

The Active Community Engagement Continuum (ACE)

The ACQUIRE Project



COMMUNITY INVOLVEMENT IN ASSESSMENT



ACCESS TO INFORMATION



INCLUSION IN DECISION MAKING



LOCAL CAPACITY TO ADVOCATE TO INSTITUTIONS AND GOVERNING STRUCTURES



ACCOUNTABILITY OF INSTITUTIONS TO THE PUBLIC

Level 1

Assessment is implemented by outside professionals, with input from communities minimal. Large-group meetings or focus groups may be included, with representatives from local communities.

Level 2

As in Level 1, plus:

Focus group discussions and key informant discussions are held with leaders to understand reproductive health and family planning (RH/FP) issues.

Level 3

As at in levels 1 and 2, plus:

Participatory community mapping is used to understand community services, power relationships and social context.

Level 1

Accurate RH/FP messages are disseminated on a one-way basis through public media and through existing local government structures.

Level 2

As in Level 1, plus:

Messages are disseminated through community agents, such as peer educators; interpersonal interaction is also used, but is limited to Q&As.

Level 3

As at levels 1 and 2, plus:

Messages are disseminated by community agents in a way to facilitate dialogue and reflection on how information relates to daily life.

Level 1

Influential leaders, such as chiefs and public health officials, are consulted at the beginning of the project, and their approval is sought.

Level 2

As in Level 1, plus:

Leaders and advisory groups are involved throughout the project as equal partners in program decision making.

Level 3

As in levels 1 and 2, plus:

Advisory groups have expanded representation, and community-based organizations (CBOs) and networks including marginalized groups work in collaboration with the program in decision making.

Level 1

Capacity of public and private family planning delivery services is built, with systematic RH/FP information and services outreach to communities.

Level 2

As in Level 1, plus:

Capacity of local leadership and existing health advisory groups is built, to oversee quality of RH/FP services and facility management.

Level 3

As in levels 1 and 2, plus:

Capacity of CBOs and inter-organizational linkages is built, allowing a larger community "voice" to demand quality RH/FP services, improved policies, etc., with RH/FP and other institutions.

Level 1

Health services/policies are developed based on what providers and governments determine is needed. Limited opportunities exist for community/civil society to contribute RH/FP concerns.

Level 2

As in Level 1, plus:

Health services/policies have systems in place that seek citizen participation (e.g., through health advisory groups).

Level 3

As in levels 1 and 2, plus:

Health services/policies have systems in place for RH/FP resource allocation that ensure equitable input on RH/FP programs through multiple systems, including community/civil society.

For further discussion, please contact Nancy Russell at 212-993-9850 or nrussell@engenderhealth.org.

Photos, left to right: Leftmost, R. Mowli/EngenderHealth; all others by N. Russell/CARE and The ACQUIRE Project.

Note: The five categories shown here illustrating characteristics of community empowerment/engagement are adapted from: Naryan, D. 2002. *Empowerment and poverty reduction: A sourcebook*. Washington, DC: World Bank. The adaptation benefited greatly from suggestions by Michael T. Hatcher, Chief of the Environmental Medicine and Education Services Branch (and former chair of the Committee for Community Engagement), Centers for Disease Control and Prevention, Atlanta, GA.