



Community responses at scale to drive sustainable growth

A concept note

Challenges such as HIV, road safety, water & sanitation, avian flu, malaria, influenza pandemic preparedness or disaster risk reduction, require changes in individual and community behavior. Such behavior changes cannot be achieved through the sole provision of information, technology and finance. An additional strategic thrust is required. This thrust consists in the facilitation of local responses to life concerns: the set of actions people undertake to address challenges to the quality of their lives. By stimulating discussion and action within communities facilitation of local responses turns vulnerable populations into actors of their own change.

The 'Life Competence approach'[1] is designed to stimulate local responses at scale through a simple, facilitated process. It is based on the belief in community's capacity to respond and blends into one coherent major streams of global thinking such as maïeutics, participatory development, appreciative inquiry and knowledge management.

What did we learn from local responses to HIV and Malaria?

Effective local responses are the common explanatory factor of progress achieved on HIV in Northern Thailand, Uganda and Brazil[2] or on reduced morbidity caused by Malaria in Togo, the Gambia and many other countries[3]. The locally initiated responses are rooted in a strong sense of ownership of the issue by the community. Facilitation of these responses enables people to develop their own actions, and to make greater and better use of available resources (such as use of impregnated bed nets, VCT, ART and condoms). It increases the return on investment of existing services through an increased uptake and better linking of communities to the services.

Results

The Competence approach has been introduced in more than 20 countries with clear results. This includes measurable (i) increase in acknowledgement and recognition of HIV and Malaria (ii) Increase in local discussions and actions on HIV and Malaria (iii) Increased uptake and use of existing (health) services (iv) Increased sharing and learning with other communities (v) Increase in measurement of own progress on HIV and Malaria (vi) Increase in inclusion of PLHIV and affected (reduced stigma and discrimination). This is confirmed by several independent external evaluations:

The UNAIDS evaluation of AIDS Competence (2005) concludes that: "between 83% and 87% [of AIDS Competence Process users] are satisfied and confident that the program achieves impact within communities, based on the experiential outcomes that they see or perceive within their communities."

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[1] www.aidscompetence.org

[2] World Bank- UNAIDS (2004). Responding to the HIV/ AIDS Crisis – Lessons from global best practices. Sharing ideas from Brazil, Senegal, Thailand and Uganda, presented at the joint World Bank/ UNAIDS Seminar. Geneva 20-21 June 2004.

[3] www.malariacompetence.org

The Roll Back Malaria/ PATH evaluation of Malaria Competence in 4 African countries (2008) concludes: "It is possible to conclude that the Malaria Competence process is very likely to foster a strong sense of community ownership. The self-assessment process led to a surge in community-led initiatives to create greater community awareness around malaria. It can be used for monitoring and evaluation, particularly when the assessments are documented and repeated on a regular basis. The National Malaria Control Programme in The Gambia believes that the Malaria Competence approach is instrumental in building sustainable community responses to malaria control."

The WHO-UNICEF evaluation of AIDS Competence in Papua New Guinea (2009) concludes: "The AIDS Competence Process is an effective approach in combating HIV/AIDS through local empowerment and should be continued and expanded. It meets local needs and its consistent support resulted in sustained local actions. For its low-cost but often labor intensive input of resources, the output has been substantial – awareness, empowerment, plans and actions regarding both HIV/AIDS and related social and other issues."

Application to other issues – an example

The Competence approach has been successfully adapted to several other issues. Examples are vulnerability of street children (Philippines), community preparedness for influenza pandemic (Liberia), diabetes (India, Burundi), Reproductive Health (Indonesia, DR-Congo), dental hygiene (Thailand) and disability (Belgium, Mozambique). The approach can be applied to other issues in the future. An example might be the improvement of road safety in India[4]. The following steps could be taken:

1. Invite specific actors (NGOs, FBOs, governments, UN agencies) that currently work on the issue to be trained in the facilitation of 'road safety competence'. The process entails the transfer of a certain way of thinking, facilitation skills and use of tools.

2. Co-create a self-assessment framework on road safety with the stakeholders and communities. The self-assessment framework is developed from experience and used to provoke discussion and stimulate response. The assessment measures the key practices that lead to road safe competent communities. There are 10-15 key practices each with 5 performance levels from BASIC to HIGH. Groups are invited to assess themselves, set targets for improvement and build their action plan using their own resources. The creation of the self-assessment framework is part of the process which establishes a common vision.

3. Facilitation teams facilitate the process including self-assessment in selected geographical communities and/or high-risk groups for at least 18 months. Experienced coaches accompany the new facilitators once every three months for continuous learning.

4. Communities take action, measure their own results, exchange with others and renew action plans during this period. Through realizing their progress and a sense of ownership community action is sustained after the project period.

5. Capture progress (i.e. reduction mortality, accidents etc) and share amongst a wider community the local responses that have led to this progress through Knowledge Assets.

[4] This was recently proposed by one of our Indian coaches after discussing it with some government officials

Are other organizations doing the same?

Although there are many 'community-based approaches' to (health) challenges and even approaches that start from communities' capacities,[5] which the Constellation values very much, the 'Competence Approach' distinguishes itself from other approaches through:

a. A focus on strengths instead of problems and weaknesses. A strength-based approach (SALT[6]) and a belief in the community's capacity to respond to their challenges leads to confidence and sustained action. Communities realize their capacity and utilize their strengths to address their concerns.

b. A simple but holistic process. The Competence process goes beyond the sole use of its Knowledge Management tools such as the self-assessment framework. It involves a cyclical and complete trajectory for both communities and facilitators to work towards Competence. This includes prioritization, action planning, development of indicators and self-measurement of progress.

c. It increases Return on Investment of other services. The Competence process is aimed to complement service providers of governments and NGOs, not to provide an alternative. By networking and effectively linking communities and service providers, ROI increases.

d. It is designed to go to scale. In every program design, we think scale. The main strategy for scale is to establish provincial and national facilitation teams in different ways, depending on the local context.

[5] Examples are Community Conversations, Stepping Stones, COMATAA.
[6] SALT is the acronym describing the way we work with communities: **S**timulate, **A**ppreciate, **L**earn and **T**ransfer