



# Implementation Guidance for Applying the Local Leadership and Management Approach (LLMA) to Improve Community Awareness, Acceptance, and Interest in Family Planning Information and Services

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## ACRONYMS

FP	Family planning	LLMA	Local leadership and management approach
DHMT	District health management team	NGO	Non-governmental organization
HRH	Human resources for health	RH	Reproductive health
HRH2030	Human Resources for Health in 2030	USAID	United States Agency for International Development

## Background

New and different partnerships and strategies are needed to improve the acceptability and accessibility of family planning (FP) so more people can satisfy their desired reproductive health (RH) intentions. The USAID HRH2030 Program piloted a local leadership and management approach (LLMA) to test the hypothesis that the engagement of community leaders to support local health staff improves community awareness, acceptance, and interest in family planning information and services. HRH2030 provided technical assistance to build the capacity of the district health management team (DHMT) and local leaders around four urban and rural intervention sites in the district of Bafia in Cameroon to implement the LLMA at the district level using local resources. A full description of the activity and its results can be found in the Technical Brief [Local Leaders: Untapped Resources for Family Planning](#).

As a companion piece, the guidance presented in this document provides a general roadmap of the steps to implement the LLMA. Naturally, the implementation process should be adapted to the context-specific conditions of the health system and local communities where the LLMA is applied.

## Approach Description

An important barrier in FP service provision is the gap between the information about the methods offered by facility and community-based providers and the information necessary for women with unmet FP needs to make informed FP choices. Providers often lack the knowledge, contacts, and resources required for effective community mobilization. The LLMA centers on local leaders—a community-based human resource often untapped by health systems—focusing on strengthening their capacity to promote FP by bringing



## Local Leaders

Regular people selected by the community because of the respect and trust instilled in them. Local leaders are engrained into the cultural, social, economic, and religious weave of a community:

- Shop owners
- Hairdressers
- Carpenters
- School teachers
- Religious figures
- Wives
- Husbands
- Mothers
- Fathers
- Daughters

together providers, clients, and the community at large. Engaging community leaders from local government, schools, businesses, social services, NGOs, and traditional leadership positions has the potential to sensitize and mobilize community awareness, acceptance, support, and use of FP information and services. Community leaders can bring new perspectives, local knowledge, and fresh ideas for exploring local solutions to FP challenges and empower women and families to consider FP and RH services.

The LLMA follows the general steps outlined in Figure 1 and are further described below.

**FIGURE 1: CARRYING OUT THE LLMA FOR FAMILY PLANNING**

- 1** Identify priority issue reducing quality, accessibility, and/or acceptability of FP information and services
- 2** Assemble team of local leaders from multiple sectors at the district level
- 3** Analyze local characteristics of the problem
- 4** Build a shared vision of addressing the issue from multiple perspectives
- 5** Design a shared action plan
- 6** Strengthen leadership & management skills to collaborate on agreed-upon FP/RH agenda
- 7** Provide refresher training to FP providers, as needed
- 8** Manage and monitor implementation
- 9** Evaluate effects of implementing action plan on solving the issue and contributing to improved FP information and services

## Steps in the Implementation Process

### 1. Identify the priority issue that is reducing quality, accessibility, and/or acceptability of FP information and services.

As the first step of the LLMA, the implementing organization consults with the relevant department at the Ministry of Health — at national and subnational levels — to understand the FP/RH priorities. At this step, the implementing organization also discusses with ministry officials its own assessment of the most important issues affecting FP service delivery at given local levels. This way the implementing organization can ensure alignment between national priorities and the local issue to be addressed. It may be helpful to identify a focal person at the Ministry of Health with whom to coordinate or consult during implementation of the LLMA.

#### Example: A National Family Planning Priority

In Cameroon, the Department of Family Welfare at the Ministry of Public Health identified a reduced demand for family planning services due to rumors and misconceptions at the community level.

### 2. Assemble a team of local leaders from multiple sectors at the district level

Map the influential community leaders in the implementation district, covering a wide representation of organizations, institutions, and individuals from the government to non-governmental and from community to private sectors. The wider the sectoral representation, the richer the contributions the group will produce.

When selecting local leaders, consider a pool of candidates by casting a wide net to reach out to individuals with a variety of skills and resources. Select 10 to 15 leaders for the local

multi-sectoral team. The following are illustrative criteria for the selection process:

Candidates should be:

- Aware of the existence of local health service providers and clinics in the community
- Self-driven, possessing attributes of volunteerism
- Willing to work in teams and demonstrate good interpersonal skills
- Able to communicate in the local language
- A resident of the community
- Knowledgeable of the local context

### 3. Analyze local characteristics of the problem

Once the implementing organization identifies the priority FP service delivery issue at the national/sub-national level, it should verify that the issue is also relevant at the local level. Convene a meeting of health clinic FP managers and providers along with potential and current users of FP information and services to analyze how these services are provided and what issues they perceive in relation to ensuring accessibility, acceptability, and quality. Facilitate a conducive climate during the meeting, encouraging participants to share their perceptions on the issues affecting FP information and services and allowing all individuals to participate. The activity rests on ensuring ownership of the process and identification of issues by the participants.

When discussing potential issues affecting FP information and services, encourage the stakeholders to think beyond the broader system-wide issues (e.g. health infrastructure, staffing) that would not be within the capacity of local leaders to address. Even though system-wide issues affect service delivery at the local level, improving the accessibility, acceptability, and quality of FP is far more complex and much

can be done at the local level to make improvements. Figure 2 provides some examples of challenges in FP information and services and potential causes which could be explored at the local level.

#### Example: A District Family Planning Priority

In the Bafia district of Cameroon the local leaders identified several FP challenges, such as a lack of birth spacing due to limitations in awareness of the benefits of FP, couple's communication, and FP provider counseling skills.

### 4. Build a shared vision for addressing the issue from multiple perspectives

The implementing organization should organize and facilitate a team-building workshop where the selected local leaders form their team and develop a shared vision. The vision is a simple statement summarizing the common goal that they will pursue to help improve the accessibility, acceptability, and quality of FP information and services. To aid them in developing their shared vision, encourage the local leaders to think about how they can use their pivotal roles and voices in the community to sensitize community members to the benefits of using FP methods to space births for the health and well-being of mothers, children, and families.

To facilitate the visioning exercise, guide the local leaders in small group exercises using simulations of real-life challenges and role plays. For example, a role-play exercise can portray a community health worker visiting a couple at their home to discuss family planning. The local leaders can then exchange thoughts on FP issues, myths, and misperceptions within their communities and discuss messages on the benefits of family planning and how to correct misperceptions.

**FIGURE 2:** ILLUSTRATIVE FP INFORMATION AND SERVICE DELIVERY PROBLEMS AND POTENTIAL LOCAL ISSUES

Illustrative FP Information and Service Delivery Problems	Potential Local Issue to Explore
Low demand for FP information and services	<ul style="list-style-type: none"> <li>▪ Weak understanding of local reproductive health cultural nuances and prevalent rumors and misconceptions</li> <li>▪ Poor community mobilization capacity and lack of community leadership engagement to address misconceptions and rumors about FP</li> <li>▪ Lack of engagement of experienced FP clients to support potential and new clients</li> </ul>
Low FP continuation rate	<ul style="list-style-type: none"> <li>▪ Deficient FP counseling skills, especially for supporting clients to address side effects, misconceptions, and rumors</li> <li>▪ Lack of engagement of community-based peer supporters and experienced FP clients</li> </ul>

Local leaders should also identify tangible and measurable expected results from the shared vision (see text box for example).

#### Example: Local Leaders' Shared Vision and Expected Result

In Bafia, Cameroon, local leaders shared a vision to promote the benefits of family planning and address FP challenges in their communities.

Expected Result: Increase the percentage of individuals who:

- Have heard messages about family planning
- Report positive impressions of family planning
- Say they may consider using a family planning method

## 5. Design a shared action plan

After identifying the local issues that are hindering the provision of FP information and services, the multi-sectoral leadership team then makes plans to address them. Action plans should be simple, so every team member can understand the activities and easily track them. We recommend handling no more than two issues at a time, which allows for a concentration of efforts and resources that could produce the expected change in a relatively short period. At a minimum, an activity plan should include a brief description of the activity, individual(s) responsible, deadline for completion, and the resources required for implementation (including who will provide them or how the team will get them).

The action plans should include activities that meet the following criteria:

*The local multi-sectoral team has control over the decisions required to implement the activity.* Many issues affecting FP service delivery have their roots in system-wide problems. The local team should be conscious of its limitations; for example, they cannot address the low salaries of health workers or hire additional providers. However, the team can help improve the providers' working conditions and security. They could also contribute to improving provider motivation through community recognition of providers' dedication and achievements.

*The local leaders have most of the resources required or have realistic approaches for mobilizing resources for implementing the desired activities.* The local leaders can think about what is possible to obtain: e.g. voluntary time for advocacy and promotional activities, accommodation for health workers, furniture and materials for an outreach campaign, financial contributions from small businesses.

*The activity requires a relatively short period for implementation.*

Local leaders make extraordinary contributions, even just through their time at meetings. It is quite important to keep them engaged and motivated, and having short-term goals is a strategy to ensure small victories and keep momentum. Over time, an initially limited commitment can turn into more strategic contributions. But, at the beginning, start small.

## 6. Strengthen leadership and management skills to collaborate on agreed-upon FP/RH agenda

The implementing organization should carry out a short training for the teams of local leaders to strengthen their leadership and management skills to be more effective at implementing their action plans. Training should improve leaders' readiness for taking on their role as advocates and prepare them as mobilizers to carry out their shared vision. The content of the training should correspond to the members' backgrounds and experience. The following are illustrative areas to consider:

- Improving partnership skills through managing meetings effectively
- Strengthening communication skills
- Working in teams
- Identifying and mobilizing local resources in support of the shared vision, e.g., to support outreach activities
- Planning and tracking interventions



Elisabeth is a community leader raising awareness on FP methods in Bafia district. Photo Credit: Alain Ngann (2018)

The implementing organization should also provide coaching and continuous support to the local teams. Mobile technology could facilitate coaching and follow up.

## 7. Provide refresher training to FP providers, as needed

It is important to ensure adequate knowledge and skills of FP providers for quality of FP information and services before local leaders begin to generate community interest in learning more about or using family planning. Where training or performance needs assessments may not be readily available, the implementing organization can conduct a [rapid task analysis](#). This analytical tool can quickly assess FP providers' confidence, experience, and expertise with a selection of discrete FP tasks to understand where there may be weaknesses in knowledge and skills. This allows the implementing organization to identify the areas of FP information and services in which FP providers require additional training or refreshers. Where possible, use existing country-based training curricula. For example, HRH2030 in collaboration with the Ministry of Public Health, provided FP counseling and clinical refresher training to the FP providers working in the catchment area of the local leadership teams using a competency-based curriculum developed in Cameroon by the Evidence to Action Project (E2A).

## 8. Manage and monitor implementation

Once the action plan is underway, the local leadership team should track its implementation. This may require periodic meetings—more frequently at the beginning—to maintain momentum. A dedicated focal person from the implementing organization should engage with health service providers and the local leadership teams to keep track of action plan progress. The process may combine different communication channels (i.e., text messages, WhatsApp, and face-to-face) to foster understanding of the approach and facilitate mobilizing resources at the local level.

The team may use a simple tool such as an Excel sheet to track the progress of the action plan's implementation. The implementing organization should provide technical assistance to the local leaders to collect data on their implementation progress and report on results of their efforts. The local leaders should record the number of meetings they held or attended, the number of attendees at each session, the agreements and outcomes of the meeting, and their results. It is also important to document the challenges encountered and how the team planned to overcome them.

Be sure the local leadership teams know that they can modify its action plans when needed. Flexibility is as important as keeping focus on carrying out the activities to address the identified issues.

## 9. Evaluate the effects of implementing the action plan on solving the issue and contributing to improved FP information and services

The implementing organization should conduct an assessment or evaluation to understand if, and to what degree, the local leaders' activities are resulting in positive increases in community perceptions and interest in FP. The general questions to assess, using qualitative and/or quantitative methods, may include:

- Has the involvement of the community leaders through the LLMA helped to improve the interest in and demand for FP information and services?
- To what degree were the activities in the local leaders' action plans implemented as planned?
- Have there been any changes in how FP information and service are delivered at the clinics? If so, how do they correlate with the implementation of LLMA activities?

### **Some things to consider as part of the evaluation:**

*Extent of carrying out the action plan.* For example, how many training sessions were conducted, how many providers attended, how many community advocacy meetings were held, how many FP educational outreach activities were implemented, what dissemination or education activities were conducted, what may have done to improve staff motivation?

*Perception of changes.* Inquire about the changes perceived by community members, FP clients, health managers and providers as a result of action plan implementation. A relatively simple technique, like the Most Significant Change, which promotes a participatory monitoring and evaluation process to capture outcomes as change stories perceived by stakeholders, may be used.

*Quantitative changes linked to increased FP information and services.* Analyzing routine service delivery data from the local clinic, such as the number of FP clients and visits, may also be useful, although it is important to recognize some critical limitations. Service delivery data may not be reliable due to challenges in capturing and managing it. Using data from an extended period of time can more reliably link the local leaders' interventions to outcomes. Also, local leaders should be aware that initial changes in perception and behavior would not likely have enough time to produce significant changes in service delivery data. Positive changes may take a while to affect the supply and demand of services; consequently, their efforts may not be followed by immediate quantitative changes.



A baby receives medical attention at one of the meetings at the local clinic in Bafia District. Photo: Alain Ngann (2018)

### Program Partners

- Chemonics International
- American International Health Alliance (AIHA)
- Amref Health Africa
- Open Development
- Palladium
- ThinkWell
- University Research Company (URC)

### About HRH2030

HRH2030 strives to build the accessible, available, acceptable, and high-quality health workforce needed to improve health outcomes.

### Global Program Objectives

1. **Improve performance and productivity of the health workforce.** Improve service delivery models, strengthen in-service training capacity and continuing professional development programs, and increase the capacity of managers to manage HRH resources more efficiently.
2. **Increase the number, skill mix, and competency of the health workforce.** Ensure that educational institutions meet students' needs and use curriculum relevant to students' future patients. This objective also addresses management capability of pre-service institutions.
3. **Strengthen HRH/HSS leadership and governance capacity.** Promote transparency in HRH decisions, strengthen the regulatory environment, improve management capacity, reduce gender disparities, and improve multi-sectoral collaboration for advancing the HRH agenda.
4. **Increase sustainability of investment in HRH.** Increase the utilization of HRH data for accurate decision-making with the aim of increasing investment in educating, training, and managing a fit-for-purpose and fit-for-practice health workforce.



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