

MANAGING PROGRAMMES
TO IMPROVE CHILD HEALTH

Facilitator Guide



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Facilitator Guide

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Facilitator Guide for

Managing Programmes to Improve Child Health

For whom is this course intended?

Managing Programmes to Improve Child Health is a training course designed for managers of child health at levels below the national level. These are the managers that must take the vision for child health described by the national-level planners in the strategic plan and turn it into action: delivering priority interventions by means of specific activities implemented in health facilities and communities. These materials provide skills that are needed by:

- child health programme managers at the sub-national levels
- district child health programme managers

What methods of instruction are used in this course?

This course uses a variety of methods of instruction, including reading, presentations, written exercises, small group work, discussions, and role plays. **Practice**, whether in written exercises, presentations, role plays, or practical exercises, is considered a critical element of the instruction.

How is the course conducted?

- Small groups of participants are led and assisted by “facilitators” as they work through the course modules (booklets that contain units of instruction). The facilitators are not lecturers, as in a traditional classroom. Their role is to answer questions, provide individual feedback on exercises, lead discussions, structure role plays, etc.
- The modules provide the basic information to be learned. Information is also provided through presentations and discussions.
- The modules are designed to help each participant develop specific skills necessary for planning implementation and managing implementation of child health programmes. Participants develop these skills as they read the modules and practise skills in written exercises, group discussions, and role plays.
- To some extent, participants work at their own pace through reading and written exercises. In some activities, such as role plays and discussions, the small group will work together. In some other exercises, participants may work with a partner. Participants who work on child health in the same country will work together on some exercises that plan for their programme(s).
- Each participant discusses any problems or questions with a facilitator and receives prompt feedback on completed exercises. (Feedback includes reviewing and discussing the exercise with the participant.)

What is a FACILITATOR?

A facilitator is a person who helps the participants learn the knowledge and skills presented in the course. The facilitator spends much time in discussions with participants, either individually or in small groups. For facilitators to give enough attention to each participant, two facilitators are needed for each group of 6–9 participants. In your assignment to teach this course, YOU are a facilitator. You will work with a co-facilitator to lead a group.

As a facilitator, you need to be very familiar with the material being taught. It is your job to give explanations, answer questions, talk with participants about their answers to exercises, lead group discussions, and generally give participants any help they need to successfully complete the course. You are not expected to teach the content of the course through formal lectures. Lecturing is not recommended, even if this is the teaching method to which you are most accustomed.

What, then, DOES a FACILITATOR do?

As a facilitator, you do three basic things:

1. You INSTRUCT:

- Make sure that each participant understands how to work through the materials and what is expected in each module and each exercise.
- Answer the participant's questions as they occur.
- Explain any information that the participant finds confusing, and help the participant understand the main purpose of each exercise.
- Lead group activities, such as group discussions, to ensure that learning objectives are met.
- Promptly review each participant's work and give correct answers.
- Discuss how the participant obtained the answers in order to identify any weaknesses in the participant's skills or understanding.
- Provide additional explanations or practice to improve skills and understanding.

2. You MOTIVATE:

- Compliment the participant on correct answers, improvements or progress.
- Keep each participant actively involved in discussions and conversations about the work.
- Moderate participants' presentations. After the presentations, elicit and give support **and** specific suggestions for improvement.

- Help participants to understand how to use skills taught in the course in their own work.
- Promote collegial competition and lively discussion to help participants stay alert and involved. (Managers are usually competitive and proud people!)

3. You MANAGE:

- Plan ahead and obtain all supplies needed each day, so that they are in the classroom when needed.
- Make sure that there are no major obstacles to learning (such as distractions of noise from conversations, or not enough light).
- Help the participants to pair up with a suitable partner when exercises call for it.
- Monitor the progress of each participant.

How do you do these things?

- Show enthusiasm for the topics covered in the course and for the work that the participants are doing.
- Be attentive to each participant's questions and needs. Encourage the participants to come to you at any time with questions or comments. Be available during scheduled times.
- Watch the participants as they work, and offer individual help if you see a participant looking troubled, staring into space, not writing answers, or not turning pages. These are clues that the participant may need help.
- Promote a friendly, cooperative relationship. Respond positively to questions by saying, for example, "Yes, I see what you mean," or "That is a good question." Listen to the questions and try to address the participant's concerns, rather than rapidly giving the "correct" answer.
- After a series of presentations, ask the participants to give their opinions on which presentation was best and why they think it was the best.
- Always take enough time with each participant to answer questions completely (that is, so that both you and the participant are satisfied).

What NOT to do.....

- During times scheduled for course activities, do not work on other projects or discuss matters not related to the course.

- In discussions with participants, avoid using facial expressions or making comments that could cause participants to feel embarrassed.
- Do not lecture about the information that participants are about to read. Give only the introductory explanations that are suggested in the *Facilitator Guide*. If you give too much information too early, it may confuse or bore participants. Let them read it for themselves in the modules.
- Do not review text paragraph by paragraph. (This is boring and suggests that participants cannot read for themselves.) As necessary, review the highlights of the text during individual feedback or group discussions.
- Do not be condescending. In other words, do not treat participants as if they are children. They are adults.
- Do not talk too much. Encourage the participants to talk.
- Do not be shy, nervous, or worried about what to say. The *Facilitator Guide* will help you remember what to say. Just use it!

How can the FACILITATOR GUIDE help you?

The *Facilitator Guide* will help you teach the course modules. For each module, the *Facilitator Guide* includes the following:

- a list of the procedures to complete the module
- guidelines describing:
 - any preparations needed for an exercise
 - instructions to the participants
 - how to lead group discussions or organize role plays or presentations by participants
 - points to make in group discussions or individual feedback
- answers to exercises.

At the back of the *Facilitator Guide* is a section titled "Guidelines for all modules". This section describes training techniques to use when working with participants during the course. It provides suggestions on how to work with a co-facilitator. It also includes important techniques to use when:

- participants are working individually
- you are providing individual feedback
- you are leading a group discussion
- you are coordinating a role play.

To prepare yourself for each module, you should:

- read the module and work the exercises,

- check your answers by referring to the answer sheets (provided in the *Facilitator Guide*),
- read in the *Facilitator Guide* all the information provided about the module,
- plan with your co-facilitator how work on the module will be done and the major points to make,
- collect any necessary supplies for exercises in the module,
- think about sections that participants might find difficult and questions they may ask,
- plan ways to help with difficult sections and answer possible questions,
- plan questions to ask participants that will encourage them to think about using the skills in their own work.

When inviting participants to the course

Participants should each receive an invitation to the course which explains the purpose of the course, dates and location of the training, and other important administrative details. Because participants will be asked during the course to use data from their own areas in some exercises, they must be informed of the documents needed and given sufficient notice that they will have time to gather together the information. A sample letter informing the participants of what to bring is in Annex B.

Checklist of instructional materials needed in each group

Item needed	Number needed
Set of modules, includes: <i>Module 1: Introduction</i> <i>Module 2: Planning Implementation</i> <i>Module 3: Managing Implementation</i> <i>Workbook</i>	1 set for each facilitator and 1 set for each participant
<i>Facilitator Guide</i>	1 for each facilitator
Reference documents (WHO documents on different survey methods, etc.)	1 set for each group
Information, brought by participants, about child health indicators and child health programmes in their country: Survey data (community, health facility, DHS, MICS), the most recent implementation plan for child health (with activities and a monitoring plan), a strategic plan to understand what interventions are priority, goals and objectives, indicators that are being tracked; some routine monitoring reports.	
Copy of role plays in the <i>Facilitator Guide</i> for <i>Module 3: Managing Implementation</i> , Exercise H	1 per group
Copy of course schedule	1 for each facilitator and participant

Checklist of supplies needed for work on modules

Supplies needed for each person include:

- name tag and holder
- 2 pens
- 2 pencils with erasers
- paper
- highlighter
- folder or large envelope to collect loose papers
- calculator – Participants may be asked to bring a calculator if they have one; for those who do not have calculators, it is recommended to have one or two available to share in each small group.
- personal computer is needed to prepare slides for a presentation. Two or 3 participants will work together to prepare a presentation (including 5 slides), so not every participant needs a computer.

Supplies and equipment needed for each group include:

- paper clips
- pencil sharpener
- stapler and staples
- 1 roll masking tape
- extra pencils and erasers
- flipchart and markers OR blackboard and chalk OR whiteboard and dry erase markers
- Computer and projector to show a Powerpoint slide shows

Facilitator Guidelines for Module 1: Introduction

Facilitator Guidelines for Module 1: Introduction

Notes for each of these numbered procedures are given on the following pages.

Note that a plenary presentation on epidemiology of child morbidity and mortality and its importance for planning a child health programme should precede this module. (See Annex C.)

Procedure	Approximate duration of step*	Section duration*
1. Introduce yourself and ask participants to introduce themselves.	15 min	15 – 30 min
2. Do any necessary administrative tasks.	3 – 15 min	
3. Distribute and introduce <i>Module 1: Introduction</i> . Comment that some of the material in section 2 was already covered in the presentation.	5 min	1 hour 50 min
4. Participants read the module. (Participants were introduced to much of this material in the presentation.) Participants do Exercise A: Review child health epidemiology .	Reading: 60 min Exercise A: 15 min	
5. Lead a group discussion of Exercise A.	Discussion: 30 min	
6. Participants read pages 25–32 and do Exercise B: Review intervention packages and the continua of care .	Reading: 25 min Exercise B: 15 min	55 min
7. Give individual feedback on Exercise B.	Feedback: 15 min**	
8. Participants read pages 35–39 and do Exercise C: Review planning terms and concepts .	Reading: 15 min Exercise C: 15	45 min
9. Give individual feedback on Exercise C.	Feedback: 15 min	
10. Conclude the module.	5 min	5 min

Total: 4 hours approximately

* Time estimates are a **minimum** working time. Additional time must be added for breaks, additional discussion, slower readers, or time spent waiting for facilitators to be available for individual feedback.

** This time estimate is an **average** for giving individual feedback to one participant. It is hoped that there are enough facilitators available that participants seldom must wait to get feedback, or that they can continue working on the next section while waiting for a facilitator.

Plenary presentation on epidemiology of child morbidity and mortality and its importance for child health programme planning

A plenary presentation will open the course, after any welcome ceremony. A Powerpoint presentation file is provided with these course materials or can be requested from WHO/CAH. A copy of the slides and notes for the speaker are in Annex C.

After the plenary, participants will be divided into groups, each with 2 or more facilitators, to work through the modules. When you and your co-facilitator gather with the participants assigned to your group, begin the group work as described below.

1. Introduction of yourself and participants

Introduce yourself and your co-facilitators and write your names on the blackboard or flipchart. As the participants introduce themselves, ask them to write their names on the blackboard or flipchart. (If possible, also have them write their names on large name cards at their places.) Leave the list of names where everyone can see it. This will help you and the participants learn each other's names.

Explain to participants that you would like to learn more about their current responsibilities related to planning and management of child health programmes. This will help you understand their situations and be a better facilitator for them. For now, you will ask participants to tell where they work and what their job is. During the course you will further discuss what they do in their work.

Begin with the first participant listed on the flipchart and ask the two questions below. Note the answers on the flipchart.

- Where do you work?
- What is your position or responsibility for planning and managing a child health programme? What is your geographic/administrative area of responsibility? (e.g. region, sub-region, district)

Note: Have the participant remain seated. You should ask the questions and have the participant answer you, as in a conversation. It is very important at this point that the participant feel relaxed and not intimidated or put on the spot. (Though it may be interesting to ask more questions, do **not** do that now. This should not be a long discussion.)

2. Administrative tasks

There may be some administrative tasks or announcements that you should address. For example, you may need to explain the arrangements that have been made for lunches, transportation of participants, or payment of per diem.

Ask participants to kindly set their mobile phones on silent or turn them off so as not to disturb the work of others during the working sessions. A lot of work will be asked of them this week and they will accomplish more if not distracted by mobile phones.

Distribute the course schedule, and answer any questions about the schedule.

3. Introduction of Module 1

Distribute *Module 1: Introduction*. Explain that this introductory module:

- Describes the purpose of the training, including the target audience and learning methods
- Describes the steps and skills that are taught, and provides flowcharts of the steps
- Reviews child health epidemiology and why it is important for planning effective child health programmes
- Describes two important principles of delivery of interventions:
 - the continua of care for child health
 - packaging of child health interventions
- Defines terms important for planning child health programmes. It is important that we all understand and use these terms in the same way during this course.
- Contains a glossary. If participants encounter an unfamiliar word, they can look up its meaning, as used in the modules.

Explain to participants that, as facilitator (along with your co-facilitators), your role throughout this course will be to:

- guide them through the course activities
- answer questions as they arise or find the answer if you do not know
- clarify information in the modules as needed
- help them to use their own data or other data to practise skills in this training
- give individual feedback on exercises where indicated
- lead group discussions and role plays
- discuss specific questions about planning in their own country/programme.

The course materials include:

- *Module 1: Introduction*
- *Module 2: Planning Implementation*
- *Module 3: Managing Implementation*
- *Workbook*: This contains worksheets that are filled in during exercises. It can also be helpful later when planning for your own programme.

Describe how participants will work on this module and other modules:

- In general, participants will read until they come to an exercise (as on page 23 of this module).
- **Written exercises are usually** done independently. Sometimes they will be done in pairs, or small groups (3 persons) so that you can share ideas. It may be especially appropriate to work with someone from your country/area when planning specific aspects for your programme.
- At the end of written exercises, there is usually a box that instructs participants to review and discuss their answers with a facilitator. This private discussion is called **individual feedback**. One purpose is to clarify any misunderstandings. It is also to give each participant **an opportunity to discuss specifics about his/her own work**. The facilitators are a valuable resource for getting individualized help or opinions on planning.
- Explain what participants should do when they are ready for individual feedback. (Depending on the room arrangement, they may raise their hands for a facilitator to come to them, or they may come to the facilitator who is sitting apart from the group.)
- There are also discussion exercises. Usually participants are asked to think about and write some answers, in preparation for the discussion.
- Some exercises ask participants to prepare a brief presentation and then make the presentation to the other participants. This type of exercise shows different perspectives on the content, and also different approaches to making presentations.

There are also additional reference materials in each group room.

Answer any questions that participants have about the course or how they will work.

4. Reading and Exercise A – Review child health epidemiology

Ask participants to read pages 1 – 22 now and do Exercise A (on pages 23–24) when they come to it. When everyone is ready (usually after about 1 hour), there will be a group discussion.

While participants are reading, and when they work on Exercise A, watch to see whether any participants are struggling. If a participant is visibly struggling, go to that individual and ask quietly if the participant has a question or needs help. Help as needed. Leaving a participant to struggle is likely to result in frustration and loss of motivation.

5. Group discussion of Exercise A – Review child health epidemiology

Ask participants to volunteer answers to the items under question 1 and briefly explain their answer.

Then ask participants to answer questions 2–4 for their countries. Conduct a discussion so that all participants feel included and you have an idea of the extent of their knowledge/understanding of the epidemiology of child health in their country.

Suggest that after this course, participants will possess more skills and knowledge to enable them to plan systematically.

Module 1: Introduction

Possible Answers to Exercise A

1. a. F The global overall rate of decline in under-five mortality in the last 10 years has been sufficient to meet the Millennium Development Goal for child health.
- b. T Undernutrition is an important contributor to child deaths from the major causes.
(Undernutrition, including micronutrient deficiencies, is an underlying cause of death in about 35% of child mortality in developing countries.)
- c. F On a global level, coverage with ORS for diarrhoea and with antibiotics for pneumonia is high, because these interventions have been promoted for a long time.

6. Reading and Exercise B – Review intervention packages and the continuum of care

Ask participants to read pages 25–32 and to do Exercise B when they come to it. These pages are packed with important information, so they should read these pages carefully. They should work on Exercise B by themselves. If they have any questions about the exercise, they should ask you and you can clarify what is needed.

7. Individual feedback on Exercise B

When you see that a participant has finished the exercise, you may need to initiate individual feedback by encouraging the participant to come to you. If individual feedback is a new method for the participants, they may wait to see whether and how individual feedback happens. Some may not come for feedback unless you prompt them. Be sure that every participant receives individual feedback on this exercise.

Make sure that this first experience with individual feedback is positive. Look at each participant's answers carefully. Ask whether the participant has questions; listen attentively; and answer carefully. Build the participant's confidence that these interactions will be pleasant and helpful. When interactions are positive and participants feel that facilitators are interested in their work, they are more motivated to do the work well.

The purpose of this exercise is to familiarize the participant with the various packages of interventions and the two continua of care. Question 1 does not ask the participant to describe how the interventions are currently implemented in his or her country. It just asks for a theoretical description of the levels at which the package could be implemented. Questions 2 and 3 ask the participant to reflect on experience to date in his/her programme regarding packaging of interventions and inequities in health care.

Ask the participant to show you his or her answers. Ask the participant a few questions about how he arrived at those answers, so that you know the participant understands the concept of packages and the levels of care. Refer to the answer sheet on the next page as needed.

Mention that this exercise asked about one continuum of care, i.e. the levels of the health system at which the interventions are implemented. Ask the participant what the other continuum of care is. If the participant does not remember, ask him to turn back to that section of the module (pages 25–27) and look for it there. (*Answer: life stages of the mother and child, through pregnancy, birth, the newborn period, infancy, and childhood.*) Also ask which of the life stages of the child are addressed by each of the interventions listed.

Ask the participant to continue reading in the module, pages 35 through the end of the module and to do Exercise C.

Possible Answers to Exercise B

The answers below show how some interventions logically may be implemented; it is not a prescription for any country. Your answers may differ and are acceptable as long as you understand the concepts and have reasons for your answers.

Intervention(s)	Intervention package (s)	Most important level for implementation of package (<i>tick column</i>)		
		Home and community	First-level health facility	Referral facility
Case management of pneumonia	<i>IMCI</i>		✓	
Care-seeking for pneumonia	<i>community IMCI</i>	✓		
Measles vaccine	<i>EPI</i>		✓	
Handwashing	<i>community IMCI</i>	✓		
Screening for syphilis	<i>antenatal care package</i>		✓	
Immediate newborn care	<i>skilled care at birth</i>		✓	
Give zinc and ORS to children with diarrhoea	<i>IMCI</i>		✓	
Sleep under an insecticide-treated bednet	<i>community IMCI</i>	✓		
Extra care of LBW infants	<i>Routine postnatal care of mother and newborn</i>		✓	
Management of obstetric complications	<i>Emergency obstetric and newborn care package</i>			✓

8. Reading and Exercise C - Review planning terms and concepts

As participants read (pages 35-39) they may have questions or disagreements with the definitions provided. They may protest that the terms may be used somewhat differently in their country or in other training courses. If there is disruptive chat, it may be advisable to get the attention of the group and clarify the problematic definitions. Make the point that the terms are used in this way **in these materials** so that we will all use the same language.

9. Individual feedback on Exercise C – Review planning terms and concepts

Ask the participant whether he or she had difficulties with the exercise and check the participant's answers against the answer sheet on the next two pages. It is important to discuss the different items in the exercise and definitions of terms with the participant to be sure that the participant understands them, because the rest of the course will use these terms.

Possible Answers to Exercise C

1. Decide whether each indicator is an activity-related, coverage, or impact indicator and place a tick in the appropriate column.

Indicator	Activity-related indicator (completion of activities or results of activities)	Coverage indicator (target population receiving the intervention)	Impact indicator (health status)
a) Proportion of health workers scheduled to be trained in IMCI who were trained in IMCI	✓		
b) Proportion of children under age 5 with diarrhoea who were given ORT		✓	
c) Proportion of children under age 5 who are wasted			✓
d) Proportion of children under age 5 who sleep under an insecticide-treated bednet		✓	
e) Proportion of children under age 5 visiting a health facility because of diarrhoea who are assessed and treated correctly	✓		
f) Proportion of health facilities with at least 60% of health workers who manage sick children trained in IMCI	✓		
g) Proportion of caregivers who know 2 signs to seek care immediately	✓		
h) Proportion of facilities with all essential vaccines available	✓		
i) Proportion of planned CHW training sessions completed	✓		
j) Proportion of villages with a trained CHW	✓		
k) Proportion of women whose last baby was delivered by a skilled birth attendant		✓	
l) Proportion of children under 6 months of age who are exclusively breastfed		✓	
m) Infant mortality rate			✓

2. Read the phrase in the left column of the box. Then choose the phrase from the right column of that box that will best complete the sentence. Draw a line to connect them.

A.

• A population-based coverage indicator	→	▪ Is measured with a health facility survey.
• An impact indicator	→	▪ Must be measured with a large-sample population survey.
• A quality of care indicator	→	▪ Is measured with a community-level survey.

B.

• An indicator of population-based coverage with pneumonia treatment	→	▪ Has as a denominator the planned activities
• An indicator of the quality of care for pneumonia at facilities	→	▪ Has as a denominator the number of children in the geographic area who had pneumonia.
• An indicator of planned activities completed	→	▪ Has as a denominator the number of children who came to a health facility with pneumonia.

C.

• An example target for improvement in population-based coverage with an intervention is	→	▪ "In 2010, 80% of children who come to a facility needing an antibiotic or antimalarial will be prescribed the medicine correctly."
• An example of a target for improving quality is	→	▪ "In 2010, 75% of villages will have a CHW trained to give standard pneumonia case management."
• An example of a target for improving access is	→	▪ "In 2010, 95% of children will be fully vaccinated by one year of age."

10. Concluding the module

Turn back to page 2 of the module to review the Programme Planning and Management Cycle. Then review the learning objectives of this module (on page 4).

Ask participants if they have any questions about this module and if so, discuss those. Review the definitions of terms briefly if you feel it is needed. Participants will become more familiar with the terms as they use them in different modules and exercises.

Proceed directly to *Module 2: Planning Implementation*.

Facilitator Guidelines for
Module 2: Planning Implementation

Facilitator Guidelines for Module 2: Planning Implementation

Notes for each of these numbered procedures are provided on the following pages.

Procedure	Approximate duration of step ¹	Section duration
1. Distribute <i>Module 2: Planning Implementation</i> and the Workbook . Introduce the module.	10 min	10 min
2. Participants read pages 1–11 of the module and do written Exercise A: Prepare for planning (pages 12–13).	Reading: 30 min Ex A: 10 min	1 hr
3. Lead a group discussion of Exercise A: Prepare for planning.	Discussion: 20 min	
4. Participants read pages 14–24 and gather together documents about their own programmes needed for doing Exercise B: Review implementation status.	Reading: 35 min Gathering/ sorting docs: 10 min	2 hrs
5. Participants do Exercise B: Part 1. Review programme goals and objectives and Part 2. Review coverage of interventions and compare it to targets .	Ex B: Parts 1 & 2: 30 min	
6. Participants do Exercise B: Part 3. Review status of indicators related to access, etc. (using their available data).	Ex B: Part 3: 30 min	
7. Give individual feedback on Parts 1, 2, 3 .	Feedback: 15 min	
8. Participants do Exercise B: Part 4: Review major activities and assess how well they were implemented .	Ex B: Part 4: 35 min	50 min
9. Give individual feedback on Part 4.	Feedback: 15 min	
10. Participants read pages 27–29 and do Exercise C: Review implementation status: Analyse information with 1 or 2 colleagues, and prepare to present the results to the group.	Reading: 10 min Ex C: 45 min	1 hr 45 min
11. Moderate the presentations on Exercise C and lead discussion/feedback on the presentations.	Presentation: 5 min each Total with discussion: 50 min	

Subtotal: approx 6 hours

¹ Time estimates are a **minimum** working time. Additional time must be added for breaks, additional discussion, slower readers, or time spent waiting for facilitators to be available for individual feedback.

12. Participants read pages 31–39 and do Exercise D: Set a target for improved quality of care, Parts 1 and 2.	Reading: 30 min Exercise D: 30 min	1 hr 10 min
13. Give individual feedback on Exercise D.	Feedback: 10 min	
14. Participants read pages 44–50 and do Exercise E: Plan activities to implement intervention packages (Workbook pages 14–19).	Reading: 25 min Ex E: 50 min	1 hr 30 min
15. Give individual feedback on Exercise E.	Feedback: 15 min	
16. Participants read pages 52–54. Conduct Exercise F: List tasks in activities and types of resources needed as a contest (Workbook pages 20–22).	Reading: 10 min Ex F: 50 min	1 hr
17. Participants read pages 57–60 and do Exercise G: Choose priority indicators for monitoring results of activities , Part 1 as a group, Part 2, individually (Workbook pages 24–26).	Reading: 15 min Ex G: Part 1: 20 min Part 2: 30 min	1 hr 15 min
18. Give individual feedback on Exercise G, Part 2.	Feedback: 10 min	
19. Participants read pages 64–68 and do Exercise H: Plan monitoring of implementation of activities (Workbook pages 28–30) .	Reading: 15 min Ex H: 30 min	1 hr
20. Give individual feedback on Exercise H.	Feedback: 15 min	
21. Participants read pages 70–79 and do Exercise I: Plan for the next review of implementation status.	Reading: 30 min Ex I: Part 1-2: 20 min Part 3: 40 min	2 hr 20 min
22. Lead a group discussion of Exercise I, Parts 1–2.	Discussion: 40 min	
23. Give individual feedback on Exercise I, Part 3.	Feedback: 10 min	
24. Participants read pages 83–84 and do Exercise J: Decide how to scale up implementation, with a colleague from the same country/area.	Reading: 5 min Ex J: 20 min	1 hr 10 min
25. Moderate the presentations of participants' plans to scale up implementation of an intervention package. Lead a discussion of the plans at the end.	Presentations and discussion: 45 min	

Subtotal page 2: approximately 9.5 hours

26. Participants read pages 87–89 and do Exercise K: Review a timetable for activities.	Reading: 10 min Ex K: 10 min	35 min
27. Lead a group discussion of Exercise K.	Discussion: 15 min	
28. Participants read pages 91–97 and do Exercise L: Estimate resource needs.	Reading: 25 min Ex L: 30 min	1 hr 10 min
29. Give individual feedback on Exercise L.	15 min	
30. Participants read pages 104–108 and do Exercise M: Review a workplan for a child health programme.	Reading: 15 min Ex M: 30 min	1 hr 30 min
31. Lead a group discussion of Exercise M.	45 min	
32. Conclude the module.	10 min	10 min

Subtotal page 3: 3.5 hours

Total pages 1, 2, and 3: 19 hours approximately

Preparations for this module:

- Each participant was asked to bring data about the child health programme in his or her country and geographic area of responsibility. What documents the participant brought and how accessible the necessary information is within those documents will determine the extent that the participant can use his or her own data to practise the skills of reviewing implementation status and planning for his or her own programme. It may also depend on the extent of help that a facilitator is able to give the participant (for example, when extracting data to complete the worksheet for assessment of current coverage of interventions and activity-related targets).
- For Exercise B, Part 2, each participant will need a coloured highlighter.
- For Exercises D: Set a target, and L: Estimate resource needs, participants will need calculators.
- For Exercise M: Review a workplan for a child health programme: Participants will be asked to review a workplan from their own programme. If possible, make additional copies of a workplan from another country/geographic area for those participants who do not have a suitable one to review from their own programme/area.

1. Introducing the module

Distribute *Module 2: Planning Implementation* and the **Workbook**. Tell participants that they will use the **Workbook** to record answers to exercises that ask participants to do planning specific to their own country's child health programmes. (The module looks huge, but over 40 pages at the end are annexes.)

They will need the data on their own child health programmes that they brought with them, and their own knowledge.

Ask participants to open the module to the first flowchart (page 1). Point out the box that is taught in this module. Point out that the flowchart on page 2 (Figure 2) shows all the steps addressed in this module.

Review the list of learning objectives on page 4 of the module. Tell the participants that to the extent possible, they will practise the steps of “review implementation status” using the data on their own programme that they brought along, and the information in their heads. Then, to the extent possible, they will practise the steps of planning one intervention or intervention package in their own programme (such as deciding on programme activities and tasks, selecting indicators to monitor), using the data and their own knowledge. For these exercises they will write in the **Workbook**.

2. Reading and Exercise A: Prepare for planning

Ask participants to begin work on *Module 2: Implementation Planning* by reading pages 1–11 and doing Exercise A on pages 12–13. When everyone is ready, there will be a brief group discussion of the exercise.

Watch as participants begin working on the first written exercise. Be sure that they are not confused about what to do, stuck with no pencil, etc. Some participants may need a bit of encouragement to write in the module book.

3. Lead a group discussion of Exercise A: Prepare for planning.

Lead a group discussion of the questions in the exercise, asking all participants for input in the discussion. In conclusion, mention that this training should help participants to better understand the planning process and find ways to overcome problems.

4. Participants read pages 14–24 and gather together documents about their own programmes needed for doing Exercise B: Review implementation status

5. Participants do Exercise B: Part 1–Review programme goals and objectives) and Part 2–Review current coverage of interventions and compare it to targets

Help participants get started on Exercise B by going from individual to individual and seeing what documents they have brought with them about their programmes. Point out the relevant pages in the **Workbook** (pages 2–5) if needed.

Part 1 asks participants to copy down the goals and objectives of their child health programme. If a participant seems to be struggling, help them to locate these in the documents, or ask them to write down some reasonable goals and objectives.

Announce to the participants that for Part 2, they need to first **highlight on the worksheet** the interventions that were **actually implemented** in their child health programmes (**Workbook** page 5). Then they should fill in the year for which targets were set and the target set for the indicator (if any). Then they should use whatever data they have to fill in the current coverage for the highlighted interventions.

While participants are working on the exercise, watch to see whether any participants are struggling. If a participant is visibly struggling, go to that individual and ask quietly if the participant has a question or needs help. Help as needed. Leaving a participant to struggle is likely to result in frustration and loss of motivation.

Look over participants' shoulders to see their progress. If any participant is not completing the goals and objectives, highlighting interventions, or fill in current coverage, speak with them. Determine whether they do not know what to do or if they have some other constraint. Help them as needed.

6. Participants do Part 3: Review status of indicators related to availability, access, demand and quality of health services, and knowledge of families relevant to child health

Watch participants as they work on Part 3 (**Workbook** pages 6–7). Participants may have difficulty filling in the data. They only need to fill in data for interventions that

were implemented, and for those indicators for which they have data. It is not necessary to spend a long time filling in data (pouring over documents, survey results, etc.) to do a complete review. Instead, it is important that the participant understands the process of filling in indicators in a systematic way as a step in reviewing implementation status.

Note regarding activity-related indicators (pages 18–20 in the module): Some participants may question why an indicator of knowledge that has as the denominator the population in the community (e.g. proportion of caregivers of children under 5 who know 2 signs to seek care for a sick child immediately), and which would be measured in a household survey, is not considered a **coverage** indicator. It is not considered a coverage indicator because conveying knowledge is not an intervention, and knowledge is not sufficient to change behaviour. Coverage indicators relate to receiving an intervention or performing a health-related behavior. For example, proportion of pregnant women who know the definition of exclusive breastfeeding is an activity-related indicator of knowledge; proportion of infants up to age 6 months who are exclusively breastfed is a population-based **coverage** indicator.

7. Give individual feedback on Exercise B: Review implementation status, Parts 1, 2 and 3

This is your opportunity to see what the participant has been able to do on the worksheets based on the information brought from his or her own country, show your interest, give input as appropriate, and encourage the participant.

Remember that the objective of Exercise B is not to do a complete review of the participant’s programme, but to show the participant the systematic steps one should do to “Review implementation status” and what is involved in those steps, to prepare the participant to do it better in the future.

In discussing Exercise B, emphasize the importance of using all available data to review implementation status, which will be the basis of planning future implementation.

8. Participants do Part 4: Review major activities and assess how well they were implemented

For this exercise, participants will list major activities at the three different delivery levels from their last year’s plan on the worksheets (**Workbook** pages 9–10). Then they will assess how well they were implemented. Notice the instructions on page 8 of the **Workbook**.)

Watch as participants work and give guidance as needed. Only 45 minutes is allotted in the schedule, so participants should not ruminate on these worksheets.

9. Give individual feedback on Exercise B: Part 4

Again, give the participant your interest and input on his or her work. The objective is to be sure that the participant understands how to complete these worksheets, so that he or she will understand how to do a more thorough review at a later time.

10. Reading and Exercise C: Review implementation status: Analyse information

Ask participants to read pages 27–29 and do Exercise C. Assign them to work in pairs or threes to complete the *Worksheet: Analyse Information and Generate Ideas on What is Needed to Reach Targets* (**Workbook** pages 11–12). One participant should prepare to present **briefly** the results of the exercise to the rest of the participants.

About making presentations during this course: Explain to participants that several times during this course, they will be asked to make a brief presentation. Usually, 2 or 3 participants will work together to prepare the content of the presentation, and one of the participants will present to the rest of the group. The presentations will be brief, usually only 5 minutes or less. They may use PowerPoint slides, the flipchart, or neither of these, as they choose.

At the end of the presentation, or sometimes at the end of all of the presentations, the group will have an opportunity to comment on the presentations. Presenters will receive positive feedback and suggestions for improvement. Everyone needs to improve their skills in making a point to an audience clearly and briefly. Participants who do not make a presentation for one exercise will make a presentation in a later exercise.

About this presentation: Encourage participants to discuss and arrive at answers to the questions in the worksheet. Then they should prepare a presentation of the results of their analysis which will **hit the high points** (not all their answers) **in a 5-minute presentation:**

- main strengths and main weaknesses of the child health programme in their area currently
- for the future, main issues to address, changes or additional activities needed to reach targets
- resources needed to conduct the activities/changes, and opportunities for obtaining them

Allow participants about 55 minutes to do the reading, complete the worksheet, and prepare a presentation.

11. Presentations on Exercise C

Invite participants to describe their analysis (**high points** of their answers to the questions) of what is needed to reach their targets in the future. Repeat the three bullets above as an introduction. (Time estimate: 5 minutes per presentation; 5–10 minutes discussion of each presentation including the content and the presentation itself.)

After each presentation, ask the participants to give feedback to the presenter on what was **good** about the presentation and then ask for any suggestions for improvement. Keep the tone positive and supportive. Emphasize that making presentations is an important part of any manager's job, and everyone can become more effective.

At the conclusion of the discussion, point out that participants have now finished “Step 2. Review implementation status.” The rest of the steps in this module are **planning** for the future. Plans for the future are built on your understanding of the past (the implementation status, what worked and what didn’t). In exercises from here on, when you are describing something in your programme, you should be describing what **will be** in the future, not necessarily what is or what was. You are planning improvements.

12. Reading and Exercise D: Set a target for improved quality of care

Ask participants to read pages 31–39 and do Exercise D: Parts 1 and 2 (exercise pages and worksheets are in the module, pages 40–43).

Explain that step 3 is “Decide on programme activities.” To focus plans for activities, you should first affirm the goals and objectives, and then set activity-related targets. Exercise D provides practice calculating a feasible target for the Metropolis Region in the fictional country Integratia. When doing the exercise, participants should try to keep in mind the **process** that they are using to calculate a target, so that they can use that process, with some adjustments if needed, to set a similar target in their own programme.

You may want to write the information below on the flipchart, in view of the participants while they work on the exercise. It can be a reminder or a refresher for participants who do not regularly work with mathematical terms.

$$2/5 = 4/10 = 40/100 = 0.40 = 40\%$$

$$64/1000 = 0.064 = 6.4\%$$

13. Individual feedback on Exercise D

Review the participant’s work on the worksheets carefully. Compare the participant’s answers to the answer sheets (on the next 3 pages). If there are discrepancies, discuss to discover whether the participant made a mathematical error or did not understand the instructions or the process. Ask questions to check that the participant understands the basic steps in the target worksheet.

Answers to Exercise D

Part 1:

1. Option b is the better target. Option a is not specific or quantified. Option c is too many years away for an activity-related target.
2. Option a is the better target because it relates to improving knowledge of families and communities. Options b and c relate to the health services, not prevention and treatment of illness at home and in the community.

TARGET WORKSHEET:
Proportion of Children Coming to First-Level Health Facilities in the 4 IMCI Districts Who Need an Antibiotic and/or Antimalarial Who will be Prescribed the Medicine Correctly

1. Estimate the proportion of health workers at all health facilities in the 4 IMCI districts that will have been trained 2 years from now.

$$\left(\frac{22}{\text{number of health workers trained now}} + \frac{40}{\text{number to be trained in the next 2 years}} \right) \text{ divided by } \frac{79}{\text{total number of health workers who treat children}} = \frac{62}{79} = 0.78$$

Enter this proportion in box A. in the table below.

2. Expected proportion of trained health workers who will prescribe antibiotics and/or antimalarials correctly (from follow-up of IMCI-trained health workers)
 = 0.875

Enter this proportion in box B. in the table below.

3. Estimate proportion of health workers at all health facilities who will **not** have been trained 2 years from now.

$$1.0 \text{ minus proportion that have been trained (see 1, above)} = \underline{0.22}$$

Enter this proportion in box D. in the table below.

4. Estimate the proportion of health workers not trained in IMCI but who will prescribe antibiotics and/or antimalarials correctly (from baseline health facility survey) =
0.27

Enter this proportion in box E. in the table below.

Children coming to first-level health facilities in the 4 IMCI districts in 2 years who will see a trained worker

A. Proportion of health workers trained in IMCI in 2 years	B. Proportion of trained health workers who will prescribe antibiotics and/or antimalarials correctly	C. Proportion of children who need an antibiotic and/or antimalarial who will be seen by a trained provider and prescribed the medicine correctly
<u>0.78</u>	<u>0.875</u>	A. x B. = <u>0.68</u>

Children coming to first-level health facilities in 2 years who see an untrained worker

D. Proportion of health workers not yet trained in IMCI in 2 years	E. Proportion of health workers not yet trained in IMCI but who will prescribe an antibiotic and/or antimalarial correctly	F. Proportion of children who need an antibiotic and/or antimalarial who will see an untrained health worker and be prescribed the medicine correctly
_____ 0.22 _____	_____ 0.27 _____	D. x E. = _____ 0.06 _____

For all children coming to health facilities in 2 years

Overall proportion of children who need an antibiotic and/or antimalarial who will be prescribed the medicine correctly
C. + F. = _____ 0.68 + 0.06 = 0.74 _____

QUALITY OF CARE TARGET

Complete the target below:

By the end of the year 2009 in the 4 IMCI districts of the Metropolis Region, 74 % of children coming to health facilities who need an antibiotic and/or antimalarial will be prescribed the medicine correctly.

14. Reading and Exercise E: Plan activities to implement intervention packages

Ask participants to read pages 44–50 and do Exercise E, which involves planning who will do what to deliver interventions along the continua of care, and then the activities needed to carry out the intervention packages at 3 levels (**Workbook** pages 14-19). This is a very important planning step, and most of the rest of the planning process will depend on the activities planned. Participants will have over an hour to read the text and do Exercise E; it is important that they do it thoughtfully.

15. Individual feedback on Exercise E

Review the participant’s *WORKSHEET: Who Will Deliver Interventions along the Continua of Care* (**Workbook** page 15). Check that the participant understood the two continua of care, and that the entries make sense. If any do not, encourage the participant to improve them.

Then check the participant’s entries on the *WORKSHEET: Plan Activities to Implement Intervention Packages* (**Workbook** pages 17–19, one page per level.) Again, check that the listed activities form a reasonable plan for delivering intervention packages. It is not necessary to write activities in great detail or in every category on the page, but the participant’s work should be thorough enough to be understandable. Some of the activities listed on these pages will be used in later exercises (for example, when planning how to monitor activities).

16. Reading and Exercise F: List tasks in activities and types of resources needed

Ask participants to read pages 52–54 and read through the instructions for Exercise F: List tasks in activities and types of resources needed, when they come to it.

Exercise F is a competitive exercise (imagine a game show) in which teams of three participants will work together to develop lists of tasks involved to implement an activity, within a time limit. This exercise can be lively and noisy, a break from individual work.

You will be the time keeper for the game. If possible, locate a sounding timer, or alarm clock, or cell phone that can be programmed as a timer, to use for this game.

The instructions on pages 55–56 of the module describe the steps of the exercise. You will need to:

- a) Divide the participants into teams of three.
- b) Describe and make sure everyone understands how the exercise will work.
- c) Select the two activities that will be planned. Be sure to select two activities that have some complexity, so that the task lists will not be too simple.
- d) Tell the group when to **START**, and after 5 minutes, to **STOP**. (If this time seems too short or too long, you may shorten or extend it, but keep the pace hurried and lively.)

- e) Ask each team to present their list of tasks (no discussion of lists when presenting them).
- f) Conduct a vote on which list is best. (You and your co-facilitator should vote also.) Comment or ask participants to comment on what made one list better than the others. Check that the list includes tasks in an activity, and not other activities (that is, **sub-steps** of the activity, and not subsequent steps).
- g) Repeat the process for the second activity, including voting on the best list.
- h) Repeat the process one more time, but this time, the teams list the types of resources needed to implement the two activities (**Workbook**, page 22).
- i) Conclude the exercise, and congratulate the winning team.

17. Reading and Exercise G: Choose priority indicators for monitoring results of activities (Part 1 as a group, Part 2 individually or in pairs)

Ask participants to read pages 57–60 and do Exercise G: Choose priority indicators for monitoring implementation of activities. Explain that when everyone is ready, you will lead a discussion to do Part 1 of the exercise together. In Part 2, they will again plan for their own programme.

NOTE: Prepare some flipchart pages to look like the tables on page 62 of the module. You will write on these during the discussion.

Part 1: Group work

When participants have completed the reading, conduct Part 1 of the exercise. Suggest that the group work as a planning team for a district in Integratia.

Ask them for suggestions for possible indicators to monitor the first activity listed in the left column and write them down on the flipchart in the right column. Remind participants to think of indicators that will measure results of activities and not just whether the activities were completed or not. (Refer to the possible answers on the next page as needed to help you lead the discussion.)

Then lead the group through the steps of:

- eliminating any indicators that are not feasible to measure regularly (e.g. eliminate an indicator that requires a survey)
- deciding which will tell more about the effectiveness or result of an activity

Repeat the process for the rest of the activities.

Finally, ask participants to select a few priority indicators to monitor. (It is **not** necessary to monitor an indicator for every activity.)

Be sure that by the end of the discussion each and every one of the participants understands what makes a good indicator, and can choose useful ones, so that they are prepared to do this step for their own programme.

Possible Answers to Exercise G

Intervention/package: Antibiotics for pneumonia

In the home and community: CHWs provide community case management of pneumonia

A. Key Activities planned	B. Activity-related indicators to monitor
Recruit CHWs in 45 villages (1 CHW per village)	<i>Proportion of villages visited to discuss recruitment of a CHW</i> <i>Proportion of villages with a CHW</i>
Train CHWs from 45 villages	<i>Proportion of planned training sessions for CHWs conducted</i> <i>Proportion of 45 newly recruited CHWs who have attended training using c-IMCI materials</i> <i>Proportion of all CHWs who have attended c-IMCI training</i> <i>Proportion of villages with a CHW trained in community case management of pneumonia</i>
Supply trained CHWs with timers, counselling cards, and antibiotics	<i>Proportion of CHWs who attended training who were given a timer to take home after training</i> <i>Number of CHWs given or sent timers</i> <i>Proportion of CHWs with timer and supply of counselling cards and antibiotics, when visited by supervisor</i>
Supervise trained CHWs quarterly	<i>Proportion of CHWs visited by a supervisor</i> <i>Proportion of CHWs when visited by supervisor who could correctly describe community case management for pneumonia</i> <i>Proportion of CHWs visited by a supervisor whose visit included observation</i> <i>Proportion of all CHWs who managed a child with pneumonia while observed by a supervisor who treated pneumonia correctly</i>
Trained CHWs provide group health education on care-seeking for pneumonia	<i>Proportion of CHWs that conducted 2 or more group health education sessions for caregivers on care-seeking for pneumonia during the last month</i> <i>Proportion of caregivers leaving a health facility who can state 2 signs to seek care for a sick child</i>

Part 2: Individual work

When the discussion is completed, ask participants to turn in their **Workbook** to the instructions on page 24 and the worksheets on pages 25–26. They will refer back to the worksheets they completed for Exercise E. They should select a few important activities to write in the left column of the worksheet (some for each level). Then they should use the same process that the group just completed to choose priority indicators to monitor.

18. Individual feedback on Exercise G, Part 2

Review the participant's worksheets. Check that the indicators chosen would not only measure completion of activities, but will measure results of activities. Check that all indicators would be reasonable to monitor on a routine basis, that is, not require a survey to measure. Discuss with the participant how he or she chose these indicators.

19. Reading and Exercise H: Plan monitoring of implementation of activities

Ask participants to read pages 64–68 and do Exercise H: Plan monitoring of implementation of activities (**Workbook** pages 27–29). If possible, pair participants with someone from their own area for this exercise (or make small groups), so that they can plan together **how** to monitor the indicators selected in the previous exercise.

20. Individual feedback on Exercise H

Check the work of the participant (or pair) written on the two worksheets (**Workbook** pages 28–29). Discuss the plans to check that they are reasonable and to agree on improvements if needed.

21. Reading and Exercise I: Plan for the next review of implementation status

Ask participants to read pages 70–79 and do Exercise I: Plan for the next review of implementation status. On parts 1 and 2, they should work individually. On Part 3, which is planning for the next review of implementation status in their own programme (**Workbook** pages 32–33), they may work together with a colleague from the same area if they wish.

22. Group discussion of Exercise I, Parts 1 and 2

Part 1: Ask participants in turn to share the answers that they wrote on page 80. Answers may vary in wording somewhat, but be certain that the numerator, denominator, and method to collect data are consistent.

Part 2: Ask participants to share the answers that they wrote on page 81.

- Write on the flipchart, or ask participants to come up to the flipchart and write, the alternative possible indicators.
- When there is an ample list of possible indicators, lead a discussion of which would be the most helpful indicators to assess progress in improving management of diarrhoea.
 - Cross out any that would require a survey to measure.
 - Then have the group choose the indicators that would tell the most about the results of the programme's activities in terms of improving access, availability, or quality of treatment of diarrhoea, demand for the service, or the relevant knowledge of caregivers.

Answers to Exercise I – Plan for the next review of implementation status

Part 1:

Planning for Review of Implementation Status

What to assess (Indicator or question)	Data needed: Numerator/denominator	Method to collect data
1. Proportion of children under 5 with diarrhoea who received ORT and zinc (coverage)	Number of children under 5 in the geographic area with diarrhoea in the previous 2 weeks who received ORT and zinc / Number of children under 5 in the geographic area with diarrhoea in the previous 2 weeks	Household survey
2. Proportion of children under 5 with diarrhoea seen at a health facility who were correctly treated (quality)	Number of children under 5 with diarrhoea seen at a health facility who were correctly treated/ Number of children under 5 with diarrhoea seen at a health facility	Health facility survey
3. Proportion of villages that have at least one CHW trained in community case management of diarrhoea (availability)	Number of villages in the area that have one or more CHWs who are trained in community case management of diarrhoea/ Number villages in the area	Training records Community activity reports Supervisory reports
4. Proportion of caregivers who can state 2 danger signs to bring a sick child for care (knowledge)	Number of caregivers of children under 5 in the area who can state 2 danger signs to bring a sick child for care/ Number of caregivers of children under 5 in the area	Household survey

Part 2:

There are many possible indicators that could be assessed. Below are a few.

What to assess (Indicator or question)	Data needed: Numerator/denominator	Method to collect data
1. Proportion of health facilities that have supply of ORS and zinc on day of supervisory visit	Number of health facilities that had a supply of ORS and zinc on day of supervisory visit/ Number of health facilities visited by supervisor in the quarter	Supervisory reports
2. Proportion of health workers observed treating diarrhoea on day of supervisory visit who treat diarrhoea correctly	Number of health workers observed treating a child with diarrhoea correctly/ Number of health workers observed by supervisor to treat a child with diarrhoea	Supervisory reports

3. Proportion of caregivers exiting health facility who can describe how to mix ORS correctly	Number of caregivers who can describe how to mix ORS correctly/ Number of mothers interviewed (by a supervisor) when exiting the health facility	Supervisory report (may need to add this specific interview activity to supervisors' checklist for a quarter)
4. Proportion of caregivers exiting health facility who can correctly describe how to feed a child during illness	Number of caregivers who can correctly describe how to feed a child during illness/ Number of caregivers interviewed (by a supervisor) when exiting the health facility	Supervisory report (may need to add this specific interview activity to supervisors' checklist for a quarter)
5. Proportion of communities with a CHW trained to treat diarrhoea	Number of communities with a CHW trained to treat diarrhoea/ Number of communities	Training reports Administrative reports

23. Individual feedback on Exercise I, Part 3

Part 3: Review the *WORKSHEET: Plan for the Next Review of Implementation Status* (**Workbook**, page 32–33) to see that the participant has written reasonable indicators to review implementation of activities (completion and results). Be sure that they have listed appropriate methods for measuring them (supervisory reports, monitoring data). Unless they will have resources for surveys, they should not have listed coverage indicators or other indicators that require a survey to measure.

Then review the participant's answers to the questions on page 33. Emphasize that these are all important questions to consider so that the data collection and summary can be done in time that the results can be used to review implementation status as a step in the next planning cycle.

24. Reading and Exercise J: Decide how to scale up implementation

Ask participants to read pages 83–84 and do Exercise J: Decide how to scale up implementation. Assign them to work with a colleague from their programme. Ask each pair or small group of participants to prepare a brief presentation (only 2–4 minutes) to explain their approach to scaling-up implementation of the intervention package and why they have chosen this approach.

25. Presentations of participants' plans to scale up implementation

Ask each pair or small group of participants to give their presentation (only 2–4 minutes) to explain their approach to scaling-up implementation of the intervention package and why they have chosen this approach. During the discussion, participants may get some new ideas from others.

Rather than discussing each presentation at its conclusion, you may choose to have all the presentations, one after the other, without discussion. When all are finished, conduct a discussion. Ask for participants' opinions on which plan/presentation was the best and why; or which was most convincing, etc. Ask also if any participant heard any new or interesting idea for scaling-up.

26. Reading and Exercise K: Review a timetable for activities

Ask participants to read pages 87–90 and do Exercise K: Review a timetable of activities. This should take them just 15–20 minutes.

27. Discussion of Exercise K

With the exception of question 1, which is based on the example timetable, these questions require the participant to think about how certain aspects of their own programmes are timed and how the timing could be improved.

28. Reading and Exercise L: Estimate resource needs

Ask participants to read pages 91–103 and do Exercise L: Estimate resource needs.

29. Individual feedback on Exercise L

Part 1: Ask the participant to explain his or her conclusion about the manager's decision. There is an answer sheet. The participant's answers may not match the answer sheet, and that is acceptable as long as the participant's answer is reasonable.

Part 2: Check the participant's answers against the answers on the next page. If there are discrepancies, discuss with the participant to determine whether the error was mathematical or whether the participant did not understand any important point of the process.

Point out the annexes mentioned in the module on page 96. **Annex E** shows a tool which estimates the cost of treating colds, pneumonia, and severe pneumonia in the community, first-level health facilities and referral facilities. Point out that **Annex F** is an exercise that includes a worksheet for estimating medicine needs and costs for treating diarrhoea. If a participant is well ahead of the group, ask him or her to complete the exercise in Annex F. (The answers to the exercise in Annex F are in this *Facilitator's Guide*, pages 44–46.)

Answers to Exercise L – Estimate resource needs

Part 1: Estimate human resource needs for a district health centre

1. Below is the programme manager's estimation of time needed to see patients:

Average total time required per day for:	<u>Nurses</u>	<u>Health Asst.</u>
sick child care = $20 \times 30 \text{ min} = 600 \text{ min} = 10 \text{ hrs}$	10 hr	
well child screening = $5 \times 15 \text{ min} = 75 \text{ min} = 1 \text{ hr } 15 \text{ min}$		1 hr 15 min
vaccinations = $10 \times 10 \text{ min} = 100 \text{ min} = 1 \text{ hr } 40 \text{ min}$		1 hr 40 min
antenatal visits = $5 \times 15 \text{ min} = 75 \text{ min} = 1 \text{ hr } 15 \text{ min}$		1 hr 15 min
postnatal care = $3 \times 30 \text{ min} = 90 \text{ min} = 1 \text{ hr } 30 \text{ min}$	1 hr 30 min	
deliveries = $1 \times 3 \text{ hrs average per day}$	3 hr	
sick adult care = $10 \times 20 \text{ min} = 200 \text{ min} = 3 \text{ hrs } 20 \text{ min}$	3 hr 20 min	
Total time that must be spent by nurses to see case-load = <u>17 hr 50 min</u>		
Total time that must be spent by health assistant to see case-load = <u>4 hr 10 min</u>		
Total time available – 3 nurses in a 6 hour session = <u>18 hrs</u>		
Total time available – 1 health assistant in a 6 hour session = <u>6 hrs</u>		

2. (You may have answered yes or no.)

3. Some of the additional responsibilities that may occupy their time include:

- coordinate with the records manager each day and complete a monitoring report at the end of each month.
- deal with any problems or unusual situations when they occur
- plan extra activities (e.g. outreach clinics)
- supervise community health workers, and trained birth attendants
- talk with the supervisor when he visits
- conduct periodic training
- attend training
- if any staff are absent, late, or attending training, the staff present must fill in

A general estimate is that additional duties may take 20–30% of a nurse's time, so an additional 5 or more hours of nurse time is needed each day at this health centre, on average.

- 4. The manager estimated that out of 18 available nurse-hours, they have sufficient time to perform 17 hours 50 min of care. She decided that more staff are not needed.*

She has made an error in her thinking.

Nurses would have just enough time if all they have to do is the care of the cases listed above, but that is not realistic. They have many other duties that will improve the health services in the district, and will have a detrimental effect if they are not performed. Also if any staff are absent, late, or attending training, the staff present must fill in.

Therefore, another nurse is needed for the district to implement all the planned activities at this health centre.

WORKSHEET: Estimating Medicine Needs and Costs For Treating Pneumonia at First-level Health Facilities

A. ESTIMATE THE NUMBER OF CHILDHOOD PNEUMONIA CASES (UNCOMPLICATED) THAT CAN BE TREATED WITH STANDARD CASE MANAGEMENT AT FIRST-LEVEL HEALTH FACILITIES

A-1 Estimate the number of children under 5 years of age in the region

$$\frac{5\,000\,000}{\text{population of the region}} \times \frac{0.15}{\text{proportion of the population under 5}} = \frac{750\,000}{\text{number of children under 5 in the region}}$$

A-2 Estimate the expected cases of childhood pneumonia per year

$$\frac{750\,000}{\text{number of children in the region}} \times \frac{0.26}{\text{incidence of pneumonia in children}} = \frac{195\,000}{\text{number of childhood pneumonia cases per year}}$$

A-3 Estimate the number of childhood pneumonia cases who will have access and will come for treatment

$$\frac{195\,000}{\text{number of childhood pneumonia cases per year}} \times \frac{0.50}{\text{proportion of all child pneumonia cases who will have access and will come for treatment}} = \frac{97\,500}{\text{number of childhood pneumonia cases who will have access and will come for treatment}}$$

A-4 Of the childhood pneumonia cases who will come for treatment, estimate the number that will be given **standard case management of pneumonia at first-level health facilities**

$$\frac{97\,500}{\text{number of childhood pneumonia cases who will come for treatment}} \times \frac{0.91}{\text{proportion of cases to be treated with standard case management for pneumonia at first-level health facilities}} = \frac{88\,725}{\text{number of cases to be given standard case management of pneumonia at first-level health facilities}}$$

B. ESTIMATE QUANTITIES OF MEDICINES NEEDED FOR TREATING CHILD PNEUMONIA CASES WITH STANDARD CASE MANAGEMENT AT FIRST-LEVEL HEALTH FACILITIES

For cases (2 months to 5 years) to be given standard case management of pneumonia, plan to provide co-trimoxazole, in paediatric tablets. The average dose for children 10-14 kg is 4 tablets (20 mg trimethoprim + 100 mg sulfamethoxazole) per day for 5 days, or 20 tablets per case.

$$\frac{88\,725}{\text{number of child pneumonia cases to be given standard case management at first-level health facilities}} \times 20 \text{ tablets per case} = \frac{1\,774\,500}{\text{tablets of co-trimoxazole}}$$

C. ESTIMATE QUANTITY OF MEDICINES TO ORDER AND COST

In column b, enter the required amount of each medicine estimated in section B. Multiply by 0.50 to estimate the additional amount for reserve stock (for times of unforeseen use such as during epidemics and logistics breakdowns) plus an amount for wastage (due to improper storage or transport, spoilage, etc.) Record the result in column d. Use the cost per tablet in your country. (If you do not know the price, ask your facilitator for a figure.)

a Medicine	b Estimated amount to treat cases	c Proportion added for reserve (25%) and wastage (25%) (b x 0.5)	d Amount to order (b + c)	e Cost per vial/tablet	f Total cost (d x e)
Co-trimoxazole paediatric tablets	1 774 500	887 250	2 661 750	\$0.025	\$66 544

Cost of medicines to treat children with standard case management for pneumonia at first-level health facilities: \$ 66 544

Answers to Exercise in Annex F

WORKSHEET: Estimating Medicine Needs and Costs to Treat Child Diarrhoea

A. ESTIMATE THE NUMBER OF CHILDHOOD DIARRHOEA CASES THAT CAN BE TREATED AT FIRST-LEVEL HEALTH FACILITIES

A-1 Estimate the number of children under age 5 years

$$\frac{5\,000\,000}{\text{population of the region}} \times \frac{0.15}{\text{proportion of the population under age 5}} = \frac{750\,000}{\text{number of children under age 5 in the region}}$$

A-2 Estimate the expected cases of diarrhoea

$$\frac{750\,000}{\text{number of children under age 5 in the region}} \times \frac{2}{\text{expected cases of diarrhoea per child per year}} = \frac{1\,500\,000}{\text{number of childhood diarrhoea cases}}$$

A-3 Estimate the number of childhood diarrhoea cases who will be treated at health facilities

$$\frac{1\,500\,000}{\text{number of childhood diarrhoea cases}} \times \frac{0.10}{\text{proportion of all child diarrhoea cases to be treated at first-level health facilities}} = \frac{150\,000}{\text{number of childhood diarrhoea cases to be treated at first-level health facilities}}$$

A-4 Of the childhood diarrhoea cases to be treated at first-level health facilities, estimate the number that will be given standard case management of diarrhoea (ORS and zinc)

$$\frac{150\,000}{\text{number of childhood diarrhoea cases to be treated at first-level health facilities}} \times \frac{0.6}{\text{proportion of cases treated at first-level health facilities that will be treated correctly (with ORS and zinc)}} = \frac{90\,000}{\text{number of cases to be given standard case management of diarrhoea (ORS and zinc) at first-level health facilities}}$$

A-5 Estimate the number of childhood diarrhoea cases who will be treated at home or in the community

$$\frac{1\,500\,000}{\text{number of childhood diarrhoea cases}} \times \frac{0.4}{\text{proportion of all child diarrhoea cases to be treated at home or in the community}} = \frac{600\,000}{\text{number of childhood diarrhoea cases to be treated at home or in the community}}$$

A-6 Of the childhood diarrhoea cases to be treated at home or in the community, estimate the number that will be given standard case management of diarrhoea (ORS and zinc)

$$\frac{600\,000}{\text{number of childhood diarrhoea cases to be treated at home or in the community}} \times \frac{0.5}{\text{proportion of cases treated at home or in the community that will be treated with ORS}} = \frac{300\,000}{\text{number of diarrhoea cases to be given **ORS at home or in the community**}}$$

$$\frac{600\,000}{\text{number of childhood diarrhoea cases to be treated at home or in the community}} \times \frac{0.15}{\text{proportion of cases treated at home or in the community that will be treated with zinc}} = \frac{90\,000}{\text{number of cases to be given **zinc at home or in the community**}}$$

B. ESTIMATE QUANTITIES OF MEDICINES NEEDED FOR TREATING DIARRHOEA CASES

For cases of childhood diarrhoea to be given standard case management with ORS and zinc, plan to provide ORS packets, 2 per case, and zinc, one blister of 10 tablets per case.

B-1 Estimate the number of packets of ORS needed to treat childhood diarrhoea cases at health facilities and at home or in the community

$$\left(\frac{90\,000}{\text{number of cases to be given ORS at a health facility}} + \frac{300\,000}{\text{number of cases to be given ORS at home or in community}} \right) \times 2 \text{ packets per case} = \frac{780\,000}{\text{packets of ORS}}$$

B-2 Estimate the number of blisters of zinc needed to treat childhood diarrhoea cases at health facilities and at home or in the community

$$\left(\frac{90\,000}{\text{number of cases to be given zinc at a health facility}} + \frac{90\,000}{\text{number of cases to be given zinc at home or in community}} \right) \times 10 \text{ tablets per case} = \frac{1\,800\,000}{\text{tablets of zinc}}$$

$$\frac{1\,800\,000}{\text{tablets of zinc}} \div 10 = \frac{180\,000}{\text{blisters of zinc tablets}}$$

C. ESTIMATE QUANTITY OF MEDICINES TO ORDER AND COST

In column b, enter the required amount of each medicine estimated in section B. For column c, multiply by 0.5 to estimate the additional amount for reserve stock (for times of unforeseen use such as during epidemics and logistics breakdowns) plus an amount for wastage (due to improper storage or transport, spoilage, etc.) Record the sum of b + c in column d.

In Integratia, the cost of a packet of ORS is \$0.10. The cost of a blister of 10 zinc tablets is also \$0.10.

a Medicine	b Estimated amount to treat cases	c Proportion added for reserve (25%) and wastage (25%)	d Amount to order (b + c)	E Cost per packet/blister	f Total cost
ORS packets	780 000	390 000	1 170 000	\$0.10	\$117 000
Blisters of zinc tablets	180 000	90 000	270 000	\$0.10	\$27 000

30. Reading and Exercise M: Reviewing a workplan for a child health programme

To prepare for this exercise, ask participants whether they have a workplan from their own programme that they could review for this exercise (you may already know this and may not have to ask.) You may need to make copies of a workplan so that all participants will have one to review.

Ask participants to read pages 104–108.

If some participants do not have a workplan, give them a copy of another workplan.

For this exercise, participants may work alone or in pairs or small groups. The exercise may be more interesting or quicker if they work in pairs or groups. Organize the participants as you think best. Participants from the same programme/area may sit together in a small group to review a workplan from their programme. Participants who do not have a plan from their own programme may sit together to review one that you provide. Or a participant who does not have a workplan may be paired with a participant who did bring one.

Then participants review the workplan and answer the questions on pages 109–110 of the module.

31. Group discussion of Exercise M and different programmes' workplans

To lead the discussion, ask someone to answer the questions about each workplan reviewed, so that the entire group learns a bit about the workplans from different programmes. You should hope to draw out comments from participants that show you that they have learned what should be in a workplan and ways that they plan to develop better workplans in the future.

After the discussion of the workplans, take a moment to conclude the module.

32. Concluding the module

One way to conclude the module is to turn back to the learning objectives at the front and review them. Ask participants if they have any questions about the module or how to develop implementation plans.

Reinforce important points from the module as needed.

The **Workbook** is available as a Microsoft Word file.

**Facilitator Guidelines for
Module 3: Managing Implementation**

Facilitator Guidelines for Module 3: Managing Implementation

Notes for each of these numbered procedures are provided on the following pages.

Procedure	Approximate duration of step*	Section duration*
1. Distribute <i>Module 3: Managing Implementation</i> . Introduce the module.	5 min	5 min
2. Participants read pages 1–15 of the module. Divide participants into small groups (2 or 3 participants) to do Exercise A: Advocate for child health .	Reading: 40 min Ex A: Part 1: 20 min Part 2 preparation: 30 min	2 hrs 10 min
3. One participant from each small group makes 5-minute advocacy presentation . Group comments on presentation.	Ex A: Part 2: (Presentation and comments: 10 min each) Duration: 40 min	
4. Participants read pages 17–24 and do Exercise B, Part 1: Assess potential strategic partnerships and ask for support (Workbook pages 38–40).	Reading: 25 min Ex B: Part 1: 20 min	2 hrs 5 min
5. Give individual feedback on Part 1 and put participants into small groups to prepare a presentation to one possible strategic partner.	Feedback: 15 min	
6. In small groups, participants prepare 5 slides for a meeting with a potential strategic partner (Exercise B: Part 2, page 26).	Group work: Ex B: Part 2: 30 min	
7. One participant from each small group makes a 5-minute presentation to a strategic partner (Exercise B: Part 3, page 26). Group comments on effectiveness of the presentations.	(Presentation and comments: 10 min each) Duration: 35 min	
8. Participants read pages 27–35 and do Exercise C: Mobilize funds from a donor , individually. Participants exchange letters of intent with a partner for feedback.	Reading: 30 min Exercise C: 50 min	1 hr 35 min
9. Give individual feedback to pairs on Exercise C.	Feedback: 15 min	50 min
10. Participants read pages 38–48 and do Exercise D: Manage medicines and supplies .	Reading: 30 min Exercise D: 10 min	
11. Give individual feedback on Exercise D.	Feedback: 10 min	

* Time estimates are a **minimum** working time. Additional time must be added for breaks, additional discussion, slower readers, or time spent waiting for facilitators to be available for individual feedback.

12. Participants read pages 51–56 and do Exercise E: Manage financial resources.	Reading: 15 min Ex E: 30 min	1 hr 15 min
13. Lead a brief discussion of Exercise E.	Discussion: 30 min	
14. Participants read pages 60–67 and do Exercise F: Improve the organization of supervision.	Reading: 20 min Ex F: 30 min	1 hr
15. Give individual feedback on Exercise F.	Feedback: 10 min	
16. Participants read pages 69–78 and do Exercise G: Analyse common problems.	Reading: 35 min	1 hr 5 min
17. Lead a group discussion of Exercise G, possible causes and possible solutions.	Discussion: 30 min	
18. Conduct Exercise H: Give feedback and solve problems. Participants observe two different problem solving interviews. (Participants read 2 role play scripts.) Lead a brief discussion of the role plays.	2 demonstration role plays: 15 min Discussion: 10 min	1 hr 10 min
19. Ask additional participants to act in similar role plays, as many as time allows. (Use handouts of background information, pages 64–65 of <i>Facilitator's Guide</i> .)	45 minutes	
20. Participants read pages 85–91 and do Exercise I: Monitor progress and use results , individually.	Reading: 20 min Exercise I: 55 min	1 hr 45 min
21. Lead a discussion of Exercise I (questions on pages 94–96).	Discussion: 30 min	
22. Conclude the module and the training course.	15 min	15 min

Total: 14 hours approximately

Preparations:

- The group will need their computers to make Powerpoint slides and a projector to show them in Exercises A and B.
- For Exercise E – Manage financial resources, participants will need calculators.
- Exercise H includes a role plays. Well ahead of time, such as the day before, make copies of the handouts for the role plays. (See the notes for step 19 on pages 63–65.)

1. Introducing the module

Distribute *Module 3: Managing Implementation*.

Review the major steps 1–5 on the flowchart on page 1, and the objectives listed on page 2 of the module. Explain that the 5 steps shown in the flowchart are not actually sequential steps. They are all done on an ongoing basis and a manager may do some or all of them simultaneously.

Mention that managers need to have skills in preparing and giving effective presentations, whether the presentation is to a large group, a small group, or even one or two important people. Often there is not much time to prepare. In this module they will also have some opportunities to practise planning and giving brief presentations. They will also practise giving feedback and solving problems in a role play. So the exercises will feel more active than the previous module.

2. Reading and Exercise A – Advocate for child health

Ask participants to read pages 1–15 in the module.

When participants seem to be near to finishing the reading (40 minutes), divide them into small groups of 2 or 3 participants to do Exercise A: Advocate for child health. When you are forming the small groups, try to place one participant in each small group who has a personal computer and can use it to prepare Powerpoint slides.

(It is ideal to divide into 3 groups so each group will take 5 minutes to present, 5 minutes to discuss, for a total of 30 minutes discussion.) Tell them that they will have about 20 minutes to complete the Worksheet and another 30 minutes to prepare the presentation.

Presentations

When they are ready, small groups meet to do the exercise.

- **Part 1:** Watch that they spend only about 20 minutes to complete the *Worksheet: Summary of approach to child health advocacy*.
- **Part 2:** Then they should spend about 30 minutes more to prepare a presentation to one target audience. One (or 2) participants will make the presentation to the rest of the group.

Notice whether any participants are having difficulty, and offer to help as needed.

3. **Advocacy presentations**

When the groups are ready, moderate the presentations and discussion. Ask a representative of one small group to make the presentation (5 minutes). Ask the representative to **begin by describing the target population to whom the presentation is directed.**

After the presentation, ask the group to comment (about 5 minutes), following the questions listed in Part 2 of the exercise:

- Did the presentation convince you, as a member of the audience?
- Was the action desired of the audience clear? (*The mistake that is made most often is that the presenter does not clearly ask the audience for anything, but is just making a general case, such as that pneumonia is an important killer of children.*)
- What was done well? What was not done as well? (Consider: content, format, timing, simplicity, overall message, organization, body language and style of the presenter.)
- What could have been done to improve the presentation?

Be certain that the presenter receives concrete comments on what was done well and some constructive comments on improvements to help him or her improve as a presenter.

Then repeat the process for the other small groups.

4. **Reading and Exercise B – Part 1: Assess strategic partnerships**

Ask participants to read pages 17–24 and to do Exercise B, Part 1, when they come to it. Participants may work with a partner from their area to do Part 1. If there are several participants from one country, or area of a country, divide those participants into smaller groups of 2 or 3. (“Single” participants just work by themselves.) Part 1 includes completing 2 worksheets (pages 39–40 in the **Workbook**).

5. **Individual feedback on Exercise B – Part 1**

Give individual feedback to each participant or small group of participants who worked together on Part 1. Review their worksheets (*Worksheet: Key Questions for Potential Strategic Partners*, and *Worksheet: Resources Inventory For Strategic Partners*). Then ask whether or not the selected partner is likely to be useful to help with implementing the intervention package, and why the participant(s) reached that conclusion.

6. Exercise B – Part 2: Work in small groups to prepare presentation

As you finish giving individual feedback, assign each individual a partner or small group to work with to do Part 2: Develop a presentation to a potential partner, which will include developing 5 slides (preparation time: about 30 minutes). Try to form the small groups so that each will have a computer to use for making Powerpoint slides. Two or more participants can work together to prepare the presentation, but the **presenter** should be a participant who did not make the presentation for Exercise A, so that more participants will practise making presentations.

Be sure that participants have what they need to prepare slides.

7. Presentations to a potential strategic partner

When the small groups are ready, moderate the presentations and discussion. Ask a representative of one small group to make the presentation (5 minutes). Ask the representative to **begin by describing the potential partner for whom the presentation is designed.**

Ask the rest of the participants to keep notes during each presentation on another sheet of paper.

After the presentation, ask the group to comment (about 5 minutes), to answer the questions listed in on page 26 of the module:

- A. Was it clear what the partner was being asked to do?
- B. Was a good reason for the activity presented? Were you convinced?
- C. Was it clear how the partner could benefit from the collaboration?
- D. Was the presentation appropriate for the target audience? *(The most common mistake is to not tailor the presentation for the audience. For example, a presentation to a political leader should not be full of medical facts but should emphasize the benefits to the constituents and to the leader.)*
- E. Were the slides interesting? Were they clear?
- F. What was done well in the presentation? Consider content, timing, simplicity, overall message, organization, body language, and style of the presenter.
- G. What could have been done to improve the presentation?

After all the presentation and discussions, ask the participants to comment on which presentation was most effective and why.

8. Reading and Exercise C – Mobilize funds from a donor

Ask participants to read pages 27–35 and do Exercise C when they come to it. Exercise C is done individually. However, when participants have finished drafting a

letter of intent, they will exchange letters with a partner for feedback. A facilitator will also give each participant feedback on the exercise.

When participants have worked on their letters for awhile, watch that they exchange letters with another person to get and give feedback. Assign each participant a partner if the exchange does not occur spontaneously.

9. Feedback on Exercise C

Give feedback on this exercise to each pair of participants who exchanged letters. Review each participant's work on the *Worksheet: Donor Inventory* (**Workbook**, page 41) and the answers to question 2 on page 36, about past experience with donors. Then review the participants' letters of intent and discuss them.

10. Reading and Exercise D – Manage medicines and supplies

Ask participants to read pages 38–48 and do Exercise D individually.

11. Individual feedback on Exercise D

Review the participant's work in the module. Check the participant's answers against the answer sheet on the next page. If the answers for Part 1: Reordering medicines do not match the answer sheet, it is likely that the participant does not understand something about the reorder **factor** or the reorder **level**. Review those two concepts and then let the participant correct the answers.

There are many possible answers to the questions in Part 2. Check that the participant's answers are reasonable.

Possible Answers to Exercise D

Scenario A

Average monthly consumption: 3 bottles
Frequency of delivery: once per month
Stock card balance: 12 bottles

What reorder factor should be used? 3
What is the reorder level? 9
Is it time to order? no
If yes, how many items should be ordered? NA

Scenario B

Average monthly consumption: 8 bottles
Frequency of delivery: every 2 months
Stock card balance: 32 bottles

What reorder factor should be used? 5
What is the reorder level? 40
Is it time to order? yes
If yes, how many items should be ordered? 40

Part 2: Discrepancies between issued and actual materials

You may have different answers. Below are some possibilities.

1. What are the possible causes of this discrepancy?
*Some scales broke and were then discarded.
Scales were carelessly left at the site of the mobile clinic, or in a vehicle, and were not returned to storage.
Scales have just disappeared, were lost or stolen.*
2. How can you address this problem?
*Interview staff to find out what happened to the scales.
Check for inventory records.*
3. What can you do to prevent this situation from happening again?
*Make clear assignment of responsibility for the scales at the outreach programme.
Set up procedure of sign-in and sign-out of scale, so one person who does outreach clinic is responsible for returning scale.
If breakage was a cause, train staff in care of scale (important not to drop, jiggle, etc.)*

12. Reading and Exercise E – Manage financial resources

Participants read pages 51–56 and do Exercise E individually. Participants will need calculators to do this exercise. (Allow about 15 minutes for reading and 30 minutes for doing the exercise.) Then there will be a group discussion.

13. Discussion of Exercise E

Lead a discussion of this exercise. Keep the discussion of **each** of the 3 parts to about 10 minutes, so that the entire discussion takes 30 minutes or less.

Part 1: Cost saving: Do a quick review of some participants' strategies for reducing costs for a child health programme.

Part 2: Monitoring expenditures: Check the participants' answers against the answers on the next page. If expenditures were exactly according to budget and were evenly distributed during the 12 months of the year, 50% of each budget line should be spent at mid-year.

The important skill is monitoring by comparing the actual expenditures to the budget to assess progress and so that changes in spending can be made if needed.

Part 3: Common budgeting problems: Encourage participants to share problems with budgeting in their programmes, and also to gather ideas for solutions. Use the questions from Part 3 of the exercise to elicit comments on common problems, but also ask for suggestions of ways to solve those problems.

Possible Answers to Exercise E

Part 2: Monitoring expenditures

Input	Budget	Expenditure mid-year	Expenditure as % of budget
Capital costs			
Infrastructure	14 000	6 000	0.43
Vehicles	16 500	11 250	0.68
Equipment	10 000	5 500	0.55
Training (non-recurrent)	1 000	0	0
Communication/IEC (non-recurrent)	0	0	0
Sub-total capital	41 500	22 750	0.55
Recurrent Costs			
Personnel	68 000	31 750	0.47
Medicines	20 000	12 500	0.63
Other supplies	3 000	1 400	0.47
Maintenance and operations – infrastructure	2 000	900	0.45
Maintenance and operations – vehicles	8 000	4 750	0.59
Maintenance and operations – equipment	1 700	625	0.37
Training (recurrent)	1 250	0	0
Communication/IEC (recurrent)	0	0	0
Administrative expenses	1 000	425	0.43
Utilities (electricity, water, etc.)	7 800	4 675	0.60
Sub-total recurrent	112 750	57 025	0.51
Total	154 250	79 775	0.52

- 1) *Overspent by 2% so far this year*
- 2) *Overspent on: vehicles, equipment, medicines, maintenance and operations of vehicles, utilities*

Underspent on: infrastructure, non-recurrent training, personnel, other supplies, maintenance and operations of infrastructure and of equipment, recurrent training, administrative expenses

- 3) *Percentage of the total expenditure spent on vehicles (capital and recurrent) was 20%*

$$11\,250 + 4\,750 = 16\,000$$

$$16\,000 \text{ divided by } 79\,775 = 0.20$$

- 4) *Percentage of recurrent expenditure spent on medicines at mid-year was 22% (12 500 divided by 57 025 = 0.219 or 0.22)*

Possible Answers to Exercise E (continued)

5) *Percentage of the total expenditure so far that was spent on personnel was 40%*

$$31\,750 \text{ divided by } 79\,775 = 0.398 = 0.40$$

6) *Conclusion: The programme did fairly well keeping within total budget. However, recurrent and non-recurrent training activities suffered (did not occur) and the money was consumed by overspending on vehicles, utilities and medicines.*

14. Reading and Exercise F – Improve the organization of supervision

Ask participants to read pages 60–67 and do Exercise F: Improve the organization of supervision when they come to it.

15. Individual feedback on Exercise F

Review the participant's answers to question 1 (about problems getting supervisors to conduct supervisory visits and how to manage them) on page 68 of the module.

Then review the participant's *WORKSHEET: Organization of Supervision* on page 43 of the **Workbook**.

16. Reading and Exercise G – Analyze common problems

Ask participants to read pages 69–78 and do Exercise G: Analyze common problems. Explain that they should first try listing causes and solutions to the problems themselves. Then there will be a group discussion.

17. Discussion of Exercise G

When all are ready, begin the discussion. (Limit the entire discussion to 30 minutes.) Ask different participants in turn to suggest a cause of the first problem. Write these down on the flipchart. When the list of causes seems sufficient, ask participants in turn to suggest a possible solution appropriate to each cause. Refer to the answers on the next page if needed for additional ideas.

Repeat the process for the second problem.

Finally, ask several different participants in turn to tell the problem that they wrote in on the bottom row, and then the possible causes and solutions.

Then move directly to Exercise H, the role plays.

Possible Answers to Exercise G

WORKSHEET: Common problems identified during supervision

Clinical Problem	Possible causes	Possible solutions
<p>Health workers say that the case load is too large. They do not take time to manage every child using standard case management. Caregivers say that they wait too long at facilities.</p>	<ul style="list-style-type: none"> • <i>Health workers have a large case load and can spend only a small amount of time with each case.</i> • <i>Health workers are not convinced of the benefit of standard case management over quicker methods.</i> • <i>Staff are not sure how to do new tasks and are slow to perform them.</i> • <i>The waiting room/procedures are poorly organized and some caregivers wait a very long time.</i> • <i>The doctor/nurse sees every patient and is a bottleneck.</i> • <i>Patients must wait in lines multiple times for different services.</i> 	<ul style="list-style-type: none"> • <i>Find ways to divide the work so that an assistant can help with some steps.</i> • <i>Train more health staff in standard case management.</i> • <i>Share experiences with staff about how standard case management results in better care for a child than quicker methods.</i> • <i>Develop some educational sessions that caregivers can participate in while waiting.</i> • <i>Reorganize procedures so that:</i> <ul style="list-style-type: none"> - <i>some patients can be handled by an assistant.</i> - <i>patients with a quick issue (picking up medication) do not have to wait in the same queue.</i> - <i>one health worker can provide several services.</i> • <i>Give additional practice with feedback, to help staff develop skill, speed and confidence.</i>
<p>Nutritional status is not assessed; weight is measured but not used in assessment. Health workers say that they do not have time to do feeding assessment and counselling</p>	<ul style="list-style-type: none"> • <i>Health workers do not know how to plot and interpret weight.</i> • <i>Health workers do not feel anything can be done to help underweight children so do not see the purpose.</i> • <i>Health workers believe they can tell by looking whether a child is underweight or overweight.</i> • <i>Health workers have a large case load and can spend only a small amount of time with each case.</i> • <i>Health workers do not feel that feeding counselling is important compared to giving medicines, etc.</i> 	<ul style="list-style-type: none"> • <i>Train staff how to plot and interpret weight. Demonstrate how it is not always accurate to judge nutritional status visually (especially stunting).</i> • <i>Train/retrain staff on how to counsel in a way to convince the mother to change feeding practices and how small changes in diet can help. Share success stories.</i> • <i>Train an assistant to do feeding counselling.</i> • <i>Teach health workers about the significance of malnutrition as a contributing cause of child morbidity/mortality (and overweight as a growing problem in some areas).</i>

Remember to consider different possible categories of cause: Lack of clear assignments, lack of skill and knowledge, lack of motivation, and obstacles that prevent good performance.

18. Exercise H: Give feedback and solve problems

Part 1: Observe a problem-solving interview

Preparation for the Demonstration role plays 1 and 2:

Identify two pairs of participants who are ahead of the others and ask them to prepare to **read** a scripted role play of a supervisor giving feedback to a health worker at a first-level health facility. Choose participants who will be able to read the script aloud and be easily understood by the others. Assign them each a script and a role (supervisor or health worker). Show the selected participants the appropriate script in the module (Script 1 on page 81 or Script 2 on page 83) ahead of time so that they can read it and be familiar with it.

Demonstration script 1:

Introduce the “supervisor” and “health worker” and explain that they will read a role play of giving feedback and solving a problem. Review the points (or ask a participant to review the points) that the supervisor **should** cover, listed in the module on page 81. Then ask the rest of the group to listen and observe Script 1. They may wish to read along in the module.

Demonstration script 2:

Introduce the next “supervisor” and “health worker.” Then ask them to read the second script.

After the script is finished, lead a brief discussion of the interview, what was done well and what was not.

Summary of Script 1

- Supportive
- Focused on work observed
- Good things summarized
- Problems identified
- Possible causes for problems discussed
- Solutions to problems discussed
- Actions to be taken by health worker and supervisor discussed
- Supervisor asks health worker about other problems

Summary of Script 2

- Punative
- Good things not summarized
- Clinical practice not observed
- Problems identified – but did not listen to health worker
- Possible causes for problems not properly discussed
- Solutions to problems suggested but not properly discussed
- Supervisor does not take collaborative approach – accepts no responsibility
- Supervisor does not ask about other problems

19. Continued Exercise H, Part 2: Practice giving feedback and problem solving

In this part of the exercise, some participants will have a chance to practise the role of supervisor themselves. If the group is large (e.g. 12 or more), divide the group in half, and have one facilitator supervise each small group, so that they may work simultaneously. Each small group will conduct two or more role plays, to give more participants a chance to practise.

In preparation, you should make one or more copies of the handouts (next two pages). Choose two participants to act in Role play 1. Cut the handout sheet for Role play 1 in half and give the appropriate parts to the two participants. Give them a few minutes to read the background information for their roles. Remind the supervisor of the techniques for giving feedback during a supervisory visit (page 74 in the module) and how to conduct a problem-solving discussion (pages 75–76).

When they are ready, ask them to begin. The remaining participants observe. After the role play, briefly discuss the interaction with the participants. Also ask the “supervisor” and the “health worker” what the supervisor did well and what could be improved.

Then repeat this process with two more participants and Role play 2. It can also be interesting and instructive to repeat Role play 1 or 2, to see how another “supervisor” handles the situation and to give more participants practice.

For a final conclusion, ask participants to tell the group something that they learned from participating in or observing the role plays or from the discussions. What will they do differently as a supervisor now as compared to before?

Handouts for role plays

Role play 1: Background for role play

Supervisor's role

You will give feedback to a health worker after observing clinical practice at the health centre.

You observed the health worker managing Markus, a two year old boy, brought in by his mother. The health worker followed the IMCI protocol and worked his way through each of the steps. He used the chart booklet. But he did not ask about general danger signs – although these are the first step on the chart. He classified Markus as having pneumonia.

However, when you (the supervisor) examined him, you observed some chest indrawing. In addition, Markus was quite lethargic. He should be classified as severe pneumonia or very severe disease. He should have been referred immediately to hospital.

Now you will give feedback to this health worker and solve this problem. Try to make this a good feedback and problem-solving discussion.



Role play 1: Background for role play

Health Worker's role

Your supervisor is visiting you today. He watched you as you managed Markus, a two year old boy, brought in by his mother. You used your IMCI chart booklet. You classified Markus as having pneumonia and gave his mother an antibiotic to treat him. He looked quite sick, so you asked her to bring him back in the morning.

At your health centre you usually try to manage severe cases here. You have big problems with referral, because this health centre is so far from the district hospital. Most people cannot afford the transportation costs. Even if they can afford a bus, busses do not run after four in the afternoon, and never on the weekends. You find that many children are never taken to the hospital when they are referred. Also, apart from the distance, many people are afraid of the hospital and it has a bad reputation. They believe that they will die if they are admitted. So you have had to modify your practice. You refer less, but you do follow-up more often. You asked that this boy, Markus, be brought back tomorrow morning.

Now you will receive feedback from the supervisor. Answer his questions and discuss your situation with him in a realistic way.

Role play 2: Background for role play

Supervisor's role

You will give feedback to a health worker after observing clinical practice at the clinic.

You have had a good look around the clinic and were quite impressed. The clinic reception was organized so that all children are weighed and plotted on a growth chart, and have their respiratory rate counted, when they arrive. All the health workers here today were using the IMCI guidelines. However, a number of medicines were not available in clinic store room. Health workers wrote prescriptions for medicine that a child needed, and expected that the parents could go and have the prescription filled somewhere else. Also, the medicine stock cards had not been filled out for some time. It seems there is a problem with stock management that affects the quality of care that the clinic can provide.

The country does not have a big problem with medicine supplies anymore because this has largely been taken care of by the new donor programme. So there is no reason why a clinic should not have medicines available. A good medicine supply is central to achieving the Millennium Development Goals for this country. There is a training course put on by the pharmacy department in the next two or three months. It lasts a month or so, is very comprehensive, and gives supply supervisors all the skills to manage all types of supplies.

Now you will give feedback to this health worker and solve this problem. Try to make this a good feedback and problem-solving discussion.



Role play 2: Background for role play

Health Worker's role

Your supervisor is visiting you today. He has observed while you and two other health workers managed sick children.

At your clinic, there is a big problem with medicine stocks. In fact, you have taken to writing prescriptions and giving them to your patients. They then take them to pharmacists that work locally. That way, you do not need to provide the medicines yourselves. You think that when parents have no choice, they can pay for the medicines. And if they cannot afford the medicines, and the child does not get better, then they will come back to the clinic.

No one at this clinic has been taught how to manage medicine stocks. All the staff here came from different facilities, and not one of you knows how to do stock management. At your last facility, there was a pharmacist who was responsible. The clinic has a large case load, is very busy and is understaffed. It would be quite difficult for any staff to go away for training. Not only that, but you are worried about the amount of time all this stock management will take, after someone has been trained.

Now you will receive feedback from the supervisor. Answer his questions and discuss your situation with him in a realistic way.

20. Reading and Exercise I – Monitor progress and use results

Ask participants to read pages 85–91 and do Exercise I. If possible, allow participants sufficient time to study the data and think through the questions, rather than just waiting to hear the answers in the discussion. Allow about 20 minutes for reading and 55 minutes to do the exercise. Participants will learn more about interpreting data if they spend time trying to do it themselves. Then the discussion will reinforce their efforts and perhaps uncover additional points.

Notice that each indicator is expressed both as the proportion and also the actual numerator and denominator. It can be helpful to know the actual numbers when thinking about how to make improvements. For example, the proportion of supervisors trained to use checklist with observation in the 2nd quarter was 0.75. It is helpful to realize that this is 3 of the 4 supervisors. If just one more supervisor can be trained during the 4th quarter, the indicator will reach 100%.

Also notice that in the 2nd and 3rd quarters, some indicators show the cumulative numerator value. Some participants may understand this, but some may need an explanation. For example, for the proportion of health staff needing IMCI training who are trained:

- In the 1st quarter, 12 of the 38 staff are trained (0.32)
- In the 2nd quarter, 16 more staff were trained. So 12 + 16 or 28 of the 38 staff needing IMCI training are trained. (0.74)
- In the 3rd quarter, apparently one trained health worker left the district, so the 27 out of 37 staff are trained in IMCI. (0.73)

21. Group discussion of Exercise I

When all participants are ready, lead a discussion of questions 1 through 6. Ask a participant to share his or her answer to the first question, and then ask the next participant if he or she has anything to add. Continue the discussion in this way so that the group will hear full answers and all participants will participate. Refer to the answer sheets on the next 3 pages as needed.

Possible Answers to Exercise I

1. What are main successes according to the monitoring data?
 - *Both of the planned IMCI courses were conducted, and 73% of health facility workers who manage sick children are trained in IMCI.*
 - *Since supervisors were trained (3 of 4 supervisors in the 2nd quarter), more supervisory visits are being conducted. 83% of facilities had a supervisory visit and 73% of the planned visits were conducted in the 3rd quarter.*
 - *Progress is being made in recruiting CHWs, training CHWs in community case management, and training CHWs in counselling skills. 25% of communities have a CHW trained in case management and 42% have a CHW trained in counselling skills.*

2. What are the main problems according to monitoring data?
 - *Few follow-up after training visits to health facility workers have been done (so cannot tell if the health workers learned and are applying IMCI case management procedures). Also, health staff performance could be improved by follow-up after training, but it is not happening.*
 - *108% of the training budget has been spent by end of 3rd quarter ($0.29 + 0.55 + 0.24 = 1.08$). Lack of funding may prevent the programme from conducting the IMCI training course planned for the 4th quarter and the visits for follow-up after training.*
 - *The district is not receiving deliveries of medicines on time (Out of 4 deliveries, 2 were on time.)*
 - *Only 33% of health facilities had no stock-outs of essential medicines in the 3rd quarter, and the problem is staying the same. Supplies of vaccines are better than of other medicines, but only 75% of facilities have all essential vaccines.*
 - *Record-keeping on medicines is a problem in health facilities, getting a little better but not much.*
 - *Supervisory visits to CHWs are not occurring, or if they are occurring, they are not including observation.*

3. Is the Mira District is likely to achieve these activity-related targets by the end of 2008? Write a comment on your analysis of each.

Target: 75% of health facilities will have at least 60% of health workers who care for children trained in IMCI.

At the end of the 3rd quarter only 6 facilities (50%) have at least 60% of health staff trained in IMCI. However, almost 75% of health staff (27 out of 37) have been trained in IMCI at the end of the 3rd quarter. The problem is the distribution of the trained staff among health facilities. More staff from the other

Possible Answers to Exercise I (continued)

6 facilities need to be trained. (Note that the indicator decreased from 0.66 to 0.50 in the third quarter when one health worker left the district.)

Target: 75% of health facilities will have no stock-outs of essential medicines and vaccines in the last quarter of the year.

The district seems unlikely to achieve this target (is only 33% now).

Target: 90% of health facilities will have received at least one supervisory visit in the previous 3 months.

Is at 83% in the 3rd quarter. The district may achieve this target if the emphasis and support for making supervisory visits is sustained in the 4th quarter.

Target: 40% of communities will have a CHW trained to provide community case management (of diarrhoea, fever and pneumonia).

To achieve this target, at least 11 more CHWs will need to be trained in community case management. This may be possible, depending on resources available. (40% of the 72 communities will be 29 communities; 18 now have a trained CHW, so the CHWs from 11 more communities need to be trained by the end of the year.)

4. a) There is no indicator related to quality of case management at health facilities, but what do you think the quality might be?
*Quality is likely to be poor as essential medicines are often unavailable.
 We do not know if the recently trained health workers are performing correctly.*
- b) How can the manager find out about the quality of case management?
The manager could read the reports from supervisory visits to facilities and look for information on quality. She could also interview the supervisors.
5. Identify a few specific problems (i.e. who is not doing what) that are occurring, or that may be occurring in the left column.

Then, for each specific problem, list in the right column who the manager should contact to discuss the possible causes and to plan actions to take.

Specific problem: Who is not doing what	Who to contact to discuss possible causes and solutions
<i>Regional suppliers are not making shipments to the district on time</i>	<i>District supply officer, and the regional supply officer</i>
<i>At health facilities, the person responsible for medicines and vaccines -- is not keeping appropriate records and -- may not be ordering medicines correctly (incorrect amounts or not on time).</i>	<i>Supervisors who visit health facilities, some supply officers at facilities, trainer in supply management</i>

Possible Answers to Exercise I (continued)

Specific problem: Who is not doing what	Who to contact to discuss possible causes and solutions
<i>IMCI trainers are not making follow-up visits to recently trained health workers.</i>	<i>IMCI trainers who are responsible for making follow-up after training visits, district training director (their supervisor)</i>
<i>Health facility staff are not making supervisory visits to CHWs.</i>	<i>Health facility staff who should make supervisory visits to CHWs and their supervisor at the facility</i>

6. To whom should the manager give feedback on the findings of monitoring? (Remember to think about all levels of staff.)

- *IMCI trainers*
- *health facility staff who manage children, person in charge at each health facility*
- *regional supply officer, district supply officer, facility supply officers*
- *supervisors who visit health facilities*
- *communities (about status of recruitment and training of CHWs)*

Also,

- *the NGO that is training CHWs in counselling skills*
- *any other partners*
- *District Health Officer*
- *child health manager at the next administrative level above the district*

22. Concluding the module and the training course

When the discussion of Exercise I is finished, take a moment to conclude the module and the training course. Turn back to page 1 of the module to the flowchart of steps that this module has addressed. Answer any questions and highlight important points about the skills participants have learned in this module for managing implementation.

Then ask participants to refer back to two additional flowcharts, as a review of what the course has covered:

- Programme Planning and Management Cycle (found on page 1 of *Module 2: Planning Implementation*) and
- flowchart of the step “Develop implementation plan” (found on page 2 of *Module 2: Planning Implementation*).

Discuss important points about them and answer any questions.

Thank participants (and your co-facilitator) for all their hard work and for the good ideas that they have shared during this week.

If the Evaluation Questionnaire has not already been distributed, give one to each participant now. Ask them to complete the questionnaire and turn it in to you. (You should give the completed questionnaires to the Course Director.)

Make an announcement about the time and place for the closing plenary session of the course.

Guidelines for All Modules

Facilitator Techniques

A. Techniques for motivating participants

Encourage interaction

1. During the first day, you will talk individually with each participant several times (for example, during individual feedback). If you are friendly and helpful during these first interactions, it is likely that the participants:
 - will overcome their shyness,
 - will realize that you want to talk with them, and
 - will interact with you more openly and productively throughout the course.
2. Look carefully at each participant's work. Check to see whether participants are having any problems, even if they do not ask for help. If you show interest and give each participant undivided attention, the participants will feel more compelled to do the work. Also, if the participants know that someone is interested in what they are doing, they are more likely to ask for help when they need it.
3. Be available to talk with participants as needed.

Keep participants involved in discussions

4. Frequently ask questions of participants to check their understanding and to keep them actively thinking and participating. Questions that begin with "what," "why," or "how" require more than just a few words to answer. Avoid questions that can be answered with a simple "yes" or "no."

After asking a question, PAUSE. Give participants time to think and volunteer a response. A common mistake is to ask a question and then answer it yourself. If no one answers your question, rephrasing it can help to break the tension of silence. But do not do this repeatedly. Some silence is productive.

5. Acknowledge all participants' responses with a comment, a "thank you" or a definite nod. This will make the participants feel valued and encourage participation. If you think a participant has missed the point, ask for clarification, or ask whether another participant has a suggestion. If a comment is ridiculed or ignored, the participant may withdraw from the discussion entirely or not speak voluntarily again.
6. Answer participants' questions willingly, and encourage participants to ask questions when they have them rather than hold the questions until a later time.
7. Do not feel compelled to answer every question yourself. Depending on the situation, you may turn the question back to the participant or invite other participants to

respond. You may need to discuss the question with the course director or another facilitator before answering. Be prepared to say "I don't know but I'll try to find out."

8. Use names when you call on participants to speak, and when you give them credit or thanks. Use the speaker's name when you refer back to a previous comment.
9. Maintain eye contact with the participants so everyone feels included. Be careful not to always look at the same participants. Looking at a participant for a few seconds will often prompt a reply, even from a shy participant.

Keep the session focused and lively

10. Keep your presentations lively:
 - Present information conversationally rather than read it.
 - Speak clearly. Vary the pitch and speed of your voice.
 - Use examples from your own experience, and ask participants for examples from their experience.
11. Write key ideas on a flipchart as they are offered. (This is a good way to acknowledge responses. The speaker will know that the idea has been heard and will appreciate having it recorded for the entire group to see.)

When recording ideas on a flipchart, try to use the participant's own words. If you must be more brief, paraphrase the idea and check it with the participant before writing it. You want to be sure the participant feels you understood and recorded the idea accurately.

Do not turn your back to the group for long periods as you write.

12. At the beginning of a discussion, write the main question on the flipchart. This will help participants stay on the subject. When needed, walk to the flipchart and point to the question.

Paraphrase and summarize frequently to keep participants focused. Ask participants for clarification of statements as needed. Also, encourage other participants to ask speakers to repeat or clarify statements as needed.

Restate the original question to the group to get them focused on the main issue again. If you feel someone will resist getting back on track, first pause to get the group's attention, tell them they have gone astray, and then restate the original question.

Do not allow several participants to talk at once. When this occurs, stop the talkers and assign an order for speaking. (For example, say "Let's hear Dr Samua's comment first, then Dr Salvador's, then Dr Lateau's.") People usually will not interrupt if they know they will have a turn to talk.

Thank participants whose comments are brief and to the point.

13. Encourage quieter participants to talk. Ask to hear from a participant in the group who has not spoken before, or walk toward someone to encourage that person to talk.

Manage any problems

14. Some participants may talk too much. Here are some suggestions on how to handle an overly talkative participant:
 - Do not call on this person first after asking a question.
 - After a participant has gone on for some time say, "You have had an opportunity to express your views. Let's hear what some of the other participants have to say on this point." Then rephrase the question and invite other participants to respond, or call on someone else immediately by saying, "Dr Samua, you had your hand up a few minutes ago."
 - When the participant pauses, break in quickly and ask to hear from another member of the group or ask a question of the group, such as, "What do the rest of you think about this point?"
 - Record the participant's main idea on the flipchart. As the participant continues to talk about the idea, point to it on the flipchart and say, "Thank you, we have noted your idea." Then ask the group for another idea.
 - Do not ask the talkative participant any more questions. If the same participant answers all the questions directed to the group, ask for an answer from another individual specifically or from a specific subgroup. (For example, ask, "Does anyone on this side of the table have an idea?")
15. Try to identify participants who have difficulty understanding or speaking the course language. Speak slowly and distinctly so you can be more easily understood, and encourage the participant's efforts to communicate.

Discuss with the course director any language problems that seriously impair the ability of a participant to understand the written material or the discussions. It may be possible to arrange help for the participant.

Discuss disruptive participants with your co-facilitator or with the course director. (The course director may be able to discuss matters privately with the disruptive individual.)

Reinforce participants' efforts

16. As a facilitator, you will have your own style of interacting with participants. However, a few techniques for reinforcing participants' efforts include:
 - avoiding use of facial expressions or comments that could cause participants to feel embarrassed,
 - sitting or bending down to be on the same level as participants when talking to them,
 - answering questions thoughtfully, rather than hurriedly,

- encouraging participants to speak to you by allowing them time,
- appearing interested, saying "That's a good question/suggestion."

17. Reinforce participants who:

- try hard,
- ask for an explanation of a confusing point,
- do a good job on an exercise,
- participate in group discussions, or
- help other participants (without distracting them by talking at length about irrelevant matters).

B. Techniques for relating modules to participants' jobs

1. Discuss how participants can use the procedures taught in the course in their own jobs. This type of discussion will help participants begin to think about how to apply what they are learning.
2. Reinforce participants who ask questions about using the procedures in their own jobs. Acknowledge and respond to any concerns.

C. Techniques for co-facilitators to work together

1. Spend some time with your co-facilitator when group assignments are first made. Exchange information about prior teaching experiences and individual strengths, weaknesses, and preferences. Agree on roles and responsibilities and how to work together.
2. Both facilitators should be available simultaneously to give individual feedback. Do not leave your co-facilitator to handle all the participants.
3. Assist one another in conducting group discussions. For example, one facilitator may lead a group discussion, and the other may record the important ideas on the flipchart. The second facilitator could also check the *Facilitator's Guide* and add any points that have been omitted.
4. Each day, review the teaching activities that will occur the next day (such as role plays and discussions), and agree who will lead the discussion, collect the necessary supplies, etc.
5. Work *together* to teach each module rather than taking turns having sole responsibility for a module.

Guidelines for All Modules

When participants are working:

- Look available, interested and ready to help.
- Watch the participants as they work, and offer individual help if you see a participant looking troubled, staring into space, not writing answers, or not turning pages. These are clues that the participant may need help.
- Encourage participants to ask you questions whenever they need some help.
- If important issues or questions arise when you are talking with an individual, make note of them to discuss later with the entire group.
- If a question arises that you cannot answer adequately, obtain assistance as soon as possible from another facilitator or the course director.
- Review the points in the *Facilitator's Guide* so you will be prepared to discuss the next exercise with the participants.

Guidelines for All Modules

When providing individual feedback:

- Before giving individual feedback, refer to the appropriate notes in this guide to remind yourself of the major points to make.
- Compare the participant's answers to the answer sheet.
- If the participant's answer to any exercise is incorrect, ask questions to determine why the error was made. There may be many reasons for an incorrect answer. For example, a participant may not understand the question, may not understand certain terms used in the exercise, may be accustomed to different procedures, may have overlooked some information about a case, or may not understand a basic process being taught.
- Once you have identified the reason for the incorrect answer to the exercise, help the participant correct the problem. For example, you may only need to clarify the instructions. On the other hand, if the participant has difficulty understanding the process itself, you might try using a specific case example to explain. After explaining, ask questions to be sure that the participant understands.
- Give the participant a copy of the answer sheet, if one is provided.
- Reinforce the participant for good work. For example:
 - comment on how well the participant understands,
 - show enthusiasm for the participant's ideas for application of the skill on the job,
 - mention that you enjoy discussing exercises with the participant, or
 - comment that the participant's hard work is appreciated.
- Tell the participant what to do next.

Guidelines for All Modules

When leading a group discussion

- Plan to conduct the group discussion at a time when you are sure that all participants will have completed the preceding work. Wait to announce this time when most participants are ready, so that others will not hurry.
- Before beginning the discussion, refer to the appropriate notes in this guide to remind yourself of the purpose of the discussion and the major points to make.
- Begin the group discussion by telling the participants the purpose of the discussion.
- Often there is no single correct answer that needs to be agreed on in a discussion. Just be sure the conclusions of the group are reasonable and that all participants understand how the conclusions were reached.
- Try to get each of the group members involved in the discussion. Ask questions of participants to check their understanding and to keep them actively thinking and participating. Record key ideas on a flipchart as they are offered. Keep your own participation to a minimum, but summarize often to keep participants on track.
- Always summarize, or ask a participant to summarize, what was discussed in the exercise. Give participants a copy of the answer sheet, if one is provided.
- Reinforce the participants for their good work. For example:
 - praise them for the list they compiled,
 - comment on their understanding of the exercise,
 - comment on their creative or useful suggestions for using the skills on the job, or
 - praise them for their ability to work together as a group.

Guidelines for All Modules

When coordinating a role play:

- Before the role play, refer to the appropriate notes in this guide to remind yourself of the purpose of the role play, background information, and major points to make afterwards.
- At the beginning of the role play,
 - review instructions for the role play,
 - describe the role each participant is assuming, and any background information
 - give instructions to the audience about what to listen and look for. Some role plays have a role and instructions for the observer.
- Observe each role play quietly, and make notes of points to mention later with the entire group.
- Interrupt only if the players are having tremendous difficulty or have strayed from the purpose of the role play.
- When all participants/groups have finished the role plays, conclude the exercise with a brief discussion. Discuss things done well and things that could be improved.
- Ask participants to describe what they learned from the role plays.

Annexes

Annex A

Suggested schedule for the course

	Activity	Time
Day 1	Registration (begin 8:15 am)	30 min
	Welcome and opening (begin 8:45 am)	30 min
	Plenary presentation: Child health epidemiology and its importance for planning	45 min
	Announcement of working groups	
	Coffee/tea break	30 min
	<i>Module 1: Introduction</i>	1 hr 30 min
	Lunch	1 hour
	Continuation of <i>Module 1: Introduction</i>	2 hr 30 min
	Tea break	15 min
	<i>Module 2: Implementation Planning</i>	1 hr 45 min
	Day 2	Continuation of <i>Module 2: Implementation Planning</i>
Day 3	Continuation of <i>Module 2: Implementation Planning</i>	8 hr 30 min
Day 4	<i>Module 3: Managing Implementation</i>	8 hours
Day 5	Continuation of <i>Module 3: Managing Implementation</i>	6 hours
	Closing session, awarding of course certificates	1 hour

Annex B

Example letter to participants

Dear Colleague,

You will see that during the course *Managing Programmes to Improve Child Health*, we will be using information/documents listed below related to your child health programme and geographic area. These include:

Existing strategic and/or implementation plans for each level

- National strategic plan for child health, including objectives and targets
- Regional or other level strategic plan for child health, including objectives and targets
- Implementation or operational plans at regional, district, or other levels
- Most recent implementation or operational plan for your geographic area/level

Most recent programme status reports

- Training summaries
- Reports on supervision
- Budget reports

Most recent evaluation data

- Household or community-based surveys
- Health facility surveys
- Programme reviews
- Special studies or research

We would thus like to ask you to:

1. Bring as much as possible of the following:
 - child health-related survey data from which we can assess indicators (e.g. DHS, MICS, household surveys, health facility surveys)
 - the most recent implementation plan, ideally including activities and monitoring and evaluation plans
 - a strategic plan to understand what interventions are included, the goals and objectives, and indicators that are tracked
 - some routine reports to get information on activities completed, such as training courses, supervisory visits, availability of medicines

Information may come from a child health programme, or from programmes that are traditionally separate, such as safe motherhood, nutrition, immunization, and child health.

2. Complete the attached worksheet to the extent possible, the columns for current target and current coverage, and bring it along with the source material for those numbers, if possible.

WORKSHEET: Review Current Intervention Coverage

Period	Intervention	Coverage indicator	Target Year: _____	Current coverage Year: _____	Source of data
PREGNANCY	Antenatal care	% of pregnant women who receive at least 2 ANC visits			
	Tetanus toxoid to all pregnant women	% of newborns protected against tetanus at birth			
	Intermittent preventive therapy with antimalarials	% of pregnant women who received at least 1 dose of IPT (in endemic areas)			
	Voluntary counselling and testing for HIV and PMTCT	% of HIV+ women attending ANC who receive ARV prophylaxis			
LABOUR AND DELIVERY	Skilled care at birth	% of births attended by skilled birth attendants			
		% of births that occurred at a health facility			
	Emergency obstetric and newborn care	% of expected obstetric emergencies who receive treatment (met need)			
		% of pregnant women having a caesarean section			
POSTNATAL/ NEWBORN PERIOD	Postnatal care visit	% of mothers/newborns who had a postnatal check-up in the first two days after birth			
	Immediate initiation of breastfeeding	% of newborns put to the breast within 1 hour of birth			
INFANTS AND CHILDREN	Exclusive breastfeeding (EBF)	% of infants aged less than 6 months exclusively breastfed			
	Safe and appropriate complementary feeding	% of infants aged 6–9 months who receive breastfeeding and appropriate complementary feeding			
	Vitamin A supplementation	% of children 6–59 months of age who have received a dose of vitamin A in the previous 6 months			
	Immunizations against vaccine preventable diseases	% of children 12–23 months of age fully vaccinated (national EPI schedule)			
	Sleeping under insecticide-treated bednet (ITN)	% of children under 5 years sleeping under ITN the previous night (in malaria risk areas)			
	Treatment of common childhood illness	% of children under 5 years with fast/difficult breathing who received an antibiotic			
		% of children under 5 years with fast/difficult breathing taken to a health provider for care			
		% of children under 5 years with fever who received an antimalarial			
% of children under 5 years with diarrhoea who received ORT					

Annex C

Presentation: Managing programmes to improve child health: Overview

The following pages show the PowerPoint slides for a presentation to begin the training course. The speaker's notes are printed beside each slide.

The PowerPoint file is available with these materials to show using a computer and projector.

