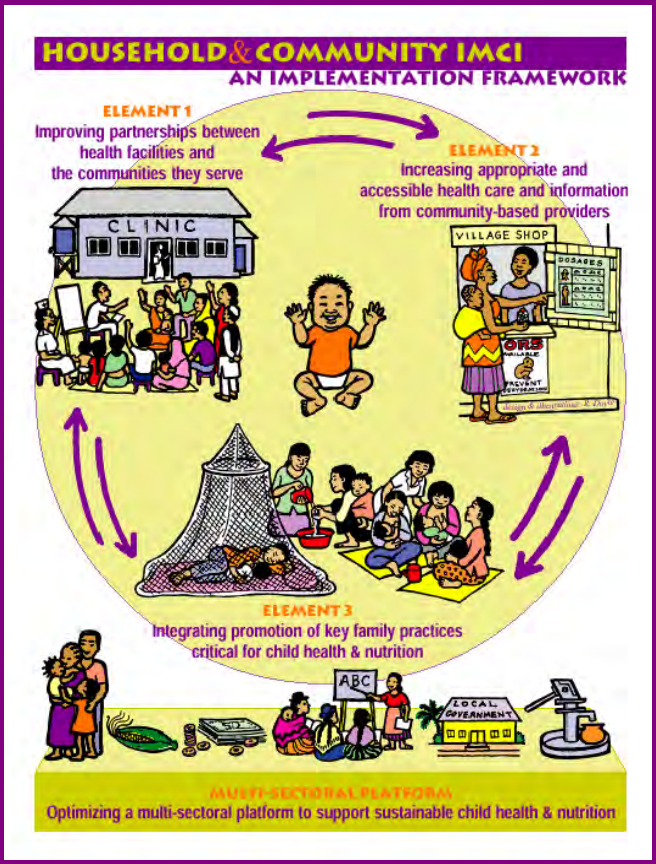
THE HOUSEHOLD AND COMMUNITY INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (HH/C IMCI) FRAMEWORK



A Facilitator's Guide for Conducting Country Meetings on HH/C IMCI

March 2003

Developed by CORE *The Child Survival Collaborations and Resources Group*
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The Child Survival Collaborations and Resources Group (The CORE Group) is a membership association of more than 35 U.S. Private Voluntary Organizations that work together to promote and improve primary health care programs for women and children and the communities in which they live. The CORE Group's mission is to strengthen local capacity on a global scale to measurably improve the health and well being of children and women in developing countries through collaborative NGO action and learning. Collectively, its member organizations work in over 140 countries, supporting health and development programs.

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Table of Contents

INTRODUCTION **1**
- IMCI HISTORY 2
- HH/C IMCI 2
- DEVELOPMENT OF THIS GUIDE 4

GETTING STARTED **4**
- IDENTIFYING KEY COLLABORATORS AND A PLANNING TEAM 4
- SELECTING FACILITATORS 5
- SELECTING PARTICIPANTS 6
- NUMBER OF PARTICIPANTS 7
- HOSTING THE WORKSHOP 7
- NOTIFYING PARTICIPANTS 7
- WORKSHOP LOCATION 8
- WORKSHOP TIMING 8
- WORKSHOP COSTS 8
- CREATING BROADER AWARENESS 9
- RECORDING AND REPORTING 9
- FOLLOW-UP REPORTING 10
- CHECKLIST 10

PRE-WORKSHOP MEETINGS **11**
- PLANNING TEAM MEETINGS 11
- PRE-WORKSHOP MEETINGS WITH PARTICIPANTS 12
- ISSUES TO BE COVERED IN PRE-WORKSHOP MEETINGS 12
- WITH WHOM TO MEET 13
- FACILITATORS' ORIENTATION 13

WORKSHOP OVERVIEW AND AGENDA **16**
- WORKSHOP OVERVIEW 16
- WORKSHOP AGENDA 16

WORKSHOP SESSIONS **21**

REGISTRATION **22**

OPENING SESSION **23**
- ACTIVITY 1: WELCOME AND INTRODUCTIONS 23
- ACTIVITY 2: WORKSHOP OBJECTIVES 24

SESSION 1: TIMELINE EXERCISE **25**
- ACTIVITY 1: REVIEWING TIMELINES 25
- ACTIVITY 2: IDENTIFYING TRENDS 26

SESSION 2: REVIEW OF IMCI (GLOBAL, REGIONAL & NATIONAL **27**
ACTIVITY 1: GLOBAL & REGIONAL REVIEW 27
ACTIVITY 2: NATIONAL REVIEW OF IMCI 27
ACTIVITY 3: NATIONAL REVIEW OF HH/C IMCI 28
ACTIVITY 4: QUESTIONS & ANSWERS 28

CORE PRESENTATION **28**

SESSION 3: HH/C IMCI FRAMEWORK **29**
ACTIVITY 1: FRAMEWORK PRESENTATION 29
ACTIVITY 2: DISCUSSION OF THE PRINCIPLES 29
ACTIVITY 3: QUESTIONS & ANSWERS 30

SESSION 4: FAMILY PRACTICES **32**
ACTIVITY 1: EXCHANGING STRATEGIES – FAMILY PRACTICES 32
ACTIVITY 2: HIGHLIGHTING SUCCESSFUL STRATEGIES 33

SESSION 5: MAPPING CURRENT EFFORTS **34**
ACTIVITY 1: SMALL GROUP MAPPING 34
ACTIVITY 2: PLENARY DISCUSSION 35

SESSION 6: DESIGNING A HH/C IMCI STRATEGY **37**
ACTIVITY 1: CREATING THE CASE STUDY 37
ACTIVITY 2: PLENARY DISCUSSION 38
ACTIVITY 3: USING THE FRAMEWORK TO IDENTIFY GAPS 39
ACTIVITY 4: PLENARY DISCUSSION 39
ACTIVITY 5: BULDING A HH/C IMCI STRATEGY 40
ACTIVITY 6: PLENARY DISCUSSION 41
ACTIVITY 7: ANALYZING STRENGTHS AND OPPORTUNITIES & IDENTIFYING ROLES 41
ACTIVITY 8: PLENARY DISCUSSION 42

SESSION 7: VALUING THE FRAMEWORK **44**
ACTIVITY 1: REFLECTION 44
ACTIVITY 2: BRAINSTORMING USES 44

SESSION 8: ADVANCING THE TIMELINE **46**
ACTIVITY 1: SETTING THE STAGE 46
ACTIVITY 2: ACTION PLANNING 46

CLOSING SESSION **48**

OPTIONAL NIGHT SESSION: THE BEHAVE FRAMEWORK **49**
ACTIVITY 1: EXERCISE EXERCISE 50
ACTIVITY 2: BEHAVE FRAMEWORK 52
ACTIVITY 3: SMALL GROUP WORK 53

HOUSEHOLD & COMMUNITY IMCI

A FACILITATOR'S GUIDE

Introduction

The purpose of this guide is to assist NGOs, Ministries of Health, and bi-lateral and multi-lateral organizations in implementing a two and a half day workshop on Household and Community IMCI.

Workshop Objectives:
By the end of the workshop, participants will have:

- Increased their understanding of HH/C IMCI
- Developed a common perspective on HH/C IMCI in order to recognize the potential inputs by all partners
- Practiced using the framework as a tool for identifying and developing HH/C IMCI activities across partners and sectors
- Increased cross-organizational and cross-sector collaboration for HH/C IMCI

While this guide, and the accompanying materials, will assist public health programmers at all levels, we particularly encourage its use at the district level as very few practical resources have been developed to support district-level planning in HH/C IMCI.

It is hoped that this guide will provide management with easy-to-follow, step-by-step instructions for preparing and delivering a workshop that will equip staff and partners with the necessary information and skills to develop strategies for HH/C IMCI programs in their area of influence.

The guide is divided into five sections:

Introduction: This covers an overview of IMCI, HH/C IMCI, and the development of this guide.

Getting Started: This covers some of the preliminary steps in planning and preparing for the workshop including hosting, number of participants, venues, etc.

Pre-workshop Meetings: An interagency approach is strongly encouraged. This section describes the important pre-workshop meetings with participating agencies. This is an important step in workshop preparation.

Workshop Overview and Agenda: This provides users with an overview of the workshop and a detailed draft agenda.

Workshop Sessions: This is a detailed description of each session, with accompanying guides, handouts and presentations.

There is also a **CD-ROM** that accompanies the guide and incorporates all of the sessions, materials and handouts in electronic form. This electronic version is provided so that you can easily adapt and print out handouts and access Power Point presentations. Relevant handouts and guidance documents are

hyperlinked to the corresponding workshop sessions.

IMCI History

Launched jointly by WHO and UNICEF in 1992, the *Integrated Management of Childhood Illnesses* (IMCI) strategy addresses the five major causes of child mortality (diarrhea, pneumonia, malaria, measles and malnutrition), using an integrated 'whole child' approach.

Underlying the strategy is the recognition that children often suffer from multiple illness events at the same time or in close proximity to each other. A critical step in reducing child mortality is an integrated approach that ensures that health care providers practice comprehensive and accurate diagnosis within adequate health systems. Moreover, the IMCI initiative recognizes the important role played by households and communities and emphasizes care and prevention in the community.

The resulting program strategy has three components:

1. Improvements in health worker skills;
2. Improvements in health systems (includes ensuring supplies of essential drugs, vaccines and equipment and regular supervision); and
3. Improvements in family and community health practices.

Today, more than 100 countries have adopted IMCI and are in varying stages of implementation.

HH/C IMCI

Early efforts, and more importantly resource allocation, have focused heavily on the first two components of IMCI. However, training health workers and improving health systems alone will not result in the desired reductions in child mortality. The reason is that many children don't even get to the clinic. For example, in Tanzania, as many as 40% of children who die are never taken for treatment at a formal health center, while in Bolivia, the figure rises to 74%.

For this reason, community approaches to IMCI are now recognized as the most effective techniques to bring about significant reductions in morbidity and mortality in children under five. At the same time, community IMCI creates a groundswell of community involvement and commitment that helps to sustain initiatives long after outside funding has ceased.

A number of international workshops have further called attention to the importance of Household and Community IMCI (HH/C IMCI) and have contributed to a better understanding of the role of non-governmental organizations (NGOs).

Since the late 1990s, International NGOs have played a critical role in defining this component. Their contribution is important, as they have for decades been working at the community level throughout the world, in places where these diseases are most entrenched. They have gained insight and evolved successful community-based strategies aimed at improving child survival.

Since its inception, The CORE Group has played a significant role in the development of HH/C IMCI, working together with UNICEF, WHO and others as a member of the Inter-Agency Working Group on HH/C IMCI.

CORE has hosted a number of workshops on the subject, globally as well as in various countries. In January of 2001, in Baltimore Maryland, USA, CORE organized and hosted a workshop for its members titled *Reaching Communities for Child Health: Advancing PVO/NGO Technical Capacity and Leadership for Household and Community Integrated Management of Childhood Illness (HH/C IMCI)* which was specifically geared toward defining HH/C IMCI. The workshop was a collaborative effort with USAID, BASICS and the Child Survival Technical Support Program (CSTS). It was during this meeting that the HH/C IMCI framework was developed. Less than two years old, the framework has been endorsed by 70% of CORE member NGOs and recognized by the Inter-Agency Working Group members (USAID, World Bank, WHO, UNICEF and CORE) as an important contribution to the advancement of HH/C IMCI. It has also been adopted or adapted at regional and country level, by various health ministries including those of Bolivia, Uganda and Mozambique, as well as WHO's Western Pacific Region.

The framework's simple, but powerful design begins by recognizing that child health is incumbent upon a wide range of sectors and resources at work in the community—a dynamic multi-sectoral platform (MSP). The MSP serves as the foundation for three inter-linked and requisite elements:

1. Improving partnerships between health facilities and the communities they serve;
2. Increasing appropriate and accessible health care and information from community-based providers; and
3. Integrating promotion of key family practices critical for child health and nutrition.

The framework is based upon decades of experience at the community level and provides some clear parameters, without being prescriptive in its approach. It gives organizations general *cooking* instructions for an integrated program and clarifies what each of the four integrated pieces (MSP and the three elements) should look like when it's 'cooked'. But it does not dictate to users what local ingredients should be used to get this desired outcome locally. This was intentional. Years of experience have taught those who work closest to the community that the best solutions are homegrown.

Development of this Guide

After the Baltimore workshop, CORE began hosting a series of one-day country-level workshops for the purposes of disseminating the results of the Baltimore proceedings and creating awareness about the framework.

These workshops were well received as many countries were beginning to define what HH/C IMCI means to them. As mentioned earlier, much of the resources for IMCI had been dedicated to the first two components. There were limited resources to help countries define and plan for a HH/C IMCI strategy.

While the workshops were found to be helpful, one day was not enough time to sufficiently cover the framework and, more importantly, to delve into successful strategies used within the country and elsewhere. Based on that experience, CORE wanted to expand the workshop and develop a package of materials that would be geared toward helping participants replicate the workshop at national, regional/ departmental and district levels. This package includes a step-by-step guide for preparation and implementation of the workshop, all of the handouts and supplemental materials (guides, PowerPoint presentations and notes) that coincide with the workshop sessions. In addition, a HH/C IMCI tool kit (participant guide) has been developed to provide ideas and examples of successful strategies that have been employed for each of the elements and the multi-sectoral platform.

Getting Started

In this section we will lay out many of the issues that need to be considered in preparation for the workshop. As you develop the workshop, we encourage you to return periodically to the workshop objectives to assure that planned activities and sessions contribute to accomplishing them. We also encourage you to modify these objectives and share them with those with whom you are collaborating to design the workshop. (See p. 1).

Identifying Key Collaborators and a Planning Team

Whether planning for a national, regional or district-level workshop, it is important to identify key partners to help support this effort. As you will see throughout this guide, successfully employing HH/C IMCI requires collaboration and coordination. Working with a willing group of key collaborators is an effective way of demonstrating this to participants. Ideally, this group should cut across as many types of organizations as possible

(i.e. MOH, International and National NGOs, Bi/Multi-laterals, and community-based organizations — CBOs). Key collaborators are organizations that are:

- Known and respected within the focus area (i.e. national, regional or district);
- Able to contribute resources (time/labor, meeting space, or even money) voluntarily; and
- Whose leadership is excited about and supportive of moving the HH/C IMCI agenda forward.

The role of each of the key collaborators may differ depending on the local situation, but collectively the collaborators will:

- Meet as a small team several times before the workshop to assure that all aspects of planning (as suggested in this guide) are carried out;
- Help determine whom to invite to the workshop;
- Meet with invited participants to ensure their buy-in and full engagement;
- Help in managing logistics and preparation;
- Co-facilitate workshop and small group breakout sessions; and
- Contribute resources.

Seek the greatest diversity of collaborators possible (representing different institutions), but try to keep the planning team to 5-8 people.

Having an array of key collaborators demonstrates to participants that this is not an initiative owned by one organization or the government, but one with broad support and collective ownership.

It is recommended that the group meet two to three times prior to the workshop to plan and coordinate.

Selecting Facilitators

During the workshop, there will be a number of important sessions and small group activities requiring instruction and guidance of additional facilitators. Assure that you have identified volunteers from among the key collaborating organizations to help facilitate. These are important positions and require individuals with good facilitation skills.

The exact number of facilitators needed depends on the total number of workshop participants (see below), but we recommend that small groups be limited to about eight to ten participants each. Therefore you will need to divide the total number of participants by ten to determine how many facilitators you will need.

See Pre-Workshop Meetings/ Facilitator's Orientation below (pages 13-15) for suggestions on how to conduct an appropriate orientation so that facilitators fully understand their roles and contribute to enhancing the learning environment, and to assure

the smooth functioning of the team during the workshop.

Selecting Participants

Since the engagement of a diverse array of participants will be key to achieving the objectives of the workshop, the planning team will need to discuss potential participants at some length. The following provides some groups to consider.

Ministry of Health participants are critical. Presumably, the MOH is already involved as part of the planning team. At the national level, it would be helpful to invite those engaged in policy decisions and national-level planning associated with IMCI. It would also be helpful to invite appropriate leadership from the departmental or provincial level (such as a Regional Director or Regional Chief Medical Officer)—someone with the capacity to champion replication of the workshop within the region. It may also be useful to invite a few district-level players (perhaps those already engaged in facility-based IMCI), to provide some district-level perspective.

For a regional-level meeting, seek participation from district-level leadership, and for a district-level meeting, seek sub-district leadership and so on.

Local NGOs/CBOs prominent at the implementation level should also be engaged to participate. At the national level, this might be an umbrella organization representing a number of NGOs/CBOs or a group that has national coverage. At the regional and district levels, it would be leadership of both health and non-health sector organizations working at that level. These local partners are critical, as they are important extensions into the community and play a crucial role in the implementation of a number of HH/C IMCI strategies.

International NGOs should also be well represented. These are groups that have extensive experience working with communities in a variety of settings, both in your country and elsewhere. At the national level, it would be important to invite the organizational director or director of health programming. They may also want to call in their regional leadership, which would coincide nicely with the MOH regional presence.

At regional and district levels, invite those who would be involved in collaborative planning (with the MOH, NGO/CBO and others) at that particular level.

Bi- and Multi-lateral Organizations are likely to be involved as part of the planning team and as presenters during certain sessions. Especially at the national level, the participation of bi/multi-lateral agencies is critical. Multi-laterals would obviously include UNICEF, WHO and the World Bank. Bi-laterals include those organizations whose plans include health-related programming. This will probably include USAID, DFID, and DANIDA, as

well as the contracting agencies they support.

It is probably sufficient to have them involved only at the national level unless they have a regional or district presence.

Non-health sectors play an important role in the MSP, but we would recommend not including them at the national-level workshop, as there will be a sufficient number of health sector participants that will need to be there. However, the closer you move this process down to the operational level, the more important their participation becomes. We would strongly recommend inviting key non-health sector leadership at the district level, for example. This would include representation from the ministries of agriculture, education and natural resources, as well as religious and political leadership.

Community representation is important and we would be remiss to have a workshop that did not include this. Logistically, this may be more challenging at the national level but less so at regional and local levels. A representative(s) should be selected who understands health issues (perhaps a community-based provider or local leader) and feels comfortable speaking in front of a large and diverse group of people. One way to seek participation may be to ask each NGO to nominate a community representative who could participate. They may not all be selected but there should be adequate representation.

Number of Participants

The number of participants will depend heavily on the type of participants selected. It may also depend on each group's capacity to support their own costs (if external support cannot be provided). However, a maximum of around 50-60 should be considered in order to keep the number to a manageable level.

Hosting the Workshop

Ask the Ministry of Health to host the workshop. Ideally, workshop invitations will come from them and they will take the lead in opening ceremonies and in the introduction of facilitating agencies. This demonstrates the relevant and important role the Ministry plays in this process. As mentioned previously, the MOH should also be part of the planning team and may be a key facilitator and/or presenter.

Notifying Participants

An official invitation requesting attendance and asking for an RSVP should be sent out by the MOH as soon as a date is confirmed. A sample invitation is provided (Supplemental material S.3) and should be adapted to the local context. To the extent

possible, written invitations should be followed by individual meetings with as many invited organizations as possible (see pre-workshop meetings, page 11). This commitment demonstrates the importance of the meeting and the importance of the attendance of each invitee.

Workshop Location

Location will depend on a number of factors, including capacity and costs. Ideally, it will be a combined conference center and boarding area (if participants are expected from out of town). However, it is quite possible that the MOH or other organization could provide free of charge a space they have available to them that meets the needs of the workshop. We encourage keeping costs low and possibly having less than optimal conditions as opposed to not hosting it due to limited resources.

The venue should be a place where there will be little disruption or distraction. Since small group work is an important part of the agenda, the venue should have space where participants can spread out or go to adjoining smaller rooms when engaged in small group discussions.

The plenary room should be equipped with flip chart stands and paper, a "PowerPoint"-type projector or overhead projector, and have sufficient wall space for hanging flip chart paper after reporting out by groups.

Breakout rooms should have a flip chart stand and paper and sufficient wall space to hang flip charts. The rooms should be arranged with tables around which participants can work in small groups.

Workshop Timing

We would recommend that you try to schedule the workshop within two months of making the decision to conduct it. Ask potential participants during the pre-workshop meetings what would be the best time in the next two months and select the time that best fits *most* of the participants' schedules. As can be expected, there will not be a time that is perfect for everyone and you should anticipate losing some due to conflicting agendas.

Workshop Costs

As long as participant organizations pay for the transport, room and boarding costs of their members, the operational costs can remain low. We would strongly encourage this kind of collective support and contribution. There may be exceptions made for certain NGO/CBO and community participants who otherwise would not be capable of participating.

Other costs that need to be covered are:

- Rental of the conference facility;

- Coffee/tea and snacks provided at breaks;
- Copies of handouts and participant guides; and
- Any labor costs incurred for workshop preparation and note-taking during the event.

We would strongly encourage requesting assistance from the bi- and multi-lateral organizations or the Ministry of Health to help support these minimal costs as HH/C IMCI's development and roll-out in country is likely to be a key part of their strategic plan. Cost sharing by all partners is critical to demonstrate the collaborative nature of this workshop and activities growing out of it. We also recommend finding ways in which these costs can be absorbed by existing programs and/or reduced in order to make it more affordable. Many of us are accustomed to finding ways of legitimately absorbing such costs through existing budgets as well as stretching resources to accomplish numerous activities.

Creating Broader Awareness

It may be helpful to invite a local reporter to the first or last day of the event and/or provide a press release (See sample press release: S4) to inform the general public about the event and its objectives. This will help 'get the word out' about the workshop, its purpose and outcome, as well as reinforce the significance of this event.

Recording and Reporting

As with any workshop, ensuring good note-taking is important for documenting the process and results of the meeting for crucial follow-up. As this guide provides notes for the presentations and instructions for the various sessions, a verbatim explanation of the process is not necessary. What will be required is recording important comments and feedback provided by the group. A template for note-taking is provided in the supplemental documents (S.7).

It is helpful to set up a side room or table at the back of the room for a 'secretariat'. The note-taker can be stationed in the back of the room to take notes (using the template) and also tasked with collecting all copies of speeches, presentations, etc. These items should be copied for the participants at the meeting and inserted into the final notes in the appropriate locations. The secretariat would also be responsible for printing, copying, and distributing notes of important outcomes of the small group work (as indicated in the note-taking guide).

A final workshop report should be prepared and disseminated as quickly as possible after the workshop. Generally, facilitators should try to send out the document within three weeks of the workshop. This report

should include: a compilation of the notes, a copy of the participant/ facilitator contact list, and a copy of the session guides.

Follow-up Reporting

Approximately two months after the workshop, the workshop coordinator or a designated member of the training team should email (with 'read receipt' requested) a brief follow-up reporting survey containing the following questions and asking for participant responses within one week from the date of receipt:

1. What have you done with the information/skills from the workshop?
2. What have been some of the success stories of this work? What have been some of the constraints?
3. What do you plan to do next and when?
4. How have you maintained networks with other participants involved in the workshop?
5. What informational resources do you require?

Checklist

We have developed a checklist to help ensure you have covered all the necessary preparatory steps required for the workshop (S.2: Workshop Preparation Checklist). You are encouraged to make a copy of the checklist and mark off items as they are completed.

Pre-Workshop Meetings

This section discusses the purpose and scope of meetings to be held before the workshop. These meetings include the Planning Team Meetings, Pre-workshop Meetings with Participants, and the Facilitator's Orientation.

Planning Team Meetings

Once you have identified key collaborators, you should invite them to an initial meeting to discuss the workshop, the roles of each member of the planning team, the tasks that need to be accomplished and the dates by which they need to be accomplished. It is likely that you will need to hold several meetings to assure that tasks are being completed.

When you hold the first meeting, you should be familiar with and have available copies of the following resources ready to share with the Planning Team:

1. Printed PPT presentation on CORE (S.13)
2. List of possible collaborators and Invitees
3. Workshop Agenda (Handout H.1)
4. Workshop Preparation Checklist (S.2)
5. Sample Invitation (S.3)
6. Sample Press Release (S.4)

The most useful of these, in terms of assigning tasks, is the Workshop Preparation Checklist (S2). It contains information on logistics and administrative preparation for the workshop.

As indicated in the checklist, it would be helpful for planning team members to prepare a list of materials available for community child health programming in your country. This may include available training, behavior change communication resources (for example, counseling cards on breastfeeding and appropriate complementary feeding, radio soap opera on using bednets for malaria prevention), curriculum for training community health workers and traditional healers, etc. This list can be copied and provided to workshop participants as an important resource.

After the initial planning meeting, other meetings held with the Planning Team will most likely focus on progress made to date and tasks that remain to be completed. The Planning Team should be kept up-to-date between meetings via email or short phone calls.

In addition to holding meetings, the Planning Team should commit to visiting (in person or via phone) those who are invited either to present or simply as workshop participants. This is discussed further in the section below.

Pre-Workshop Meetings With Participants

At least two weeks (or more) before the workshop is to begin, the Planning Team should conduct pre-workshop meetings with participants of individual organizations.

Experience has shown that these meetings are instrumental in preparing participants and creating a collaborative atmosphere. Specific reasons to hold such individual meetings are:

To dispel myths: Often times invited participants have pre-conceived notions of what HH/C IMCI is that may suggest that this workshop is not for them, or may lead to unfulfilled expectations once the workshop begins. This is an opportunity to clarify the purpose and content of the workshop.

To learn and solicit input: This is an opportunity to learn a little bit about each organization's understanding of HH/C IMCI as well as their experience in working with the MSP and any of the three elements. Having this information when the workshop begins is invaluable as it may indicate what concepts/ideas need to be reinforced (because they are poorly understood) as well as allowing you to incorporate and draw upon expertise in the room.

Plan collaboratively: This is also a time to ask participants what they would like to see out of such a workshop. It demonstrates your willingness to listen and plan collaboratively.

Motivate and encourage participation: While letters requesting participation are important, there is nothing more effective than a personal phone call or visit to indicate how important you consider the individual's presence to be at this workshop. This motivates participants to attend and tells them they have something valuable to contribute.

Issues to be Covered in Pre-Workshop Meetings

We have prepared a pre-workshop meeting guide (S.5) that describes issues we have found important to discuss. In brief, the following items should be covered:

- Identifying who you are and your role;
- Identifying CORE and its role;
- Purpose of your visit;
- Overview of global HH/C IMCI efforts;
- Brief overview of the framework;
- Learning more about the organization and individuals you are visiting and what they do; and

- Roles they could play within the workshop.

With Whom to Meet

For the reasons mentioned above, it is important to meet with as many of the invited organizations as possible. At the national level, it is important to hold individual meetings with the bi/multi-lateral agencies (USAID, DFID, World Bank, UNICEF, WHO, among others), as their understanding may impact the direction of their funding and work. This will also allow you to gain understanding of their mandate with regard to HH/C IMCI. Among this group, WHO or UNICEF will be asked at the workshop to present global overviews of IMCI efforts and should be provided the presentation guide for that session (S10).

The Ministry of Health (if not the facilitator or key collaborator) must receive a visit, as you will be requesting them to host the workshop. They also will be asked to present an overview of progress nationally on both the IMCI and HH/C IMCI fronts. (See Handout H.2: National Timeline for Child Health, to be developed in country, and Guides S.11 and S.12 for National-Level IMCI and HH/C IMCI.)

In addition, meet with local NGOs/CBOs and any non-health sector organizations/ministries in order to demonstrate the important role you feel they play.

While individual meetings are preferable, you may already attend regular inter-agency meetings that you can take advantage of to get the word out. Keep in mind that this may not be as effective in addressing some of the other purposes of the pre-workshop meetings.

Pre-workshop meetings with participants should take place after letters of invitation have gone out, and the responsibility should be shared by the entire Planning Team.

Facilitators' Orientation

Before the workshop, it is important to prepare the facilitators for their role. This is best done by organizing an orientation (a half-day is usually sufficient for this) in which all facilitators will agree on certain guidelines, training methods, norms, roles, and responsibilities for the workshop. Being clear about expectations from the start can greatly reduce confusion, save valuable workshop time, make the facilitation and learning process more enjoyable, and above all, enhance the workshop outcome.

During the orientation, the facilitators should review the workshop objectives and outcomes, identify roles and responsibilities, discuss specific questions on the sessions, familiarize themselves with the framework and review the small group activities. Ideally, facilitators should come to the

mini-training having already read this guide and with specific questions on the sessions.

Part of this orientation includes building consensus on the desired 'workshop culture' and what this entails. Simple brainstorming can help the group to determine the most important elements of the 'workshop culture'. For example, the group may decide that from the start, participants will be encouraged to move around and be actively engaged in the learning process during the sessions; one facilitator can be responsible for setting this tone from the opening session of the workshop. One facilitator may be assigned the role of identifying participants who are not engaged and finding ways to bring them out in a non-intimidating manner. The facilitators themselves need to be appropriate role models—engaging, enthusiastic, encouraging of others and willing to take risks in their learning methods to ensure that learning is maximized and enjoyable.

An important step during the orientation is to determine responsibility for the various roles. For this, it may be useful to draw a grid

Roles	Skills/abilities needed	Responsible Person/s
Facilitator for Sessions 1, 2	Strong facilitation skills; knowledge of health trends & IMCI	Elisa
Timekeeper for Sessions 1, 2	Good timekeeper, not easily distracted	Sharon
Lead Intro. Ice breaker	Enthusiastic, dynamic	Joe
Etc.	…	…

to identify the different roles (workshop coordinator, lead facilitator for each session, timekeeper for each session, handout distributor, person to introduce the facilitation team and opening speakers, person to lead initial ice breaker, logistics manager, etc.). Facilitators may also want to briefly determine the basic skills and abilities necessary for carrying out the identified roles effectively, and share strengths and areas for improvement of each facilitator, before assigning roles to each other.

In addition, facilitators should decide who would be the most appropriate individuals to serve as chairs for the global, regional, and national review in Session 1. The role of these individuals should be to:

1. Introduce and acknowledge the contributions made by the key speakers for their sessions;
2. Summarize the key points made by the speaker; and
3. Assist in keeping the speakers to the identified timeframe for their discussion.

Once all roles have been distributed and questions on each of the sessions, logistics, etc. have been addressed, the orientation coordinator can ask each facilitator to share his/her total number of years of experience. Tallying up the grand total of group experience is a good way to build the confidence level of the team regarding its quality.

The facilitators will also need to make a decision regarding whether they will

use the OPTIONAL NIGHT SESSION ON THE BEHAVE FRAMEWORK. This session was adapted from training curricula developed, extensively tested, and refined by members of CORE's Working Group on Social and Behavior Change. In some countries, where participant NGOs are not aware of the framework and are not currently using effective approaches to select behavior change strategies, facilitators may decide to incorporate this session into the first or second night of the workshop. In any case, the training team will need to assure participants that the session is optional.

During this orientation, the team of facilitators should also discuss the importance of conducting a daily debriefing to review the day's outcomes, including highlights and challenges. This debriefing should be held each evening after the sessions, and should cover the following:

- general observations regarding the day's outcomes, including highlights and challenges (and ways to overcome them);
- review of facilitators' roles;
- changes to be made in the training program;
- special needs to consider for the following day;
- participants who need special attention, etc.

Workshop Overview and Agenda

This section of the Facilitator's Guide provides an overview of the workshop and the detailed agenda. The following section—the **Workshop Sessions**—provides step-by-step guidance on each session. The optional BEHAVE Framework Night Session guidelines follow the last day of Workshop Sessions. A set of **Supplemental Workshop Materials** and **Handouts** accompanies this Facilitator's Guide to provide the necessary documentation and guidance for all sessions and presentations.

Workshop Overview

By the end of the workshop, "Household/Community IMCI – A Global Framework Built with Local Know-How", participants will have:

- Increased their understanding of HH/C IMCI
- Developed a common perspective on HH/C IMCI in order to recognize the potential inputs by all partners
- Practiced using the framework as a tool for identifying and developing HH/C IMCI activities across partners and sectors
- Increased cross-organizational and cross-sector collaboration for HH/C IMCI

An important outcome will be for participants to share a common understanding *and* language when discussing HH/C IMCI. So often, efforts to plan and implement HH/C IMCI have been stymied by the lack of a shared vision and definition.

It is also hoped that participants will recognize and value the diversity of approaches that can legitimately exist under HH/C IMCI, as well as within a common set of national health objectives and standards.

The workshop is laid out over a two and a half day period, with the following focus for each day:

Day 1: Overview of IMCI and HH/C IMCI

Day 2: Applying the HH/C IMCI framework using local know-how

Day 3: Planning and next steps

Workshop Agenda

On pages 18-20, you will find a proposed agenda along with suggested beginning, break and ending times.

Important Note: The agenda and session guides that follow are meant to be adapted to the local context and

needs. We have attempted to provide as much detail as we can on what we believe to be a comprehensive workshop. You are neither obligated nor expected to adhere to it without modification.

Workshop Agenda—Facilitator's Detail

Day 1:

Time	Total Time (min)	Description	Fac. Guide Page	Guides	Handouts
8:00 – 9:00	60	Registration	22	S6: Registration Form S7: Note-Taking Guide	H1: Agenda H2: Schedule for Opening Ceremony H3: Survey of NGO Activities H4: Participant Guide
Opening Session:					
9:00 – 9:30	30	Welcome and Introductions	23-24		
9:30 – 9:40	10	Presentation of Objectives	24		
9:40 – 9:55	15	Break			
Session 1:					
9:55 – 10:45	50	Overview of Global Health Events, National Timelines and Trends	25-26	S8: Global Timeline for Health Notes S9: Detailed Global Timeline Notes	H5: Global Timeline for Child Health H6: National Timeline for Child Health
Session 2:					
10:45 – 11:05	20	Global and Regional Review of IMCI	27	S10: Presenta-tion Guide	
11:05 – 11:25	20	National Review of IMCI	27-28	S11: Presenta-tion Guide	
11:25 – 11:45	20	National Review of HH/C IMCI Status	28	S12: Presenta-tion Guide	
11:45 – 12:15	30	Questions and Answers	28		
12:15 – 1:15	60	Lunch			
1:15 – 1:30	15	CORE Presentation	28	S13: CORE PPT Notes	H7: CORE brochure
Session 3:					
1:30 - 2:55	85	Presentation of HH/C IMCI Framework	29-31	S14: PPT Presentation Notes S1: FAQs S15: Guide for Principles Discussion	H8: Framework H9: Framework paper H10: Journal article
2:55 - 3:10	15	Break			

Session 4:					
3:10 - 3:45	30 [Opt. 2=60]	Family Practices (if Option 2 is used, adapt the timing of subsequent sessions accordingly)	32-33		H11: List of Key Family Practices
Session 5:					
3:45 – 4:50	65	Small Group Mapping	34-35		H12: Validating Questions
4:50 – 5:50	60	Plenary Discussion	35-36		
6:00 – 7:00	60	Facilitator's Meeting			
7:30 – 9:00	90	Optional Night Session- BEHAVE FRAMEWORK	49-53	B1-4: Handouts, PPT and Guides for Optional Night Session, BEHAVE Framework	

Day 2:

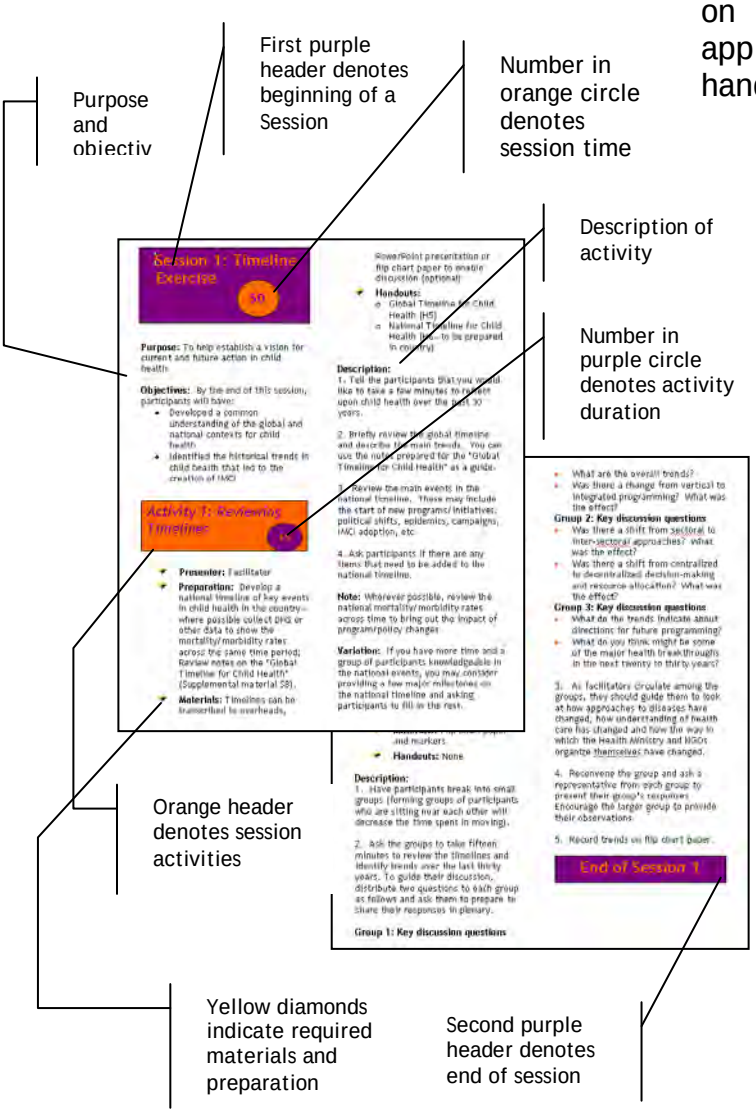
Time	Total Time (min)	Description	Fac. Guide Page	Guides	Handouts
9:00 – 9:15	15	Review of Day 1			
Session 6:					
9:15 – 10:15	60	Creating the Case Study	37-38	S16: Flip Chart Guide	H13: Creating a Case Study
10:15 – 10:30	15	Plenary Discussion	38-39		
10:30 – 10:45	15	Break			
10:45 – 11:45	60	Using the Framework to Identify Gaps	39		
11:45 – 12:00	15	Plenary Discussion	39-40		
12:00 – 1:00	60	Lunch			
1:00 – 3:00	120	Building a HH/C IMCI Strategy	40-41		H14: Brainstorming Strategies
3:00 – 3:15	15	Plenary Discussion	41		
3:15 – 3:30	15	Break			
3:30 – 4:15	45	Analyzing Strengths and Opportunities and Identifying Roles	41-42		H15: Assessing Strategies + sample H16: Determining Partner Roles + sample H17: Blank framework
4:15 – 5:15	60	Plenary Discussion	42-43		
5:15 – 5:30	15	Summary of the Day			
5:30 – 6:30	60	Facilitator's Meeting			

Day 3:

Time	Total Time (mins)	Description	Fac. Guide Page	Guides	Handouts
9:00 – 9:15	15	Review of the Previous Day			
Session 7:					
9:15 – 11:15	120	Valuing the Framework	44-45		
11:15 – 11:30	15	Break			
Session 8:					
11:30 – 12:45	75	Advancing the Timeline	46-47		
12:45 - 12:55	10	Evaluation	48		H18: Evaluation form
12:55 – 1:05	10	Closing	48		
1:05 – 2:05	60	Lunch			

Workshop Sessions

Under this section, you will find the guide laid out in the following manner:



This layout is designed to make it easy for the facilitator(s) to follow while leading the workshop. In your binder, you will also find the handouts and guides required for each session's activities. See the Facilitator's Agenda on the previous pages to locate the appropriate session guides and handouts easily.

Registration

60

Objective: Provide participants with needed materials to participate in the workshop.

- **Preparation:** Set up meeting logistics
- **Materials:** Markers and blank nametags; Supplemental materials: Registration form [S6], disk for note-taker/ Note-taking guide [S7], extra copies of the Press Release [see S4]
- **Handouts:**
  - Agenda [H1]
  - Schedule for Opening Ceremony [H2]
  - Survey of NGO Activities [H3]
  - Participant Guide [H4]

Description:

1. Set up a registration table in the main lobby next to the conference room. Facilitating and co-facilitating organizations can ask support staff from their organizations to help register participants.

2. Review hotel arrangements including seating, table placements, equipment set-up (flip chart boards, easels, LCD projector or overhead), and breakout rooms. Confirm lunch and break times with hotel/conference center management staff.

3. Have workshop materials available on the registration table. Provide a registration form and nametags or cards. Advise support staff to ask participants to sign in on the registration form and fill out a nametag or name card. Copies of the agenda and schedule for the opening ceremony should be available at the registration desk along with the participant guide. We believe that there is no need to invest in expensive folders with writing tablets or fancy plastic-covered name tags. This is an unnecessary expense that could be better used.

4. Ask NGO participants to fill out the "Survey of NGO Activities." When the NGOs return this form, the results can be typed up and distributed to all participants to aid in information sharing.

5. Assure that the note-taker is prepared and has the disk to guide note-taking efforts.

6. Greet guests as they come in. Be sure to welcome opening session speakers and ensure that they know where they will be sitting. If the press is present, greet them and ensure that they have a copy of the press release, workshop agenda, and opening session schedule.

Opening Session

40

Purpose: Welcome participants, clarify workshop objectives, and recognize key partners.

Objectives: By the end of this session, participants will have:

- Been greeted by the hosting agency, introduced to the facilitation team, and met fellow workshop participants
- Developed a basic understanding of the workshop purpose and objectives

Activity 1: Welcome and Introductions

30

- **Presenter:** MOH Representative and other main partners
- **Preparation:** Confirm speakers
- **Materials:** PowerPoint or flip chart with workshop objectives

Description:

1. The organization hosting the event should welcome participants and explain the overall purpose of the workshop—to advance the HH/C IMCI agenda, within the context of national realities and plans. The host should then introduce the facilitating and co-facilitating organization representatives.

Note: The approach to the opening session should be guided by the proper etiquette and protocol in the host country. The opening session is an opportunity to recognize the main partners and involve critical stakeholders. Work with the facilitation team to determine local protocol and speaker selection.

2. Cover workshop logistics such as location of the bathrooms and development of ground rules (may be established by participants and include rules such as turning off cell phones during the meeting). The host should also encourage the participants to network during the breaks and mealtimes and thus, take full advantage of the opportunity to make new and valuable contacts to help further the child health agenda.

3. Before the workshop gets started, have the participants briefly introduce themselves using one of the following ice-breakers or one that is preferred in your country.

Suggestions for Easy Introductory Ice Breakers:

Animals- Ask participants to select a favorite animal. Once they have made their selection, task them

with finding other participants who have made the same selection. Inform participants that they cannot talk, but can only find their match by walking about and making the sound of their selected animal. Once they have found their partners, give them one minute to introduce themselves to each other. Help match up those individuals who seem to have unique animal choices and no matches.

Proverbs- As participants arrive at the conference site, ask them to write down a favorite proverb. Before the training starts, write half of each proverb on one card and write the other half on a separate card. Distribute cards and ask participants to find the person with the rest of their proverb. Participants can then introduce each other to the group and provide the meaning of the proverb as it relates to the training.

Million Dollars- Ask participants to introduce themselves while sharing two things they would do if they won a million dollars.

Paper Airplanes- Ask participants to make paper airplanes. Instruct them to write the name of their favorite place on earth on one of the wings and the name of the place they dream of visiting on the other wing. Each participant should establish eye contact with someone they don't know in the group and fly his/her airplane to that person. Each set of participants should then get together to discuss the places listed on the wings and introduce themselves.

Activity 2: Workshop Objectives

10

- **Presenter:** Workshop Facilitator
- **Materials:** PowerPoint or flip chart with workshop objectives

Description:

1. Using the flip chart or PowerPoint, introduce participants to the objectives of the workshop:

By the completion of the workshop, participants will have:

- *increased their understanding of HH/C IMCI*
- *developed a common perspective on HH/C IMCI in order to recognize the potential input by all partners*
- *practiced using the framework as a tool for identifying and developing HH/C IMCI activities across partners and sectors*
- *increased cross-organizational and cross-sector collaboration for HH/C IMCI*

2. Ask participants if they have any questions, or if there are expectations that do not appear in the objectives. The facilitation team should discuss any issues that are raised during their review meetings.

Session 1: Timeline Exercise

50

Purpose: To help establish a vision for current and future action in child health.

Objectives: By the end of this session, participants will have:

- Developed a common understanding of the global and national contexts for child health
- Identified the historical trends in child health that led to the creation of IMCI

Activity 1: Reviewing Timelines

15

- **Presenter:** Facilitator
- **Preparation:** Develop a national timeline of key events in child health in the country—where possible collect DHS or other data to show the mortality/morbidity rates across the same time period; Review notes on the 'Global Timeline for Child Health' (Supplemental material S8).
- **Materials:** Timelines can be transcribed to overheads, PowerPoint presentation or flip chart paper to enable discussion (optional)
- **Handouts:**
  - Global Timeline for Child Health (H5)
  - National Timeline for Child Health (H6—to be prepared in country)

Description:

1. Tell the participants that you would like to take a few minutes to reflect upon child health over the past 30 years.

2. Briefly review the global timeline and describe the main trends. You can use the notes prepared for the 'Global Timeline for Child Health' as a guide.

3. Review the main events in the national timeline. These may include the start of new programs/initiatives, political shifts, epidemics, campaigns, IMCI adoption, etc.

4. Ask participants if there are any items that need to be added to the national timeline.

Note: Wherever possible, review the national mortality/morbidity rates across time to bring out the impact of program/policy changes.

Variation: If you have more time and a group of participants knowledgeable in the national events, you may consider providing a few major milestones on the national timeline and asking participants to fill in the rest.

For this approach, tape several sheets of flip chart paper in a horizontal line across the wall. Draw a continuous horizontal line through the center of each sheet of paper to indicate the timeline. Add vertical equally spaced hash marks along the timeline and label them with the different decades. Write in key national milestones. Provide each participant with a marker and encourage them to add other key events. (They may enjoy doing this in teams of two to three).

Activity 2: Identifying Trends

35

- **Presenter:** Facilitator
- **Preparation:** None
- **Materials:** Flip chart paper and markers
- **Handouts:** None

Description:

1. Have participants break into small groups (forming groups of participants who are sitting near each other will decrease the time spent in moving).

2. Ask the groups to take fifteen minutes to review the timelines and identify trends over the last thirty years. To guide their discussion, distribute two questions to each group as follows and ask them to prepare to share their responses in plenary.

Group 1: Key discussion questions

- What are the overall trends?
- Was there a change from vertical to integrated programming? What was the effect?

Group 2: Key discussion questions

- Was there a shift from sectoral to inter-sectoral approaches? What was the effect?
- Was there a shift from centralized to decentralized decision-making and resource allocation? What was the effect?

Group 3: Key discussion questions

- What do the trends indicate about directions for future programming?
- What do you think might be some of the major health breakthroughs in the next twenty to thirty years?

3. As facilitators circulate among the groups, they should guide them to look at how approaches to diseases have changed, how understanding of health care has changed and how the way in which the Health Ministry and NGOs organize themselves have changed.

4. Reconvene the group and ask a representative from each group to present their group's responses. Encourage the larger group to provide their observations.

5. Record trends on flip chart paper.

End of Session 1

Session 2: Review of IMCI (Global, Regional & National)

90

Purpose: To update or introduce participants to global, regional and national progress towards implementation of all three components of IMCI (health worker skills, systems improvements, and household/community IMCI) to set the stage for discussion of the framework.

Objectives: By the end of this session, participants will have:

- Differentiated between the three components of IMCI
- Discovered the global and regional efforts supporting IMCI implementation
- Explained the national plan for IMCI and the progress to date

Activity 1: Global & Regional Review

20

- **Presenter:** WHO, UNICEF or Facilitating Agency
- **Preparation:** Confirm speaker and provide "Guide for Presentation on IMCI at the Global & Regional Level" (S10) to inform presentation development
- **Materials:** LCD or overhead projector

Description: This presentation covers the progress towards implementing IMCI globally, including the year it was launched, joint organizational efforts, discussion of progress toward addressing each component, relevant research findings, plans and challenges ahead. The presentation should include insight gained on implementation of this strategy around the globe with particular emphasis on the relevant region (i.e. Africa, Latin America, Asia).

Activity 2: National Review of IMCI

20

- **Presenter:** MOH Representative
- **Preparation:** Confirm speaker and provide "Guide for Presentation on Facility-Based IMCI at the National Level" (S11) to inform presentation development
- **Materials:** LCD or overhead projector

Description: This presentation focuses on IMCI components 1 and 2 at the national level. The presentation should cover progress towards implementing IMCI in country, including year efforts began, development/ existence of a plan, organization of IMCI within the MOH, existence of committees and

current participants, progress to date and challenges ahead.

Activity 3: National Review HH/C IMCI (20)

- **Presenter:** MOH Representative
- **Preparation:** Confirm speaker and provide "Guide for Presentation on HH/C IMCI at the National Level" (S12) to inform presentation development
- **Materials:** LCD or overhead projector; samples of materials that have been developed for HH/C IMCI in country

Description: This presentation focuses on the initial steps towards addressing the third component of IMCI. The presenter should discuss efforts to define HH/C IMCI, planning and coordination efforts, policy reforms that support HH/C IMCI, materials that have been developed and any other efforts to implement this component.

Activity 4: Questions & Answers (30)

Description: Open the session up to questions and comments from the participants and encourage an open dialogue and exchange.

End of Session 2

CORE Presentation (15)

Purpose: To introduce participants to The CORE Group, help them understand CORE's role in calling this meeting, and promote the benefits of collaborative NGO activities.

- **Presenter:** Facilitator
- **Preparation:** Review of prepared PowerPoint and accompanying notes (S13)
- **Materials:** LCD or overhead projector
- **Handouts:**
  - CORE Brochure (H7)

Description: This presentation provides a brief introduction to the CORE Group and can transition directly into the framework presentation.

Session 3: HH/C IMCI Framework

85

Purpose: To introduce participants to the framework and provide the context and basic knowledge that will be applied throughout the rest of the workshop.

Objectives: By the end of this session, participants will have:

- Discovered the HH/C IMCI Framework
- Discussed the principles relating to the framework
- Identified some of the frequently asked questions (FAQs) regarding the framework and learned how to respond to them

Activity 1: Framework Presentation

40

- **Presenter:** Workshop Facilitator
- **Preparation:** Review of prepared PowerPoint and accompanying notes (S14)
- **Materials:** LCD or overhead projector
- **Handouts:**
  - Copy of HH/C IMCI Framework (H8)—laminated, if possible
  - BASICS paper on HH/C IMCI (H9)
  - Article by Peter Winch on HH/C IMCI Framework (H10)

Description: This presentation sets the context for the development of the framework and describes the three elements and the multi-sectoral platform (MSP). It includes an explanation of the links between the different components of IMCI, examples of program strategies in each framework element/MSP, and the different roles that partner organizations can play to implement HH/C IMCI. It is helpful to ask participants to refer to the copy of the framework during this presentation.

Activity 2: Discussion of the Principles

20

- **Presenter:** Workshop Facilitator
- **Preparation:** Review Frequently Asked Questions (S1) and Guide for Principles Discussion (S15); Copy the 7 principles onto a flip chart.

Description: This activity provides an opportunity for participants to discuss the principles of the HH/C IMCI

Framework. The principles provide some basic, but essential, parameters for planning and implementation. Discussion of the principles is often useful to clarify the framework as well as allay some partner concerns.

1. Refer participants to the flip chart with the list of HH/C IMCI principles. It may be helpful to leave the final PowerPoint slide with the framework up during both this and the subsequent discussion.

2. Facilitate discussion on the principles.

Option 1: One option to ensure participation during this discussion is to ask a different participant to read each principle and then ask two key questions of the group.

Ask participants:

- What do you think about this principle?
- Do you agree with this principle? Why? Why not?

Guide the discussion to clarify the meaning of each principle.

Option 2: Another option is to quickly explain each principle to the group and then ask participants to turn to the person next to them and discuss the following key question:

- Which principle do you feel will be the most difficult to apply and why?

After 10 minutes, call upon a random sample of participants to share concerns. Facilitate the discussion in order to clarify the meaning of each principle.

Activity 3: Questions & Answers 25

Preparation: Review Frequently Asked Questions (S1) and Guide for Principles Discussion (S15)

Description:
1. Open the session up to questions and comments from the participants and encourage an open dialogue and exchange.

Note: Guidance for answering many of the common questions may be found in the FAQ section of this guide (S1). If there are few questions from participants and you have time, you may choose to read some of the FAQ questions and answers with the group.

2. At the end of the session, inform participants that they will have an opportunity over the next two days to explore the framework in the context of what is happening within their country, region or district, and learn how it could be applied. At the end of the workshop, it will be up to them to decide on the utility of the framework and how it fits within their individual programs as

well as the national, regional and district health plans.

3. Refer participants to the two articles (see handouts for activity 1) for more information. If you choose, you may ask participants to read through these articles in the evening in order to prepare for Day 2.

End of Session 3

Session 4: Family Practices

30 - 60

Purpose: To allow participants to explore family practices within HH/C IMCI and enable them to benefit from their colleagues' experiences with the promotion of these practices.

Objectives: By the end of this session, participants will have:

- Described one key family practice that is currently not being practiced by the community
- Shared ideas with colleagues regarding successful or potentially successful strategies to encourage community members to adopt and maintain at least two to three family practices
- Received two to three suggestions from colleagues regarding actual and potential strategies for encouraging adoption of family practices

Activity 1: Exchanging Strategies - Family Practices

20-50

- **Presenter:** Workshop Facilitator
- **Preparation:** none
- **Handouts:**
  - Key Family Practices (H11)

Option 1: Buzz Groups
Total time: 20 minutes

Description:

1. Ask participants to turn their chairs so that they are facing each other in pairs.

2. Ask participants to briefly review the key family practices listed on Handout H11.

3. Explain to the participants that for the first part of this exercise, one of the participants should present to his/her partner a key family practice that is currently not being practiced by the majority of the community members. The participant should also provide any evidence supporting this statement.

4. Ask the partners to listen carefully before providing the following advice: What strategies have they implemented that have been successful in encouraging community members to adopt and continue to engage in the family practice mentioned? (If they have not had experience with that particular practice, they should provide a new idea.)

5. After about five to ten minutes, ask the participants to switch roles.

Option 2: Margolis Wheel
Total time: 50 minutes

Description:
1. Ask participants to form an 'advice wheel' by positioning themselves in two concentric circles. Participants in the inner wheel should face those in the outer wheel.

2. Ask participants to briefly review the key family practices listed on the Handout H11.

3. Explain to the participants that for the first part of this exercise, the participants in the inner circle will present (to the person directly facing him/her) one key family practice that is currently not being practiced by the majority of the community members. The participant should also provide any evidence supporting this statement.

4. Ask participants in the outer wheel to listen carefully before providing the following advice: What strategies have they implemented that have been successful in encouraging community members to adopt and continue to engage in the family practice mentioned? (If they have not had experience with that particular practice, they should provide a new idea.)

5. After about 5-10 minutes, tell the participants in the outer circle to take a step to the right (turning the wheel). Repeat steps 3 and 4.

6. Rotate the wheel two to three times.

7. Ask the participants to trade places with those in the outer circle stepping into the inner circle and visa-versa.

8. Repeat steps 3-6.

Activity 2: Highlighting Successful Strategies 10

- **Presenter:** Workshop Facilitator
- **Materials:** none

Description: Ask a sample of participants to share some of the most innovative or interesting strategies suggested by their fellow participants.

If feasible during the workshop in your country, explain that an optional night session will be conducted to discuss behavior change models.

End of Session 4

Session 5: Mapping Current Efforts

125

Purpose: To enable participants to explore the framework in the local context.

Objectives:
By the end of this session, participants will have:

- Identified activities that fit in each element and the multi-sectoral platform
- Determined strengths and gaps in current programming based on the framework
- Shared their experiences and assessed the resources and opportunities for collaboration among a variety of partners

Activity 1: Small Group Mapping

65

- **Presenter:** Workshop facilitator and small group facilitators
- **Preparation:** Preselect enough small group facilitators so that the participants can be divided into groups of approximately 8-10 persons. Ensure that small group facilitators are trained in the framework so that they can guide the participants through this exercise. Refer to page 6 (Selecting facilitators) and page 14 (Facilitator's orientation) in this manual.
- **Materials:** Flip chart paper and markers
- **Handouts:**
  - Validating Questions to Guide Mapping of Current Efforts (H12)

Description: The **Workshop Facilitator** provides the initial orientation to the session activities, before participants break into small groups:

1. Explain the purpose, objectives, time available and expected results of this session.

2. Guide participants through one example to model the mapping effort. One way of doing this is by asking the group for an example of a community-based strategy used in the country and then guiding them through discussion to determine under which element(s) the strategy fits. It is often necessary to ask questions eliciting more detail in order to determine the appropriate placement.

For example: If the activity identified by the group is the promotion of insecticide-treated bednets (ITNs), ask the group what is involved in the promotion. Does 'promotion' mean ensuring that bednets are available in drug shops and that community-based providers inform caregivers about the importance of bednets? If so, this is an element 2 activity. Social and behavior

change strategies for promoting bednets, including researching barriers to use and adapting approaches accordingly, would fit under element 3.

3. Break participants into small groups. In this activity, as well as future small group activities, *make sure that the groups are mixed* – i.e. having representation from MOH, NGOs, etc.

4. Throughout the exercise, monitor the time and circulate among the different groups to provide help as needed.

The Small Group Facilitators should:
1. Ask the group to nominate a rapporteur/presenter.

2. Start the discussion by asking participants to share experiences or strategies that fulfill a particular element or MSP that they have used or have heard about that were effective. Start with the MSP and read the validating question(s) related to the MSP (from handout H12).

3. As group members share strategies, record the name or title of the strategy and the implementing agency on the flip chart. Limit the groups to recording one to two strategies per element and MSP.

4. Query the group to find if there has been any evaluation of the approach and indicate that as well.

Note: Some groups have found the format in the next column useful for recording and presenting group results on the flip chart. Be sure to construct a similar table/chart for each of the three elements, as well as the MSP.

5. Continue on with each of the elements, allowing approximately ten minutes each for the MSP and the three elements.

Sample table
Multi-Sectoral Platform:

STRATEGY	AGENCY	EVALUATION (Y/N)

Example of format for MSP (should be adapted for each of the three elements, as well as the MSP).

Activity 2: Plenary Discussion

60

Presenter: Workshop facilitator and designated presenters

Description:
1. Have each group take approximately ten minutes to present one or two strategies per element/MSP that they feel are particularly useful for the other participants.

2. Open the plenary discussion using the following key questions and encouraging an interactive discussion:

- During the brainstorming, which aspects of the framework were the easiest to list? Most difficult?
- Where were there gaps? Why?
- Was it sometimes difficult to determine which element a strategy fit within? Why? What are examples of how the elements/MSP link together?
- Do community, district and national level efforts all fit into the framework? How do these connect together?
- Where do the national efforts presented earlier today by the MOH fit into the framework?
- What are the benefits of identifying activities by the different elements/MSP?

Points to try to bring out in the discussion:

- All participating organizations have experiences and expertise that relate to the HH/C IMCI framework.
- Many organizations can contribute to expanding HH/C IMCI efforts.
- Mapping efforts with the framework helps to identify the gaps and look for opportunities.
- Sharing of resources will help further the goals of HH/C IMCI and contribute towards long-term impact of child survival efforts.

End of Session 5

Optional Night Session: BEHAVE Framework

90

The notes for this optional session are at the end of the Facilitator's Guide, pages 49-53. Related supplemental materials and handouts (B1-B5) can be found at the end of the Supplemental Training Documents.

Session 6: Designing a HH/C IMCI Strategy

390

Purpose: To provide hands-on experience in designing a HH/C IMCI strategy using a case study developed by participants.

Objectives: By the end of this session, participants will have:

- Designed a HH/C IMCI strategy that includes activities in all three elements and the multi-sectoral platform
- Delineated different partner roles in implementing a HH/C IMCI strategy

Activity 1: Creating the Case Study

60

- **Presenter:** Workshop facilitator and small group facilitators
- **Preparation:**
  - Orient small group facilitators to this session's activities during the facilitator's training session.
  - Determine if the country has made any adaptations to the Key Family Practices developed by WHO and UNICEF. If so, insert the country-specific practices into the appropriate table in the handout: Creating the Case Study (H13).
  - Prepare one set of flip charts for each small group (or ask group facilitators to prepare them) to enable them to record the answers to the case study questions.
- **Materials:** Flip chart paper, markers; Flip Chart Guide for Recording Group Case Studies (S16)
- **Handouts:**
  - Creating the Case Study for a District (H13)

Description: This activity will enable participants to develop a relevant case study upon which the subsequent activities will build.

Workshop Facilitator:

1. Explain that this session consists of three concrete steps in designing a HH/C IMCI plan: 1) **community analysis**, including an assessment of existing health services, needs, and practices at the district level; 2) **current activities**, describing what strategies are currently being implemented with respect to the three elements and the multi-sectoral platform; and 3) **new strategies,** devised from group brainstorming and based on information provided.

2. Explain the case study exercise and walk participants through the handout.

3. Clarify that an actual community analysis would be much more involved but that this tool is useful in assessing data collected for the framework.

4. Inform participants that WHO is preparing materials to assist planners in taking HH/C IMCI strategies and developing concrete plans with timelines, responsibilities, budgets, and monitoring and evaluation efforts. (See WHO/AFRO for more information.)

5. Break the group into three or four small groups with a previously selected group facilitator in each small group. To facilitate ongoing discussion, participants may remain in the same small groups throughout the workshop.

Small Group Facilitators:
1. Ask for two volunteers from the group:

Volunteer 1: to provide a description of a district in which s/he currently works or has worked previously. This individual needs to have a pretty good grasp of the health issues within the district s/he proposes to use.

Volunteer 2: to assist with recording the information provided by Volunteer 1 onto the prepared flip chart sheets. This person should have large, legible handwriting and take notes quickly.

2. Advise other group members to listen intently as the information provided will be needed for the next activity. It is not necessary for them to take notes because the flip charts will be posted on the walls and each group's work will be documented and distributed later. (See Workshop Recording and Reporting, page 10.)

3. Lead the interview process, going through the handout. Volunteer 1 should answer the questions based on their district. If the individual interviewed is having difficulty answering, advise them that for the purposes of the exercise, an educated guess on their part will be sufficient. Try to involve all group members in asking the questions.

4. Check to ensure that Volunteer 2 is capturing the information correctly on the flip chart sheet. Use the Flip Chart Guide (S16) to assist with recording information.

5. Ensure that the flip charts are taped on the wall where group members can easily see them.

Activity 2: Plenary Discussion

15

Presenter: Workshop facilitator and designated presenter from each small group

Description:
1. Ask for a spokesperson from each group to provide a short synopsis of

how the process is going thus far. Ask what, if any, challenges they have encountered in the case study exercise. Are there any questions or issues that need to be resolved by the whole group before proceeding to the next activity?

2. Provide instructions for Activity 3 to the large group, then direct the small groups to reconvene and proceed as instructed.

Activity 3: Using the Framework to Identify Gaps 60

- **Materials:** Flip chart paper, markers
- **Preparation:** Prepare one set of flip charts for each small group (or ask group facilitators to prepare them). Label the first sheet "Multi-Sectoral Platform", the second sheet, "Element 1" and so on through all four sheets of paper.

Description: This activity will enable the participants to analyze the existing strategies based on the framework and identify the current gaps.

1. In each small group, post the four flip chart pages listing the elements and MSP on the wall or easel.

2. Record the previously identified programs onto the appropriate location on the flip chart sheet according to the element/MSP. The facilitator may find it necessary to prompt the volunteer to give more specifics about each activity in order to allow the group to place the activity on the appropriate page. Remind the group that they are only working with the existing programs and not moving on to add other ideas at this point.

Note: Depending on the complexity of the programs listed for the district, you may want to guide the group to select just one key strategy. The informant can be questioned to provide more specifics on the activities incorporated in that program and those activities can be assigned to the appropriate element/MSP.

3. Ask the district informant if there are any other programs that fit in to the framework that were not listed before. Add them now.

4. Ask the group to judge whether each element and the MSP are adequately addressed.

Activity 4: Plenary Discussion 15

- **Presenter:** Workshop facilitator and designated presenters

Description:
1. Guide the large group (plenary) through the following key questions:

- In which elements/MSP were most of the programs located?
- Where were the gaps?

2. Again, help the participants resolve any challenges or issues they may have encountered during the small group work. Provide instructions for the next small group exercise (Activity 5).

Activity 5: Building a HH/C IMCI Strategy 120

- **Presenter:** Workshop facilitator and small group facilitators
- **Preparation:** Post flip chart pages from the case study
- **Materials:** Flip chart paper, markers
- **Handouts**
  - Brainstorming Strategies (H14)

Description: This activity will enable participants to build on the existing efforts in the district in order to create a strategy that includes all three elements and the multi-sectoral platform.

1. It may be helpful for each small group facilitator to take five minutes at the beginning and jointly summarize with the group the characteristics of the communities in question based on the case study posted on the wall.

2. Inform participants that they will now be using all of the information gathered in the case study and their own experience and expertise to brainstorm approaches to fill the identified gaps in the district program.

3. Provide the handout: Brainstorming Strategies, and remind participants to consider prevailing health problems, community resources, health service availability, where people go for advice and treatment, existing programs that have proven effective, key practices with low compliance, and the extent to which each element/MSP is currently addressed.

4. Build on the framework strategies previously selected. Your group may want to prioritize a few based on evidence of effectiveness. Record additional ideas under the appropriate element or MSP.

5. During brainstorming, your group may want to consider any ideas that emerged in the mapping exercise on day 1 (the flip chart paper should still be on the wall). This could be useful in determining a strategy. This, along with their own creativity and understanding of community, should help them develop an integrated plan.

6. Guide the group if there are misunderstandings around the framework.

Remind participants once again that element 1 should be focused on partnership issues geared toward increasing attendance, improved

service/satisfaction or information flow. For element 2, they should consider who are the community health care providers and which ones are most consulted for the particular problem. Element 3 should be focused on the kinds of behavioral change strategy and the focal messages. Finally, the MSP should take into account non-health sector resources that exist within the communities.

Activity 6: Plenary Discussion

15

- **Presenter:** Workshop facilitator and designated presenters from small groups

Description:
1. Ask for a spokesperson from each group to provide a short synopsis of how the process is going thus far, including any issues that remain unresolved.

2. After helping to resolve any challenges, provide instructions for the next activity and send small groups back to continue with Activity 7.

Activity 7: Analyzing Strengths and Opportunities & Identifying Roles

45

- **Presenter:** Workshop facilitator and small group facilitators
- **Materials:** Flip chart paper, markers
- **Handouts**
  - Assessing Strategies (H15, with example)
  - Determining Partner Roles (H16, with example)
  - Blank Framework (H17, with example)

Description: This activity guides participants in small groups to analyze and address opportunities and challenges in implementing the selected programs and determine how collaborating with multiple partners can lead to more effective program implementation.

1. Guide the group to select one of the new ideas in each element/MSP to insert into the left hand column of Handout H15: Assessing Strategies. Alternatively, you may guide them to choose only one strategy for that element/MSP in which the original assessment identified the biggest gap.

2. Using the handout (H15), brainstorm and record the opportunities and

challenges involved in implementing each potential strategy and adapt the strategy as needed. The example of H15 may provide some guidance to the group.

3. Insert the final strategies selected by element/MSP into Handout H16: Determining Partner Roles. Guide the group to think about the strengths of different partners and fill in column two with the appropriate roles for each entity (if the entity exists in the community and if there is a role for them to play). Again, the example of H16 can be used to guide the group as needed.

4. Ask participants the following key discussion questions:

- How did your approach change as a result of analyzing the opportunities and challenges?
- Did you identify partners who were able to help you address the opportunities and challenges? Had you included these partners in your previous plans?

5. Select a member to report in plenary, using the blank Framework (H17) to show how the work with handouts H15 and H16 fits into the overall strategy, based on the three elements/MSP. The sample framework provided with H17 can guide this exercise.

Activity 8: Plenary Discussion 60

Presenter: Workshop facilitator and designated group presenters

Description: This activity provides an opportunity for each small group to report back to the whole group on their work for the day. The facilitator can use this time to recognize the hard work of the participants and small group facilitators and debrief on the lessons learned in the activity.

1. Have each group's designated presenter take approximately 10 minutes to present their HH/C IMCI program. Prior to presenting their strategies, they should describe briefly the characteristics of the district in which they were working and the focal health problems. As they present their strategies by element, they should indicate the roles to be played by the various entities and the anticipated opportunities and barriers to implementation.

The workshop facilitator should help the group presenters stay within the time allotted while also encouraging questions from the rest of the group.

2. Ask how strategies proposed help to overcome issues of accessibility and take advantage of resources within the community.

3. After all groups have presented, ask the large group to reflect on similarities and differences in the strategies presented.

4. Ask if they think the diversity of approach among the groups is good or bad. Try to help point out that diversity may be important to address specific needs and helps us to continually innovate and learn.

5. Ask participants the following key questions:

- What did you learn from today's activity?
- Were you able to use the framework to identify the gaps in current programs?
- How did the framework guide the strategy development?
- Did you include different efforts and partners than you would have otherwise?

End of Session 6

Session 7: Valuing the Framework

120

Purpose: To enable participants to reflect upon the framework, its relevance, and utility for the context in which they are working.

Objective: By the end of this session, participants will have:

- Explored possible uses of the framework
- Proposed actions that could be taken to incorporate the framework at the community, district, regional and national levels

Activity 1: Reflection

30

- **Presenter:** Workshop facilitator
- **Preparation:** None
- **Materials:** None
- **Handouts:** None

Description: Take a half-hour to analyze the use of the framework based on the previous day's work.

1. Ask the participants to share what they learned (or ask any questions) about the framework and whether they have a clear idea about what it is and how it works.

2. Ask the participants the following key questions and encourage an interactive discussion:

- What do you like most about the framework?
- How has your perspective changed regarding the framework? Regarding HH/C IMCI?
- Is the framework a useful tool for categorizing efforts and recognizing gaps?
- How do you see yourself using the framework?

Activity 2: Brainstorming Uses

90

- **Presenter:** Workshop facilitator and small group facilitators
- **Preparation:** None
- **Materials:** Flip chart paper and markers
- **Handouts/Guides:** None

Description:

1. Continuing along the same line of thought, ask participants to break up into small groups again and brainstorm what might be done at different levels to take advantage of this training and knowledge generated. Specifically look at what could be done at the (a) community, (b) district, (c) regional

and (d) national levels to build upon what was learned here.

2. As they discuss this, ask them to keep in mind how this may enhance or contribute to existing plans, policies and initiatives and conversely, how might adoption of the framework modify or change the same.

3. At the end of this activity, have each group take ten minutes to share their ideas with the rest of the group.

Variation: You many choose to conduct this brainstorming effort with the whole group instead of breaking in to small groups, as long as the participants are comfortable sharing ideas in plenary.

End of Session 7

Session 8: Advancing the Timeline

75

Purpose: To create an opportunity for participants to outline a plan for moving forward in advancing the child health timeline.

Objectives: By the end of this session, participants will have:

- Made individual commitments to three things that they can do in the next six months to move HH/C IMCI forward
- Identified and prioritized collective next steps and/or recommendations to move HH/C IMCI forward

Activity 1: Setting the Stage

10

- **Presenter:** Workshop facilitator
- **Preparation:** None
- **Materials:** None

Description: Take ten minutes to briefly review the events and ideas that affected child health over the last 30 years, as discussed on day one. Tell the participants that they now will be the leaders responsible for advancing that timeline. What they do and how they lead will determine what child health will look like 10, 20 and 30 years from today. How will they make their mark on the timeline? From the previous days' discussion, suggest that it will take:

- Collaboration (public/non-profit/private and national/district/community);
- Creativity and flexibility; and
- A more integrated and holistic approach.

Activity 2: Action Planning

65

- **Presenter:** Workshop facilitator
- **Preparation:** None
- **Materials:** Blank sheets of paper, Flip chart paper, markers, 4x6 note cards and colored stickers (dots)

Description:

1. Provide participants with a blank sheet of paper and ask them to write down three things that they can do in the next six months to move this process forward.

2. Ask the participants to pair up with the person next to them, and distribute two 4x6 note cards to each pair. The pair should decide on two recommendations for the group to move HH/C IMCI forward. Urge

participants to specify to whom the recommendation applies (ex: NGOs should….; MOH at the national level should ….). It may be useful to ask them to reflect back on the activities brainstormed for the community, district, and national levels in the first session of the day and consider what it will take to bring those suggestions to fruition. Give them 5-10 minutes. Ask them to write their recommendations one to a card with a marker.

3. Call on each of the groups. Ask them to read their individual commitments (from step 1 above) and then read the group recommendations (as recorded on their cards in step 2). Ask for any clarification, if needed, to understand to whom they are making the recommendation.

4. As each group presents, tape their cards on a wall or flip chart. It may be useful to group the cards as they come in by the group recommended as responsible.

5. You may want to ask for volunteers to assist with the grouping or help to consolidate similar recommendations.

6. Once a consolidated list has been constructed, hand out three dots or stickers to each participant. Ask them to place their three dots next to the recommendations they feel are most important and feasible to accomplish in the next six months. Tell them that they can place all three dots on one activity or spread them out.

7. Add up the number of votes and present the three activities receiving the highest number of votes as the will of the group.

8. Next, discuss how each of these three activities will be implemented, who will take the lead and deadlines. This discussion could take place in the plenary discussion, or you may want to task each of three small groups to take the next 5-10 minutes to itemize the steps and then present them back to the group.

9. Finally, propose an appropriate venue for meeting within the next 30 days to follow up.

End of Session 8

Closing

20

- **Presenter:** Workshop facilitator; others as indicated for closing ceremony
- **Preparation:** If a closing ceremony is to take place (decided during the Planning Team Meetings—see page 12), invite appropriate officials.
- **Handouts:**
  - Evaluation Form (H18)

Description: Thank the participants for coming and for their active participation. Tell them that you will be consolidating the information provided regarding the steps over the next six months, persons responsible and timing and would also like to have their feedback on the workshop. Hand out the Workshop Evaluation Form.

Inform participants that you will be sending out a report to them in the next three weeks. Remind them to provide electronic copies of their presentations to the secretariat if they have not already done so.

Depending on the norms and etiquette in your country, you may want to conduct an official closing ceremony. Be sure to welcome any members of the press who are present and assure that they have received a copy of the Press Release (see sample S4).

End of Workshop

OPTIONAL NIGHT SESSION- THE BEHAVE FRAMEWORK

Optional Night Session: BEHAVE Framework

90

Purpose: Enable participants to explore family practices through the use of the BEHAVE framework within HH/C-IMCI.

Objectives:
By the end of this session, participants will have:

- Discovered a framework to help them prioritize which family practices to target for behavior change interventions
- Completed a sample framework using 1-2 family practices
- Shared thoughts about how they might apply the framework in their own programs

Activity 1: Exercise Exercise

50

- **Presenter:** Workshop facilitator
- **Preparation:** Write one of the following messages on individual sheets of flip chart paper and post around the room as indicated.

Flip 1 p.1: I believe that getting exercise is very important, I think that everyone should exercise regularly, at least four times a week.
Flip 1, p.2: Last week, I exercised between 4-6 times for 30 minutes at a time. – Place a blank sheet over p. 1, put p. 1 on top of p. 2 and tape to wall or flip chart.

Flip 2, p. 1: I believe exercise is somewhat important; most people should exercise 1-2 times a week.
Flip 2, p. 2: I exercised at least twice last week. - Place a blank sheet over p. 1, put p. 1 on top of p. 2 and tape to wall or flip chart.

Flip 3, p. 1: I think that we get enough exercise with the routine activities of the day.
Flip 3, p. 2: I did not do any exercise last week. - Place a blank sheet over p. 1, tape p. 1 on top of p. 2 and tape to wall.

Finally, write on a separate flip chart paper the following behavioral change goal: *We must increase the number of community members (that's us) who engage in at least 30 minutes of moderate physical activity four or more times a week.*

- **Materials:** Masking tape, flip chart or whiteboard; Statements prewritten [see preparation]
- **Handouts/Guides:**
  - Key Behavioral Change Vocabulary (B1)

Description: Explain that the following sessions have been adapted from training materials developed by CHANGE/AED, and CORE's Social and Behavioral Change Working Group.

Explain that in-depth audience research will need to be done in each community as part of the baseline and continuously throughout the life of the project. The BEHAVE framework tool is meant to help them narrow down the list of key family practices to target once the research has been completed.

1. Explain to the participants that for this exercise, they will each wear two hats: one of a community health promoter and the other, a community member. Point out the behavior change goal written on the flip chart paper.

2. Tell the participants that before we decide how to address that goal, we're going to undertake some audience research—involving all of you as research participants!

3. Ask someone to remove the blank sheets from each of the three stacks of papers taped to the flip chart or wall. Explain that three belief statements are posted on the walls. Have participants read them out loud.

4. Ask them to stand near the statement that most approximates their beliefs. When participants have settled next to a statement, ask:

- What do you notice about the groups?
- How many are in each group?
- Other observations: Demographic observations? By profession? Gender? Age? Nationality? Language group? Region? Other?

5. Tell participants: You've just divided yourselves into segments, or subgroups of the community, *according to your stated beliefs* about exercise.

6. Tell the participants: We will now see what happens when we look at your behaviors.

7. Ask a participant to remove p. 1 from each flip chart to reveal p. 2 [Action statements]. Ask participants to read the action statements and reposition themselves *according to what they actually did* (i.e. their behaviors).

8. Ask participants: What differences do you see? Demographic observations? By profession? Gender? Age?

9. Stress that what we think and believe is often quite different from what we do.

10. While participants are still standing in their groups, ask: If you had to pick one audience segment to work with first, which group would you pick? Introduce the term of 'target of opportunity', i.e. looking at groups that may initially be more prone to change. This may be people with the greatest desire to change due to vulnerability, *or* those for whom the transition would not be difficult.

11. Now ask participants: What did you learn about prioritizing? Suggest that it is not always necessary or practical to divide by socio-demographic characteristics.

12. Ask participants: What have we learned from this exercise? Help to draw out the following themes:

- What people do doesn't always reflect what they know or believe. That's obvious to all of us when we think about our own actions, but sometimes when we're planning health promotion, we forget this basic tenet.
- …Which would remind us that just giving people information is generally not enough—even convincing them of a new belief may not move people to take a beneficial action.
- Competition is obvious to commercial marketers—Pepsi knows it's up against Coke. It's helpful for us in public health to identify the competing behaviors that are making appeals to our audience.
- What new ways of segmenting become apparent?
- Marketers look for targets of opportunity, that is: Where can I get the biggest bang for the buck (i.e. have the greatest impact from my investment)? We may be more successful at moving the "sometimes exercise" segment to the goal than getting the "almost never exercise" folks all the way there.
- This activity points us toward the value of doing consumer research.

13. Distribute handout/guide B1 and ask participants to explain what segmentation is, using the handout for reference.

Activity 2: BEHAVE Framework 20

- **Presenter:** Workshop facilitator
- **Preparation:** Review of prepared PPT (or overheads) and accompanying notes
- **Handouts/Guides:**
  - BEHAVE PPT (or overheads) (B2)
  - Notes for BEHAVE PPT (B2)
  - BEHAVE Framework (B3)
  - Guide for Working Through the BEHAVE Framework (B4)

Description:

1. Review the prepared PowerPoint (or overheads) and notes on the BEHAVE Framework. Discuss the principles and framework in the context of the exercise just completed.

2. As you go through each element, ask participants to share approaches they have used to determine which target behaviors to focus on. Ask participants to explain how the use of the framework helps program planners with elements 2 and 3 of the HH/C IMCI framework.

3. Ask participants if they have questions regarding the elements of the BEHAVE framework.

4. Distribute Handout B3: The BEHAVE Framework.

Activity 3: Small Group Work 20

- **Presenter:** Workshop facilitator and small group facilitators
- **Preparation:** Write each key family practice on a separate slip of paper, fold each and place in hat/bowl.
- **Materials:** Hat or bowl containing sixteen folded slips of paper each with a key family practice written on it; notes; paper and pen
- **Handouts/Guides:**
  - Framework with key questions (from previous activity) (B3)

Description:
1. Divide participants into three working groups. Ask a representative from each group to draw two slips of paper from the hat/bowl.

2. Ask small groups to complete the framework (Handout B3) by addressing the questions in each section (audience, key factors, and activities) in relation to the family practice/ behaviors chosen. Ask them to do this for a district with which one of the group members is intimately familiar.

The workshop facilitator should monitor the time and circulate among the different groups to provide help if needed. Small group facilitators should guide the process, helping to reinforce the principles and key vocabulary discussed.

3. After 10 minutes, ask if one group would like to share the results of their work. After the group has shared their work, ask participants if they have questions.

4. Conclude the session by asking each group to mention what they could do differently in their programs after having been introduced to the framework.

End of Night Session