



# PHE partnerships guide

Facilitating community consultations

Version 1

**blue ventures**  
beyond conservation

 **PHE** Population  
Health  
Environment  
Madagascar Network

# About this guide

This guide consists of 15 chapters covering the core **values**, **skills** and **knowledge** needed to develop and implement effective cross-sector Population-Health-Environment (PHE) partnerships. You have downloaded **chapter 4 - Facilitating community consultations**. If you wish to download other chapters or the entire guide please visit the Madagascar PHE Network's website [here](#).

This guide is primarily designed for use by the staff of environmental organisations wishing to develop cross-sector PHE partnerships with health service providers in line with priority community needs and their organisational missions. Many chapters will also be relevant to the staff of health organisations wishing to develop cross-sector PHE partnerships with environmental organisations working in under-served zones. And of course livelihoods-focused organisations working at the interface of sustainable development and natural resource management are also ideally placed to develop and implement collaborative PHE initiatives with relevant partners.

This guide draws on the PHE implementation experiences of Blue Ventures and other members of the Madagascar PHE Network in order to provide practical advice structured in a conversational format with case study examples. As such it should be highly relevant to organisations working in Madagascar and much material will be applicable to organisations working in other countries as well.

This guide is accompanied by various complementary resources including an integrated PHE community outreach tool (illustrated PHE story cards) available via the Madagascar PHE Network's website [here](#). Please note that a comprehensive online library of documents relating to PHE programming has been collated by the Population Reference Bureau and can be found [here](#).

This guide should be considered a living document and as such it will be updated regularly. Please don't hesitate to contact Blue Ventures ([pheinfo@blueventures.org](mailto:pheinfo@blueventures.org)) if you have any suggestions for improvement or requests for elaboration. We look forward to incorporating your feedback into future versions of this guide.

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## Credits and acknowledgements

This guide was written and produced by Laura Robson, Blue Ventures' Health-Environment Partnerships Manager.

Thanks to all Madagascar PHE Network members who provided case study examples of various aspects of their PHE partnerships for this guide. Thanks also to the following members of Blue Ventures' health and conservation teams who provided valuable input and feedback on the content and structure of this guide: Caroline Savitzky, Dr Vik Mohan, Nicholas Reed-Krase, Urszula Stankiewicz, Charlie Gough, Rebecca Singleton and Kitty Brayne.

Valuable feedback on the content of this guide was also received from the following organisations via a PHE training and experience sharing workshop held by the Madagascar PHE Network in March 2016: Association Céamada, Catholic Relief Services, Centre ValBio, Community Centred Conservation, Conservation International, Durrell Wildlife Conservation Trust, Honko Mangrove Conservation & Education, JSI/MAHEFA (now Mahefa Miraka), Madagascar Fauna & Flora Group, Madagascar Wildlife Conservation, Marie Stopes Madagascar, MIHARI Network, Ny Tanintsika, Population Services International, Reef Doctor, SEED Madagascar (formerly Azafady), Stony Brook University, USAID Mikolo, Voahary Salama, Wildlife Conservation Society and WWF. The photo on the cover page of this guide was taken by Jean-Philippe Palasi at that PHE training and experience sharing workshop. All other photo credits can be found on top of the photos included throughout this guide.

This guide should be referenced as follows: Robson, L. (2017) *PHE partnerships guide*. London, UK / Antananarivo, Madagascar: Blue Ventures Conservation.



## 4. Facilitating community consultations

By the end of this chapter you should:	This chapter may be of particular relevance to:
<ul style="list-style-type: none"> <li>Understand why it can be helpful to facilitate community consultations before designing a PHE initiative or establishing a PHE partnership</li> <li>Know what type of information may be needed and how it can be collected</li> <li>Be able to review the information that you have already and then decide how to gather any further information that's needed</li> <li>Know how to organise and facilitate an effective focus group</li> <li>Know what kind of questions you could use in focus groups</li> <li>Know how to engage key informants in a community consultation</li> <li>Understand that there are rapid and resource-light ways of facilitating a community consultation or involving communities in the design of a PHE initiative</li> </ul>	<ul style="list-style-type: none"> <li>Managers and community-based staff of environmental organisations</li> </ul>

### Why facilitate a community consultation?

Before designing a PHE initiative or establishing a PHE partnership, it's imperative to get an understanding of community needs and capacities in your context so that you can tailor your approach and the PHE components as appropriate. In fact, a community consultation should really form an integral part of the planning process as you listen to community perspectives and identify ways forward together.

### What type of information may be needed and how can it be collected?



Photo credit: Brian Jones

The list on the next page is just suggestive; all of this information is not necessarily required and your organisation may have additional suggestions so think carefully about what exactly you need to gather in your context! Note that you may have much of it already and/or be able to gather it quite easily and quickly from informal conversations with community members during your day-to-day work.

Type of information	Most appropriate collection method
Community strengths, capacities and problem-solving histories	<ul style="list-style-type: none"> <li>Focus groups or conversations with community members</li> <li>Conversations with key informants</li> </ul>
Community perceptions of priority challenges	<ul style="list-style-type: none"> <li>Focus groups or conversations with community members</li> <li>Conversations with key informants</li> </ul>
Community perceptions of connections between different priority challenges (health and natural resource management in particular)	<ul style="list-style-type: none"> <li>Focus groups or conversations with community members</li> <li>Conversations with key informants</li> </ul>
Local natural resource management regimes (and gender roles in these)	<ul style="list-style-type: none"> <li>Focus groups or conversations with community members</li> <li>Conversations with key informants</li> </ul>
Local livelihood activities (and gender roles in these)	<ul style="list-style-type: none"> <li>Focus groups or conversations with community members</li> <li>Conversations with key informants</li> </ul>
Key community health problems	<ul style="list-style-type: none"> <li>Focus groups or conversations with community members</li> <li>Conversations with key informants (including local or regional health service providers) - especially because in areas with limited health education, the information that communities provide may not reflect the full extent of their unmet health needs</li> <li>Health service data can also be useful for cross-checking qualitative data if available / obtainable</li> </ul>
Current prevention and treatment of health problems	<ul style="list-style-type: none"> <li>Focus groups or conversations with community members</li> <li>Conversations with key informants (including local or regional health service providers)</li> </ul>
Current access to and uptake of health information and services	<ul style="list-style-type: none"> <li>Focus groups or conversations with community members</li> <li>Conversations with key informants (including local or regional health service providers)</li> <li>Health service delivery data + census data (to calculate % of population accessing services) if available / obtainable and a quantitative indicator is deemed necessary for baseline</li> <li>Social surveys (to assess % of population accessing services) if health service delivery data + census data are unavailable / unobtainable and a quantitative indicator is deemed necessary for baseline</li> </ul>
Desired access to currently unavailable health information and services	<ul style="list-style-type: none"> <li>Focus groups or conversations with community members</li> <li>Conversations with key informants</li> <li>Social surveys (to assess % of population with unmet needs) can also be conducted if your organisational capacity is adequate and a quantitative indicator is deemed necessary for baseline</li> </ul>
Family planning knowledge - different methods and side effects	<ul style="list-style-type: none"> <li>Focus groups or conversations with community members</li> <li>Conversations with key informants</li> <li>Social surveys (to assess % of population with certain knowledge) can also be conducted if your organisational capacity is adequate and a quantitative indicator is deemed necessary for baseline - generally focus groups will suffice</li> </ul>
Family planning attitudes - including fertility preferences and decision-making dynamics	<ul style="list-style-type: none"> <li>Focus groups or conversations with community members</li> <li>Conversations with key informants</li> <li>Social surveys (to assess % of population with certain attitudes) can also be conducted if your organisational capacity is adequate and a quantitative indicator is deemed necessary for baseline - generally focus groups will suffice</li> </ul>
Family planning practices - contraception use	<ul style="list-style-type: none"> <li>Focus groups or conversations with community members</li> <li>Conversations with key informants</li> <li>Health service delivery data + census data (to calculate % of women of reproductive age using contraception) for baseline</li> <li>Social surveys (to assess % of women of reproductive age using contraception / with unmet family planning needs) if health service delivery data + census data are unavailable / unobtainable for baseline</li> </ul>

A community consultation should never be about extracting information and using it to plan a project without further community input. It's important to have a two-way conversation involving community members in the process of designing a locally tailored PHE initiative! This should maximise local ownership from the beginning and build on the existing strengths of community members. Note that some consultations may indicate that a PHE initiative isn't feasible or ideal for a particular situation but, whether consultations result in a PHE initiative or not, it's always important to ensure that results of consultations are reported back to communities.

## First step - review existing information

Begin by reviewing any relevant information about PHE challenges in the local context that you've already collected / have access to / can request from partners. This could include conversations with community members or social surveys or focus groups conducted by your organisation or partners in the past, service delivery data from local health service providers, and census data from local authorities. These can help you to build up a picture of community needs in the area where you work, possibly including the proportion of the local population using certain health services (if you're able to cross-check health service user numbers with population numbers).

## Next step - decide how to gather any further information needed

Now think about what (if any) additional information you need in order to be able to develop a locally appropriate PHE initiative (see the table on the previous page for a guide), and how you'd like communities to participate in this process. Ideally it should be a collaborative effort, surfacing challenges and possible solutions through conversations with community members who are themselves experts of their own situations.

Although conducting social surveys may be appropriate for gaining an overview of community needs and establishing quantitative baselines from which to monitor the results of your PHE initiative, informal conversations and/or focus groups are likely to be much more effective for gathering in-depth community perspectives of the connections between various PHE challenges in the local context and of health needs in particular. They are also less costly and logistically challenging than social surveys to organise, and allow for valuable two-way dialogue with community members.

## What is a focus group?

A focus group is a semi-structured group interview / facilitated discussion during which people are asked about their opinions and experiences, which may or may not be representative of the general population. Focus groups are a form of qualitative research, with open-ended questions that can be used to develop an in-depth understanding of various issues. They're an excellent stand-alone research tool, and may also be used alongside more quantitative data collection methods such as social surveys.

## How to organise an effective focus group?

Unlike with social surveys, you're not trying to get a representative sample of the community so purposive or convenience sampling of small numbers of people is fine but it's important to remember this as you analyse and apply the results. You'll probably want to consider perspectives among different subsets of the community in order to build up a picture of the situation from various angles (for example, different genders and ages).

You should explain to all prospective participants the aim of the focus group (i.e. to understand community strengths, priorities and needs in order to explore how we might work together to improve the health of people and the environment in the local area), check that they understand this, indicate how long the focus group discussion is likely to last, and ask for their verbal consent to participate. It's also important to clarify that there are no right or wrong answers, and that the facilitator is not looking for any set responses. You may need permission from local authorities or village leaders to convene these focus groups, especially if you're not already working in the area and/or will be asking personal or health-related questions, so check with them before doing anything if in any doubt.

Think about where would be best to facilitate your focus groups, ideally in a quiet and informal place where people feel comfortable to share openly yet will not be disturbed or overlooked by others.

## How to facilitate a focus group?

Focus groups are generally convened with 6-10 people.

You should probably arrange your focus groups into similar ages and genders (e.g. young women, young men, older women, older men) as this is likely to create the most comfortable environment for open discussion and maximum disclosure among participants. In some places this may be vital for ensuring that participants can speak freely, especially about sensitive health topics. Another advantage of this approach is that you can easily compare viewpoints across demographic groups.

Alternatively you may like to consider bringing together people of different ages and genders within the same focus groups to stimulate debates among diverse viewpoints. However, even with proactive facilitation it can be difficult to mitigate power differences between participants so this approach is generally not recommended.

Ideally you need two people to facilitate a focus group. One person acts as the facilitator and leads the focus group participants through a discussion loosely structured around a topic guide or sample questions; the aim is to generate free-flowing exchanges among participants and explore a diversity of views. The second person acts as the note-taker and writes down all points shared as well as contextual observations; they may also take photos of the outcomes of participatory ranking and mapping exercises as appropriate. It can be helpful to audio-record the focus groups in order to have a complete record of everything, and to be able to cross-check the note-taker's records. (Always ask participants' permission before recording.)

Start the focus group by restating its purpose, and establishing some ground rules (e.g. everyone's opinions are important, there are no right or wrong answers, let's listen to each other and allow everybody time to speak, agree on confidentiality parameters, etc). Then give participants a brief overview of the structure of the discussions that will follow (e.g. we'll start by exploring the strengths of this community then various challenges you face and there'll be time to ask us questions at the end), before asking each person to introduce themselves briefly and perhaps doing a quick icebreaker.

It's imperative to properly brief and train anyone who will be acting as a focus group facilitator and/or note-taker. You can find further resources for focus group facilitators in [Annex I](#).



Photo credit: Brian Jones



## Possible focus group topics / questions

*These are suggestions and are **not** all required (nor all possible to cover in one session); please exercise your own judgement and choose which ones you need to use as appropriate in your context, bearing in mind all of the information that you already have access to!*

- What sort of activities do people undertake in this community? What are the good things about living in this community? What are the strengths of this community?<sup>1</sup>
- When you face a challenge as a community (or as individuals / households / families) how do you respond? Have people here come together in the past to solve a problem? If yes - how?<sup>1</sup>
- What are the greatest challenges faced by this community?
  - Invite an open discussion then probe about natural resource management, income generation, food security, health, education, gender relations, etc. as relevant.
  - Ask people to rank challenges according to importance.<sup>2</sup>
  - Ask people to explain any connections they see between different challenges.<sup>2</sup> Probe perceptions of connections between community health, family planning and natural resource management in particular.
- How are natural resources used and managed in your community? Who makes the decisions?<sup>3</sup>
  - Do women have a say? If no - why not (what are the barriers to them participating)?
  - What are some examples of how people within your community or outside of your community respect or disrespect natural resource management rules? If rules are disrespected - what are the reasons for this and what are the consequences (e.g. are sanctions generally enforced)?
- What do people in your community do to generate income, secure food and support their families?<sup>3</sup>
  - How are the roles of men and women similar and/or different within this community? Do they vary across younger and older generations? If yes - why do you think that might be?
- What are the greatest health problems facing your community / families?
  - Ask people to rank problems according to frequency and/or severity.<sup>4</sup>
  - Which sub-groups within the community are most affected by these health problems (if relevant)?
  - What do you do to try to prevent these health problems (if anything)?
  - What kind of treatments do you seek for these health problems (if any), from where and why?<sup>5</sup>
  - What impact do these health problems have on other aspects of your lives e.g. livelihoods, education, etc?
- What health information and services do you currently have access to / use?
  - Probe specific themes (e.g. family planning, sexual health, maternal health, child health, water, sanitation, hygiene, nutrition, etc.) if necessary.
  - Which kind of service providers (e.g. public / private / mobile / informal / traditional)? Where are these located? Do they charge for their services?
  - Are there any barriers to access / uptake? Probe about distance, cost, lack of information, partner support, staffing, availability of stock, quality of care, etc. as relevant.

<sup>1</sup> We recommend starting by asking communities to reflect on their strengths and existing capacities rather than jumping straight into their needs and problems - as per the [Asset-Based Community Development](#) approach.

<sup>2</sup> You could illustrate different challenges on pieces of paper (e.g. fish for food security, red cross for health, etc.) and ask people to get involved arranging them along a ladder (ranking exercise) or within a web (connections exercise) traced onto the ground - as per the [Participatory Rural Appraisal](#) approach.

<sup>3</sup> You may or may not like to include these topics / questions depending on if you're wanting to keep things broad or focus mostly on health. We normally recommend starting with some questions about natural resources and livelihoods before moving onto more sensitive health topics but the previous topics / questions above should serve as a good introduction anyway so you could leave out these topics / questions if you already have this information from elsewhere.

<sup>4</sup> You could illustrate different challenges on pieces of paper (e.g. latrine for diarrhoea, mosquito for malaria, etc.) and ask people to get involved ranking them along a ladder - the discussions and debates about the health problems that ensue are likely to be as interesting as the ladder that they end up producing.

<sup>5</sup> You could map out typical treatment pathways using pieces of paper illustrating different service providers (e.g. building for clinic, person with briefcase for community health agent, etc.) and health problems (as above).

- What health information and services are not available here that you most need / want?
  - What do you think is most needed in order to change this situation?
  - Do you have any ideas about how we could work with you to change this situation?<sup>6</sup>
- What do you know about family planning?
  - Probe about different contraception methods (e.g. condoms, pills, injections, implants, intra-uterine devices, natural methods, etc.) and side effects.
  - Where does your knowledge about family planning come from? Who do you discuss family planning with?
- What do you think about family planning?
  - Probe about different views held by men / women / young people / leaders within the community.
  - How do you decide when to have children and how many children to have? Who makes the decision?
  - Do many couples / young people in this community use family planning? Why / why not? What are the reasons for people not using family planning in this community if they would like to?<sup>7</sup>
- Is there anything else you'd like to share that we haven't covered?
- Do you have any questions for us?
- Feedback on next steps so that they know what to expect.


<sup>6</sup> Following the first footnote on the previous page - trying to build on existing community strengths and capacities. Include this only if you are prepared to be able to help address this in tangible ways fairly quickly in order to ensure that no expectations are created that can't be met.

<sup>7</sup> You may like to probe common barriers to family planning use here - e.g. do men support their partners to use family planning and if not then why not, do women experience any negative effects from using hormonal methods and if yes then what do they do in response (e.g. persevere, use inconsistently, stop using, switch methods, etc)?

It can be helpful to pilot your chosen topics and questions with one or two groups to check that the wording is clear and you're getting relevant information. You can then make any necessary adaptations before facilitating them with the remaining groups.

## Engaging key informants

In addition to informal conversations or focus groups with community members, you may also like to speak with key informants (e.g. village leaders, religious leaders, formal health service providers, traditional health service providers, natural resource management committee members, women's association members, etc) if not already included and engaged. Depending on the situation, you could approach such conversations as informal semi-structured interviews or as two-way discussions exploring their perspectives of PHE challenges in the local context and potential opportunities for collaboration. The latter approach is almost certainly most appropriate for meetings with Ministry of Health officials as you seek to build horizontal relationships with them.



In thinking about whether to conduct focus groups with community members or speak with key informants first, there are advantages and disadvantages to either order. On the one hand, it may be preferable to facilitate community focus groups first and then feed some of the general themes from these into your conversations with key informants. On the other hand, it may be useful to speak with key informants first in order to refine the topics you choose for the community focus groups. You may also need to consider local protocol regarding this. In practice, an iterative approach is likely to be most appropriate, including ongoing conversations with key informants throughout the planning process to ensure that they're fully engaged and supportive of the work you're planning.



## Final steps - feedback and planning

As you complete your community focus groups and conversations with key informants (and obtain appropriate health service delivery data + census data / social survey data<sup>1</sup> as appropriate), you should review the most salient themes emerging from the community consultations. If you're an environmental organisation working in a remote area, these themes are likely to include limited access to health information and services. If this is the case, next steps may entail identifying potential partner health organisations or health service providers with whom you could discuss and explore opportunities for collaboration once local grassroots options for increasing access to health information and services have been exhausted. Thorough mapping of partners and existing programmes in the area may be required; often this can be achieved through desk-based research followed by preliminary partnership exploration meetings as detailed in [chapter 5](#).

Your in-depth understanding of the local context should now enable you to develop a PHE initiative closely tailored to community needs, and sensitive to community attitudes around gender and family planning. Your overview of local health problems should allow you to identify some key health-enhancing behaviours that you might like to promote, such as condom use for HIV prevention or exclusive breastfeeding for newborn development. Your assessment of family planning knowledge and attitudes as well as community perceptions of the connections between health and natural resource management challenges should enable you to design a fully integrated programme of community outreach, ideally led by local community champions (of reproductive rights, gender equality and environmental conservation) identified during the community focus groups.

### SEED Madagascar conducts a community consultation to understand PHE challenges and unmet needs in rural southeast Madagascar:

*SEED Madagascar recently completed an extensive PHE community consultation in the rural commune of Mahatalaky; a remote part of the Anosy region in southeast Madagascar. Aimed at developing a comprehensive understanding of the interlinked challenges faced by isolated communities in this commune, the consultation consisted of meetings with community groups and key informants, as well as focus groups with youth, men, women and elders, and one-to-one interviews. These captured community behaviours, practices and perceptions, highlighting connections between health outcomes, livelihood options and the accessibility of natural resources. The consultation identified a range of unmet community needs, as well as potential opportunities for bringing together regional actors and leveraging existing community structures in order to address these unmet needs.*

*Key issues raised by the consultation included reliance on traditional health service providers, limited capacity of community health agents, lack of access to accurate health information, lack of partner support for family planning, reliance on limited natural resources for food and livelihoods, insecure land tenure, lack of training and inputs for alternative livelihoods, and non-compliance with local natural resource management rules. SEED is now preparing a holistic PHE initiative in order to address these issues.*

*This initiative seeks to include the facilitation and development of PHE partnerships among health and environmental actors in the Anosy region, training and support for community health agents, the creation of community forums for advancing local environmental and health initiatives, and training for SEED staff in integrated PHE community outreach.*



<sup>1</sup> You can find guidance about social surveys in [chapter 8](#) and [Annex II](#).

It's vital to maintain community engagement throughout this planning stage, feeding back the themes emerging from the consultations and then brainstorming potential solutions together; building on community strengths, and bringing in partner organisations with additional expertise as required.

**The Duke Lemur Center's SAVA Conservation initiative reaches out to discuss collaboration opportunities with Marie Stopes Madagascar (MSM) following informal identification of unmet family planning needs in northeast Madagascar:**

*Based on an understanding of community challenges including lack of access to family planning services developed through their day-to-day work in and around Marojejy National Park in northeast Madagascar, the Duke Lemur Center's SAVA Conservation team seized the opportunity to connect with Marie Stopes Madagascar (MSM) via Blue Ventures in 2013.*

*This resulted in the creation of a PHE partnership, bringing family planning services to women and their partners in some of the most isolated communities in the region, and complementing ongoing local environmental initiatives.*

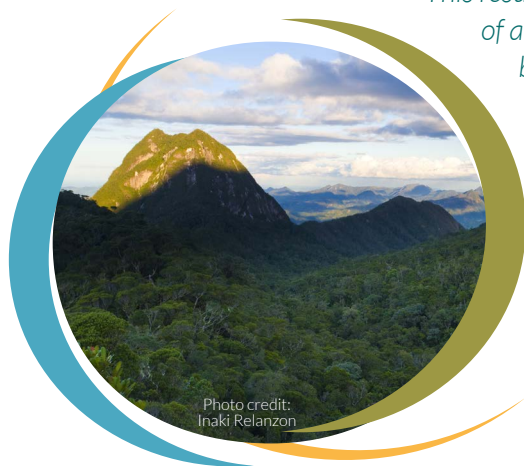


Photo credit: Inaki Relanzon

## **What if my organisation doesn't have the time and resources to facilitate a community consultation? Can we still develop a PHE initiative?**

Absolutely! In fact many organisations supporting community-based initiatives build up a strong understanding of community priorities and unmet needs in the course of their day-to-day work. Others may have access to information through government sources or partners. In these cases a full-blown community consultation may not be necessary! You may be able to proceed directly to developing a strategy for addressing already identified community priorities and unmet needs. (Remember also that it'll be important to keep revisiting existing information and community priorities and unmet needs throughout the implementation process as well.)

Feeling like you need to facilitate a full-blown community consultation but you don't have the time or resources to do this shouldn't be a barrier to developing a PHE initiative. What information do you already have and what information do you think you need to gather in order to proceed? Remember that community consultations can be facilitated in various ways - ranging from a few informal conversations to a series of focus groups - depending on your capacity and preferences. So you could try to incorporate conversations with community members into your day-to-day work or explore whether a partner organisation would have the capacity to do a more in-depth community consultation in the area.

**Would you like more support with this process?** Blue Ventures can assist you with the development of a community consultation plan including providing bespoke advice on focus group questions as well as analysis of findings and next steps. To find out more please contact [pheinfo@blueventures.org](mailto:pheinfo@blueventures.org).





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