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Collaborative planning to improve women's health

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• Introduction

Since the mid 1980s, we have been working to ensure that people are involved at each step of the development process, from programme design to evaluation. Through planning workshops, we have brought together communities, non-governmental organisations (NGOs), and government staff and officials to develop plans for improving women's health. While in almost all cases, the efforts have been considered successful and the resulting programmes indeed better than they would have been without the input of the various actors, we have been concerned that the resulting plans were not as good as they perhaps could have been. With that observation, we committed ourselves to providing planning groups with the information, background and process needed to develop sound programme plans. To ensure this, we took advantage of the combined experience and knowledge of the group, all available information plus that which could be gathered within a short period using participatory methods, as well as lessons learned elsewhere. This has led to the development of an approach we have named collaborative planning.

Elements of this process have been used successfully over the last 10 years to organise the following:

- rural water users in Central Tunisia to build and maintain community wells;
- the implementation of a national population policy through a grassroots grant fund in the Gambia;
- the development of a safe motherhood programme in Rwanda;
- the improvement of health services in rapidly growing urban neighbourhoods in Istanbul, Turkey; and,
- focusing and expansion of NGO efforts in women's health in Egypt.

This article will briefly describe the collaborative planning process using examples from our work in Beni Suef, a governorate[1] in Upper Egypt.

• Background

The Beni Suef initiative was designed to help Egyptian NGOs have the most impact possible in improving the reproductive health of Egyptian women. The first part of the strategy was to get NGOs working on priority issues in which significant impact was indeed possible. This involved identifying the most important health problems affecting women living in the governorate and specifically those women most in need. It also involved determining the things that local NGOs did well and the resources available to them. Any successful action that could be sustained would need to build on existing strengths and resources of local NGOs and a practical assessment of what NGOs could realistically be expected to do or not do. For example, even if more delivery services (birthing services) were a critical need in an area, it is unlikely that an NGO would be able to provide maternity services. It is likely, however, that an NGO could play an important advocacy role in obtaining more services for the local population, working with government to target those areas most in need or help local health officials make delivery services more acceptable to local women.

The second part of the strategy was to get NGOs working together. Ironically, one of the key strengths of NGOs, their ability to focus on specific issues and in a particular location is also often viewed as one of their key

[1] *Governorate* is an administrative unit, like a state or district.

weaknesses. Even very successful NGO efforts can have relatively small impact because of the limited geographical and programme scope. Collaborative planning encourages NGOs to combine resources and action to address area problems. Working together, NGOs can significantly expand both their programme and geographical reach. Finally, collaborative planning is designed to combine NGO action with government initiatives. By co-ordinating NGO efforts with government initiatives, the potential impact of their work can be multiplied.

Collaborative planning is a three-step process. A typical planning group would comprise local residents, local NGOs, area health staff and government authorities, who would then meet over a four to six-month period to go through the following steps with a series of workshops in the following areas.

- Preparing to Plan
- What do we know now?
- What else do we need to know in order to develop a sound programme?
- Gathering additional information
- The final workshop: analysing the information and making decisions

Key aspects of the process are discussed in the following section.

• Collecting the information needed for decision-making

During the initial workshop, the planning group reviews available studies and statistics in light of their own experiences. The team summarises what is known about the health of women in the area and the factors affecting it and then identifies what additional information is needed in order to make sound programme decisions to improve local women's health. The remaining questions are organised into a chart which shows the question next to how it will be answered. This chart forms the information collection plan for the second phase. What is collected flows directly from what the planning group has determined as essential during the first workshop The type of information collected depends on what the planning group has deemed to be the most important questions to answer, in order to develop good programme plans during the first workshop.

As collaborative planning is designed to bring about NGO action that uses all resources in the most effective way possible, information is gathered on resources as well as problems. The team considers existing resources within communities, strengths and on-going activities of NGOs working in the area, as well as the types and amounts of development funding available. Table 1 shows examples of resource information frameworks from the Beni Suef work.

A variety of information sources and collection methods

Participatory appraisal procedures are key to the collaborative planning process. During the information-gathering phase, the planning team learns more about local communities and their health needs using a range of participatory tools, such as community timelines, pile-sorting and ranking exercises, community transects, client-mapping plus other methods developed on-site. As well as adding significantly to what is known about women's health in the area, working together in the field builds respect and promotes strong ties among planning group members. Community members often take the lead at this point and are able to share their knowledge and experience.

Since participatory assessment methods generally provide only a certain type of information, the results are combined with other information sources, including health centre records, findings from traditional research studies, and national and regional statistics. In this way, the group is able to cross-check information from a variety of sources, including their own experience. This provides a broad and in-depth picture of the situation and enables the group to develop sound programme recommendations likely to work. Also, because participatory methods are carried out within the context of a programme planning process, community input and important qualitative information directly impact upon the programme outcome.

Table 1. Examples of resource information frameworks from the Beni Suef work

Programme Option 1 *Boy leaders' programme* • Local NGOs identify 3 to 4 boy leaders in each area. • Conduct problem-posing sessions with boy leaders within each district. • With boy leaders, develop and implement strategy to reach other boys in the district. • Coordinate with CEOSS (NGO)	**Programme Option 2** *Girl peer education programme* • Local NGOs organise girl groups in their areas. • Conduct problem-posing sessions with girl groups. • Support local follow-on activities. • Contact CEDPA (international NGO) to learn experiences.
Programme Option 3 *Community theatre programme* • YAPD (youth NGO) develop a series of community theatre pieces. • YAPD/BS co-ordinate with local NGOs to conduct these within communities. • Local NGOs hold follow-on discussions with community leaders. • Local NGOs identify and carry out actions recommended by local leaders	**Programme Option 4** *Parents' Groups* • Organise groups of parents that can eventually carry out joint action. • Conduct problem-posing sessions with parent groups. • Support parents' groups in follow-on action
Programme Option 5 *Sports for girls.*	

Group analysis and decision-making

An important aspect of the collaborative planning process is the emphasis on using, not just collecting, information. Workshop methods help the planning group easily consolidate, compare, and contrast information from a variety of sources while building on knowledge and experience of each group member. To facilitate group discussion and analysis, information is posted on flipcharts on the wall by topic clusters. In a corner of the room, for example, comments gathered from community men and women about delivery practices and preferences and the perspective of local TBAs (traditional birth attendants) is posted next to national statistics on maternal mortality, morbidity, the programme recommendations of a national maternal study, and an area map showing maternity facilities in the area and who is using them. Other clusters of information are posted in other parts of the room. The data is presented in a simple visual form that enables group members with little formal education as well as highly-trained managers and medical specialists to assess the situation at a glance and then, together, discuss implications for the programme. Throughout the process, the facilitator makes sure all group members have an opportunity to share their perspectives and pushes the group to compare and contrast all information. The facilitator challenges the group continually to explain and justify their decisions. In this way, programme decisions emerge from the interplay of the diverse backgrounds and experiences of planning group members supported by a rich array of programme information.

Lessons learned elsewhere

Starting from the first workshop, the group discusses strategies that have worked in other places and how the experiences can be applied to their own context. The Beni Suef group considered lessons learned in places as diverse as a community living in a landfill site on the outskirts of Cairo, rural villages from Central Africa and Indonesia, crowded urban neighbourhoods from Haiti, Bangladesh and the USA etc.. Brief summaries of relevant research studies are also shared with the group. These are introduced as evening reading with a brief discussion at the beginning of the following day.

BOX 1

PRIORITIES FOR NGO ACTION

There is much that can be done at the community level to improve the health of girls in Egypt today. Data reviewed during the collaborative planning process indicates that there is indeed a series of health problems that begin with the girl and continue as she becomes a teenager, a wife, a mother and at last, a grandmother. The data also shows that a girl's health is closely linked with other aspects of her life, such as her level of schooling, her position in the family and the future opportunities available to her which all affect her self-esteem and how she is viewed by others. By focusing attention on the health needs of a girl throughout her life cycle and by providing families and communities the necessary information and support to take appropriate action, Beni Suef NGOs can make an important contribution to improving girls' and subsequently, women's health. NGOs participating in the collaborative planning process identified this as a priority area for co-ordinated NGO action in Beni Suef.

Rather than just raising awareness, we suggest a more action-oriented approach that uses information and dialogue to encourage reflection and mobilise efforts within communities. The initiative could also be broadened to include women's health issues directly alongside those of young girls. Activities could include:

- community theatre, to approach issues affecting girls' health;
- discussion groups of young women and men to talk about their questions and concerns;
- problem-posing sessions with community men to identify ways to ensure better health for their daughters (and their sisters, wives and mothers);
- parent-teacher action groups to support school-based initiatives for girls; and,
- women's groups to provide advice and support to their daughters and to one another in reproductive health matters.

• Priorities for action

The process culminates in the identification of priorities for co-ordinated NGO action. Beni Suef NGOs identified three priorities:

- alerting communities to danger signs in pregnancy;
- getting reproductive health services to areas currently not served; and,
- raising awareness about the health of daughters.

The focus then moves to programme strategies, and we have found that an additional push for creativity and new approaches is often still needed. Following insightful analysis of the situation, groups often fall back to programme activities that they know, such as raising community awareness, providing information through health talks, etc. The continuing role of the facilitator in providing technical feedback and guidance at this point is illustrated in the summary of the selected priority action points and the options for action are used as a discussion starter in the NGOs programme discussions (see Box 1). The next step is organising collaborative action. Implementation planning is now underway in Beni Suef. One of the first tasks was to establish criteria for NGO participation in the joint programme. NGOs also outlined the desirable level of collaboration for each activity and the mechanisms to bring it about. In some cases, simply sharing information and feedback is adequate to ensure efforts are co-ordinated. In other cases, pooling resources is necessary to make the most of the collaborative partnership.

• Summary

At a minimum, the collaborative planning process results in less overlap and duplication of service; at its best, it captures the synergism possible through concerted action of NGOs on priority issues. Collaborative planning creates partnerships between and within communities, NGOs, and government, and builds commitment for action. It is effective in mobilising communities, NGOs and government for the improved well-being of women.

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NOTES

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