Annex 8. Template for rapid health assessment: social mobilization plan

Note about the template

The development of national action plans (NAPs) for artisanal and small-scale gold mining (ASGM) is an obligation under Article 7 of the Minamata Convention on Mercury for each Party that determines that ASGM is more than insignificant in its territory. Such NAPs must include a public health strategy on the exposure of artisanal and small-scale miners and their communities. In order to support the countries developing public health strategies, the World Health Organization (WHO) has published *A step-by-step guide for developing a public health strategy for artisanal and small-scale gold mining in the context of the Minamata Convention on Mercury* to facilitate the conduct of a rapid health assessment (RHA) and an institutional capacity assessment (ICA). These two types of assessment were piloted in Ghana, Mozambique and Nigeria (2017–2019) and inform the development of an adequate national public health strategy. A social mobilization plan (SMP) aims to facilitate the conduct of the RHA and to ensure an inclusive participatory approach during and after the entire study project. This SMP template is part of the WHO step-by-step guide and is hence based on the SMPs employed in the three pilot studies.

The present SMP template can be used to facilitate the detailed planning of the assessments and for seeking support from local civil society organizations. Importantly, the template needs to be complemented with country- and context-specific information (see instructions in [square brackets]) and potentially restructured or further developed in order to be compliant with the requirements of the study protocol.

Social mobilization plan: assessment of public health challenges in artisanal and small-scale gold mining communities and the local health system’s readiness to respond in [country name]

# 1. Introduction

Artisanal and small-scale gold mining (ASGM) is, in general terms, the exploitation of smaller gold deposits by individuals, small groups or small cooperatives *(1)*. ASGM is usually labour intensive, using no or limited mechanization and typically with low recovery rates. The sector is often characterized by low levels of capital, productivity, and job security, and limited access to land and trade markets. ASGM is practised in more than 70 countries. About 10–15 million people are involved in ASGM, including 4–5 million women and 1 million children, while another 80–100 million people’s livelihoods are affected by ASGM *(2, 3)*. ASGM is an important activity in many developing countries as it provides a primary and additional source of income, particularly in rural regions where economic alternatives to agriculture are limited. The ASGM sector is estimated to contribute about 25% of the world’s gold production *(2)*.

ASGM-related health hazards can be categorized as chemical (e.g. mercury, cyanide, arsenic, lead), biological (e.g. water- and waste-related diseases, sexually transmitted infections), biomechanical (e.g. traumas, overexertion), physical (e.g. noise, low oxygen levels) and psychosocial (e.g. drug abuse, stress, fatigue) *(4)*.

The health situation assessment is intended to be a preliminary study and is not expected to provide a detailed epidemiological analysis of the health impacts of ASGM. The methods and tools developed to support it are, therefore, oriented towards obtaining a preliminary and, if possible, representative picture of the health challenges of ASGM miners and their communities and the capacity of health facilities to address and respond to their particular health needs.

[Please modify the introductory part above and describe the health hazards associated with ASGM and the aims of the rapid health assessment (RHA) in the context of the WHO step-by-step guide.]

# 2. Objectives of the activity

The present study aims to adapt the step-by-step guide developed by WHO to support the conduct of an ASGM-related public health situation assessment. The specific objective of this assessment is to generate evidence and information on priority health issues in ASGM communities and to provide an initial understanding of the available capabilities of health systems to address these health concerns. This information is then expected to inform the selection of priorities and interventions to be reflected in the public health strategy of the national action plan (NAP).

This document intends to guide health professionals who will mobilize communities to participate in the assessment of public health challenges in ASGM communities and the local health system’s readiness to respond in [country name].

Civil society organizations will play a very important role in providing adequate information to the community regarding the survey activities, clarifying any doubts the community may have about the subject and risks of being involved, and establishing and encouraging spaces of participation. The success of this study depends mainly on the mobilization work to be done by civil society organizations in the selected study sites.

[Please modify the paragraphs above to describe the overall objective of the health situation assessment and your social mobilization plan.]

# 3. Community mobilization

Community mobilization in the context of a health assessment refers to a participatory social and educational process that is characterized by providing the community with adequate information and support about all aspects of the survey activities. It is very important to engage with community members and key community stakeholders, such as community leaders or heads of ASGM associations, to organize and work together towards a common goal, foster community participation, and ensure adherence of individuals to the study activities. It is often from this process of awareness-raising and social education that the target group is provided with necessary information on planning, initiation, objectives and purposes, scope and duration of a study or research, in this case on ASGM.

More specifically, the artisanal and small-scale gold miners, their family members and the community will be mobilized to:

* inform the community about the objectives of the ASGM health situation assessment, explaining methodological procedures, duration of the survey, selection of target groups and participation benefits;
* sensitize the community in the selected areas to actively participate in the survey activities;
* create a space for continuous exchange and sustain community participation and engagement, which will also be indispensable to address and mitigate the community members’ potential fears of risks and harms that may result from their participation in the study;
* inform and involve the community leaders, health personnel, media, [name of national authority on the Minamata Convention], and provincial and district health directorates in support of this mobilization, with a view to encouraging participation and adherence of the population involved.

[Please change and adapt the paragraphs above to briefly explain the importance and purpose of community mobilization in the context of your study project.]

# 4. Methods for community mobilization in the context of ASGM survey activities

[Please summarize existing communal communication structures in your study area and mention the planned methods and approaches for community mobilization.]

Example from Nigeria [delete in the final version of your SMP]:

Communities will be mobilized in different places, with a primary emphasis on interpersonal and community communication. While community meetings, visits and consultations with relevant stakeholders will form a central part of the community mobilization activities, there are existing forums for ASGM members where miners and other workers such as food sellers in the supply chain meet on a regular basis. Like most communal meetings in Nigeria, community gatherings in ASGM communities take place in the town square, offering additional points of convergence. These, in addition to the miners’ forum briefings, can serve as effective means of community mobilization. Within the traditional ASGM communal structure, especially in Osun state in western Nigeria, some communities have town criers who serve as community information disseminators. Additional community mobilization techniques include:

* door-to-door visits to hand out information and establish individual contact
* community meetings promoted by leaders
* church or mosque encounters
* meetings with traditional doctors
* informal chats with interested opinion leaders.

# 5. Community mobilization approach

The community mobilization approach is centred on the following key principles:

* inform the population about the conduct of the survey;
* explain to the study population the necessity of undertaking the survey;
* sensitize the population to encourage participation in the survey;
* ensure that the population understands the information disseminated in order to achieve the objectives of the survey;
* disseminate information to the population on the sites and dates of the start of the survey as well as other activities related to the survey.

The community mobilization approach will involve a number of steps.

**First step.** Representatives and staff of [name collaborating civil society organizations in the study area] will act as social contacts and community mobilizers for the survey activities, due to their familiarity with the context and ability to engage with the communities. Community mobilizers will be trained in social mobilization and in the importance of protecting privacy and confidentiality by technical teams of national health institutes.

**Second step.** The joint community mobilizers’ team led by [name civil society organization] will play a fundamental role in the process of strengthening community participation. For this purpose, community stakeholder meetings, cultural and religious encounters and other community sensitization activities will be organized on a regular basis. Both traditional communication and new information media may be used as appropriate, and social, cultural and spiritual resources will be harnessed in innovative ways. These communication channels will be established to develop and disseminate a social mobilization strategy with community members in order to increase community capacity, empower individuals and foster community engagement and partnerships in the survey activities, and will provide a means to drive the process forward.

Key information provided and disseminated to community members on the assessment of health challenges in the ASGM sites will include the following:

* duration and period of the investigation;
* target group and participant selection process (to avoid mistrust or envy over having been selected or not), including random selection of men and women aged between 18 and 59 years;
* survey tools to be administered to participants:
* interviews (semi-structured questionnaires) with the leaders of miners’ associations, local government officials, community representatives and health care providers;
* discussion in focus groups for artisanal and small-scale gold miners;
* discussion in focus groups for the family members of artisanal and small-scale gold miners;
* discussion in focus groups for members of ASGM communities;
* confidentiality of the information given and data collected to ensure the respondents’ identities will not be disclosed, and no names will be mentioned or appear in any documentation and dissemination of the research findings thereafter;
* voluntary informed consent as a precondition to participate in the interview and focus group discussions, using a consent form that will be given to participants prior to the survey activities, describing the purpose of the study and including information on voluntary participation and study withdrawal;
* importance of participation for the success of the study.

**Third step.** Awareness-raising activities will be conducted through door-to-door visits to households of the community to strengthen community participation and ensure the success of the whole process of social mobilization. Using this approach, the community mobilizers will visit dwellings and explain to the residents the survey process and activities related to the assessment of the public health situation in an ASGM context and the local health system’s readiness to respond. In order to achieve the desired success of the door-to-door mobilization, some steps should be followed in their entirety by mobilizers, as follows:

* ensure proper appearance, including avoidance of clothing that is too formal or corporate;
* knock on the door and ask permission before entering a dwelling;
* greet in a friendly manner (say good morning or good afternoon);
* show respect;
* address traditional rulers and opinion leaders with their correct titles;
* ask, if attended by a minor person, to speak with an elder or with the father or mother;
* always try, depending on the lineage zone, whether matrilineal or patrilineal, to talk to the head of the family first;
* introduce yourself (state your name and explain that you are a member of [civil society organization]);
* state that you would like to talk to the caregivers or household members and that the conversation will be short;
* explain in simple terms the ASGM survey proceedings and activities, using the same information that community leaders will pass to community members;
* encourage caregivers and household members to discuss open questions and to talk about matters of concern on the survey proceedings and activities;
* if you notice that some doubts persist, explain once again clearly and preferably in the language in which the caregivers and household members feel at ease;
* thank the respondents for receiving and dismissing you with equal accord during your visit to the dwelling.

It is important to note that community mobilizers should not judge, accuse or offend members of the community for having different opinions or behaviours than theirs. Community mobilizers are in the community to foster community members’ participation and engagement and create a space for continuous exchange, and a pleasant working environment with all members of the community therefore needs to be established.

[Please modify the paragraphs above to outline in detail your community mobilization approach.]

# 6. Profile of a community or social mobilizer

[Describe the goal and expertise of each civil society organization that is involved in the SMP as a community mobilizer and describe the overall purpose of their work as community mobilizers in the study project.]

Example from Nigeria [delete in final version of your study protocol]:

Geo-Mob Social Response Centre is an NGO working on water and sanitation and health promotion, especially as they concern communities with extractive industries. The joint community mobilizers’ team will be led by senior personnel of Geo-Mob. Geo-Mob has experienced health professionals serving as social mobilizers at the grass-roots level. The organization had worked extensively with local communities in conducting public health surveillance and monitoring across Nigeria. They also have a grass-roots-oriented mobilizer who speaks the local language of the ASGM population in Niger state. Geo-Mob will be working closely with the local communities and groups, the traditional rulers’ council, and other civil society coalitions in Niger state and the Federal Capital Territory of Abuja to ensure effective stakeholder involvement and social mobilization towards the survey.

In the same vein, the involvement and social mobilization of NGOs, professional associations, and religious bodies in Osun state will be strengthened by the participation of the indigenous NGO, the Initiative for Advancement of Humanity, which is a CSO dedicated to paralegal and public health intervention services. Its goal is to assist vulnerable populations through the law as an instrument of social engineering, thereby providing a 50% improvement in access to health care services, education and the human rights of women, youths and populations most at risk. The Initiative for Advancement of Humanity has programme staff experienced in managing stakeholders and implementing public health intervention programmes. The staff, who are indigenous to Osun state, will be engaged as social mobilizers.

Cerpmist Environmental Academy is a world-class innovative pan-African academy that delivers and promotes solution-oriented environmental and sustainable development education, research and advocacy in a way that empowers individuals, governments and communities. Cerpmist Environmental Academy is experienced in building networks with academic communities and coordinating logistics within the country. It will coordinate the engagement of academic communities for the study in the two project locations, including providing oversight support as an integral strategy for stakeholder engagement for the survey. It will also support the involvement of the University of Nigeria Centre for Environmental Management and Control.

**[End of example]**

All the social mobilizers will:

* be familiar with the context and the local community’s environment, and have an understanding of key stakeholders and dynamics;
* receive training on the project concept and approach to community mobilization;
* establish communication channels with the community, and engage with opinion leaders in the communities and other relevant community groups in a respectful way;
* facilitate small and large community meetings as a space to encourage discussions, provide information about the survey activities, disseminate key messages and inform regularly on recent developments;
* communicate clearly and in the local language so that the community understands the process;
* build community capabilities by providing training to community members in communication and encouraging local initiatives and participation;
* have the ability to encourage, listen, persuade and negotiate politely;
* be dynamic, active and creative and adopt a problem-solving approach, as appropriate (do not always wait for the hierarchical superior);
* coordinate and link with other project staff to facilitate community participation in the project.

# 7. Mobilizers’ relationship with community leaders

The joint community mobilizers’ team consisting of representatives and staff of [name civil society organizations] will closely work with community leaders and the community around the ASGM sites. Community leaders should be the first to be sensitized and mobilized, so that they can participate as facilitators in the process of social mobilization of the larger community and the target groups, informing them about the survey proceedings and activities and the need for the community’s active engagement and participation. The participation of local community leaders ([give examples]), community groups and other influential community members ([give examples]) is very important for message acceptability and adherence to the study, and as a means to contribute to the survey activities and drive them forward.

[Please modify and adjust the paragraph above to briefly describe the collaboration between the community mobilizers and the community leaders in the study area.]

# References

1. Hentschel T, Hruschka F, Priester M. Artisanal and small-scale mining: challenges and opportunities. London: World Business Council for Sustainable Development; 2003.

2. Breaking new ground: mining, minerals and sustainable development. London: International Institute for Environment and Development; 2004.

3. Veiga MM, Baker RF. Protocols for environmental and health assessment of mercury released by artisanal and small-scale gold miners. Vienna: United Nations Industrial Development Organization; 2004.

4. Environmental and occupational health hazards associated with artisanal and small-scale gold mining. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/247195>, accessed 29 January 2021).