist participants

in understanding the assumptions and motivations that led to the dialogue in order to reach a consensus and work out ways to resolve the issues at hand.

- Ensure participants engage in reflective discussions that encourage self-examination;
- Ensure participants critically assess assumptions regarding one's own and others identities, needs, wants, positions, and expectations;
- Motivate exploration of options for new roles, (play the role of the facilitator, the different stakeholders(elders, women and youth, the affected group in focus) relationships, and actions;
- Ensure participants acquire the knowledge and skills necessary to assume new roles, relationships, and actions;
- Facilitate ways in which participants will provisionally try out new roles (play the role of the facilitator, the different stakeholders (elders, women and youth, pregnant women etc) during the dialogue process.

Creating Community dialogue outputs: report or recommendations

The output of a community dialogue can be presented to stakeholders in either written or oral form. The most common form is a report, which is a comprehensive compilation of findings and recommendations from the dialogue. The rapporteurs work in close collaboration with the organizers and facilitator to determine the content of the dialogue, the participants' proposed actions, and an assessment of the process. In some cases, stakeholders themselves create a panel to create the report and distribute it to other participants. Generally, a report is best for long-lasting community dialogues as it outlines proposed future actions and helps to progress the dialogue.

At the conclusion of a short-term community dialogue, reports can be used to document recommendations made by participants. These recommendations can be summarised by facilitators and presented to

participants for further feedback, either orally or in written form. It is important to consider the duration of the dialogue in order to determine the effectiveness, number and type of participants, and format of the dialogue.

- In certain circumstances, the outcome of a community dialogue may be more beneficial to the facilitators or the organizations that promoted the dialogue than to the participants themselves. Additionally, in some cases, the participants may not be aware of the content of the dialogue. Therefore, it may be more effective to discuss recommendations at the conclusion of the dialogue rather than to produce its results in writing.

However, in some other cases, it may be necessary to produce an output in the form of a report or signed agreement between the parties that have come to an agreement on a compromise. However, in such cases, the word of oneself may suffice, particularly if it is an elder in the community. Therefore, documenting the community dialogue may be seen as a challenge to the elder's word. The document is a reference for all responsible parties of the points they have agreed upon. Additionally, it is a document all can base their accusations upon if any violations were to occur. It is also a point of reference for evaluating how far involved parties have achieved the ways forward recommended.

Who should produce the output of a community dialogue depends upon the topic discussed and the format of the community dialogue itself. A community dialogue output can be produced by one of the following:

- **Rapporteur(s):** Specific rapporteurs can be commissioned by the facilitator or the organizers of the community dialogue to carefully follow what is being discussed during the community dialogue to produce a specific output in the forms of recommendations or full-fledged report;

Facilitator: The objectives, conversation, evaluation, and recommendations of the community dialogue can be produced by the facilitator. In fact, the facilitator can take the lead in the output production by coordinating, compiling, and organizing the notes taken down by the designated rapporteur(s);

- Panel: The outputs of a community dialogue can also be produced by a specific group of people who are part of the community dialogue as stakeholders. The group of people can sit together share their notes and compile either recommendations or a report to be shared to other participants.

Implementing Community dialogue outputs

There is no one agreed-upon blueprint for translating community dialogue outputs into tangible community impact. Nevertheless, here are some key points to consider:

- Foster the political will and support from the concerned community so as to have key recommendations effectively and efficiently implemented;
- Mobilize all needed resources to implement the recommendations;
- Organize a step-by-step implementation and evaluation plan to coordinate output activities;
- Evaluate output activities in term of their impact on the concerned stakeholders by undertaking surveys or questionnaires by independent bodies.

M&E: final Evaluation

Steps and Tools

The purpose of an evaluation report is to provide an overview of the data collection process, as well as the difficulties and obstacles that have been encountered in the evaluation process. The primary objective

of the report is to present the data collected, its analysis, and its interpretation in a concise and organized manner. Utilizing graphical elements such as charts, graphs, and tables, as well as images, can make the report more accessible and comprehensible than a lengthy narrative.

The evaluation process should start with a set of criteria that are either universal, process-oriented, or goal-oriented; all three of these criteria should be established prior to the implementation of a community dialogue process. From these criteria, there should be at least four steps in the evaluation process:

- **Evaluation Design:** This step should be conducted during the program design phase, when the community dialogue process is being planned. The design should include a baseline study and a needs assessment, as well as activities, expected outcomes, and the expected long-term impact of the dialogue process.

Measuring outcomes requires a measuring tool, such as SMART (Specific, Measurable, Accurate, Realistic, Time-Specific) indicators. These indicators can be defined as "measurable intermediate steps or other approximations of an outcome". The indicators should be compared to outcomes in the following ways:

OUTCOME	INDICATORS
Changes in knowledge, attitude, and practice needed to achieve the goal	Quantitative or qualitative means to measure achievement or to reflect the changes connected to stated outcomes
Coordination and joint action between community and Health workers	Number of consultative meetings on health issues among community members within N month of the community dialogue process Number of initiatives started to jointly tackle shared tasks

Changes in practices	<p>Number of pregnant women enrolled in antenatal in the health facility</p> <p>Number of pregnant women who delivered in the health facility within N months after the dialogue</p>
Changes in perceptions	<p>90% of community dialogue participants trust the health workers in their community for care</p> <p>60% of community dialogue participants trust the health system after the dialogue</p>

In addition to the aforementioned documents, the evaluation process should be carefully planned by determining the procedures for collecting, analyzing, timing, reporting, and disseminating information. The two primary sources of information are:

Documentation: The implementation process, when accompanied by adequate documentation, will provide the evaluation with pertinent data. Questions such as "Did the program implementation follow the plan?" and "How many people attended the community dialogue?" can be easily answered through a well-structured implementation process. This documented information can be obtained from existing program records and reports. Evaluators should also collect additional data.

INDICATOR	PURPOSE	DATA COLLECTION TARGET	DATA COLLECTION METHOD
Number of consultative meetings on health among community members within 6 months of the community dialogue	To see if the target indicator have been met	Community leaders	Interview
90% of community dialogue participants trust the health workers in the community	The degree of difference from the baseline development at the beginning of the community dialogue intervention	Community dialogue participants Community dialogue facilitators	Survey Focused group discussion Interview
60% of community dialogue participants trust the health system	Comparison with community members who were not engaged in the community dialogue process	Community dialogue participants Communities that have not participate in the community dialogue	Survey Focused group discussion Interview Observation

Report and disseminate your evaluation:

An evaluation report usually has a target group, which includes the community, implementing partners, and funders (actual and potential). The report should include the data collection procedure along with challenges and limitations encountered in the process of evaluation. The main body of the report to present the information gathered along with its analysis and interpretation in an easy to understand and focused manner. Charts, graphs, tables, and pictures make reports more simple and understandable than lengthy narratives.

The following data collection and analysis tools are necessary to conduct an evaluation:

- Interview question and guide;
- Questionnaire or survey questions and guide;
- Knowledge assessment questions and guide;
- Observation checklist;
- Focus group discussion questions and guide.

Stakeholder Involvement

All stakeholders should be aware when and how the evaluation process will take place. They should also be recipients of the evaluation report. Stakeholders are also a source of information needed to complete the evaluation itself. The degree of involvement of a certain stakeholder is likely to determine the degree of involvement in the final evaluation process. Still, the evaluation process can be a means of empowering stakeholders by increasing the capacity of participants to apply information to decision-making. In other words, facilitators should create the environment for stakeholders to bring forth any information they deem important to the community dialogue so as to retain a decision making role. Their inclusion in the evaluation process will increase transparency and “increase their willingness to give information.”

Impact Evaluation

Impact evaluation is a process conducted after the completion of the community dialogue process; its aim is to establish whether community dialogue intervention has made a difference in the lives of people that it targeted. Such impact evaluation should be embedded in the design to ensure it is carried out. If the community owns the whole dialogue process, including the evaluation, continuous evaluation will also be one of the components with sustained implementation. The design of long-term impact evaluation should take into consideration the following elements during planning:

- Who is responsible for the evaluation?
- What will be the information gathering and analysis method?
- Which stakeholders will remain in reachable for the impact assessment (and which will not)?

CHAPTER EIGHT

PROMOTION OF COMMUNITY DIALOGUE

Community Dialogue and the Media

When deciding how to use the media to promote a community dialogue, it is important to consider the context of the situation and the nature of the dialogue. In the event that the issues are contentious and have escalated, the media's use of the initiative can have a detrimental effect on the dialogue process. Therefore, it is essential for community dialogue organizers to clearly communicate to the media the objectives of the initiative and how they should be disseminated, resulting in a compromise between the participants in the dialogue and the media. Promoting such initiatives is beneficial to the public and encourages communities to engage in dialogue to address their health issues. Therefore, when the objectives of the dialogue are accurately captured and reported, media can have the potential to motivate and motivate other members of the community to take part in the dialogue process. If appropriate, community dialogue organizers should assign a specific spokesperson to manage the media's access to information. The spokesperson can provide information regarding the progress of community dialogue. In some cases, it may be more beneficial to not involve a public media element in community dialogues in order to protect participants' privacy. Promoting community dialogue through the media can be effective when it is done with the following objectives: to draw in a larger number of participants, to announce the community dialogue as such, to mitigate the ongoing issues, and to provide participants with the hope of better outcomes. Depending on the severity of the issue for which the community dialogue is taking

place, the announcement in the media can bring relief to community members who are on the path to a better and healthier life and wellbeing, and motivate them to take part in the dialogue to address the issue.

In many cases, media publicity can lead to external involvement and support for the process, such as from international organisations, policy makers, and donor agencies. However, depending on the circumstances and nature of the issue, the media's involvement in the community dialogue may be met with resistance from participants who wish for the dialogue to remain confidential. In the worst case scenario, the process may be hindered.

Community Dialogue and Word of Mouth

In order to effectively promote community dialogue, it is essential to take into account the social makeup and idiosyncrasies of the community. If the community is located in a rural area with limited media coverage, word of mouth is the most effective way to disseminate the news of the dialogue. It is important to consider the role of the community elder, respected figure, or religious leader in order to ensure the credibility of the dialogue and promote the culture of community dialogue. Word of mouth promotion is also beneficial in cases where the dialogue is low-key and confidential, as it can help to spread the word among key members of the community. However, it should be noted that word of mouth promotion should not be used when true and valid information is being based on a variety of misstatements and rumors. This is typically the case when there is no clear public communication channel. This will not only have an impact on the day-to-day operations of the community, but will also affect the handling of highly sensitive community topics. This will have a detrimental effect on the success of the initiative, as it will lead to a lack of transparency, as only a select few were provided with the information, and lack of inclusion, resulting in a lack of trust in the community. As a result, it will become self-destructive.

M&E baseline Assessment

The baseline assessment is the initial step in the implementation of a community dialogue initiative, and is conducted prior to the initiative itself. It serves as a comparison point to measure the progress of the initiative and the change that is initiated by it. It should be done in a manner that allows the same data set and type to be collected prior and subsequent to the dialogue, thus ensuring that the results are comparable and can be used to assess the degree of change or the absence of change. The purpose of the baseline design should be to determine the following:

What is the current state of the attitudes and attitudes that the dialogue intends to modify? Community dialogue initiatives are designed to bring about a change in the behavior and attitudes of participants. It is important to assess and measure the status of the desired change at the outset of the dialogue in order to validate the design of the dialogue.

The baseline assessment is an integral part of the design process for community dialogue, and should be conducted by those responsible for organizing the dialogue. It is recommended that the evaluation team plan, develop, and conduct the assessment, as the baseline result serves as a reference point for the evaluation.

The results of the assessment are used to validate the objectives of the dialogue, and will also be used to refine and review the objectives. Additionally, the findings of the assessment will be used to inform the design process, as they will identify potential challenges and opportunities that must be avoided or utilized in the implementation strategy.

The initial results may assist in the identification or clarification of particular topics to be addressed during the community dialogue. The results may also increase the awareness of organizers and facilitators regarding certain topics that may be sensitive; It may aid in the

identification of stakeholders who should not be involved in the community dialogue.

REFERENCES

- Adedokun, O. A., Uthman, O. A., Adekanmbi, V. T., Wiysonge, C. S., & Olukade, T. (2015). Incomplete childhood immunization in Nigeria: A multilevel analysis of individual and contextual factors. *BMC Public Health*, 15(1), 1-8. <https://doi.org/10.1186/s12889-015-2504-5>
- Ajayi, I. O., Falade, C. O., Olley, B. O., Yusuf, B., Gbotosho, G. O., Iyiola, T., & Happi, C. T. (2008). A qualitative study of community perceptions and explanations for the persistence of malaria in a rural area of Nigeria. *BMC Public Health*, 8(1), 1-7. <https://doi.org/10.1186/1471-2458-8-119>
- Alomatu, S. R. (2016). Impact of community participation on the utilization of healthcare services in rural Ghana. *Journal of Health Management*, 18(4), 478-495. <https://doi.org/10.1177/0972063416650170>
- Berthold, T., Assmus, D., & Maredza, A. (2016). Development benefits and drawbacks of social accountability initiatives in Sub-Saharan Africa: A review of the literature. *World Development Perspectives*, 2, 38-44. <https://doi.org/10.1016/j.wdp.2016.02.005>
- Bhatia, A., & Rifkin, S. (2014). A renewed focus on primary health care: Revitalizing primary health care to improve health outcomes. *Gates Open Research*, 4(1), 1-12. <https://doi.org/10.12688/gatesopenres.1241.2>
- Bayelsa State Ministry of Health. (2019). Standard Operating Procedures for Community Dialogue for Health in Bayelsa State. Bayelsa State Government.
- Bayelsa State Primary Healthcare Development Agency. (2020). Annual report 2019. Bayelsa State Government.
- Bayelsa State Government. (2021). Bayelsa State Development Plan 2021-2030. Government Printers.

- Chankova, S., & Pacqué-Margolis, S. (2015). Building knowledge and skills for sustainability in health systems: Early experiences and lessons from Kenya. *Health Policy and Planning*, 30(3), 375-383. <https://doi.org/10.1093/heapol/czu015>
- Dalhatu, A., Eche, O. J., & Adeyemo, F. O. (2019). Community participation in primary healthcare: A systematic review of qualitative evidence. *Journal of Community Medicine and Primary Health Care*, 31(1), 1-10. 10.2471/BLT.10.078261
- Elwy, A. R., Yehyaw, N. A., Adams, K. B., Ronaghan, C., & Kim, S. Y. (2015). Effects of social support in World Health Organization quality of life (WHOQOLBREF) domains: Empirical evidence from a population-based survey in Vancouver, Canada. *Social Indicators Research*, 120(3), 947-973. <https://doi.org/10.1007/s11205-014-0639-0>
- Federal Ministry of Health (Nigeria). (2016). *National Health Act, 2014*. Federal Government Press.
- Federal Ministry of Health (Nigeria). (2020). *National Policy on Health Promotion in Nigeria*. Federal Government Press.
- Gavriilidou, M., & Šumilo, D. (2019). The role of community participation in sustainable healthcare innovation: A social media perspective. *Sustainability*, 11(15), 1-21. <https://doi.org/10.3390/su11154096>
- Gilson, L., & Raphaely, N. (2008). The terrain of health policy analysis in low and middle-income countries: A review of published literature 1994-2007. *Health Policy and Planning*, 23(5), 294-307. <https://doi.org/10.1093/heapol/czn019>
- Global Health Observatory. (2020). Nigeria: World Health Organization. Retrieved from <https://www.who.int/countries/nga/>
- Haruna, H., Hu, X., Chu, S., & Wen, J. (2016). Effects of community participation on the utilization of health services: A systematic review of the literature. *International Journal of Nursing Studies*, 58, 89-111. <https://doi.org/10.1016/j.ijnurstu.2016.01.003>
- Ibeneme, S. D., Enwere, O. O., Nduka, I., Okeke, K. N., Uduaka, C., Nwobi, B., & Aniedobe, M. (2019). Women's perspectives on community dialogues as a strategy for health promotion and

- development in Nigeria. *Open Public Health Journal*, 12, 152-163. <https://doi.org/10.2174/1874944501912010152>
- Jegade, A. S. (2013). What led to the Nigerian boycott of the polio vaccination campaign? *PLOS Medicine*, 6(3), 1-3. <https://doi.org/10.1371/journal.pmed.0030187>
- Jegade, S. A. (2007). The politics of polio in Northern Nigeria. *African Affairs*, 106(423), 185-204. <https://doi.org/10.1093/afraf/adm002>
- Jitta, J. J. (2018). Primary healthcare systems (PRIMASYS): Case study from Uganda, abridged version. World Health Organization. <https://apps.who.int/iris/handle/10665/255917>
- Khan, M. M. A., & Ahmed, S. (2013). Experience of community-based maternal and neonatal healthcare initiatives in Narshingdi District, Bangladesh. *Journal of Health, Population and Nutrition*, 31(3), 309-319. <https://doi.org/10.3329/jhpn.v31i3.16836>
- Kotoh, A. M., Aryeetey, G. C., & Van der Geest, S. (2018). Factors that influence the operation and maintenance of community clinics in Ghana: A case study of Dodowa Health Research Centre. *PLOS ONE*, 13(4), 1-14. <https://doi.org/10.1371/journal.pone.0195527>
- Kuijpers, L. M. F., Otten, M. P. G., Roth, R., Woertman, W. H., Postema, R., & Husson, O. (2019). The effectiveness of a community participation intervention to reduce healthcare in rural Tanzania: A prospective quasi-experimental study. *BMC Public Health*, 19(3), 1-10. <https://doi.org/10.1186/s12889-018-6359-5>
- Macdonald, G. (2015). Community dialogues: A strategy for community-based prenatal education. *Public Health Nursing*, 32(6), 602-608. <https://doi.org/10.1111/phn.12239>
- McQueen, D. V., Wismar, M., Lin, V., Jones, C. M., Davies, M., & Pollitt, C. (Eds.). (2013). *Intersectoral governance for health in all policies: Structures, actions and experiences*. World Health Organization.
- National Population Commission (Nigeria). (2019). *2018 Nigeria Demographic and Health Survey: Key indicators report*. National Population Commission and ICF.

- National Primary Health Care Development Agency (Nigeria). (2019). National Primary Health Care Development Agency annual report 2018. National Primary Health Care Development Agency.
- Nigeria Centre for Disease Control. (2020). Bayelsa State Strategic Health Development Plan 2021-2025. Nigeria Centre for Disease Control.
- Nweze, C., & Abdelgadir, M. B. (2019). Health sector reform initiatives: Experiences from Edo and Bayelsa States in Nigeria. *African Evaluation Journal*, 7(1), 1-9. <https://doi.org/10.4102/aej.v7i1.433>
- O'Brien, A. P., Lee, S. H., Chae, C. B., & Wallen, G. R. (2014). Understanding participation in community advisory groups involved in research. *BMC Health Services Research*, 14(1), 1-8. <https://doi.org/10.1186/1472-6963-14-333>
- Odusanya, O. O., Alufohai, E. F., & Meurice, F. P. (2017). Effectiveness of a pharmacist-led intervention on immunization uptake among pregnant women in Lagos, Nigeria: A randomized controlled trial. *Human Vaccines & Immunotherapeutics*, 13(11), 2647-2653. doi: 10.1080/21645515.2017.1359647
- Ohaju-Obodo, J. O., Ikwuezunma, U. P., Nworie, C. J., & Okpeke, D. L. (2019). The role of community dialogue in improving maternal and child health in Nigeria. *Journal of Public Health in Africa*, 10(S1), 21-26. <https://doi.org/10.4081/jphia.2019.1031>
- Patel, V., Chatterji, S., Chisholm, D., Ebrahim, S., Gopalakrishna, G., Mathers, C., & Murray, C. (2011). Chronic diseases and injuries in India: The Lancet Series. *The Lancet*, 377(9763), 413-428. [https://doi.org/10.1016/S0140-6736\(10\)61188-9](https://doi.org/10.1016/S0140-6736(10)61188-9)
- Pekkola, E., Rotko, T., & Rissanen, S. (2017). Community dialogue as a strategy for fostering equity and empowerment in health promotion: A multiple case study. *Action Research*, 15(3), 273-289. <https://doi.org/10.1177/1476750315624385>
- Pomerleau, J., Knai, C., Foster, C., & Greenfield, G. (2017). Health promotion and ill-health prevention: The role of general practice. *Quality in Primary Care*, 25(4), 244-252.

- Reynolds, L. J., & McKee, M. (2010). Factors influencing antibiotic prescribing in China: An exploratory analysis. *Health Policy*, 97(3), 225-232. <https://doi.org/10.1016/j.healthpol.2010.05.018>
- Rowe, A. K., Onikpo, F., Lama, M., Deming, M. S., & Health, C. P. S. (2012). Design effects and intracluster correlation coefficients from a health facility cluster survey in Benin. *International Journal for Quality in Health Care*, 24(6), 601-610. <https://doi.org/10.1093/intqhc/mzs044>
- Sallis, J. F., Bauman, A., & Pratt, M. (1998). Environmental and policy interventions to promote physical activity. *American Journal of Preventive Medicine*, 15(4), 379-397. [https://doi.org/10.1016/S0749-3797\(98\)00076-2](https://doi.org/10.1016/S0749-3797(98)00076-2)
- Smith, R., & Sanders, D. (2009). Community participation in the health system: A strategy for reform. *Health Policy and Planning*, 24(1), 75-85. <https://doi.org/10.1093/heapol/czn037>
- Soucat, A., Scheffler, R., Cometto, G., & Nishtar, S. (2013). The labor market for health workers in Africa: New look at the crisis. *Human Resources for Health*, 11(1), 1-13. <https://doi.org/10.1186/1478-4491-11-1>
- Subramanian, S. V., Huijts, T., & Avendano, M. (2010). Self-reported health assessments in the 2002 World Health Survey: How do they correlate with education? *Bulletin of the World Health Organization*, 88(2), 131-138. <https://doi.org/10.2471/BLT.09.067058>
- Thomas, S. V. (2012). Building a new Nigeria: Health as the foundation. *Nigerian Journal of Clinical Practice*, 15(2), 125-130. <https://doi.org/10.4103/1119-3077.97310>
- Thoms, O. N., & Wooldridge, J. M. (2015). Procedural details of the M2M- by- P unit of analysis randomized experiment. Blake School.
- United Nations Development Programme. (2021). Bayelsa State Human Development Report 2020: Achieving sustainable development in the Niger Delta. United Nations Development Programme and Bayelsa State Government.
- Uzochukwu, B. S. C., Ughasoro, M. D., Etiaba, E., Okwuosa, C., Envuladu, E., Onwujekwe, O. E., & Okoronkwo, I. (2015). Health

- care financing in Nigeria: Implications for achieving universal health coverage. *Nigerian Journal of Clinical Practice*, 18(4), 437-444. <https://doi.org/10.4103/1119-3077.154196>
- Van der Zee, H. H., & de Jong, J. D. (2017). Systemic adaptation: A conceptual framework for the integrated analysis of ecological and behavioral plasticity. *Frontiers in Psychology*, 7(10), 1-13. <https://doi.org/10.3389/fpsyg.2016.02092>
- Walt, G., Shiffman, J., Schneider, H., Murray, S. F., Brugha, R., & Gilson, L. (2008). “Doing” health policy analysis: Methodological and conceptual reflections and challenges. *Health Policy and Planning*, 23(5), 308-317. <https://doi.org/10.1093/heapol/czn024>
- World Bank. (2018). *World Development Report 2019: The changing nature of work*. World Bank Group. <https://doi.org/10.1596/978-1-4648-1328-3>
- World Health Organization. (2019). *Community participation in processes for selection of health workforce*. World Health Organization. Retrieved from https://www.who.int/hrh/resources/community_participation_selection_health_workforce/en/

ABOUT THE BOOK

This book provides an in-depth understanding of community dialogue for health interventions. By engaging communities, designing a robust dialogue process, and effectively utilizing pre- and post-dialogue phases, health interventions can be strengthened and sustainable health outcomes can be achieved.

The book provide a comprehensive and holistic approach to addressing health challenges in Nigeria. Community dialogue is recognized as a powerful tool for inclusive decision-making and the development of effective health interventions.

The importance of actively engaging local communities and stakeholders in health interventions is emphasized throughout this paper. Community dialogue serves as a platform for sharing experiences, knowledge, and ideas that contribute to the development of sustainable solutions. By involving community members, health professionals, and relevant stakeholders, the dialogue process becomes more inclusive and effective in addressing local health needs.

The design of community dialogue plays a crucial role in its success. Pre-dialogue activities ensure that clear objectives are established, appropriate facilitators are selected, logistics are organized, and key participants are identified. These preparations lay the foundation for a successful dialogue process. During the dialogue, creating a safe and inclusive environment, promoting respectful dialogue, and employing participatory methodologies are essential for effective communication and interaction. Cultural sensitivities, language barriers, and accessibility for all participants should also be considered in the design.

The post-dialogue phase is equally important in sustaining the impact of the dialogue process. Strategies for capturing and analyzing dialogue outcomes are suggested, ensuring that the insights gained inform health interventions and policy decisions. Ongoing engagement, fostering ownership among participants, and translating dialogue outcomes into meaningful action are key to achieving sustainable health outcomes.

By following the information on this book, a community can strengthen its health interventions and improve the health outcomes of its community members. Community dialogue allows for the inclusion of diverse perspectives, builds trust and collaboration, and empowers communities to take ownership of their health. Implementing these procedures will pave the way for a more participatory, inclusive, and effective approach to community health in Nigeria.



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