



# COMMUNITY ENGAGEMENT

## LEVERAGING HUMAN-CENTERED DESIGN FOR PLUS PROJECT COMMUNITY ENGAGEMENT INITIATIVES

### BACKGROUND

Collaboration with community stakeholders is critical to ensuring the successful uptake of any health intervention. As defined by the Plus Project, Community Engagement (CE) is the intentional design and implementation of activities to promote target behaviors for Perennial Malaria Chemoprevention (PMC), promote community ownership of PMC, and enable feedback between caregivers, community members, providers, and decision-makers at all levels of the health system. To ensure community insights were collected and included in the design of the community engagement activities, the Plus Project employed human centered design (HCD) techniques to elevate the voices and experiences of key community stakeholders in each focus country. A HCD approach to program design ensures information and insights are collected from target populations, and solutions to a particular challenge are developed with the target population. Community insights were central to the design stage of the Plus Project, as is described below, and continue to shape implementation and have facilitated learnings within each country and across the project.



Community health worker Marcel Kouadjo during a training session in Abengourou, Côte d'Ivoire.

### TARGET POPULATION ARCHETYPES

During the design phase, the Plus Project convened team members and partners representing the National Malaria Programs (NMPs) in Benin, Cameroon, Cote d'Ivoire, and Mozambique for a Training of Trainers (TOT) on PSI's approach to HCD. The first step was for country teams to decide on key target populations who would be critical to engage early and throughout the process to ensure successful introduction of PMC in each focus country, at minimum including caretakers of children <2 years old, community health workers (CHWs), and healthcare workers (HCWs). Once the target populations were identified, participants brainstormed key behaviors that members of each target population should practice for PMC to be successful.

#### Examples of Key Behaviors:

- Healthcare Workers: Administer doses of SP according to national recommendations; Provide empathetic and compassionate care.
- Community Health Workers: Educate community members on PMC, where and how it is administered in their country; Refer caregivers of children <2 to the health facility for vaccination/PMC; Refer caregivers of children <2 to the health facility if they are late for a vaccination/PMC follow-up visit.
- Caregivers of Children <2: Attend vaccination appointments on time; Attend Vitamin A supplementation appointments on time.

Clearly defined target populations and behaviors formed the basis of the CE strategy and are key to successful HCD programming. Participants then developed archetypes to better understand and relate to each of the target populations. Archetypes are fictional representations of a 'typical' member of each target population and help implementers to understand these key stakeholders as real people, gain insights into their behaviors, motivators, barriers, attitudes, perceptions, and decision-making processes that are not obvious from demographic data alone. Archotyping was one of the first steps to developing empathy for the target populations and centering their needs to the core of the PMC CE strategy for each country team.

## EMPATHY, INSIGHTS, AND PROTOTYPING PROCESS

During the TOT and resulting CE workshops, the project utilized a variety of PSI's Empathy, Insights, and Prototyping (EIP) tools to better understand their target populations, such as understanding motivations behind health seeking or provider service delivery behaviors. These empathy tools included:

- Journey Mapping: Facilitate collection and analysis of qualitative information about consumer adoption of health behaviors.
- Circle of Trust: Uncover trusted and frequent channels of communication for health information.
- Empathy Mapping: Humanize target populations through discussion of what target audience members say, do, think, and feel.

Participants then came back together to discuss insights gathered from the empathy tools to brainstorm how they might help the target populations overcome barriers they face to care seeking or provider service delivery behaviors. Following the TOT, participants returned to their respective countries and repeated this process with members of each of the identified target populations.



Community engagement materials created by the Plus Project, national, and local partners in Côte d'Ivoire.

## COMMUNITY ENGAGEMENT WORKSHOPS

Participants use the EIP tools and process in at least one project implementation district with members from each target population. Insights gathered from caretakers, CHWs, and HCWs were analyzed and helped each country team develop interventions that were targeted to the motivators and obstacles outlined by each target population. As an example, in Benin, caretakers reported not being able to remember childhood vaccination appointment dates as a barrier to attending childhood vaccination appointments on time. To overcome this challenge, the Benin team, in collaboration with the Ministry of Health, is training the Community Health Workers (Relais Communautaires) to verify vaccination booklets and remind caretakers when their vaccine appointments are during their regular community activities. The Plus Project is also supporting the Advanced Immunization Strategy (Stratégie Avancée) in villages >5 km away to ensure caregivers who may have missed vaccine appointments have additional opportunities to receive their catch-up vaccinations and doses of SP.

These workshops formed the basis of the CE strategy for each country-specific target population. Activities and materials have since been developed based on these community insights, tested, and iterated with continued engagement and feedback from each target population to ensure community stakeholders are continuously engaged throughout implementation and can help drive local solutions to increase uptake of PMC. Given how helpful these tools have been in understanding and responding to behavioral determinants, the project is encouraging country teams to conduct these exercises again in the upcoming implementation year to gather more nuanced insights after PMC was officially introduced in project zones.

While the introduction of PMC has been new to each country, the country context and insights have highlighted key differences that have shaped the specific approaches to community engagement. Stay tuned for country-specific community engagement progress updates!