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**Enhancing Information Use  
for Managing Health  
Services**

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**National Epidemiology Center  
and**



## NOTES ON THE COURSE

"Enhancing Information Use for Managing Health Services" is a group instructional module that was initiated by the Health Intelligence Service (now named as National Epidemiology Center). This was intended for field health workers, who, because of the devolution have less time to attend the more formal classroom training that the Department of Health continues to offer. This is one way of providing technical support to LGUs. This module was designed to assist field health workers to fully utilize and analyze the data they produce to plan and implement specific health activities that are appropriate to actual health situations in their areas.

There are 8 exercises in this module. Each exercise was made in such a way that any member of the health team (municipal health officer (MHO), public health nurse (PHN), midwives, rural sanitary inspector (RSI), medical technologist, dentist and other health staff) can act as facilitator during the group discussion. Topics mostly involve the use of health data from their health facilities. Group sessions can be scheduled at the health center during their free time within the week or during monthly staff meeting.

## ACKNOWLEDGEMENT

The "Enhancing Information Use for Managing Health Services" was prepared through the joint effort of the Department of Health and the Management Sciences for Health and whose members are as follows:

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## WELCOME TO OUR HEALTH TEAM TRAINING!

### OVERVIEW & INSTRUCTIONS

The Health Team Training is designed to be conducted as a *team exercise*. However, the exercise packets can also be used by *individuals working alone*. The packets can also serve as *reference documents*, since they include "reviews of the basics," steps for how to analyze situations, and practical exercises – as well as decisions made locally.

Please read this Overview & Instructions Packet before the first Health Team Training!

 **Facilitator:**

Ask everyone to read the **Overview** before the first Exercise.

At the beginning of the first Exercise, read the **Overview** aloud.

## OVERVIEW OF THE HEALTH TEAM TRAINING

### What is a Health Team?

The Health Team is made up of the Municipal Health Officer (MHO)/RHP, Dentist, Public Health Nurse, Rural Health Midwife, Sanitarian, Technicians and Barangay Health Workers.

### Why do a Health Team Training?

Welcome to our Health Team Training! This training is designed to help us:

- ✓ understand our community's health needs
- ✓ use our data to identify problems in health status and health services
- ✓ identify ways to improve our services
- ✓ work together better as a Health Team
- ✓ build support for our activities in the community
- ✓ develop tools that will help us analyze and manage our efforts better

In other words, this is not a training focused on medical procedures or specific disease surveillance; such trainings already exist. Instead, this training focuses on how to manage and provide public health services. The training includes 8 Exercises:

1. How to Work in the Health Team
2. How to Develop a Community Health Profile
3. How to Measure Public Health Needs
4. How to Meet the Community's Health Needs
5. How to Set Targets for Health Programs
6. How to Translate Decisions into Plans
7. How to Convince Others to Take Action
8. How to Show and Understand Our Health Program's Performance

Some of us may have been trained in some of these areas, but this training will be different from any other training. This training is designed to be as practical as possible, based on how we work and the problems we deal with every day. In this training, *we will all be trained together, working within our local situation and using our local information to solve our own problems.*

**Facilitator:**

See if there are any questions about anything in the Overview.

**How will the Health Team Training work?**

The most important thing about this Health Team Training is that it is not only *for* us, but it will be done *by* us. That means that:

- ✓ We will schedule the Training ourselves, when and where we want. If we want to do all 8 Exercises in the training in one month, or if we only want to do 1 per month, or if we prefer to only do 4 of them in total, that's our own decision.
- ✓ We will facilitate the Training ourselves. Each time we meet, we will pick the person who will facilitate the next Exercise. (Note: Usually the facilitator will be a member of the Health Team, but if we want to invite someone from another health center or from the district to facilitate, we can.)

The Exercise Packets include instructions to help the facilitator prepare for each training session. For example, the instructions will tell the facilitator what data to gather, what flipcharts to prepare, and what to tell all the Health Team members *before* each Exercise. Each page of each Exercise also includes a column for any important instructions that the facilitator should use *during* the Exercise.

- ✓ The doctor, the nurses, the midwives – everyone on the Health Team will participate as equals. We will all ask questions and we will all answer questions; no one person is the expert. During each Exercise, we will all take turns reading. We will also take turns volunteering to write or draw on the flipcharts for each Exercise.
- ✓ During each Exercise, we will come up with a plan, or a set of guidelines, or an improved report format, or a graph – something that will help us to use the training ideas in our daily work.

Every health center will receive various copies of the Health Team Training, so the doctor, nurse, and midwives should be able to have their own copies of the Training Exercises to keep, write in, and refer back to.

 **Facilitator:**

*Ask everyone to read the **Instructions** before the first Exercise.*

*During the first Exercise, have the Health Team look through the Exercise Packet to see each of the components listed in the Instructions.*

## INSTRUCTIONS

### What is involved in the Training Exercises?

The Health Team Training is made up of 8 Exercises. We should plan that each Exercise will take 3-4 hours to complete as a group. In some cases, if we think an Exercise is useful and we would like to spend more time on it, we may decide to split it into two parts.

Each Exercise Packet contains the following:

1. A **title page** that gives the number, name, and major content areas of the Exercise. (For example: "Exercise #1: How to Work in the Health Team. This exercise focuses on how to strengthen the health team")
2. A "**Checklist for the Facilitator**" with instructions on what to do *before* the training and a reminder of the basic rules for facilitating *during* the training.
3. A set of questions for "**Review**" of the previous Exercise. These questions will help us be sure we all remember and understand the issues and decisions after a training Exercise is over. At the beginning of each training session, the facilitator should begin with the Review questions.
4. The "**Plan for Exercise #(1).**" At the beginning of each training session, after the Review questions from last time, we should read the "Plan for Exercise #(1)," which summarizes that training session. The "Plan for Exercise #(1)" explains the goal, content, and length of the training session, as well as what tool we will produce by the end of the session.
5. The **Exercise** itself. Each Exercise begins with an Introduction, then includes several steps. Each step corresponds to the steps listed in the "Plan for Exercise #(1)." There is a column for Facilitator's Notes on every page of the Exercise.
6. Boxes called "**Our Local Plan**" appear in each Exercise, wherever a decision is made by the Health Team. We should record our decisions in these boxes and act on them when we return home.

**Facilitator:**

Review the "Rules of Behavior for the Training" before beginning Exercise 1.

7. The final pages of each Exercise are called "**My Plan for My Own Area.**" These pages are for our individual use, not to be completed during the training. Each of us can use these pages to think about our own personal job and how we can improve it.

The Exercise Packets are designed to be written on. Some people may want to write on separate pieces of paper, or simply to look at what is being recorded on the flipcharts during each session. However, *everyone* should write down *at least* the important decisions made and our individual plans, in the parts called "Our Local Plan" and "My Plan for My Own Area."

### Rules of Behavior for the Training

The Training Exercises should be active and – we hope! – fun, since we will be working with our friends and colleagues to learn, analyze, and plan together. There are a few basic rules that apply:

- ✓ **There are no stupid questions!** If you are confused, don't keep quiet – ask the group. Someone else probably has the same question.
- ✓ **The answer lies in the group.** If our Health Team agrees on a solution, it's probably the best answer to our local problem. Remember – the Health Team is made up of a doctor, a nurse, midwives, other staff – all professionals. There does not need to be an "expert" or a formal trainer, although if we want to invite someone else, we can.
- ✓ **Everyone can help facilitate.** One person will be the assigned facilitator for each Exercise, but it is still everyone's responsibility to participate and to make sure everyone else has a chance to participate.

Most of all, try to have fun!

# WELCOME TO OUR HEALTH TEAM TRAINING!

## EXERCISE # 1:

### HOW TO WORK IN THE HEALTH TEAM

This exercise focuses on:

- Strengthening the health team
- Communicating as a team

## CHECKLIST FOR THE FACILITATOR OF EXERCISE #1

Before the meeting, you should do the following things. Please check them off when done:

- Read through the entire Exercise before the assigned day. Focus on the Facilitator's instructions (left-hand column) so you will know how to proceed.
- Be sure that a full 3 hours are available for this Exercise alone.
- Prepare the following materials for the Exercise:
  - Equipment: Flipchart stand and paper (or similar equipment). Pens for the flipchart.
- Make sure all members of the Health Team who will be participating know when and where to meet, and ask them to bring the following:
  - Their exercise book.
  - Paper and a pencil, if the health center cannot provide these.

During the meeting, remember that the facilitator is not expected to have all the answers! Your role is simply to guide the discussion by following the book and facilitating everyone else's participation.

- During each Exercise, refer to the Facilitator's Notes provided in the left-hand column of every page. (Look for the Facilitator's symbol: )
- Actively encourage everyone to participate!
- Encourage participants to respect and listen to everyone else's opinions.
- Keep track of time and keep things moving, so that the Health Team can finish the entire Exercise during this meeting. If it will not be possible, stop early and have the group decide when and how to finish today's Exercise.
- Before the end, make sure that someone is assigned to serve as the facilitator for the next Exercise and that a tentative time is set for that meeting.

 **Facilitator:**

**Read the Plan for Exercise 1 aloud.**  
*See if there are any initial questions.*

## PLAN FOR EXERCISE #1

**Today we will do Exercise #1, called:  
HOW TO WORK IN THE HEALTH TEAM**

### WHAT IS THE MAIN GOAL OF THIS EXERCISE?

This exercise will help us work together as a health team, taking full advantage of everyone's ideas, skills, and responsibilities.

### WHAT WILL WE DO IN THIS EXERCISE?

We will:

1. Play a game that will show us the importance of cooperation and individual sensitivity so that goals can be attained
2. Process the game so that the group can derive insights and lessons
3. Develop a checklist to help health team members be more effective during supervisor-supervisee interactions.

### HOW LONG WILL THIS EXERCISE TAKE US TO COMPLETE?

We should plan for about 2-3 hours.

### WHAT TOOL WILL WE PRODUCE TO HELP US IN THE FUTURE?

A checklist to help Health Team members be more effective during their interactions with each other.

 *Facilitator:*

*Ask someone to read  
the whole  
Introduction section.*

## WORKING IN A HEALTH TEAM

### INTRODUCTION:

The Health Team is made up of the MHO/Health Center physician, dentist, nurses, midwives, sanitary inspector, medical technologist, volunteer health workers, clerks, etc. Some of these people have supervisory responsibilities in relation to other members of the health team. Regardless of the level of the health team hierarchy or individual supervisory functions, **each person has his/her own personal skills, has different knowledge and perspectives to offer, is responsible for a particular area or activity, and has personal relationships with members of his/her community.** Pooling everyone's assets makes work easier, faster and creates more outputs that benefits everyone in the community. The acronym T-E-A-M relays a very clear message as shown below.

***T - together  
E - everyone  
A - achieves  
M - more***

**Facilitator:**

Today's exercise is designed to help us recognize the value of each person's contributions. This is particularly important since all of these exercises are intended to engage everyone fully, both in the facilitation and in working through the exercises, discussions, and development of tools. **These exercises are based on the assumption that the staff of every MHC or RHU is a team and can work as a team.**

**Comparison of individual versus group work**

1. Individual work:

Advantages:

- can work at own pace, usually faster
- responsibility can be precisely defined and assigned

Disadvantages:

- work may be unfocused or misdirected
- only represents one opinion

2. Group work:

Advantages:

- benefit of different points of view/experiences
- implementation is usually easier because the plan has already been agreed upon

Disadvantages:

- can be difficult to reach a consensus
- the planning stage usually takes longer

**Six characteristics of an effective team**

- ✓ Team members share leadership roles
- ✓ Team develops own scope of work
- ✓ Team develops concrete work products
- ✓ Team members are mutually accountable for work products
- ✓ Performance is based on achieving team products
- ✓ Problems are discussed and resolved by the team

Source: The Family Planning Manager Compendium, FPMD/MSH

Today, we will play a game from which we can derive some insights/ lessons that will help us enhance our working relationship so that we can achieve more. At the end of this exercise we will come up with a plan for improving collaboration and feedback within the health team.

**Facilitator:**

*To Process:*

*The facilitator may wish to begin with a discussion of the meaning of cooperation; this should lead to suggestions by the groups of what is essential in successful group cooperation. These may be listed on the board, and the facilitator may introduce the exercise by indicating that the groups will conduct an experiment to test their suggestions. Basic suggestion which the facilitator may want to bring out of the groups are as follows:*

- 1. Each individual must understand the total problem.*
- 2. Each individual should understand how he can contribute toward solving the problem.*
- 3. Each individual should be aware of the potential contributions of other individuals.*
- 4. There is a need to recognize the*

Below are several games that the facilitator or the entire group can choose from. Select one and read the instructions carefully. After the game, the facilitator will process the entire activity by using the guide questions. Each member of the team share his/her observations and lessons which the group can learn from.

## SUGGESTED ACTIVITIES

### **Game 1- The Perfect Square**

Learning Method:	Group exercise
Duration of game:	15 minutes
Requirements:	rope (20 meters) blindfold (hankies), observer

**Procedure:**

Instruct the group to plan a strategy so that together they can make a perfect square with themselves as boundary of the square while holding on to the rope. Blind fold each other as soon as the group is finished with the plan so that they can start implementing their strategy/strategies.

The game will be played in fifteen minutes. The 15 minutes duration starts after handing the rope to the blind-folded group members with the goal of forming the perfect square. The facilitator has to stop the activity in exactly 15 minutes.

**Guide questions for group discussion:**

1. How did you go about forming a square?
2. What were your observations?
3. What made the activity easy?
4. What were the difficulties?
5. How else could you have done it to meet the requirements?
6. What lessons did you learn?
7. What message did the whole activity impart to you?
8. Feedback from the observer.

**Facilitator:**

*problems of other individuals, in order to aid them in making their maximum contribution.*

Ask one participant to read the instruction, specific limitations.

After reading, the facilitator starts to divide into groups and assign an observer who will take note/write observations of individual members and distribute the enveloped set of cards to each participant.

Read instructions to the group, specific limitations and instructions to the observer or judge.

Ask the observer to look for some of the following:

1. Who is willing to give away pieces of the puzzle?
2. Did anyone finish his puzzle and then somewhat divorce himself from the struggles of the rest of the group.
3. Is there anyone who

**Game 2- Broken Square**

**Goals:**

1. To analyze certain aspects of cooperation in solving a group problem.
2. To sensitize the participants to some of their own behaviors which may contribute toward or obstruct the solving of a group problem.

**Group size:**

Any number of groups of six participants each. There will be five participants and an observer/judge.

**Time required:**

Fifteen minutes for the exercise and thirty minutes for the discussion.

**Materials utilized:**

1. Chalkboard, chalk, eraser
2. Tables that will seat five participants each.
3. One set of instructions for each group of five participants and one for the observer/judge.
4. One set of broken squares for each group of five participants.

**Physical setting:**

Tables should be spaced far enough apart so that the various groups cannot observe the activities of other groups.

**Instructions are as follows:**

A.. When the preliminary discussion is finished, the facilitator chooses an observer/judge for each group of five participants. These observers are each given a copy of their instructions. The facilitator then asks each group to distribute the envelopes from the prepared packets. The envelopes are to remain unopened until the signal to work is given.

B. The facilitator distributes a copy of the instructions to

continually struggles with his pieces but yet is unwilling to give any or all of them away.

4. How many people are actively engaged in mentally putting the pieces together?

5. Periodically check the level of frustration and anxiety - who's pulling his hair out?

6. Was there any critical turning point at which time the group began to cooperate.

7. Did anyone try to violate the rules by talking or pointing as a means of helping fellow members solve their puzzle.

To process, facilitator can start the discussion by asking the guide question and extracting individual feelings during the game, lessons learned and message for the team to be effective.

each group.

C. The facilitator then reads the instruction to the group, calling for questions or questioning groups as to their understanding of the instructions. It will be necessary for the facilitator or his assistants to monitor the tables during the exercise to enforce the rules which have been established in the instructions.

D. When all the groups have completed task, the facilitator will engage the groups in a discussion of the experience. Discussion should focus on feelings more than merely relating experiences and general observations. Observations are solicited from the observers/judges. The facilitator may want the groups to relate this experience with their "back home" situations.

**Instructions to the group:**

In this packet there are five envelopes, each of which contains pieces of cardboard for forming squares. When the facilitator gives the signal to begin, the task of your group is to form five squares of equal size. The task will not be completed until each individual has before him a perfect square of the same size as that held by others.

**Specific limitations are imposed upon your group during this exercise (read to the group):**

1. No member may speak.
2. No member may ask another member for a card or in any way signal that other person is to give him a card.
3. Members may, however, give cards to other members.

Are the instructions clear? (Questions are answered.)

Facilitator gives signal. "Begin working."

**Instruction to the observer/judge**

Your job is part observer and part judge. Make sure each participant observes the rules:

1. No talking, pointing, or any kind of communicating among the five people in your group.

**Facilitator:**

To process, facilitator can start the discussion by asking the guide questions and extracting individual feelings during the game, lessons learned and message for the team to be effective.

2. Participants may give pieces to other participants but may not take pieces from other members.
3. Participants may not simply throw their pieces into the center for others to take; they have to give the pieces directly to one individual.
4. It is permissible for a member to give away all the pieces to his puzzle, even if he has already formed a square.

Do your best to strictly enforce these rules.

**Guide Questions:**

1. What were the feelings of individual members during the game?
2. What seems to be the secret for winning the game?
3. What were the reactions of individual members during the game – both the winning and losing team?
4. What did we learn from this exercise?

**Game 3- Who's Got The Longest**

**Objective :** To come up with the longest possible line.

**Procedure:**

Divide the group into two with equal number of members. Ask each group to create a single line using objects that each member wears/carries with himself/herself at the time of the game. Each group can exhaust all resources. When all available objects are exhausted, the facilitator/observer will

1. Measure the lengths of the lines created by each group.
2. Identify the winner

**Guide Questions:**

1. What were the feelings of individual members during the game?
2. What did all the members do to form the longest line?
3. What did you contribute to your group's line? Why?
4. What did we learn from this exercise?

**Facilitator:**

Ask the next person to read the text up to the table.

Then be sure that the group reads through all the issues in the left-hand column of the table before continuing. After reading the right hand column, identify other possible actions that are not included in the list.

**DEVELOPING A CHECKLIST TO IMPROVE COMMUNICATIONS:**

**Improving Communications Table**

Issue	Possible Actions
Health Team members are not always informed about what the other members of the Team are doing.	<ul style="list-style-type: none"> <li>✓ Set up a central message board (chalk-board or whiteboard) in the office.</li> <li>✓ Develop a system for intra-office communication (memos, circulated notes).</li> <li>✓ Establish and maintain regularly scheduled meetings.</li> <li>✓ Have each Health Team member present on his/her activities during routine meetings.</li> </ul> <p><i>Our ideas for other actions:</i></p> <ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>✓</li> </ul>
Health Team members are requested to perform activities for which they have not been trained.	<ul style="list-style-type: none"> <li>✓ Determine and schedule relevant training required (long term).</li> <li>✓ Identify another health team member who can assist until the activities have been mastered.</li> <li>✓ Re-assign activities among staff on the Health Team.</li> </ul> <p><i>Our ideas for other actions:</i></p> <ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>✓</li> </ul>

**Facilitator:**

Ask someone to write on the flipchart, recording any new ideas that the group agrees on, so that everyone can see them.

<p>A member of the Health Team is unpleasant and uncooperative.</p>	<ul style="list-style-type: none"> <li>✓ Try to determine the reason for the behavior, in private if possible.</li> <li>✓ Propose actions that address the team member's complaint.</li> <li>✓ Reach a consensus on respective roles and responsibilities, decide on rules for arbitration.</li> </ul> <p><i>Our ideas for other actions:</i></p> <ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>✓</li> </ul>
<p>Lack of analysis or discussion of performance within the Health Team as a group.</p>	<ul style="list-style-type: none"> <li>✓ Organize regular discussion sessions about programmatic performance, and inform participants of the topic in advance.</li> <li>✓ Develop and distribute guidelines, such as a series of questions to be discussed routinely, to ensure that key elements are always analyzed.</li> <li>✓ Assign one member of the Health Team to present an analysis at each regular meeting.</li> <li>✓ Ensure that supervisory visits always include looking at and discussing data.</li> </ul> <p><i>Our ideas for other actions:</i></p> <ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>✓</li> </ul>

Other issues we have identified:	
✓	✓ ✓
✓	✓ ✓
✓	✓ ✓

**Facilitator:**

*When the group has completed brainstorming ideas and has agreed on which ideas to circle for implementation, the group should decide how to implement those ideas: Who will take charge? When will they be implemented?*

*Record the decisions in the **Our Local Plan** box.*

**OUR LOCAL PLAN**

**To improve communications, teamwork, and feedback within our Health Team, we plan to:**

1. Implement the ideas that we circled on the **Improving Communications Table** by (date):
  
2. Meet to review and discuss whether the changes are helping on (date):
  
3. Other plans

That's all for today. Next time we will talk how to develop a community health profile.

**END OF SESSION - INDIVIDUAL WORK NEXT**

 **Facilitator:**

*After completing the **Our Local Plan** box, before ending the session, be sure the group picks a Facilitator and a date for the next Exercise.*

## MY PLAN FOR MY OWN AREA

If you supervise staff, think about the following list, which is called the "Five Keys to Effective Team Supervision":

- ✓ Support your staff.
- ✓ Pay attention to the needs of your staff and to the environment in which they work.
- ✓ Be a teacher – devote yourself to educating your staff.
- ✓ Discuss problems with your staff and work with them to find solutions.
- ✓ Understand the needs and demands of your staff and clients.

This is my plan to improve my supervision of staff:

In future meetings with my own supervisor, I plan to do the following things in order to play an active role in making my supervision work as well as possible:

Within the Health Team, these are things I will try to do to help us work together as well as we can:

## **WELCOME BACK TO OUR HEALTH TEAM TRAINING!**

### **EXERCISE # 2:**

### **HOW TO DEVELOP A COMMUNITY HEALTH PROFILE**

This exercise focuses on:

- Maps
- Catchment population
- Under-served areas

## CHECKLIST FOR THE FACILITATOR OF EXERCISE #2

Before the meeting, you should do the following things. Please check them off when done:

- Read through the entire Exercise before the assigned day. Focus on the Facilitator's instructions (left-hand column) so you will know how to proceed.
- Be sure that a full 3 hours are available for this Exercise alone.
- Prepare the following materials for the Exercise:
  - Materials: Flipchart stand and paper (or similar equipment). Pens for the flipchart. At least one calculator. Three (3) different colors of "tags" (pushpins, small strips of paper, or stickers) that can be used as markers on the map. If possible, have about 10 red tags, 10 blue, and 10 yellow.
  - Data: The current Census projection for your municipality's population, total and by Barangay. The most recent list of the top 5 causes of morbidity for your catchment area. The number of Community Health Workers (BHWs, BSPOs, or others) in your Barangay.
  - Flipcharts: (1) A map of your municipality, showing only the outline of the municipality and all the Barangays in it, with the names of the Barangays written in for easy reference. The map should be able to be written on during the meeting. (2) The Population Table from p. 7. Fill in only columns A and B before the meeting. (3) The Prioritization Table from p. 11. Fill in only column B before the meeting.
- Make sure all members of the Health Team who will be participating know when and where to meet, and ask them to bring the following:
  - Their exercise book.
  - Paper and a pencil, if the health center cannot provide these.

During the meeting, remember that the facilitator is not expected to have all the answers! Your role is simply to guide the discussion by following the book and facilitating everyone else's participation.

- During each Exercise, refer to the Facilitator's Notes provided in the left-hand column of every page. (Look for the Facilitator's symbol: ☞)
- Actively encourage everyone to participate!
- Encourage participants to respect and listen to everyone else's opinions.
- Keep track of time and keep things moving, so that the Health Team can finish the entire Exercise during this meeting. If it will not be possible, stop early and have the group decide when and how to finish today's Exercise.
- Before the end, make sure that someone is assigned to serve as the facilitator for the next Exercise and that a tentative time is set for that meeting.

 **Facilitator:**

*Before beginning Exercise 2, be sure to go over the **Overview & Instructions Packet** with the group.*

*Read out the **Plan for Exercise 2**. Then see if there are any questions before continuing.*

## PLAN FOR EXERCISE #2

**Today we will do Exercise #2, called:  
HOW TO DEVELOP A COMMUNITY HEALTH PROFILE**

### WHAT IS THE MAIN GOAL OF THIS EXERCISE?

This exercise will help us coordinate our plans to cover our entire catchment population.

### WHAT WILL WE DO IN THIS EXERCISE?

We will:

1. Create a map of our overall community that shows the physical features affecting access to health care, as well as the range of health facilities and providers in the municipality.
2. Use the map to identify which areas have poor access to health services.
3. Look at population data and our outreach network to determine which areas are under-served.
4. Decide how to reach the under-served areas.
5. List and prioritize the major causes of sickness in the municipality, and show their concentration on our map.
6. Plan to reach the areas at greatest risk for the priority health problem.

### HOW LONG WILL THIS EXERCISE TAKE US TO COMPLETE?

We should plan for at least 3 hours – 4 if possible.

### WHAT TOOL WILL WE PRODUCE TO HELP US IN THE FUTURE?

A Community Health Profile map, showing priority areas to cover.

 **Facilitator:**

*Ask for a volunteer to read.*

## COMMUNITY HEALTH PROFILE

### INTRODUCTION:

Please look at the map that is posted. We are looking at an outline of our municipality and its barangays (or, in the case of NCR, at an outline of our barangays). This is the community served by this health facility and its staff, including the CHWs. (We will refer to this group of people as the Health Team.)

We are going to turn this outline into a Community Health Profile Map. This is a map that shows the aspects of our community that are important from a health perspective, in order to help us in planning.

#### **Why is a health map useful?**

A map can be a useful way to visualize data on health infrastructure and disease distribution. The most famous example is the map that Dr. John Snow (Father of Epidemiology) used to plot cases during the 1853-54 cholera outbreak in London.

By mapping the location of the victims, he was able to identify a communal water pipe as the probable source of the infectious agent. Indeed, when Dr. Snow ordered the pump handle removed to avoid further contagion, the cholera epidemic ended. This provided proof for the first time that cholera is a water-borne disease. Even today, John Snow's cholera map is perhaps the most important example of the use of medical cartography.

**Facilitator:**

*Ask the next person to read, and ask for a volunteer to draw on the map on the flipchart.*

**STEP 1. CREATING THE MAP:**

Now let's work on our map on the flipchart. Do not worry about copying the map into your exercise book -- just be sure that you're sitting close enough to see the map.

We will read the questions below and then, as a group, we'll decide where our artist at the map should draw the answers. We'll use the symbols shown on the right, below.

First, let's fill in the **physical characteristics** that affect our community's access to health services by using the symbols below:

	[Symbols to use]
Mountains	▲ ▲ ▲
Rivers/Bay/Creek/Sea	~~~~~
Paved roads	=====
Unpaved but important roads	—————
Railroad	⚡
Airfields	✈

Now, let's look at the **health services** that are available.

	[Symbols to use]
Hospital	+
MHCs or RHUs	◆
BHSs	▲
Private clinics	□
Other facilities	☆

 **Facilitator:**

*Ask the next person to read.*

*Give the volunteer at the flipchart red tags to put on the map to mark the under-served areas.*

*[Tags can be push-pins, colored pieces of paper, etc. Or the volunteer can outline the under-served areas with a red marking pen.]*

## STEP 2. IDENTIFYING THE AREAS WITH POOR ACCESS:

Now that we've created our map, we're going to determine which areas are under-served. We'll start by using the symbols on the map to see which areas -- that is, which Barangays or, in the case of an NCR, which parts of the Barangay -- have **poor access to health services**.

I'll read the questions. We should respond as a group to tell our artist which areas to mark with a red tag, indicating that the area is under-served.

Which areas have no health facility or health worker nearby?

Which areas seem to be close to a health facility, but the access is difficult -- for example, there is no road, or there is a mountain, or there is a river that is hard to cross or that floods?

Which areas do we know to be underserved because of cultural or socioeconomic reasons?

Are any of the red-tagged areas actually served by facilities in a different community -- that is, we know that clients living there travel to another municipality for health care? If so, let's remove those particular tags.

## STEP 3. DETERMINING THE UNDER-SERVED AREAS:

Now that we've seen the areas that lack access to health services, we're going to look at our **current population coverage**. We'll start by filling in a table showing our population.

Let's turn the flipchart to show the Population Table from the next page of our exercise books. The flipchart shows the table with columns A and B already filled in; please copy these into your exercise book. Don't forget to fill in the year of the Census used for the projection in column B.



**Facilitator:**

Ask the next person to read. Ask for a new volunteer to work on the map.

Give the volunteer more red tags and also some blue tags.

Have one or more calculators available to figure out columns E and F.

Ask the next person to read.

If there isn't much time left, stop after the box called **Our Local Plan** and make plans to continue another time.

Did we all get the same answers?

Now let's fill in our own, local, estimates of our population by Barangay, in column C of the Population Table. Would each midwife please tell us her Barangay's population, based on her most recent household survey?

Let's discuss columns B and C. If you want to take notes, just circle the option in italics that is most similar to the group's answer.

Are there big differences between the national estimates in column B and our local population figures in column C?  
[Yes / No ]

If Yes, why? [Reasons may include: math errors in the projection, undercounting in the household survey, lower or higher fertility rates than predicted, lower or higher mortality rates than predicted, immigration. Other: \_\_\_\_\_]

Which population figures do we think are more accurate?  
[National / Local ]

For reporting purposes, we know we have to use the national population estimates. However, if we think our local data are better, then we should use those data for local planning – such as to decide where to place CHWs.

Let's go back to our map. According to the population figures that we think are more accurate (either column B or C), which are the 2 or 3 Barangays with the highest populations? Let's mark them with blue tags.

Now let's fill in column D in our Prioritization Table. Would each midwife please tell us the number of CHWs in her Barangay?

Now let's calculate the catchment population per CHW. If we think the national estimates are more accurate, we should fill in column E. If we decided that our local estimates are more accurate, then we should fill in column F.

Which Barangays have the highest population per CHW?

In those Barangays, is the CHW's catchment population unreasonably large? If so, let's mark the Barangay with a red tag, to indicate that it is under-served. (Note: If there is already a red tag in that Barangay indicating poor access, we should still put another, indicating overworked CHWs.)

#### STEP 4: DECIDING HOW TO REACH THE UNDER-SERVED AREAS

The red on the map clearly shows where there are areas that are under-served. Assuming we don't have the resources to provide better access to all the red areas, let's decide which of the red areas are the most important to cover better.

Are there Barangays with two red tags? If so, then those areas lack both facilities and CHWs. *[List them:]*

Are there Barangays with a high population (blue tag) that are also marked as under-served (red tag)? If so, then those areas indicate large populations that are under-served. *[List them:]*

Let's brainstorm some possible solutions to increase coverage to these critical under-served areas. *[List them before turning the page:]*

##### **Suggestions for reaching the priority under-served areas**

- ✓ Re-draw the catchment areas for existing CHWs to cover the most critical zones. (See map.)
- ✓ Re-distribute the number of households each CHW is responsible for, to make it more equal. (See Population Table, column E or F.)
- ✓ Train more CHWs.
- ✓ Run mobile clinics at the market, schools, or in the workplace.
- ✓ Change the operating hours of existing facilities.
- ✓ Hire new staff.
- ✓ Open new facilities.

**Facilitator:**

Let's update our map to reflect how we're going to reach more of our catchment population. We can place symbols such as those below on our map to indicate where to focus our efforts.

[Sample Symbols]

Mobile clinics	+
Additional staff	☺
New CHWs	☺

Have we decided what to do? If so, we should all write down our group's decision:

**OUR LOCAL PLAN**

To reach the under-served populations indicated on our map and prioritized on the previous page, we plan to:

**STEP 5. PRIORITIZING THE MAJOR HEALTH PROBLEMS:**

*Ask the volunteer to stop working on the map and to change to the flipchart showing the **Table for Prioritizing Health Problems for Action.***

Our map now shows our catchment populations and what access they have to different types of health services. We've used the map to identify under-served areas and make plans to reach out to them. Now we'll see how the map can also help us consider some of the **health problems** in our municipality.

The next flipchart shows the Prioritization Table, below, with column B filled in. Column B lists the top 5 causes of morbidity (sickness) for our municipality, according to our most recent Annual Report, which is from [year of data:] \_\_\_\_\_. Please fill in column B in your exercise book.

**Table for prioritizing health problems for action, using top 5 causes of morbidity - Year: \_\_\_\_\_**

A	B	C	D	E	F
	Name of disease	Impact on community health status? (CFR*) (1-3)	Availability and effectiveness of interventions? (1-3)	Affordable to health facility (treatment & prevention)? (1-3)	Total score (col. C-E) (max=9)
1 <sup>st</sup>					
2 <sup>nd</sup>					
3 <sup>rd</sup>					
4 <sup>th</sup>					
5 <sup>th</sup>					

\*Case Fatality Rate =  $\frac{\text{No. of deaths}}{\text{No. of cases}} \times 100$

Of the top 5 diseases, let's pick one as our top priority by filling in columns C-F, which are based on World Health Organization criteria.

We'll decide as a group what to put in each cell of the table and ask our volunteer to write our answers on the flipchart. Please fill in your own exercise book.

First, let's look at the **impact** of each disease on our population's health status. This means that we should consider how much sickness and death each disease causes. In this case, we already know that these are the diseases that cause the most sickness in our municipality, so now we should think about how much death they also cause. How would you rate the impact of each disease on a scale of 1-3, where 1 is 'low', 2 is 'moderate' and 3 is 'high'? [Fill in column C for each disease.]

Now, let's consider how **available and effective** are treatments for each disease. On a scale of 1-3, how well can we treat each disease? [Fill in column D for each disease.] Intervention or treatment is **available** when it is present in the locality every time it is needed (for example TB medicines being present in the health center or drugstores within the area for identified TB cases). It is **effective** when the desired action or effect is attained (i.e. a TB patient gets well-sputum negative- when given the complete dosage of anti TB medicines)

 **Facilitator:**

*Ask the next person to read starting with step 6.*

Finally, can the health facility **afford** preventive measures and treatment efforts for our community? [Fill in column E for each disease.]

Intervention or treatment is **affordable** when patients/clients in the locality have enough money to buy the needed medicines.

Now let's add columns C through E for each disease and put the results in column F. Which disease has the highest score in column F? \_\_\_\_\_  
That's our top priority.

This same process of applying criteria can be used with other health data (such as mortality data) to help establish priorities for public health action.

**STEP 6. PLANNING TO REACH THE AREAS AT GREATEST RISK FOR A SPECIFIC HEALTH PROBLEM:**

Now that we've selected our top priority disease to use as an example, let's go back to our map to see where that disease occurs.

Which Barangay/catchment area had the top number of cases?

How many cases were there?

Does this mean that the disease is a special problem in this Barangay/catchment area, or does it simply mean that this is one of the largest Barangays/catchment area?

Since the size of the population can tell us more about where the disease is a particular problem, let's look at the **prevalence** rate of the disease.

*Ask everyone to work on the **Review of the Basics** box individually, in silence.*

*Give yellow tags to the person working at the flipchart, to put on the map to indicate the high-risk areas.*

**Review of the basics: Prevalence and incidence rates**

What does it mean to say there are 10 cases of heart disease in a population? Does that represent a major health problem? Unless we know how many people there are in the population, it's hard to tell. In a population of 1,000, 10 cases = 1%. In a population of 50,000, 10 cases = 0.02%. That's why we use **rates**: to look at the number of cases in a population.

Two rates commonly used in public health are:

Prevalence = number of *existing* cases / total population X 100

Incidence = number of *new* cases during a given period / total population X 100

**Exercise/Activity:**

Would the Health Team please take a couple of minutes in silence to calculate the incidence rate for our selected disease in their Barangay/catchment area. Use the number of cases reported in the most recent statistical report. Then divide that number by the population figure we chose in the Population Table (either the national or local). Then multiply by 100.

Disease: \_\_\_\_\_

Barangay	Population	No of Cases	Prevalence Rates	Incidence Rates

Now would the health team please read out their incidence rates?

Thank you. Let's discuss:

Is the disease distributed equally throughout the area – that is, are the rates very similar for all Barangays?

If not, which Barangays have the highest prevalence rates?

Our volunteer at the flipchart will mark the 2 or 3 areas with the highest incidence rate with a yellow tag, indicating that the area is at high risk for the disease.

What are the characteristics of the areas where the disease incidence is highest (marked in yellow)?

What are the characteristics of the areas in which the disease is absent (if any)?

Do we see any relationship between the areas where the

 **Facilitator:**

*Starting with "We have now completed a map of our community...", you as the facilitator should read the last couple of paragraphs. Then lead the brainstorming by writing down all possible solutions that the group suggests on a flipchart.*

*Then ask the group to decide on its top couple of solutions.*

disease incidence is high (as indicated by yellow tags) and the areas with poor access to health services (as indicated by red tags)?

What programs (FP, EPI, CDD, CARI, etc.) do we offer through our health facilities that might address the priority problem? (For example, if our priority problem is measles, the high-prevalence areas should be targeted by the EPI Program.)

If our priority problem can be addressed through one of our public health programs, let's see whether those services are being provided in the right areas. Let's look at the relevant coverage rates (for example, % children immunized against measles) by Barangay and add that information to our map. Would our volunteer at the flipchart please write the coverage rates on the areas of the map as we direct?

Do we see any relationship between the areas where disease incidence is high (as indicated by yellow tags) and the areas where we have low coverage rates for the program in question (as indicated by the rates written on the map)?

We have now completed a map of our community that shows key geographic, infrastructure, access, disease, and service information. The way we developed the map let us analyze the problem areas by looking at the combinations of colors.

Now that we've developed a Community Health Map and seen how to analyze it, we should consider this a tool for our future use. We can update this map either working as a Health Team or individually. We can also develop similar maps showing different health problems.

Before we finish, let's develop a plan to address the main problems we see on this map.

- ✓ The problem areas, in terms of health, are yellow.
- ✓ The biggest problem areas, in terms of our health services, are those that are both yellow (poor health) and red (poor health and poor access to services), in particular if the coverage rate shown for the priority disease is low.

Let's brainstorm some suggestions for addressing these areas. Depending on the problem, suggestions may include:

 **Facilitator:**

*When the group has decided, they should write the answers in the box called **Our Local Plan**.*

*Tell everyone that this is the end of Exercise 1. The next few pages are for them to use on their own, as practice and to help them apply the mapping lessons to their own area of responsibility.*

*Before ending, pick a Facilitator and a date for the next Exercise.*

- ✓ better targeting of certain populations
- ✓ better targeting of the IEC messages
- ✓ more household outreach
- ✓ market and workplace campaigns
- ✓ improved sanitation
- ✓ environmental action
- ✓ others (identify)

Have we decided what to do? If so, we should all write down our group's decision in the box called "Our Local Plan"

### OUR LOCAL PLAN

**To address the problem area(s) shown on our map as having a high incidence of our priority disease and poor access to services, we plan to:**

That's all for today. Next time, we will look at other ways to reach our population, by talking about strategies to improve quality and access to services.

END OF SESSION - INDIVIDUAL WORK NEXT

## MY PLAN FOR MY OWN AREA

Please answer the questions below. Feel free to add any information that you find useful.

My personal catchment area is called:

My personal catchment population is:

Now please draw a map of your catchment area (e.g., Barangay) on the last page. Refer to Step 1 and Step 2, in particular, to fill in the map.

Now briefly describe the health profile of your catchment area. For example: *My community is poor. 20% are tribal and their children do not attend school. Among children, the major problems are diarrheal diseases, respiratory infections, and certain parasitic diseases; whereas among adults the problems are mostly chronic diseases. It is hard for me to reach most of my households during the rainy season.*

The major characteristics of my catchment area's profile are:

I think these parts of my catchment area are under-served:

To reach those areas better, I plan to:

Now describe the health problems in your catchment area.

These are the top 3 causes of mortality (death) in my specific target area, according to my own data:

**Top 3 causes of mortality - Year:**

A	B	C	D	E	F
	Name of disease	Impact on community health status? (1-3)	Availability and effectiveness of interventions? (1-3)	Affordable to community (treatment & prevention)? (1-3)	Total score (col C-E) (max=9)
1 <sup>st</sup>					
2 <sup>nd</sup>					
3 <sup>rd</sup>					

Circle the name of the top priority disease, based on column F

These are the top 3 causes of morbidity (sickness) in my specific target area, according to my own data:

**Top 3 causes of morbidity - Year:**

A	B	C	D	E	F
	Name of disease	Impact on community health status? (1-3)	Availability and effectiveness of interventions? (1-3)	Affordable to community (treatment & prevention)? (1-3)	Total score (col C-E) (max=9)
1 <sup>st</sup>					
2 <sup>nd</sup>					
3 <sup>rd</sup>					

Circle the name of the top priority disease, based on column F.

To try to prevent or treat the top causes of morbidity and mortality, I plan to:

## MY COMMUNITY HEALTH PROFILE MAP

Name of catchment area: \_\_\_\_\_

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# WELCOME BACK TO OUR HEALTH TEAM TRAINING!

## EXERCISE # 3:

### HOW TO MEASURE PUBLIC HEALTH NEEDS

This exercise focuses on:

- Indicators
- Analyzing information through comparisons

## CHECKLIST FOR THE FACILITATOR OF EXERCISE # 3

Before the meeting, you should do the following things. Please check them off when done:

- Read through the entire Exercise before the assigned day. Focus on the Facilitator's instructions (left-hand column) so you will know how to proceed.
- Be sure that a full 3 hours are available for this Exercise alone.
- Prepare the following materials for the Exercise:
  - Equipment: Flipchart stand and paper (or similar equipment). Pens for the flipchart.
  - Data: The group may want to refer to definitions and protocols from the FHSIS. It would be useful to have the annual report available, if possible.
  - Flipcharts: "Key Indicator Definitions" table from step 1, with all rows blank except for the header. The "Our Local Plan" table from the end of the session.
- Make sure all members of the Health Team who will be participating know when and where to meet, and ask them to bring the following:
  - Their exercise book.
  - Paper and a pencil, if the health center cannot provide these.

During the meeting, remember that the facilitator is not expected to have all the answers! Your role is simply to guide the discussion by following the book and facilitating everyone else's participation.

- During each Exercise, refer to the Facilitator's Notes provided in the left-hand column of every page. (Look for the Facilitator's symbol: )
- Actively encourage everyone to participate!
- Encourage participants to respect and listen to everyone else's opinions.
- Keep track of time and keep things moving, so that the Health Team can finish the entire Exercise during this meeting. If it will not be possible, stop early and have the group decide when and how to finish today's Exercise.
- Before the end, make sure that someone is assigned to serve as the facilitator for the next Exercise and that a tentative time is set for that meeting.

 **Facilitator:**

*Go through the Review questions with the group for about 5-10 minutes (total) before beginning Exercise 3.*

*Encourage all participants to contribute and to ask questions about points that are unclear.*

## REVIEW

What was the major topic of the Health Team Training last time?

What was most useful or interesting about it?

Have we tried to implement the decisions we made (see the boxes called "Our Local Plan") last time?

What are examples of things we've done differently as a result of the last training?

Does anyone have any questions for the group to discuss based on last time?

 Facilitator:

*Read the **Plan for Exercise 3** aloud.  
See if there are any initial questions.*

## PLAN FOR EXERCISE # 3

Today we will do Exercise # 3, called:  
**HOW TO MEASURE PUBLIC HEALTH NEEDS**

### WHAT IS THE MAIN GOAL OF THIS EXERCISE?

This exercise will help us improve our understanding and use of the key indicators used in public health programs.

### WHAT WILL WE DO IN THIS EXERCISE?

We will:

1. List the indicators we currently report, and discuss how they're calculated.
2. Discuss and practice the key elements in interpreting indicators
3. Do an exercise on how to interpret indicators presented in tables, and how to draw possible conclusions about performance.
4. Decide on new ways to use indicators to measure our individual performance.

### HOW LONG WILL THIS EXERCISE TAKE US TO COMPLETE?

We should plan for about 3 hours.

### WHAT TOOL WILL WE PRODUCE TO HELP US IN THE FUTURE?

Our own individual lists of the indicators we will track over time to evaluate ourselves.

 **Facilitator:**

Ask everyone to read the **Introduction** to him/herself in silence.

Then see if there are any questions.

## MEASURING PUBLIC HEALTH NEEDS

### INTRODUCTION:

In order to determine exactly what public health problems we have in our community, how to prioritize these problems, and what goals we should set, we need to be able to measure these problems and compare our results against some standard. **Indicators** allow us to measure and compare our performance.

### What is an indicator?

Indicators are tools that help health workers monitor and evaluate the status of a health program. We choose indicators to represent a whole system and to make evaluation simpler. We evaluate to decide what necessary actions should be undertaken. Some common indicators we're probably familiar include the infant mortality rate (IMR), life expectancy at birth, fully immunized children (FIC) and the Vitamin A coverage rate. The first two are measures of "health status," the last two of "health services."

**Health status indicators** are used to measure changes in the health of the population. For example, in a women's health project, a common long-term goal is to reduce the percentage of women who die from pregnancy-related causes. The main *health status indicator* for this goal is usually the Maternal Mortality Rate. Changes in health status usually occur slowly, so these indicators are not measured very often.

**Health services indicators** are used to measure the delivery of the services that are being offered in order to improve the health status. In a program aimed at reducing the MMR, the services usually include prenatal care, family planning, etc. The main *health services indicators* are thus prenatal care service, family planning service, etc. Health services indicators are measured frequently.

### How do indicators help in program management?

When we use indicators to determine *whether the program has achieved its overall goal*, this is called **evaluation**. For example;

Goal : To reduce Under-Five Mortality Rate by 20%

Indicator : Did the program succeed in reducing Under-Five Mortality by 20%?

When we use indicators to determine *whether the program*

**Facilitator:**

Read the text above the **Table of Selected Indicators** aloud. Then ask the questions underneath the table and facilitate the discussion.

is progressing according to its plan, this is called **monitoring**. For example:

**Target** : To vaccinate 90% of children before their first birthday.

**Indicator** : Were 90% of children vaccinated before their first birthday?

Let's look at an example of how indicators can help us compare health in two different populations. The table below presents selected indicators from 2 countries. Looking at it, let's answer these questions:

According to this data, which country seems to have a better health status? Why?

According to this data, in which country are health services probably working better? Which services? Why?

**Table 1  
Selected Indicators: Philippines and Indonesia 1996**

	Philippines	Indonesia
Infant Mortality Rate (1996)	32 per 1,000 live births	47 per 1,000 live births
Crude death rate (1996)	6 per 1,000 total pop	8 per 1,000 total pop
Life expectancy at birth	68 years	64 years
Pop. Annual Growth Rate (1980-96)	2.3%	1.8%
% pop. with access to safe water (90-96)	84%	62%
% 1 yr. olds vaccinated against measles	72%	92%
% pregnant women fully immunized (TT) (1995-96)	47%	75%
ORT use rate	87%	97%

**Facilitator:**

Ask someone to read the text on this page.

Let people look at the **Review of the basics** box silently, at their own pace.

Note about the **Review of the basics** box: If you think everyone's already familiar with the concepts of Numerators and Denominators, you can just point out that the box is there as a reference and move on to the next part.

**STEP 1. CALCULATING THE INDICATORS WE REPORT:**

Now that we've looked at the purpose of indicators, let's make sure that we all understand our key indicators.

Often there are several ways of calculating an indicator such as, for example, the percentage of children who are fully immunized. So, our first step is to be sure we all know and understand the definitions we use locally and what data source is used for the numerator and denominator populations.

**Review of the basics: Numerators and denominators**

The calculations for indicators are often given simply by listing what the "numerator" and "denominator" are. The **denominator** represents the overall population group being examined: for example, the catchment area of the facility. The **numerator** represents the people within the overall population group who have the characteristics we are looking for: for example, all people within the catchment area who have tuberculosis.

The numerator should be divided by the denominator, and then the result should be multiplied by 100 to view the finding as a percentage:

$$\frac{\text{Numerator}}{\text{Denominator}} \times 100$$

In these Exercise Packets, we may also write this formula as follows:

$$\text{Numerator} / \text{Denominator} * 100$$

The next table shows the primary health services indicators that we report for each of the major health programs. These indicators may be requested in FHSIS reports or they may be for project or donor-specific requests. Let's complete the table for these indicators.

 **Facilitator:**

*Explain that the group should fill in the **Key Indicator Definitions table** together, in order to be sure that everyone knows our key indicators, what they mean, and how to calculate them.*

*The first couple of rows are filled in as examples.*

**Table II  
Key Indicator Definitions and Calculations for the Philippines**

Name of Indicator (A)	What it measures (B)	Formula(s) for calculation (C)	Data Source (D)
<b>EPI Program indicator:</b>  Fully Immunized Child (FIC)	Percent of children who have been vaccinated with 1 dose of BCG, 3 doses of DPT, 3 doses of OPV, and 1 dose of measles vaccine before their first birthday.	Numerator: # of children given all the necessary vaccines before age 1  Denominator: actual # of one yr old children in the area or ;  population x 3 %	Numerator: FHSIS records [or LPP multi-indicator cluster surveys]  Denominator: Actual area census or population projection based on the latest available census
<b>FP Program indicator:</b>			
<b>Vitamin A Program indicator:</b>			
<b>CDD Program indicator:</b>			
<b>CARI Program indicator:</b>			
<b>Others:</b>			

**Facilitator:**

When the table is complete, read step 2.

**STEP 2. UNDERSTANDING THE ELEMENTS IN INTERPRETING INDICATORS:**

If everyone understands the purpose and calculation of our key indicators, let's think about how to interpret them. Here are the main elements in the analysis and interpretation of indicators:

- A. Determine the ideal and/or acceptable levels of performance
- B. Consider whether the data showing current performance seem reliable
- C. Compare performance on each indicator to the ideal or to the target
- D. Compare performance on each indicator over time
- E. Compare performance on each indicator to performance at other similar facilities or communities
- F. Compare performance on each indicator to a set of related indicators

Let's pick one of the indicators in the Key Indicator Definitions table, above, and discuss it. The Exercise Packet will help us discuss each of the steps we just listed (A-F). This will allow us to see the types of questions we can ask about all our indicators in the future, while also analyzing our performance on one single indicator today.

What indicator (from Table II) do we want to analyze? (Note: It might be a good idea to choose an indicator that we find most difficult to measure or use.)

**INDICATOR USED IN OUR EXAMPLE:** \_\_\_\_\_

*A. Determine the ideal and/or acceptable performance target:*

What is the range of possible values for this indicator, from low to high?

*Example: The theoretical range for the Fully Immunized Child indicator is between 0% of children fully immunized (bad) and 100% fully immunized (ideal).*

Range for our indicator: \_\_\_\_\_ to \_\_\_\_\_

What is the national target for the Philippines for this indicator?

*Example: In the past, difficulties in access and vaccine supply have made it impossible to vaccinate 100% of children. Thus, the Philippines has set a national FIC target of 90%, which seems more realistic.*

**Facilitator:**

Ask the group to select the 1 main indicator that we will work on in step 2. It should be an indicator that is important to us locally.

The rest of step 2 should be run as a lively discussion.

Note: If there are a lot of people, you may want to ask them to break into small groups. Each small group can work through the questions in step 2 itself. The small groups will not need to report back to the whole group.

Decide whether to post the answers on a flipchart or let every group (or person) take its own notes.

National target for our indicator: \_\_\_\_\_

Given the national target, what do you think is the range of acceptable values for this indicator?

*Example: We would probably consider an FIC performance of under 80% to be poor, and a performance of 85%-95% to be good.*

Acceptable values for our indicator: \_\_\_ to \_\_\_ %

B. Consider whether the current data seem reliable:

What is the *current level* of this indicator in our community?

Current local performance: \_\_\_\_\_ %

As of (date): \_\_\_\_\_

Source of information:

To ensure accuracy of data we should do the following:

- ✓ Make a special effort to validate the numbers.
- ✓ If we cannot validate the numbers, then when we talk about the performance, we should note that the data may not be trustworthy.
- ✓ If our validation efforts find that the numbers are incorrect, then we should determine why. We may need to retrain the people who collect the data.

C. Compare the actual performance to the ideal or to the target using the indicator:

Does the indicator fall within the range of acceptable values above? (Encircle your answer)

Yes                      No

What is our local target for this indicator?

\_\_\_\_\_

Have we met this target? (Encircle your answer)

Yes                      No

If we answered "No" to either of these questions, we should:

- ✓ Think about whether the "acceptable values" or target are unrealistic.

**Facilitator:**

Stop the discussions frequently to see if there are any questions or misunderstandings that someone wants to ask the whole Health Team.

- ✓ Continue the analysis to see whether there has been improvement over time, even though the target has not been met. [See D, next.]

**D. Compare performance using the identified indicator over time:**  
( either monthly, qtrly, yearly, every 2 years/ 5 years, etc.)

What was the actual performance using this indicator in our community in the last report

---

What was the actual performance using this indicator in our community at this time last year?

---

Considering the past 3-4 reports, has performance on this indicator in our community been getting better, worse, staying the same, or going up and down?

---

If performance has been getting steadily better, then we should congratulate everyone responsible. If performance has stayed the same or gotten worse, then we should:

- ✓ Investigate possible local causes during the next supervisory visit (ie. logistics, personnel, lack of supervision/LGU support etc)
- ✓ Determine whether the same trends exist in other communities or facilities, in case there is an environmental cause. [See E, next.]
- ✓ Identify strategies to improve performance
- ✓ Make the necessary action

**E. Compare performance on each indicator to performance at other similar facilities or communities:**

What barangay/BHS near your barangay/BHS has a similar geography, economic status, and religion? [The purpose is to find an area that can be compared to ours in fairness.]

What is the current or recent performance using this indicator among barangays? /BHSs?

Which barangay/ BHS has the best performance?

Which barangay/ BHS has the worst performance?

 **Facilitator:**

*Stop the discussions frequently to see if there are any questions or misunderstandings that someone wants to ask the whole Health Team.*

What is the best performance using this indicator by barangay/BHS?

Is our/ your barangay/BHS performance better or worse than that area/ facility?

If our performance is similar to or better than the other area/ health facility, then we/ you are probably all doing pretty well given the local environment, although we may still be able to improve. If our performance is worse, then we should:

- ✓ Aim to reach their level of performance, at least, since they show that it is attainable locally. (That is, re-set our target.)
- ✓ Visit the community or facility that's doing better than us, to see what they do differently that we might be able to copy successfully.
- ✓ Investigate possible local causes during the next supervision.
- ✓ Study related indicators to see whether there is an obvious explanation for the poor performance and **make the necessary action.** [See F, next.]

*F. Compare other performance using related indicators:*

What are the major indicators related to this indicator?

*Example: If we are discussing contraceptive prevalence rate (CPR) for family planning, related indicators include measures of program recruitment (new user rate), sustainability (dropout rate), supply distribution (CYP), supply availability (months of stock on hand by product), IEC (number of counseling sessions), etc.*

What is the current level of performance on each of the related indicators? [List performance, date, and source of data:]

Do the related indicators suggest reasons for the current level of performance?

*Example: If the FIC performance was below the target, but the logistics indicators show that there was no stock, that may explain the poor performance.*

*However, finding an explanation is not enough. The most important thing to do is to find ways to acquire the needed logistics (to improve FIC).*

**Facilitator:**

*Stop the discussions frequently to see if there are any questions or misunderstandings that someone wants to ask the whole Health Team.*

If the other indicators seem to suggest reasons for the current performance on the key indicator in question, we should still make sure that those are the correct reasons! It is never fair to base a decision on one or two indicators – we should always ask more questions and go see for ourselves.

**STEP 3. PRACTICING in INDICATOR INTERPRETATION:**

Now that we've analyzed one indicator in-depth as a group, let's practice by interpreting the data presented in the table below. We can either do this as a group or each do it individually.

Table III  
Hypothetical FIC Coverage (in %)  
Philippines, 1994 - 1998

Area	1994	1995	1996	1997	1998
National	70.0	72	80	85	88
LGU 1	50	60	67	72	77
LGU 2	70	82	90	94	96

**A. Determine the ideal and/or acceptable levels of performance:**

The indicator we will analyze is FIC, the key overall indicator from the Expanded Program on Immunization can range from 0% - 100% theoretically, but in reality the maximum is about 89 %.

**B. Consider whether the current data seem reliable:**

These data are only presented as an example. For the purposes of this exercise, we should assume that they are reliable.

**C. Compare performance on each indicator to the ideal or target:**

First let's consider one area at a time, starting with the national level.

Is the starting performance (1994) at the National level within the acceptable range?

Yes                      No

**Facilitator:**

*In step 3, it may be best to let everyone work individually. However, step 3 can also be done as a group exercise. In that case, lead the discussion yourself.*

*Make it clear that the data are not actual numbers from the Philippines, but are realistic portrayals of the performance trends in some LGUs.*

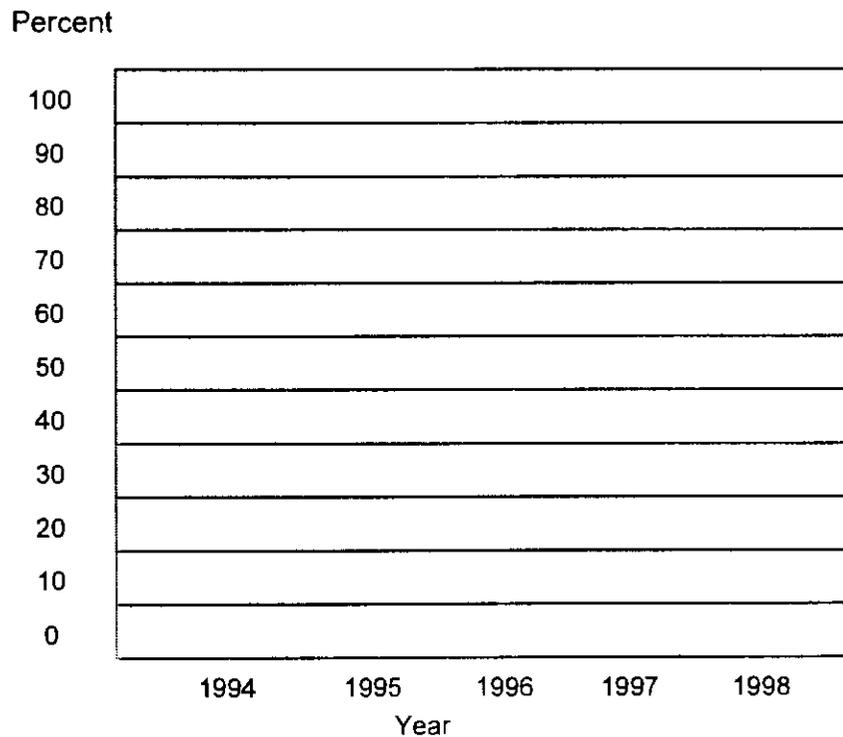
How close is the 1994 national performance to the "ideal" performance for FIC: very far, far, close, very close?

**D. Compare performance on each indicator over time:**

Now let's think about this information over time. Let's draw a line graph to show the trend in the National Immunization Coverage over the 5 years:

Year	FIC Coverage
1994	86.0%
1995	85.2%
1996	89.0%
1997	88.9%
1998	84.8%

**FIVE-YEAR TREND IN FIC**  
Philippines, 1994-1998



**Facilitator:**

Ask someone to draw the **Five-year Trend in FIC** graph on the flipchart.

Does the line indicate improvement?

If you worked in the National program, would you be satisfied with the progress to date?

Now let's draw different lines to show the trend in LGU 1 and LGU 2 over the same 5 years.

If you worked in LGU 2, would you be satisfied with your starting performance? Would you be satisfied with the progress made in increasing FIC over five years?

We can see from the graph that the FIC for all three areas increased during this five-year period. But since we also know from our 1994 baseline data that each of the three areas started with a different level of FIC, is it fair to compare them?

The way to compare the change in FIC in the three areas is by looking at the relative amount that each of their FIC increased over the five-year period. In other words, we want to look at the *rate of change*.

**Review of the basics: Percent change**

In a Southern African country, the FIC in 1992 was 8%. In 1995 it was 14%, and in 1998 it was 20%. In other words, during both periods (from 1992-95 and from 1995-98), there were *absolute increases* of 6%. But the *percent increase* both times was different.

Here is the formula to calculate the *percent change* (when the result is positive, it can also be called *percent increase*).

$$(\text{Ending value} - \text{Starting value}) / \text{Starting value} \times 100$$

In this case, the 1992-95 percent change was:  $(14-8)/8 \times 100=75\%$ .

In other words, when the FIC increased from 8% to 14%, this represented a 75% change. Why? Because the absolute change – 6 – is equal to 75% of the starting value of 8.

What was the 1995-98 rate of change?

**Facilitator:**

*If the Health Team is working together instead of in small groups, ask everyone to stop when they get to the **Review of the Basics** box. Everyone should read that box individually and answer the question in the box by themselves.*

Here is a table using the same information as above but showing the *percent increase* in FIC for the three populations from 1994-98.

**Table IV  
Percent increase in Immunization Coverage(FIC)  
National and LGU, 1995 - 1999**

	1995	1996	1997	1998	1999
National	70%	84%	90%	91%	93%
LGU 1	80%	83%	86%	89%	92%
LGU 2	60%	70%	87%	95%	98%

Looking at this table, which of the three areas showed the greatest percent increase in FIC over this five-year period? Is it the area that looked best on the line graph we just did, or a different area?

---

Even though the FICs increase every year, the percent increase is smaller every year. Why is this happening?

---

**E.** *Compare performance on each indicator to performance at other similar facilities or communities:*

Which area had the best FIC in 1995? Which had the worst?

---

Which area had the best FIC in 1999? Which had the worst?

---

If you worked in LGU 1, would you be satisfied with the rate of

**Facilitator:**

*Do step 4 with the whole group, even if the Health Team was working in small groups in step 3.*

*Ask for a volunteer for step 4, both to read the text and ask the discussion questions.*

*Someone can record the answers on the flipchart, if the group wishes.*

increase in your FIC over time, as compared to the FIC increases nationally and in LGU 2?

There are many more questions we could ask, just based on this simple table. We'll stop this example here, without going on to step F ("compare performance to a set of related indicators").

**STEP 4. DECIDING HOW TO USE INDICATORS FOR EVALUATING PERFORMANCE:**

So far, we've reviewed our most common indicators, how they're calculated, and how to analyze them, which includes identifying their ideal values plus considering four different ways to compare them: against targets, over time, across areas, against related indicators. We've also looked at two ways to show change over time: in a line graph, and by calculating the percent change from one period to the next. Now let's think about how we can apply some of this in our own local program.

**A. In our municipality, what report or graph do we produce regularly that compares performance to targets (e.g., monthly report)?**

What program(s) does this report or graph cover?

Who does what kind of analysis of the results? (For example, does the PHN look at the report and ask questions such as those in steps 2, 3, and 4 about whether the performance is acceptable, shows improvement, etc.)?

**B. In our municipality, what report or graph do we produce regularly that compares performance among areas or among facilities (e.g., service statistics report on FIC or PNC, or weekly notifiable report/morbidity report showing trend of disease occurrence by BHS)?**

 **Facilitator:**

*The same person can continue reading.*

What program(s) does this report or graph cover?

Who does what kind of analysis of the results?

- C. In our municipality, **what analysis do we produce regularly that presents performance over time** (e.g., EPI chart)?

What program(s) does this report or graph cover?

Who does what kind of analysis of the results?

Let's see how we can improve the answers we gave above about how we use indicators to measure our health programs. We should try to develop one new tool (or improve one existing tool) for monitoring our performance using indicators.

The **Ideas for Tools to Improve Monitoring of Performance** box below provides some ideas; let's pick one of these ideas and then work on it.

**Facilitator:**

*Read each of the suggestions in the **Ideas for Tools...** box aloud yourself. Make sure everyone understands each idea before proceeding.*

*After discussing each suggestion briefly, the group should pick one of the suggestions and circle it. Then discuss it in more detail.*

**Ideas for tools to improve monitoring of performance:**

- ✓ Identify one important program – that is, a program that is not monitored through routine reports and analysis. Identify 1-2 key indicators for that program and decide who will monitor them.
- ✓ Identify a program that you think has very different results in different areas or facilities. Develop a table that the MHO or PHN can update to show the performance of different areas or facilities on the key indicators for this program. Decide how often this table will be updated, where it will be posted, and when its results will be discussed with the different areas or facilities.
- ✓ Identify a couple of indicators that are reported frequently by the midwives and should be compared over time. Design a line graph to track these indicators and decide where the midwives will keep their graph and how often they will update it.
- ✓ If there is no clear answer to the question "Who does what kind of analysis of the results", develop a list of standard questions that should be asked each time a given report is produced. Decide who will distribute the list of questions and to whom.
- ✓ Determine whether it would be useful to calculate the percent change over time for any of the key indicators. Develop a format for this new report specifying the indicators and the periods being compared. Decide who will produce this report, when, and who will receive it or where it will be posted.

When we have agreed on one of these ideas and have decided on the program, indicator, presentation, and who does what, let's document our decisions in the "Our Local Plan" box that follows.

 **Facilitator:**

*Record the decisions listed in **Our Local Plan** on the flipchart so that everyone can see them.*

*Before the session ends, be sure the group assigns a **Facilitator** and a date for the next Exercise.*

## OUR LOCAL PLAN

**To improve the way we use indicators to monitor our performance, we plan to:**

1. Develop a new report/graph or modify an existing report/graph for this program : \_\_\_\_\_
2. Focus on this (these) indicator(s): \_\_\_\_\_
3. The person responsible for producing the information is: \_\_\_\_\_
4. It will be distributed or posted as follows \_\_\_\_\_
5. It will be produced every: \_\_\_\_\_
6. It will be discussed every: \_\_\_\_\_
7. Here is the format we have decided on:

That's all for today. Next time we will go further into indicators by looking at how to set and use targets.

END OF SESSION - INDIVIDUAL WORK NEXT

## MY PLAN FOR MY OWN AREA

I usually calculate key indicators for my work every (circle all that apply):

Day

Week

Month

Year

When I calculate those indicators, I look back at old reports to see whether there is improvement or not:

Yes No

In the future, every time I produce a report, these are the questions that I will ask myself in order to analyze the results:

These are the indicators that I plan to track over time by producing a line graph:

## **WELCOME BACK TO OUR HEALTH TEAM TRAINING!**

### **EXERCISE # 4:**

### **HOW TO MEET THE COMMUNITY'S HEALTH NEEDS**

This exercise focuses on:

- Access and availability of services
- Client focus
- Targeting outreach

## CHECKLIST FOR THE FACILITATOR OF EXERCISE #2

Before the meeting, you should do the following things. Please check them off when done:

- Read through the entire Exercise before the assigned day. Focus on the Facilitator's instructions (left-hand column) so you will know how to proceed.
- Be sure that a full 3 hours are available for this Exercise alone.
- Prepare the following materials for the Exercise:
  - Materials: Flipchart stand and paper (or similar equipment). Pens or chalk for the flipchart.
  - Data: Any available statistics or information on outreach and IEC efforts.
- Make sure all members of the Health Team who will be participating know when and where to meet, and ask them to bring the following:
  - Their exercise book.
  - Paper and a pencil, if the health center cannot provide these.

During the meeting, remember that the facilitator is not expected to have all the answers! Your role is simply to guide the discussion by following the book and facilitating everyone else's participation.

- During each Exercise, refer to the Facilitator's Notes provided in the left-hand column of every page. (Look for the Facilitator's symbol: ☞)
- Actively encourage everyone to participate!
- Encourage participants to respect and listen to everyone else's opinions.
- Keep track of time and keep things moving, so that the Health Team can finish the entire Exercise during this meeting. If it will not be possible, stop early and have the group decide when and how to finish today's Exercise.
- Before the end, make sure that someone is assigned to serve as the facilitator for the next Exercise and that a tentative time is set for that meeting.

 **Facilitator:**

*Go through the **Review** questions with the group for about 5-10 minutes (total) before beginning Exercise 4.*

*Encourage all participants to contribute and to ask questions about points that are unclear.*

## REVIEW

What was the major topic of the Health Team Training last time?

What was most useful or interesting about it?

Have we tried to implement the decisions we made (see the boxes called "Our Local Plan") last time?

What are examples of things we've done differently as a result of the last training?

Does anyone have any questions for the group to discuss based on last time?

65

 **Facilitator:**

**Read the Plan for Exercise 4 aloud.**  
See if there are any initial questions.

## PLAN FOR EXERCISE # 4

**Today we will do Exercise # 4, called:**  
**HOW TO MEET THE COMMUNITY'S HEALTH NEEDS**

### WHAT IS THE MAIN GOAL OF THIS EXERCISE?

This exercise will help us take advantage of every client contact to ensure the best possible health care.

### WHAT WILL WE DO IN THIS EXERCISE?

We will:

1. Use a case scenario as a basis for determining whether our services are accessible and available.
2. Use another case scenario as a basis for determining whether our services are client-focused.
3. Use another case scenario as a basis for determining whether our community outreach is appropriate.
4. Develop new procedures to improve our services and outreach to current or potential clients.
5. Decide on a plan for implementing the new procedures.

### HOW LONG WILL THIS EXERCISE TAKE US TO COMPLETE?

We should plan for about 3 hours.

### WHAT TOOL WILL WE PRODUCE TO HELP US IN THE FUTURE?

Our own protocols for making comprehensive health services accessible to our clients.

66

 *Facilitator:*

*Ask the first person to read the Introduction.*

## MEETING THE COMMUNITY'S HEALTH NEEDS

### INTRODUCTION:

Health services can be provided in many ways. For example, clients may visit a permanent health facility, or the facility may establish a mobile clinic to travel to rural areas, or health workers may visit the client's household. The services may integrate medical and preventive care, or may focus on one problem at a time. Sometimes all services are available during every visit, or a service such as vaccination may only be available once a week or once a month. In the Philippines, devolution has meant that each LGU can make its own decisions regarding each of these areas.

There is no "right" or "wrong" way for a health service to operate, but each decision – such as to integrate or not to integrate services, or which hours to keep the clinic open – can affect a client's **access** to services and possibly even the **quality** of the service. So, today we're going to examine the way we organize and provide our services. We'll discuss how that set-up affects our clients, and how we can improve it further.

 **Facilitator:**

*Discuss to the team how to conduct a role play.*

*Ask the next person to read Step 1 and to serve as the narrator.*

*Two more volunteer readers are needed to act out the scenario.*

## STEP 1. DETERMINING WHETHER OUR SERVICES ARE ACCESSIBLE AND AVAILABLE:

### Accessibility

Services are accessible when clients or patients can easily reach the desired services (i.e. family planning service, prenatal service).

### Availability

Services are available when they are present at the health center at all times or during times when they are needed.

Let's start by reading out and discussing a scene of a client visit. Who will volunteer to act out the different parts? We need people to read the parts of the narrator, PHN, and Neli.

### Scenario 1. Neli's supply problem

After walking for four hours to get to town and then visiting the market to sell her goods and buy food, Neli arrives at the clinic quite late. Fortunately, this time she only has to wait about a half-hour to see the PHN -- not like other times! Once the wait was so long she had to leave so that she wouldn't have to walk home in the dark. After greeting each other, they have this conversation:

PHN: "So, Neli, you're here for a family planning follow-up visit. I'm glad that you're still taking the Pill. Have you had any side effects?"

Neli: "No, just as always. I feel fine and I'm very happy with the Pill. I would like to get another supply, please."

PHN: "That's good. Here, I'll write you a prescription. I'd give you some Pills but I'm out of stock."

Neli: "A prescription? But I don't have time to go to the pharmacy today -- and anyway, I don't have any money to pay!"

PHN: "Don't worry; I heard that the mayor's office has some supplies. Maybe he can give you some Pills for free. If you don't have time to go now, you can go next time you come into town."

Neli: "But I'll run out of Pills before then! You know I live so far away that I only come into town once a month."

 **Facilitator:**

*Ask the next person to read the first paragraph.*

*Then have the group decide what "community" is the topic of discussion. In answering questions about, for example, access to the health facility, are we talking about the RHU or a BHS?*

*Decide before continuing.*

*Note: The group shouldn't spend too much time answering any one question. The point is to discuss all the questions briefly and then, based on the discussion, to decide whether Access is a problem.*

PHN: "I remember. But that's why I gave you 2 cycles of Pills last time – just in case you couldn't stop by for your monthly visit. So how can you be running out?"

Neli: "The last time I saw you was 2 months ago. Last month I came back but the clinic had closed early and I couldn't get any supplies. I wasn't worried then, but I am now. What will I do?"

Let's discuss this scenario:

What are the different reasons for Neli's re-supply problem, both during this visit and previous visits?

Now let's look at which problems may occur in our community, by answering the questions below. Before we read the questions, we should decide what "community" and what "health facility" we will focus on – in other words, are we considering only access problems at the MHC, or at the different BHS's?

Community: \_\_\_\_\_ Health Facility: \_\_\_\_\_

**Access Problems related to Geography:**

What do we consider to be a reasonable amount of *time* or *distance* for clients to reach our health facility? (That is, are clients considered to be within easy reach if they live 5km from the facility? 10km? 1 hour from here? 2 hours?)

About what percentage of our community are *not* within easy reach of our health facility? (That is, what percent lives outside that range of time or distance?)

**Access Problems related to Operating Schedule:**

Which days of the week (Monday - Friday) is our health facility open? Is the facility open on weekends?

About what percentage of our community is not able to get to the facility during the weekdays (because of work, school, etc.)? How about on weekends?

Which hours of the day is our health facility open?

Are the key health personnel (physician, nurse, etc.) available at the times the health facility is open? Do clients

have to wait for services because health personnel are tardy?

About what percentage of our community is not able to get to the facility during those hours (because of work, school, etc.)?

Does the health facility ever close without notice? When the health facility plans to close during its normal operating hours (e.g. salary days, meetings, etc.) is there a way for clients to find out?

Are there long waits at the facility?

Access Problems related to Service Delivery:

Are all services (vaccination, family planning, etc.) available all the time in our health facility? Or are some services only offered once a week or once a month?

If a service is only offered weekly – for example, on Wednesday – , is there a way for people who can't get here on Wednesdays to receive the service?

Does our health facility usually have the main products it needs in stock (e.g., antibiotics, aspirin, vaccines, contraceptives)? If not, can clients easily get these products elsewhere, and can they afford to pay for them?

Overall, on a scale of 1-5 (where 5 is "very big"), how big a problem is access in our community? \_\_\_\_

70

 **Facilitator:**

*In step 2, ask for a new set of readers.*

**STEP 2. DETERMINING WHETHER OUR SERVICES ARE CLIENT FOCUSED:**

Services are client-focused when the health workers provide the necessary services that they (health workers), upon assessment, believe the clients should be given aside from the client's /patient's immediate need at the time of visit.

Now let's look at a different case. Who will read the following parts: the narrator, Anna, and Francesca.

**Scenario 2. Franny's son gets a shot**

Francesca and her infant son arrive at the health center for immunization day. In the waiting area, which is crowded with women and children, she meets her friend Anna, who is there with her 10 month old daughter. Anna hasn't seen the baby before.

Anna: "Franny, what a beautiful boy! I hope you didn't have any problems at birth, like other children."

Franny: "Thank you -- I certainly was lucky this time. You probably remember my saying I never wanted to have another baby after the last one. But of course, there wasn't anything I could do!"

Anna: "Well, it worked out for the best. But where are your little daughters today?"

Franny: "I left them with my mother-in-law. Leti has had bad diarrhea last week, that she's too sick to carry anywhere. It's too bad, she's always sick and has missed her scheduled vaccination shots. In fact, she is due for another shot today and I don't know whether I'll be able to get her here next time. You know how it is ... Oh, please excuse me -- they're calling me for his vaccination."

Let's discuss this scenario:

What services could Franny and her family possibly need?

Franny might need: \_\_\_\_\_

The baby might need: \_\_\_\_\_

Leti might need: \_\_\_\_\_

What services are they likely to receive during today's visit?

Services today: \_\_\_\_\_

 **Facilitator:**

Again, be sure the group doesn't spend too much time on any one question. The point is to consider all questions briefly in order to determine whether Client Focus is a problem.

In step 3, ask for a new set of readers.

Now let's discuss whether this situation could occur in our own community.

When a client comes for a specific service, do we:

- ...always inquire about his/her health?
- ...always inquire about his/her children's health?
- ...review the family's records to see whether any follow-up visits are needed (e.g., vaccination, family planning)?
- ...remind him/her of the dates other services are offered?
- ...counsel and/or recommend him/her for other services?
- ...make referrals in writing to another facility?
- ...update the family's records so they will be useful next time?

Overall, on a scale of 1-5 (where 5 is "very big"), how big a problem is *client focus* in our health services? \_\_\_\_

### STEP 3. DETERMINING WHETHER OUR OUTREACH IS APPROPRIATE:

Now let's look at one last case. Who will volunteer to act out the narrator, Janet (the midwife), and Maria (the client)?

#### Scenario 3. The midwife's visit

Janet is a midwife working at a Barangay Health Station. She is very hard-working, but she has never been trained to interpret and report on the data she collects. As a result, when Janet conducts household visits, she presents her planned topic without trying to understand what's happening in the community as a whole.

Janet: "So, how have you been feeling lately?"

Maria: "I've been O.K. except for a pain in my lower abdomen. I've had this pain for a week now and it doesn't seem to be getting any better. It started right after my last Depo-Provera shot."

Janet: "Well, a lot of the Depo users around here have said the same thing to me recently. A little discomfort is normal. It will go away in the next few days".

Maria: "That's what I thought, except I've never had problems with

**Facilitator:**

*When the group begins to answer the questions about health education, etc., keep the discussion moving. The point is to discuss each question briefly in order to determine whether Targeting of Outreach is a problem.*

Depo in the past. This time the pain and bleeding are worse.”  
Janet: “You can ask the doctor to check it next month when you come to the health center, but I am sure that it is nothing to be worried about. Now, what I really want to talk to you about today is personal hygiene and how to treat diarrhea at home...”

Let's discuss this scenario:

What response was Janet probably expecting when she asked Maria how she has been feeling lately?

Was Janet listening carefully to what Maria said?

Was Janet's health education message during this visit what Maria wanted or needed? What makes us think that?

Now let's look at whether this situation could occur in our own community, by comparing the types of outreach and IEC we provide, with the health needs of the community. Please refer to your activity reports and service statistics to answer the following questions.

In the community: What are the health education messages given most often by BHWs?

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In the health facility: What are the most common topics covered in counseling?

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What are the most common IEC messages disseminated by the health department in our community?

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Now that we have identified what outreach services and IEC we are actually providing, let's see how this compares to what we know to be our priority problems. These are some points that we need to reflect on

According to any Knowledge, Attitudes and Practices (KAP) assessment we know of, or based on clients questions to the BHWs or during visits to the health center: What knowledge do clients lack? What information do they lack?

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How does this need compare to the messages and counseling that we are currently giving? Are we addressing the real needs of our clients, or only what we think their needs are?

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Likewise, according to survey data we have, what are the most common health problems in our population?

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Again, how do these health needs compare to the number and type of messages we currently offer? Does our outreach reflect the priorities of our population?

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**Facilitator:**

*Read this page aloud yourself. Be clear that the group will take the results of steps 1, 2, and 3 and decide to focus on only one of those issues.*

Overall, on a scale of 1-5 (where 5 is "very big"), how big a problem is *targeting of outreach* in our community? \_\_\_\_

**STEP 4. IMPROVING OUR SERVICES AND OUTREACH TO CURRENT OR POTENTIAL CLIENTS:**

(NOTE: This page should be included in the general instructions for facilitators.)

Now that we've looked at how the organization of our services affects client's access to services, integration of services, and outreach, let's modify our procedures in order to improve our services. The next few pages provide ideas to help us.

**In today's meeting, we will only modify procedures related to one issue.** If we want to work on other issues, we can schedule more meetings. Here's an easy way to decide which issue to work on today:

At the end of Step 1, we voted on how problematic *Access* is in our community. If we gave a score of 4 or 5 on a scale of 1-5, we might decide to modify our procedures so as to improve access. ("Helpful Hints A" will give us some ideas.)

At the end of Step 2, we voted on how problematic *Client Focus* is in our community. If we gave a score of 4 or 5 on a scale of 1-5, we might decide to modify our procedures so as to focus better on the client. ("Helpful Hints B" will give us some ideas.)

At the end of Step 3, we voted on how problematic *Outreach* is in our community. If we gave a score of 4 or 5 on a scale of 1-5, we might decide to modify our procedures so as to improve outreach. ("Helpful Hints C" will give us some ideas.)

Which area have we decided to focus on today? *[Circle one.]*

Access

Client Focus

Outreach

Here's how we'll decide to improve our procedures in that area:

75

 **Facilitator:**

*Only read this page if the group decided to work on Access problems.*

*Ask the next person to read.*

1. We're going to start by reading the "Helpful Hints" (A, B, or C) about our chosen problem area.
2. Then we'll answer a couple of questions.
3. Finally we'll use the box called "Our Local Plan" (Step 5) to guide our discussions and decisions.
4. When we've discussed all the options and made a decision, we'll all write down our plan in that box.

**Helpful Hints A. Some solutions to access problems**

As a group, let's identify the aspects of our current operating procedures that we can improve. Let's read out the suggestions below. Remember, these are just some ideas that have worked in other places – they might not be applicable for us. That's why we should also make our own suggestions.

**Ideas for improving geographic access:**

- ✓ Arrange for a daily or weekly health worker visit to the community.
- ✓ Identify people in each part of the community who have a vehicle or who are willing to bring their neighbors to the health facility each week or month.
- ✓ Organize mobile clinics.
- ✓ Recruit new volunteers.
- ✓ Others:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Ideas for improving operating schedules:**

- ✓ Stay open longer hours one or two days a week.
- ✓ Schedule staff in shifts to provide day-long coverage.
- ✓ Offer "clinic days" in schools, in the market, in factories.
- ✓ Have volunteers in the waiting room to provide counseling and some basic services.
- ✓ Form a separate waiting line for routine services, such as re-supply, so that clients can be processed quickly.
- ✓ Find ways to reduce the amount of time spent on activities that are not directly related to service delivery (such as reporting).
- ✓ Use volunteers to inform the community of operating hours or changes in services.

✓ Put announcements / notices of changes in operating hours in the health facility bulletin board and community bulletin boards if available.

✓ Others:

\_\_\_\_\_  
\_\_\_\_\_

**Ideas for improving access to a range of services and products:**

✓ Regularly hold "multi-clinics" in which there are several tables set up, each offering a different service (e.g., child health, pre-natal care, family planning), so that clients can receive all the services they need during one visit.

✓ Monitor stock levels using a system such as "max-min."

✓ Others:

\_\_\_\_\_  
\_\_\_\_\_

Which of these procedures do we all agree may be appropriate to our situation? Let's circle the check-marks next to those ideas.

Now please turn to the box called "Our Local Plan" in Step 5.

**Facilitator:**

*Only read this page if the group decided to work on Client Focus problems.*

*Ask the next person to read.*

**Helpful Hints B. Suggestion for improving client focus**

As a group, let's develop a guide to help us identify all possible needs during every client encounter (i.e., both at the facility and in the household). The idea is to focus on the person and his or her family, rather than the specific service being given at that moment.

The guide can be the table below, or a "decision tree" that we develop based on our own ideas, or simply a protocol. We should post it in all facilities and give it to all service providers, including BHWs, as a reminder to use during each client encounter. To use the table below:

In part (a), place an "X" in every cell where a type of client is eligible for that service. (Option: Instead of X, use "S" for service, "R" for referral, or "C" for counseling.)

In part (b), let's add other major programs that are important in our community, and fill in the appropriate cells with an "X."

**Table of Services Based on Client Profile**

Client Profile:	Under 2 years	2 - 5 years	5 - 14 years	WRA*	Adult
<b>Part (a). Major public health programs:</b>					
MCH Prenatal Delivery Post-partum					
Immunization					
Nutrition Micronutrients Food supp.					
Family planning					
Tuberculosis					
CARI					
CVD					

EVS					
Dental					
<b>Part (b). Other prevention / control programs important locally:</b> e.g. Dengue, STD, Schistosomiasis, Leprosy					

In part (c), let's add in any key questions we should ask clients in order to determine other needs within the client's family. For example: Do you have any children under age 2? Is anyone sick in your household? etc.

	Under 2 years	2 - 5 years	5 - 14 years	WRA*	Adult
<b>Part (c). Other screening questions to ask:</b>					

\*WRA=Woman of Reproductive Age

Now let's decide how we can use this table or guide. Example:

*Rosa, a 23-year-old woman, comes into the health center for her TT shot. The midwife looks down the WRA column, and asks whether Rosa is using FP. Rosa says "no," so the midwife gives her an informational brochure and tells her when the next group FP counseling session is. The midwife looks back at the WRA column and asks about TB and hypertension, and whether Rosa has any children. When Rosa says she has a child less than one year old, the midwife looks down the column for Under 2 and asks about his vaccination status and growth.*

 **Facilitator:**

*Only read this page if the group decided to work on Outreach problems.*

*Ask the next person to read.*

In this example, Rosa's visit might take more time than usual. We should decide whether we will use this table to (a) provide full screening and counseling during every client encounter (b) simply determine what informational materials to give each client (c) simply refer clients to other relevant services.

At the facility, we have decided to use this guide as follows:  
a, b, c

During household visits, we have decided to use this guide as follows:  
a, b, c

Now please turn to the box called "Our Local Plan," in Step 5.

**Helpful Hints C. Some suggestions for targeting outreach better**

As a group, let's identify the aspects of our outreach procedures that we can improve. Let's read out the ideas below and add our own:

**Ideas for ensuring that outreach reaches the whole community:**

- ✓ BHWs can draw a map of all the households in their community, and draw a path indicating the order in which they visit the households. Always follow the same order and record it on the map so that every household is visited regularly.
- ✓ BHWs can keep track of the number of men, women, teenagers, and children they contact. If it appears that one group -- such as men -- is not being contacted much, identify places to reach that group (such as in the office, in factories, on the bus, etc.).
- ✓ Our idea:
- ✓ Our idea:

**Ideas for ensuring outreach covers the key health issues**

- ✓ During the annual household survey, ask members of each household what their major concerns are. Determine the most frequent concerns and be sure to regularly offer health education on those topics.
- ✓ Before conducting household visits or IEC sessions, look at the health statistics to see what the major illnesses in the community are.
- ✓ Keep track of the questions most frequently asked during counseling sessions at the health center, and develop health education materials about these.
- ✓ Our idea:
- ✓ Our idea:

**Ideas for ensuring that the people we visit understand the messages**

- ✓ Always ask the people being visited or counseled to repeat back the key messages after you provide the information.
- ✓ Ask the people being visited or counseled to help pass the message on to others. This means they will have to learn it well in order to teach their friends and family.
- ✓ Conduct monthly visits to area and assess improvement of health status.
- ✓ Our idea:
- ✓ Our idea:

Now let's circle the suggestions we would like to implement. Then please turn to the box called "Our Local Plan," in Step 5.

**Facilitator:**

*Read Step 5 and lead the discussion yourself.*

*Write all decisions down on a flipchart so the decisions are clear to everyone.*

**STEP 5. IMPLEMENTING THE NEW PROCEDURES:**

After reading the suggestions in Helpful Hints A, B, or C, let's discuss the questions in the box below. When we make a decision, we should all write it down in our own exercise books.

**OUR LOCAL PLAN**

**To better meet our community's health needs:**

1. We plan to focus on the problem area that is circled here:

Access      Availability      Client Focus      Targeting of Outreach

2. If we feel it necessary, we will confirm whether this problem is an important one for us to work on, by gathering more information. *[Circle any that apply.]*

- Conducting focus groups or exit interviews with clients.
- Analyzing service delivery patterns.
- Analyzing health status by community or barangay.
- Interviewing service providers.
- Other *(specify:)*

3. We plan to focus on the following doable aspect of that problem (e.g., geographic access, supply management, etc.):

4. To address the problem, we plan to make the change(s) listed here. (Note: It is probably better to focus on one change at a time, or perhaps a few small ones, rather than to make several all at once.) *[Examples of changes: "Change our operating hours to: \_\_\_\_\_." "Create a protocol for considering each client's profile at each visit, based on the table in Box B, and inform all staff to use it during every client encounter to be sure we don't miss any opportunities."]*

5. Here's how we'll make the change happen:

What are the major steps needed? \_\_\_\_\_

---

---

---

Who will do the steps? \_\_\_\_\_

Who will coordinate the steps? \_\_\_\_\_

When will the change go into effect? \_\_\_\_\_

Who will inform all the providers and officials who need to know? \_\_\_\_\_

When will all the providers and officials be informed? \_\_\_\_\_

Who will inform the community? \_\_\_\_\_

When will the community be informed? \_\_\_\_\_

Where will the information be posted? \_\_\_\_\_

---

When will we review how well the change is working? \_\_\_\_\_

What will we base our review on (client feedback? provider feedback? etc.) \_\_\_\_\_

---



**Communication with my clients**

This is how frequently I usually ask my clients whether they have any other questions:

This is how frequently I ask my clients whether they have understood everything I've said (and ask them to repeat it back):

This is what I will do to improve my communication with my clients:

**New procedure:**

My role in implementing the procedure the group decided on is:

- ✓
- ✓
- ✓

I am also interested in making the following changes personally:

- ✓
- ✓
- ✓

## **WELCOME BACK TO OUR HEALTH TEAM TRAINING!**

### **EXERCISE # 5:**

### **HOW TO SET TARGETS FOR HEALTH PROGRAMS**

This exercise focuses on:

- Problems in targeting
- How to set targets

## CHECKLIST FOR THE FACILITATOR OF EXERCISE #5

Before the meeting, you should do the following things. Please check them off when done:

- Read through the entire Exercise before the assigned day. Focus on the Facilitator's instructions (left-hand column) so you will know how to proceed.
- Be sure that a full 3 hours are available for this Exercise alone.
- Prepare the following materials for the Exercise:
  - Materials: Paper and pens
  - Data: Annual plan for this year, and annual review for last year (or similar documents showing planned and achieved targets).
  - Flipcharts: Prepare the "Revised Target" tables as in step 3.
- Make sure all members of the Health Team who will be participating know when and where to meet, and ask them to bring the following:
  - Their exercise book.
  - Paper and a pencil, if the health center cannot provide these.

During the meeting, remember that the facilitator is not expected to have all the answers! Your role is simply to guide the discussion by following the book and facilitating everyone else's participation.

- During each Exercise, refer to the Facilitator's Notes provided in the left-hand column of every page. (Look for the Facilitator's symbol: ☞)
- Actively encourage everyone to participate!
- Encourage participants to respect and listen to everyone else's opinions.
- Keep track of time and keep things moving, so that the Health Team can finish the entire Exercise during this meeting. If it will not be possible, stop early and have the group decide when and how to finish today's Exercise.
- Before the end, make sure that someone is assigned to serve as the facilitator for the next Exercise and that a tentative time is set for that meeting.

**Facilitator:**

*Go through the **Review** questions with the group for about 5-10 minutes (total) before beginning Exercise 5.*

*Encourage all participants to contribute and to ask questions about points that are unclear.*

## REVIEW

What was the major topic of the Health Team Training last time?

What was most useful or interesting about it?

Have we tried to implement the decisions we made (see the boxes called "Our Local Plan") last time?

What are examples of things we've done differently as a result of the last training?

Does anyone have any questions for the group to discuss based on last time?



 Facilitator:

*Read the Plan for Exercise 5 aloud. See if there are any initial questions.*

## PLAN FOR EXERCISE #5

Today we will do Exercise #5, called:  
**HOW TO SET GOOD TARGETS FOR HEALTH PROGRAMS**

### WHAT IS THE MAIN GOAL OF THIS EXERCISE?

This exercise will help us set and use targets better to meet our local needs.

### WHAT WILL WE DO IN THIS EXERCISE?

We will:

1. Do a case study that shows the problems caused by poor targeting.
2. Talk about how we currently set our targets, and what might be other possible ways to set targets.
3. Decide on our own set of local targets that will help us manage our health services better.

### HOW LONG WILL THIS EXERCISE TAKE US TO COMPLETE?

We should plan for about 3 hours.

### WHAT TOOL WILL WE PRODUCE TO HELP US IN THE FUTURE?

Our own list of targets that meet our local health program needs.

 **Facilitator:**

Read the  
**Introduction** aloud.  
Then see if there are  
any questions.

## SETTING GOOD TARGETS

### INTRODUCTION:

In Exercise 3, we talked about indicators and their values. We saw that the "ideal" value of an indicator might be 100%. However, in cases where we know that 100% will never be attained in reality, we often set "targets" for lower performance.

For example, it is generally assumed that the maximum possible Contraceptive Prevalence Rate (CPR) is around 70%. Why not 100%? Because there will always be some women who are either currently pregnant or who are trying to get pregnant, others who are infertile, those who are not in a relationship, etc.

However, in the Philippines, given that the national CPR for 1997 was 47.0%, would it make sense to set a target of 70% for the following year? Not really, because although reaching a CPR closer to 70% might be a long-term goal, it would not be attainable in the short-term.

Targets are meant to help us break down long-term goals into manageable pieces. For example, if we want to increase the percentage of people using family planning to 58% from 43% over a three-year period, we might aim to increase by 5% per year. The first year, we would hope for a CPR of 48%; the next year, a CPR of 53%; and the last year, 58%. By setting short-term targets, we can check at the end of each year to see if we're progressing as planned. If not, we can change our strategies. We may even decide we need to change our targets.

**Facilitator:**

Read up to **Rosario Center Case**, then let the volunteers read the case.

**STEP 1. UNDERSTANDING THE PROBLEMS CAUSED BY POOR TARGETING:**

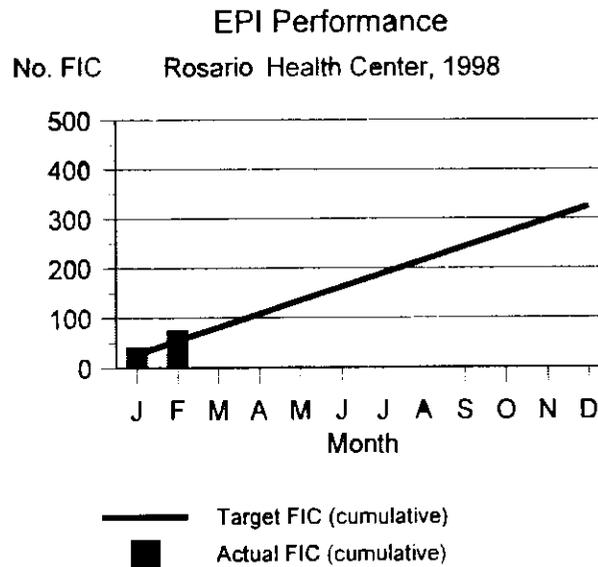
We're going to start by examining the true case of a health center here in the Philippines, which we'll call Rosario Center. Like many health centers, Rosario Center keeps its EPI Chart posted on the wall to demonstrate progress against the year-end target in terms of Fully Immunized Children (FIC).

**Activity:**

Who would like to read the parts of the narrator, Dr. Galvan, and the PHN?

**Rosario Center Case**

During a routine supervisory visit in early March 1998, the District Health Officer, Dr. Galvan, asked about the EPI performance. He was shown the Center's EPI Chart for 1998:



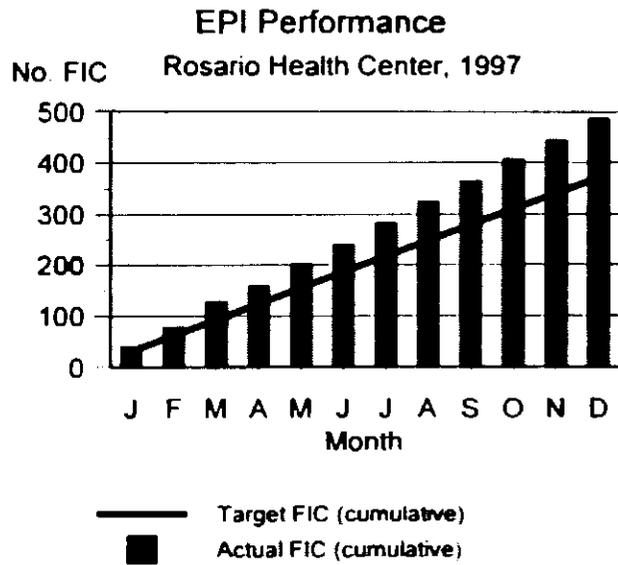
Population: 10, 804

Target: 324

Since the EPI Chart only had data in it for January and February, Dr. Galvan asked to see the previous year's chart, in order to look at the achievement of the annual target. The next page shows the chart for 1997.

**Facilitator:**

When the narrator gets to the section "Before we continue reading, let's answer three questions...", be sure that there is a pause for discussion. Help the narrator facilitate the group's discussion of the questions; then let the narrator and other readers continue.



Population: 12,400                      Target: 372

Dr. Galvan immediately noted that Rosario Center had not only surpassed each of its monthly targets for 1997, but that its annual achievement was 488, as compared to a target of 372.

Before we continue reading, let's answer three questions *briefly*:

What percent of the 1997 target did Rosario Center achieve? Use the following formula:  $\text{Actual} / \text{Target} \times 100 = \text{ \_\_\_\_\_\_ } \%$

How is it possible for Rosario Center to surpass its annual target by so much?

In our municipality, have we ever achieved far more than the target?

Dr. Galvan complimented the staff of Rosario Center on having well filled-out, available, and up-to-date charts. Then he had the following conversation with the PHN:

 *Facilitator:*

*When the narrator gets to the section "Let's discuss what he saw," be sure that there is a pause for discussion. Help the narrator facilitate the group's discussion of the questions; then let the narrator and other readers continue.*

*Dr. Galvan:* "What do you think is causing your data to show that 131% of the children in the catchment area were immunized last year?"

*PHN:* "Well, Doctor, we asked ourselves the same question last year when we had a similar result. We thought that maybe some children were coming from nearby areas outside our catchment area. But then the midwives completed their household visits and updated all their master lists. We're pretty sure that their information is correct – they really did visit all the houses. And what they found shows that our catchment population is much larger than what we had projected based on the 1990 Census!"

*Dr. Galvan:* "In that case, why don't you use your master list data to set your targets for FIC?"

*PHN:* "I don't know; we never thought of that. Shouldn't we use the 1990 Census projections?"

At this point, a midwife who was present added: "I thought we were supposed to use the new 1995 Census for our projections. That's why all our program targets changed so much this year."

This caused Dr. Galvan to look back at the current (1998) EPI Chart. Let's discuss what he saw:

What is the total population listed for 1998, based on the new Census projections? Is it higher or lower than the 1997 population, based on the old Census projections?

How realistic is this new population, given what the PHN said about the recent findings of the master listing?

Dr. Galvan gathered together the Rosario Center staff to discuss the situation.

*Dr. Galvan:* "This is very important. Let's talk this issue through together to be sure everyone understands it. Then let's decide how to handle it.

"First, there is obviously a problem estimating the size of your catchment population. We have 3 population figures: the 1990

 **Facilitator:**

*When the narrator gets to the section "At this point, Dr. Galvan asked...", be sure that there is a pause for discussion. Help the narrator facilitate the group's discussion of the questions.*

Census projection, the 1995 Census projection, and your master lists. Given that last year you had such a large number of children to immunize, I believe that there really is a larger population out there than projected.

"Last year, you reported immunizing 131% of children in the area. This year, you lowered your targets -- but if the actual population really is the size shown by your master lists, you're going to end up reporting an even higher target achievement! And that still won't tell you anything about whether you fully immunized all the children, because you aren't counting them all in your target. Therefore, I think you should use the population figures from the master list for your local program planning and management, even if you have to re-calculate your performance indicators in order to produce your reports.

"Finally, let's talk about the implications of using poor targets in planning." At this point, Dr. Galvan asked the following questions, which we will now discuss:

Is the FIC target used to estimate the quantity of antigens to order for the year? If so, what is the likely stock situation for 1998, given that Rosario Center set a target of fully immunizing 324 children?

If Rosario Center runs out of vaccines, can it get more? Who pays for vaccines? If whoever buys the vaccines -- even at the central level -- receives emergency requests from Rosario Center and other similar centers throughout the year, what is the likely re-supply situation?

The previous year Rosario Center immunized 488 children -- many more than the original target. How likely is it that there were only 488 children to be immunized? How many children do you think should Rosario Center expect to immunize in 1998: more than in 1997? the same? the number indicated by the target?

 **Facilitator:**

*Read the beginning of step 2 aloud yourself.*

*Then ask everyone to read the **Review of the Basics** box individually, in silence.*

If Rosario Center runs out of vaccines and cannot be resupplied, or if Rosario Center simply doesn't vaccinate all the children because it doesn't know how many there really are, what health problems could occur next year?

**STEP 2. DISCUSSING WAYS TO SET TARGETS:**

The Rosario Center case shows how problematic the definition of the target population can be. There can be another problem related to targets: sometimes the size of the target population is clear, but what is unclear is what % coverage to strive for.

Let us take for example, the Contraceptive Prevalence Rate (CPR) in Family Planning Program. The probable maximum CPR is about 70%. But if our municipality has a CPR of 36%, then we won't achieve 70% within even 5 years. So how can we set a target that is appropriate – that is, not impossible but not too easy?

**Review of the basics: Ways to set annual targets**

- ✓ Base your target on an established long-term goal, such as the national goal (for example, CPR of 62% by the year 2004). Determine how many percentage points does your program have to gain to reach that (in this example,  $62-36=26$ ). Then divide that amount by the number of years until the year set in the goal. ( $2004-1998=6$  years.  $26/6=4.3\%$  per year.) If we round this number up, we arrive at a target of 4% per year. (1998=36%, 1999=40%, etc.)
- ✓ Base your target on your past performance. Assume that each year you can improve your performance by a certain percentage that seems reasonable given your target population and staffing, maybe 10% per year.
- ✓ Base your target on a local high performer. Look at the TT coverage rates of each health facility in our region, and identify the highest rate achieved. Since that rate

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 **Facilitator.**

*Ask for a volunteer to read the discussion questions through the end of step 2. Ask for another volunteer to write the answers on the flipchart.*

has been proven to be achievable in the region, set that rate as the target – perhaps adding 5% so that even that facility has something to strive for.

Let's discuss our own targets:

First, do we all know what our targets for this year are?

Are our targets for this year written down and easily available to all members of the Health Team? *[If so, post them. If not, the Health Team should discuss them and write them on the flipchart, defining them as clearly as possible.]*

Looking at the posted targets, do we think they meet the "SMART" criteria for a good indicator or good target?

S	=	<u>S</u> pecific
M	=	<u>M</u> easurable
A	=	<u>A</u> ttainable
R	=	<u>R</u> ealistic
T	=	<u>T</u> ime-bound

How do we usually set our targets?

Do we have any indicators for which we always surpass or miss our target, like in the Rosario Center case? If so, which indicators?

What other targets do we usually find problematic? Why?

**Facilitator:**

*In step 3, the group should look back to the last two questions in step 2 and decide on a maximum of 4 indicators which need better targets set.*

*If there are enough people, divide the members of the Health Team into small groups. If you do this:*

✓ *Assign each small group one of the problematic indicators. Give them 20 minutes to work on that indicator.*  
 ✓ *Ask the small group to work to improve the targeting for that indicator. When they have identified the improvements, they should fill out a **Revised Target** table.*

✓ *Allow time for each small group to present its table to the whole group for final approval.*

**STEP 3. DECIDING ON USEFUL LOCAL TARGETS:**

By now we've talked about the purpose of targets; looked at the difficulties in setting targets when there isn't good data; discussed the possible implications of using poor targets for planning, stock management, and budgeting; and listed ways to set targets. We've also identified the problematic targets in our own health facility and programs.

Let's apply what we've discussed. We should address the targets that we identified as being problematic by developing our own list of targets that meet our local health program needs.

To do this, let's fill out a table on each problematic target we are trying to improve, as listed on the previous page. (No more than 4 targets, for today.)

**REVISED TARGET #1**

<b>Indicator:</b>		
<b>Targeting problem:</b>		
<b>Our solution:</b>		
		<b>Year</b>
Baseline measure (if known)		
Long-term target (if known)		
Last year's target		
Last year's actual		
This year's target (original)		
This year's target (as revised today)		
Next year's target (as revised today)		

**Facilitator:**

*Continue the work in small groups.*

**REVISED TARGET #2**

<b>Indicator:</b>		
<b>Targeting problem:</b>		
<b>Our solution:</b>		
		<b>Year</b>
Baseline measure (if known)		
Long-term target (if known)		
Last year's target		
Last year's actual		
This year's target (original)		
This year's target (as revised today)		
Next year's target (as revised today)		

**REVISED TARGET #3**

<b>Indicator:</b>		
<b>Targeting problem:</b>		
<b>Our solution:</b>		
		<b>Year</b>
Baseline measure (if known)		
Long-term target (if known)		

 **Facilitator:**

*Continue the work in small groups.*

Last year's target		
Last year's actual		
This year's target (original)		
This year's target (as revised today)		
Next year's target (as revised today)		

**REVISED TARGET #4**

<b>Indicator:</b>		
<b>Targeting problem:</b>		
<b>Our solution:</b>		
		<b>Year</b>
Baseline measure (if known)		
Long-term target (if known)		
Last year's target		
Last year's actual		
This year's target (original)		
This year's target (as revised today)		
Next year's target (as revised today)		

 **Facilitator:**

*When all the problematic targets have been revised, ask the group to think about how to implement the revisions. Record the decisions in the **Our Local Plan** box.*

*Before the session ends, be sure that the group picks a date and a facilitator for the next Exercise.*

**OUR LOCAL PLAN**  
(rural/urban health center level)

**To improve how we set and use targets at the health center level, we plan to:**

1. Formally revise certain targets, as shown in Step 3, by notifying the following officials (if necessary):
2. Disseminate the revised set of targets, in writing, to the following staff at each health facility:
3. Disseminate the revised set of targets by the following date:
4. Provide an orientation on how to use these and existing targets to the following people:
5. Other:

That's all for today. The next time we meet, we will do Exercise 6 on reporting and graphing, which is the best way to help us to compare our performance to our targets.

**END OF SESSION - INDIVIDUAL WORK NEXT**

## MY PLAN FOR MY OWN AREA

**To improve how I set and use targets in my own job (BHS or individual catchment area), I plan to:**

1. Formally revise the targets shown below. I will notify my following immediate supervisors in writing by (date):
  
2. Disseminate the revised set of targets as appropriate, and/or orient others involved to the new targets, by the following date:

Here are my revised targets. (Copy table for each revised target.)

**REVISED TARGET #**

<b>Indicator:</b>		
<b>Targeting problem:</b>		
<b>Our solution:</b>		
		<b>Year</b>
Baseline measure (if known)		
Long-term target (if known)		
Last year's target		
Last year's actual		
This year's target (original)		
This year's target (as revised today)		
Next year's target (as revised today)		

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## **WELCOME BACK TO OUR HEALTH TEAM TRAINING!**

### **EXERCISE # 6:**

### **HOW TO SHOW AND UNDERSTAND OUR HEALTH PROGRAM'S PERFORMANCE**

This exercise focuses on Data Presentation

- Tables
- Graphs/Charts
- Histogram
- Maps

## CHECKLIST FOR THE FACILITATOR OF EXERCISE # 6

Before the meeting, you should do the following things. Please check them off when done:

- Read through the entire Exercise before the assigned day. Focus on the Facilitator's instructions (left-hand column) so you will know how to proceed.
- Be sure that a full 3 hours are available for this Exercise alone.
- Prepare the following materials for the Exercise:
  - Materials: Flipchart stand and paper (or similar equipment). Enough flipchart paper and flipchart markers for 3 or 4 small groups to be drawing flipcharts at the same time.
  - Data: A copy of each of the standard reports produced by the different members of the Health Team.
  - Flipcharts: Prepare a flipchart of Table 1 to be filled in during the Exercise.
- Make sure all members of the Health Team who will be participating know when and where to meet, and ask them to bring the following:
  - Their exercise book.
  - Paper and a pencil, if the health center cannot provide these.
  - Any data presentation they produce regularly but would like to discuss or improve with the Health Team.
  - Any examples of feedback they produce for those whom they supervise.

During the Exercise, remember that the facilitator is not expected to have all the answers! Your role is simply to guide the discussion by following the book and facilitating everyone else's participation.

- During each Exercise, refer to the Facilitator's Notes provided in the left-hand column of every page. (Look for the Facilitator's symbol: ☞)
- Actively encourage everyone to participate!
- Encourage participants to respect and listen to everyone else's opinions.
- Keep track of time and keep things moving, so that the Health Team can finish the entire Exercise during this meeting. If it will not be possible, stop early and have the group decide when and how to finish today's Exercise.
- Before the end, make sure that someone is assigned to serve as the facilitator for the next Exercise and that a tentative time is set for that meeting.

**Facilitator:**

*Go through the **Review** questions with the group for about 5-10 minutes before beginning Exercise 6.*

*Encourage all participants to contribute and to ask questions about points that are unclear.*

## REVIEW

What was the major topic of the Health Team Training last time?

What was most useful or interesting about it?

Have we tried to implement the decisions we made (see the boxes called "Our Local Plan") last time?

What are examples of things we've done differently as a result of the last training?

Does anyone have any questions for the group to discuss based on last time?

 *Facilitator:*

*Read the Plan for Exercise 6 out loud. See if there are any initial questions*

## PLAN FOR EXERCISE # 6

**Today we will do Exercise # 6, called:  
HOW TO SHOW AND UNDERSTAND THE HEALTH PROGRAM'S PERFORMANCE**

### WHAT IS THE MAIN GOAL OF THIS EXERCISE?

This exercise will help us use tools – such as graphs, tables, and feedback reports – for a better understanding of our health situation.

### WHAT WILL WE DO IN THIS EXERCISE?

We will:

- Discuss ways to present information and determine the use of graphs to help see local health situation.
- Using graphs to provide answers to management questions.
- Decide on how to use graphs in monitoring targets and/or to provide feedback to the people under supervision.
- Decide on guidelines for analyzing reports and graphs and providing feedback to health staff.

### HOW LONG WILL THIS EXERCISE TAKE US TO COMPLETE?

We should plan for about 3 hours.

### WHAT TOOL WILL WE PRODUCE TO HELP US IN THE FUTURE?

New or revised graphs to help us monitor our performance, and guidelines for providing feedback to our own staff.

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 **Facilitator:**

Ask someone to read the **Introduction** aloud or do it yourself.

Then ask someone else to read the text and questions for step 1.

Ask someone to write on the flipchart as the group determines the answers.

## SHOWING AND UNDERSTANDING PERFORMANCE

### INTRODUCTION

During the last couple of exercises, we talked about the information we use to track our health programs. We examined our key indicators and talked about how to improve our targets.

Most frequently, the way we see this information is in monthly reporting forms we fill out, such as the FHSIS reports. Often such reports show so many rows and columns of numbers that it can be hard to figure out which numbers are most important.

Today we're going to look at how to present our information in ways that make it easier to understand. We'll also talk about what the main questions are that we should ask every time we see or receive information. This will help us in monitoring our own performance as well as in providing feedback to the people we supervise.

### STEP 1. PRESENTING INFORMATION

There are three main ways of presenting information such as the indicators we collect: orally (when a person discusses the information), in writing, or visually. Written forms may include: text such as a memo or a descriptive report, or reports containing tables of data. Visual forms usually involve graphs.

Let's fill out the table below to try to list all the *standard* reports produced by our Health Team -- that is, all the reports that we produce regularly and that have a defined format, such as printed tables or forms or a report outline. These may be reports we produce only for our own monitoring purposes, such as the EPI wall chart.

*Column 1:* Write the name of the report: e.g., Weekly Notifiable Diseases report, EPI wall chart.

**Facilitator:**

*In step 1, it will help if you have given some thought before this Exercise to the different reports you know of.*

*Have the Health Team tell the person at the flipchart what to write.*

**Column 2:** Write W for weekly, M for monthly, Y for yearly.

**Column 3:** Note the recipient of the report: e.g., the report is for the DHO (District Health Office, for cities), PHO (Provincial Health Office), CHO (City Health Office), RHU (Rural Health Units), etc.

In the last three columns, place an X only if the "report" contains text, data, and/or graphs.

**Table 1. Inventory of Reports Produced**

Report Name	How often?	For?	Narrative (X if Yes)	Table (X if Yes)	Graph/Chart (X if Yes)	Map (X if Yes)	Histogram (X if Yes)
<b>Reports produced by MO/MHO/RHP:</b>							
<b>Reports produced by PHN:</b>							
<b>Reports produced by RHM:</b>							

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**Facilitator:**

The analysis of **Table 1** should be active. It may be faster if you ask different people to calculate the different totals (# produced by type of staff, etc.).

Be sure everyone understands that the discussion about the number of reports is not theoretical. If your Health Team thinks there are too many reports or they are too similar or not helpful, it is possible to make changes

The results should be noted quickly on the flipchart for everyone to see, and for future reference.

**Reports produced by DENTIST:**


**Reports produced by MEDTECH:**


**Reports produced by RSI:**


Let's analyze this table quickly:

How many reports are **produced** by each type of health staff? How many contain only text? How many contain only data?

	number produced	number text-only	number data only
MHO:	_____	_____	_____
PHN:	_____	_____	_____
MW:	_____	_____	_____
CHW:	_____	_____	_____

 **Facilitator:**

According to this table, how many reports are **received** by each type of health staff? How many contain only text? How many contain only data?

	number received	number text-only	number data-only
MHO:	_____	_____	_____
PHN:	_____	_____	_____
MW:	_____	_____	_____
CHW:	_____	_____	_____

Let's talk about the number of reports:

Are there too many, too few, or about the right number being produced and/or received by different health staff?

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Since devolution, the local level can make most of its own decisions about how to run its health program. Are there aspects of reporting that we would like to change? If so, what are our recommendations, and to whom should we make them?

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 *Facilitator:*

*In step 2, either ask someone to read the text aloud, or ask everyone to read it individually, in silence.*

*Ask everyone to complete the **What purpose do graphs serve?** box individually, in silence. Then go around the group to be sure people agree on the answers.*

*Next, read the introduction to the **Family Planning Exercise from Pampanga Province** aloud.*

## STEP 2. GRAPHING DATA

As we saw in Exercise 3 where we talked about using indicators to analyze our performance, there are several general questions to consider when we look at our information:

How are we doing in comparison to the ideal? to our targets?

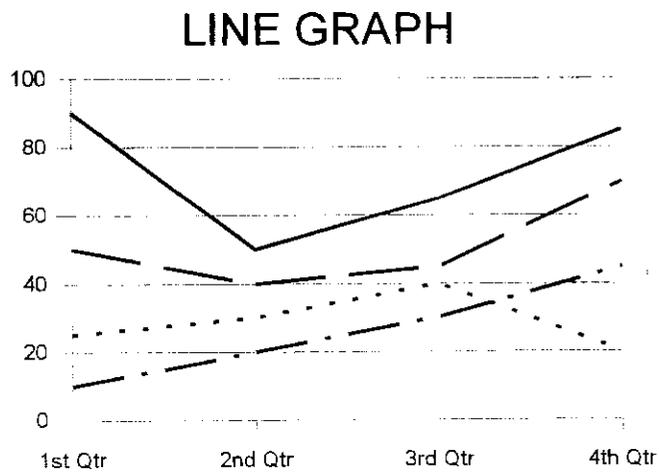
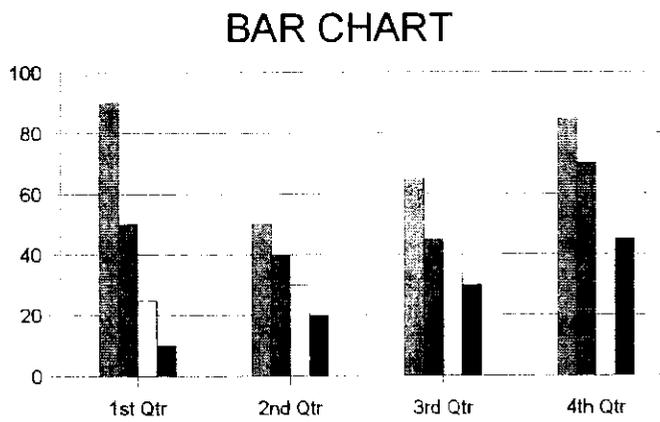
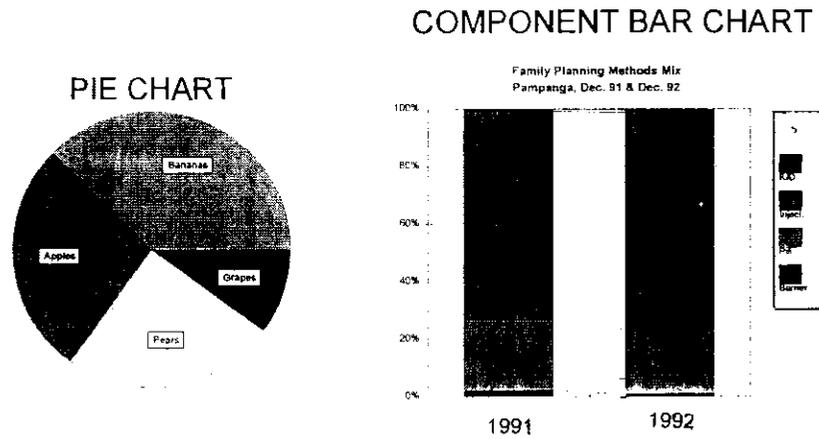
How are we doing in comparison to last week/month/year?

How are we doing as compared to other areas or facilities that are similar to us?

If Table 1, above, shows that our health staff produce and receive a lot of reports, and that most of those reports contain only data, then it is probable that we find it hard to answer these questions easily.

One solution may be to graph the key information. **Graphs** can help answer these types of questions at a glance. For example, in Exercise 5 we saw how the EPI wall chart in Rosario Center immediately raised questions about performance and targets. It would have been much harder to see the EPI trends if the monthly numbers were presented in tables.

Here are the most common types of graphs:



Facilitator:

**What purpose do graphs serve?**

We just looked at the 4 main graph types (pie chart, component bar graph/stacked bar graph), bar chart, line graph. Where are they commonly used?

<u>Type of information in graph:</u>	<u>Which graph type shows it?</u>
Shows increase or decrease in rate over a period of time (e.g. diarrhea cases from beginning to end of one year)	(line graph)
Parts of a whole: Percentages, proportions, pieces (e.g. Family Planning methods)	(pie chart)
Breakdown of a whole can be compared by years	(component bar graph, stacked bar graph)
Shows relationships or comparisons of variables (e.g. incidence of top 10 leading causes of morbidity)	(bar graph)

**Family Planning Exercise from Pampanga Province**

Let's do an exercise that will help us practice developing graphs. This exercise will also show how a single graph can often show important information much more clearly than an entire table of data.

*Background:*

Following are two tables of data from the family planning program in Pampanga Province. The key indicators for this program are:

- ✓ New acceptors (shows how well recruitment efforts are working)
- ✓ Dropouts (shows whether people remain in the program – usually considered a sign of program quality)
- ✓ Continuing users (shows the overall program growth)

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 *Facilitator:*

*You do not have to read through these data tables right now. Be sure everyone has a legible copy that he or she can read, and then go on to the next page.*

**FAMILY PLANNING PROGRAM, PAMPANGA PROVINCE**  
December 1991 - December 1992

**A. Number of Continuing Users, by method,**

Mo./Yr	Condom	Pill	Inject.	IUD	NFP	Vasect.	Ligation
12/91	187	2183	6399	82	0	0	0
1/92	176	2005	6109	81	0	0	0
2/92	143	1936	6051	80	0	0	0
3/92	112	1719	5947	79	11	0	0
4/92	103	1853	5991	76	20	0	0
5/92	86	1896	6547	76	26	0	0
6/92	90	1983	7109	79	24	0	0
7/92	87	2035	6583	72	29	0	0
8/92	111	2033	6868	72	42	0	0
9/92	110	2103	7120	74	44	0	0
10/92	104	2095	6896	78	45	1	3
11/92	86	2065	6703	68	53	2	2
12/92	77	2010	6733	75	49	0	0

**B. Summary of (a) New acceptors, (b) Continuing Users, and (c) Monthly Dropouts**

Month/Yr	New Acceptors (a)	Continuing Users (b)	Dropouts (c)
12/91	413	8438	
1/92	400	7971	880
2/92	336	7874	497
3/92	403	7465	745
4/92	415	7628	240
5/92	495	8136	-93
6/92	535	8750	-119
7/92	571	8235	1050
8/92	544	8582	224
9/92	411	9040	86
10/92	378	8844	607
11/92	395	8584	638
12/92	315	8629	350
<b>Total 1992</b>	<b>5198</b>		<b>5105</b>

**Facilitator:**

Now ask someone to read the **Instructions** followed by the **Questions to answer based on the tables** aloud.

It is not necessary to read the **Review of the basics** box right now; simply point it out for everyone's information.

After the questions have been read aloud, divide the Health Team into small groups. Assign one or more of the 3 questions to each small group. [Note: If each group only works on one question, that will go faster. If each group works on more questions, there will be more examples to compare and discuss later.]

Then ask all the small groups to meet separately. Each group should have a flipchart page on which to draw their final graph.

**C. % Users by method (non-surgical) Dec. 1991 & 1992**

Mo./Yr	Condom	Pill	Inject.	IUD	NFP	TOTAL
12/91	2.11	24.66	72.30	0.93	0.00	100.00
12/92	0.86	22.47	75.28	0.84	0.55	100.00

**Instructions:**

Referring to data on page 12, let's decide what graphs we think would be best to answer the three questions below. We may want to split into three groups and each draw only one graph. When we've finished all the graphs, we'll discuss them within the whole Health Team.

**Note:** There are several possible types of graph to use for each of these questions. We should decide which we think is best and draw it on a flipchart so the whole group can see and discuss it.

**Questions to answer based on the tables:**

1. What graph would be best to compare change in New acceptors and Dropouts over the year? (Draw the graph.)
2. What graph would be best to compare the family planning methods in December 1991 and December 1992? (Draw the graph.)
3. What graph would be best to demonstrate the impact of dropouts on the number of continuing users over the year? (Draw the graph.)

**Discussion:**

Has everyone finished developing the graph(s)? Let's go through each of the graphs in turn and see what everyone thinks. For each graph, we'll answer these questions:

Is the graph properly filled out with title, labels, etc.?

Does the graph answer the question that was posed?

 **Facilitator:**

*When all the groups have finished, bring them back together. Ask each group to present its graphs. The whole Health Team should comment on each graph, using the **Discussion** section as a reference.*

*Once the discussion is over, point out that the last 3 pages of this Exercise Packet contain some sample graphs to answer the question. Ask everyone to look at these and see if there are any questions.*

*In step 3, read the first part aloud yourself. Then form the 3 small groups as explained. These groups should then get together and go through the rest of step 3, starting with **Instructions**, and through step 4, by themselves.*

*The small groups should each develop their own **Local Plan**.*

Is it easier to see whether the performance was good or bad by looking at the graph than by looking at the table?

Was the performance good or bad?

Is there another way to draw the graph that might be better? What improvements can anyone suggest? (Make the improvements on the flipchart.)

When we've finished with each of the graphs, let's turn to the last pages of this Exercise Packet, where some sample graphs are provided. Our answers don't have to be the same; however, the answers in the back may provide us with some new ideas for interesting ways of showing data and of answering questions!

**Review of the basics: Completing graphs**

**Remember:** When drawing graphs, always include:

- ✓ Graph Number
- ✓ Title (should answer the questions *what*, *when* and *where*)
- ✓ Facility or geographic region measured
- ✓ Date
- ✓ Labels for the x-axis and y-axis (e.g., Jan., Feb., Mar.)
- ✓ Labels for all important data points, including the range on the x-axis and y-axis (e.g., 0-100%)

**STEP 3. DESIGNING LOCAL GRAPHS:**

Now that we've thought about different types of graphs, let's think about how we can use these ideas in our own work. Let's work in small groups for the rest of this Exercise (steps 3 and 4):

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 **Facilitator:**

When all the groups have finished, they should present their **Local Plan** to each other for brief discussion.

Then the small groups should continue working together on step 4.

- ✓ Group 1: MHO/ RHP, PHN & RHM
- ✓ Group 2: Dentist, RSI & Medtech.

**Instructions:**

Looking at the list of reports we produce (Table 1), let's:

- a. Identify the information in those reports that we find most useful to ourselves, rather than simply for reporting to upper levels. (For example: Which numbers do we try to look at each time, or compare to other data? Which numbers do we refer to at other times during the week/month?)
- b. Decide on the best way to keep that information visible and up-to-date at all times. For example: A line graph that is kept on a flipchart or poster (like the EPI Wall chart) can easily be updated every month and is constantly visible. (**Note:** We might not want to create any new graphs. In that case, let's decide whether we can improve the graphs we already have, such as the EPI wall chart, or any graph we developed in Exercise 4.)
- c. Draw the graph or graphs on the flipchart. We don't have to fill in the data points; let's just decide what the graphs will look like. Then after this session, we can all produce our own graph(s) for ourselves every time we fill in the reports for others.

When we're done developing our graphs, we should summarize our decisions in the box called "Our Local Plan," next.

**Facilitator:**

The rest of step 4 will be done in the small groups. As the facilitator, you should walk around to be sure the groups are progressing. Your role is to:

✓ Be sure the groups aren't spending too much time on one part – be sure everyone knows what time was set to end and what time it is.

✓ If a group has an important question, and especially if more than one group has the same question, bring the whole Health Team back together to decide how to answer the question.

✓ If a group is having a hard time working together, assign one person to write and one person to facilitate – or do it yourself, as an outsider.

**OUR LOCAL PLAN**

To make it easier for each of us to use our own data throughout the month, we have decided to produce the following graphs on a regular basis (for our own use):

TYPE OF STAFF (Example: PHN)	TYPE OF GRAPH (Ex.: Line graph of the no. of diarrhea cases consolidated at the RHU every week)	FREQUENCY (Ex.: Updated weekly)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**STEP 4. MAPPING DATA**

Based on the local plan you made above, draw a map of your municipality the data you've identified (e.g. distribution of diarrhea cases in your municipality). A map can also reflect accomplishment report of specific areas (e.g. FIC (fully immunized children) in your municipality).

**STEP 5. GRAPHING/CHARTING DATA**

Draw a graph of the data you have identified in your local plan.

**Facilitator:**

*The small groups should continue working together. Be sure each small group has flipchart paper and pens so they can write their answers to Table 6A and Table 6B.*

**STEP 6. DEVELOPING GUIDELINES FOR FEEDBACK:**

**INTRODUCTION ON FEEDBACK**

Feedbacking is a very important process by which data generators (i.e. field health workers at RHUs and BHSs) get to know that the data they submitted have been received, analyzed and utilized. Feedback may be **written** to reflect appreciation of their efforts, summary of their reports, possible recommendation for improvement, a pat on the back for the workers. It can also be **verbally** transmitted such as those done during RHU staff meetings.

The graphs we just developed will make it easier for us to use our own data. However, often health staff collect a lot of data that is mostly used for reporting to upper levels, instead of used locally.

How much of the data in the reports we produce (Table 1) is collected mostly for reporting, rather than for local use?

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When we send the reports we produce to upper levels, do we receive feedback? If so, is the feedback routine? Is it helpful?

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 **Facilitator:**

*The small groups should continue working together. Be sure the small groups all have flipchart paper and pens.*

**Review of the basics: Importance of feedback**

Here is a **basic management principle**: *Feedback should always be provided on any report received. Why?*

1. Feedback shows that the report was read. Studies show that health staff often do not believe that the information they report is used. This makes them unhappy with the amount of time they spend on data collection and reporting.
  
2. Feedback helps health staff understand how the information is used by the upper levels. With a better understanding of the purpose of the data, health staff usually collect better quality data.
  
3. Feedback helps health staff understand more about their own performance, by providing information staff can't access otherwise.
  - ✓ Each midwife reports on her own performance each month, but only the PHN sees the reports from all the different midwives. The PHN is the only one able to provide *comparative* feedback, such as: "You're in the top 10% of midwives in terms of fully immunizing children!"
  
  - ✓ The PHO may be the only one able to provide a table comparing similar facilities or municipalities within a district, in order to provide some incentives for improvement ("healthy competition").

Now let's think about the reports we ourselves receive (Table 1), and what kind of feedback we provide to the people who report to us. We'll think about:

- A. Type of feedback
- B. Content of feedback

**Facilitator:**

*The small groups should continue working together.*

*When each small group has completed its **Our Local Plan** box, ask all the groups to present their decisions to one another.*

*Before the end of the Exercise, be sure that the Health Team chooses a facilitator and a date for the next time.*

Then, as the final step, we'll decide on how to improve the feedback we provide.

**A. Type of feedback:**

Let's start by looking at the types of feedback we provide. In our groups, we should fill out Table 4A below.

*Column 1:* List the reports we receive, from Table 1.

*Column 2:* Answer whether or not we provide feedback (Yes or No). If "No," then we'll leave the other 3 columns blank for that report.

*Column 3:* Mention how quickly we provide feedback: immediately, within a week, within a month, once every few months...

*Column 4:* List whether we provide feedback only to the group (for example, letting all the midwives know what their total performance was), or to individuals (commenting to each midwife on her own performance), or both.

*Column 5:* Mention whether the feedback is written, graphical, or spoken (for example, in a meeting).

**Table 6A. Types of Feedback We Provide on Reports Received**

Name of report	Type of feedback we provide			
	Provide feedback (Y/N)?	How soon?	Group, individual or both (G, I, B)?	Written, graphical or spoken?

**B. Content of feedback:**

Now let's look at the content of the feedback we provide. In our groups, we should fill out Table 4B below.

*Column 1:* Again, list the reports we receive, from Table 1.

For any report that we provide feedback on, let's fill out the remaining columns:

*Column 2:* Mention whether our feedback includes corrections – that is, pointing out errors or changes to be made to the report. (Yes or No)

*Columns 3 and 4:* Mention whether our feedback includes commenting on *individual* performance during that period. Column 3: Do we comment on good performance (Yes or No)? Column 4: Do we comment on poor performance (Yes or No)?

*Column 5:* Mention whether our feedback includes providing comparative information on the *group's* performance during that period.

**Table 6B. Content of Feedback We Provide on Reports Received**

Name of report	Content of feedback we provide			
	Correct errors (Y/N)?	Comment on individual work?		Compare to group work (Y/N)?
		Good work (Y/N)?	Poor work (Y/N)?	

**C. Improving our feedback:**

Let's discuss Tables 4A and 4B.

In general, do we provide feedback on most reports, according to the principle, *"Feedback should always be provided on any report received"*

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Overall, do we provide feedback quickly enough?

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Does our feedback focus mostly on the negative (errors, poor work), or equally on the positive?

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Do we provide comparative information as part of our feedback, telling the people/units we supervise how they are doing in comparison to others?

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Do we use reports or tables to support our feedback and to provide a permanent record, or is feedback only oral?

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Based on the two tables and this discussion, let's develop our own guidelines for improving the feedback we provide to those we supervise. When we've decided what we plan to do differently in future, let's record it in the "Our Local Plan" box below.

### OUR LOCAL PLAN

**To improve our supervision of staff and help them understand their data and performance better, we have decided to provide regular feedback as follows:**

Type of feedback to provide, by when:

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Sample report or graph to be produced and given as feedback:

That's all for today. Next time we will look at how to develop action plans and budgets for new activities we would like to implement.

END OF SESSION - INDIVIDUAL WORK NEXT

### MY PLAN FOR MY OWN AREA

In Step 3, I decided I would produce the following graphs for my own use, each time I prepare my data:

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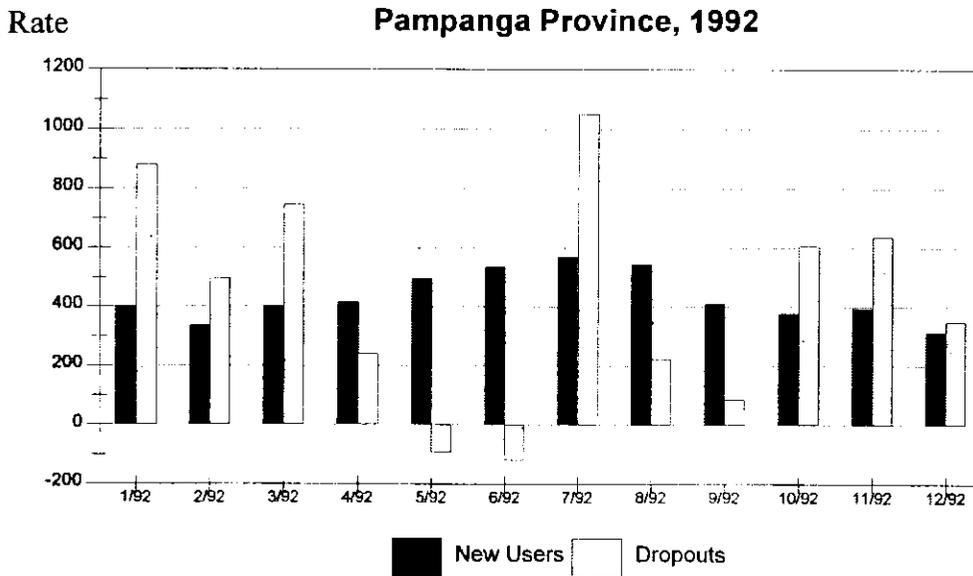
These are the questions I will ask myself when I look at each graph, in order to help me analyze performance:

- 1.
- 2.
- 3.

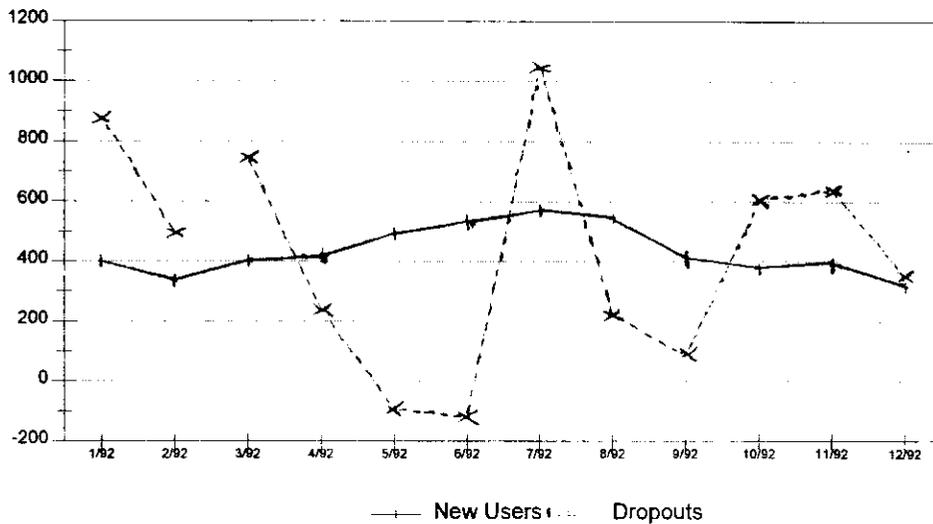
**SAMPLE GRAPHS DESIGNED TO ANSWER THE QUESTIONS IN THE PAMPANGA CASE.**

The two graphs below represent ways to answer Question 1: *Compare the change in New Acceptors and Dropouts over the year.*

**Fig. 1. New Acceptors & Drop-out**



**Pampanga Province, 1992  
New Users & Dropouts**

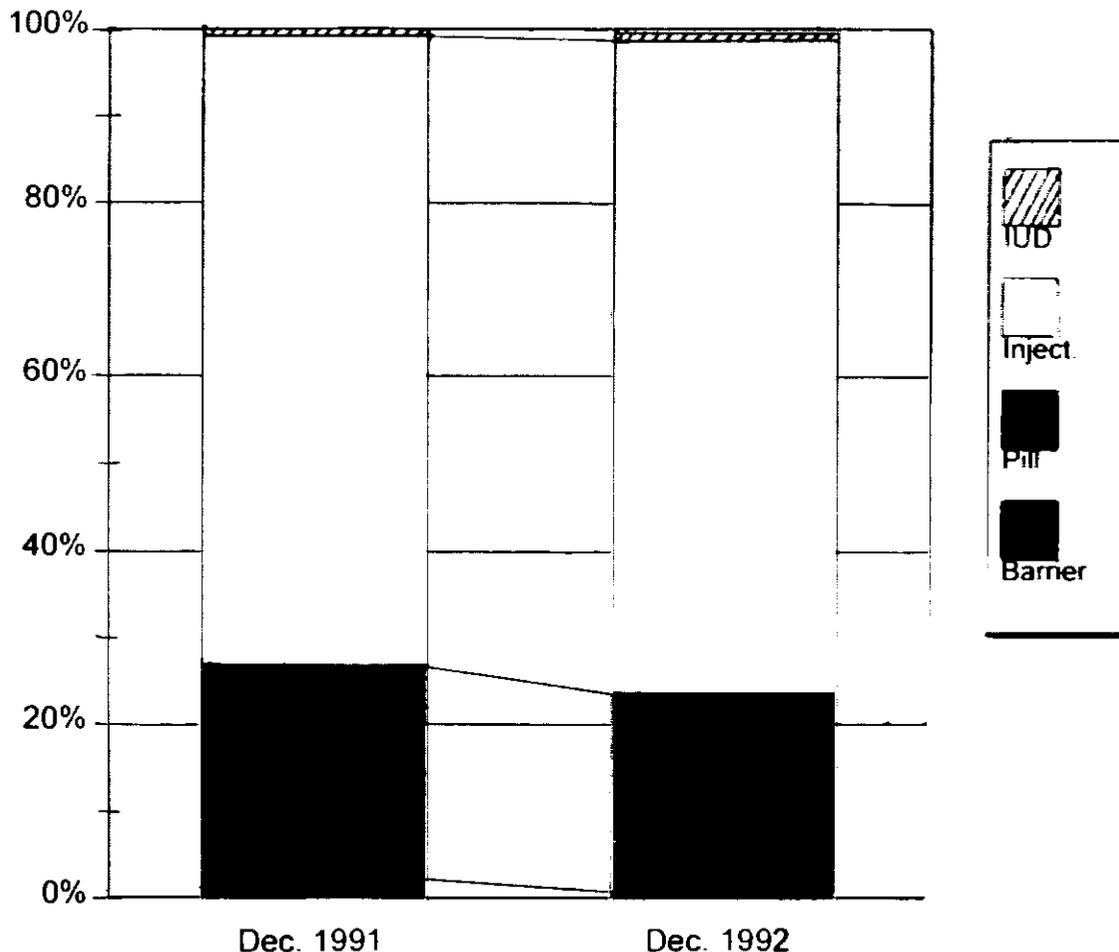


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The graph below represents one way to answer Question 2: *Compare method mix in December of 1991 and December of 1992.*

Note: The most common way to show method mix is usually with a pie chart. However, in this case, two pie charts would be required. Since many people find it difficult to draw comparisons among several pies, the chart below (a "component bar chart") may help.

### Family Planning Methods Mix Pampanga, Dec. 91 & Dec. 92



## **WELCOME BACK TO OUR HEALTH TEAM TRAINING!**

### **EXERCISE # 7:**

### **HOW TO TRANSLATE DECISIONS INTO PLANS**

This exercise focuses on:

- Action planning
- Budgeting

## CHECKLIST FOR THE FACILITATOR OF EXERCISE # 7

Before the meeting, you should do the following things. Please check them off when done:

- Read through the entire Exercise before the assigned day. Focus on the Facilitator's instructions (left-hand column) so you will know how to proceed.
- Be sure that a full 3 hours are available for this Exercise alone.
- Prepare the following materials for the Exercise:
  - Equipment: Flipchart stand and paper (or similar equipment). Pens for the flipchart.
  - Data: Statistical report showing top 10 health problems in the area.
  - Flipcharts: (1) Prepare "Prioritizing Health Problems" table from step 1, with the top 10 local health problems already filled in. (2) Prepare the "Prioritization Table for Health Actions" from step 2. (3) Prepare the budget table from step 4.
- Make sure every member of the Health Team who will be participating knows when and where to meet.
- Ask all members of the Health Team who will be participating to bring the following:
  - Their exercise book and a pen or pencil.

During the meeting, remember that the facilitator is not expected to have all the answers! Your role is simply to guide the discussion by following the book and facilitating everyone else's participation.

- During each Exercise, refer to the Facilitator's Notes provided in the left-hand column of every page. (Look for the Facilitator's symbol: ☞)
- Actively encourage everyone to participate!
- Encourage participants to respect and listen to everyone else's opinions.
- Keep track of time and keep things moving, so that the Health Team can finish the entire Exercise during this meeting. If it will not be possible, stop early and have the group decide when and how to finish today's Exercise.
- Before the end, make sure that someone is assigned to serve as the facilitator for the next Exercise and that a tentative time is set for that meeting.

 **Facilitator:**

*Go through the **Review** questions with the group for about 5-10 minutes (total) before beginning Exercise 7.*

*Encourage all participants to contribute and to ask questions about points that are unclear.*

## REVIEW

What was the major topic of the Health Team Training last time?

What was most useful or interesting about it?

Have we tried to implement the decisions we made (see the boxes called "Our Local Plan") last time?

What are examples of things we've done differently as a result of the last training?

Does anyone have any questions for the group to discuss based on last time?

 **Facilitator:**

Read the **Plan for Exercise 7** aloud. See if there are any initial questions.

## PLAN FOR EXERCISE # 7

Today we will do Exercise # 7, called:  
**HOW TO TRANSLATE DECISIONS INTO PLANS**

### WHAT IS THE MAIN GOAL OF THIS EXERCISE?

This exercise will help us determine our top priority action and develop a plan and a budget for it.

### WHAT WILL WE DO IN THIS EXERCISE?

We will:

1. Apply criteria to our available information in order to determine our top priority problem.
2. Pick one key problem and identify different possible solutions.
3. Develop a set of activities as the basis for a plan to implement our recommended solution.
4. Estimate the cost of our action plan.

### HOW LONG WILL THIS EXERCISE TAKE US TO COMPLETE?

We should plan for at least 3 hours. We may want to split this Exercise up into two sessions (steps 1-2 and steps 3-4).

### WHAT TOOL WILL WE PRODUCE TO HELP US IN THE FUTURE?

An action plan and budget for the short-term, and our own list of criteria for prioritizing problems in the future.

 **Facilitator:**

Read the **Introduction** aloud. Then see if there are any questions.

Ask a volunteer to begin reading step 1.

## TRANSLATING DECISIONS INTO PLANS

### INTRODUCTION

It is very important that we **analyze the data we collect** because doing so allows us to identify a number of problems in our health facility and our community. We need to make decisions and act on these identified problems so that the health of our community will improve.

Many times, available resources to solve identified problems are limited. We, therefore, need to **prioritize** the problems. It is important that we adopt criteria that are realistic and meaningful to us in our work settings.

Today, we will use criteria to prioritize from among a list of all health problems in our area, and we will practice developing an action plan and budget to address our problems.

### STEP 1. IDENTIFYING POSSIBLE SOLUTIONS TO AN IDENTIFIED PROBLEM:

Now that we've identified one problem [see Exercise 2 (How to Develop a Community Health Profile) on page 11] as the top priority from among many, let's see what we can do about it. First, we'll formulate an **action strategy**. After we've decided on our strategy, then we can determine what steps need to be taken to make that strategy operational; that will be Step 3.

**Formulating the action strategy involves the following steps:**

- A. List the issues that contribute to the problem that has been identified as top priority.
- B. Brainstorm possible solutions for each issue.
- C. Determine what criteria to apply to the list of solutions in order to set priorities.
- D. Applying the criteria, select the top priority solution(s) to be implemented.

Before we develop an action strategy for our chosen priority problem, let's look at an example of steps A-D. We'll use a hypothetical tuberculosis data for our example considering that tuberculosis is a major disease problem in our country.

 **Facilitator:**

Ask the next person to read step 2, up to the **TB Example**.

The group should not spend a lot of time answering the questions about TB incidence; these are just practice in thinking about data.

**TB Incidence in Bato Municipality by BHS  
1998**

Barangay Health Stations	No. of New TB Cases
San Isidro	11
San Rafael	15
Sto. Niño	7
Ilaya	5

Which BHS has the most TB cases in 1998? \_\_\_\_\_

Does this mean that TB is a bigger problem in San Rafael than in Sto. Niño? \_\_\_\_\_

To accurately compare the levels of TB in these 4 BHSs, we need to have an idea of the population size.

**BHS Comparisons of TB Incidence and Population in 1998**

BHS	New Cases	Total Pop. Size
San Isidro	11	5,800
San Rafael	15	8,200
Sto. Niño	7	3,380
Ilaya	8	4,150

With the information on **population size**, it's easier to **compare** TB prevalence by BHS.

For example, even without doing the math, we can see that the population of San Rafael is more than 2 times the population of Sto. Niño.

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**Facilitator:**

Again, be sure the group does not spend a lot of time answering the questions about TB incidence; these are just practice in thinking about data.

Is the number of new TB cases in San Rafael also 2 times the number in Ilaya? [Yes / No.] \_\_\_\_\_

Looking at the BHS comparison table, which BHS seems to have the biggest problem with TB? \_\_\_\_\_

Here are the actual incidence rates for the four BHSs.

BHS	TB Incidence per 1000 people*
San Isidro	1.89
San Rafael	1.83
Sto. Niño	2.07
Ilaya	1.93

\*New cases divided by total population X 1000

According to the actual incidence rates, which BHS has the highest rate of TB?

These statistics show us that TB is a bigger problem in Sto. Niño than in the other BHSs in Bato. Let's look at how to develop an action strategy for TB; that will allow us to develop our own action strategy afterward.

We should all read the TB Action Strategy example individually, in silence. We should read both the example and the discussion, all the way through the "Review of the Basics" box.

[Begin reading in silence:] . . . . . **TB Action Strategy Example**

The Philippines has one of the highest rates of tuberculosis in the world. We estimate that roughly 22 million Filipinos are infected. Even when TB is not fatal, its effect on men and women of working age has a dramatic economic impact. Effective treatment exists, but there are problems in implementing the treatment strategy.

Using our earlier criteria, we can see why tuberculosis is considered a *national health priority*: it is very prevalent, it causes high levels of morbidity, it is very infectious, and, although effective treatment exists, compliance issues make treatment problematic.

**Facilitator:**

*Make sure everyone knows that they should read the next few pages in silence. (Up to the **Review of the basics** box.)*

*Ask everyone to turn their Exercise Packet over or in some way indicate when they have finished reading.*

Now let's look at the **4 steps to developing an action strategy** for this problem.

**Step A. List issues that contribute to the problem:**

1. Migration from rural to urban areas, leading to widespread contagion.
2. Many staff are not adequately trained in the Directly Observed Treatment, Short-course (DOTS) Strategy which is recommended by WHO and underway in the Philippines since 1996.
3. Supervision is inadequate.
4. Lapses in supplies.
5. No direct observation of treatment, no follow-up.
6. Many different non-governmental organizations and private practitioners offer TB care, but do not always follow government-prescribed treatment regimen.
7. Other issues observed in our area include:
  - a)
  - b)
  - c)

**Step B. Brainstorm possible solutions:**

1. Extend the DOTS strategy nationwide and provide training.
2. Provide supervisory and management training to TB program personnel at the district level.
3. Revise the stock management system.
4. Conduct a national seminar on DOTS for NGOs, private practitioners and pharmacists who treat TB, in order to promote government treatment guidelines.
5. Create "welcome groups" for newcomers to the city, who can provide information about TB treatment sites.
6. Others
  - a)
  - b)
  - c)

**Step C. Determine what criteria to apply:**

Suggested criteria: (Examples of Criteria)

1. **Potential:** The solution has the potential to address more than one of the issues.
2. **Affordable:** The cost of the solution should be low.
3. **Easy:** The solution should be easy for our current staff/program to implement.

**Facilitator:**

Everyone should continue reading up to (and including) the **Review of the basics box.**

- 4. **Tested:** The solution has been tried before/elsewhere and worked.
- 5. **Innovative:** The solution has not been tried but sounds like it's worth trying.

**Step D. Prioritize the top solution(s):**

Example of Solution #2 (provide supervisory and management training...). Rate this solution based on identified criteria, scale 1-3[3 is the highest].

- Potential:* 2 or 3 (This solution has the potential to resolve issues #3 and 4 in Step A.)
- Affordable:* 2 (Depends on the # of people to train and the training budget.)
- Easy:* 3 (Assuming training materials already exist.)
- Tested:* 1 (Assuming training has been provided in the past and the situation has not improved.)
- Innovative:* 1

Rate the rest of the identified solutions in Step B by using the criteria in Step C. Rank the solutions that you want to implement.

Now think about the following questions, and then continue reading through the "Review of the Basics" box.

Do you have ideas about issues, solutions, and/or criteria for TB that are not listed above? (Yes or No) \_\_\_\_\_

Are there issues, solutions, and/or criteria above that you would not have thought of? (Yes or No) \_\_\_\_\_

These steps aren't difficult, but for them to work, two things are important:

- 1. Make sure the right people participate.

**Who are the right people?**

- ✓ Anyone whose input is needed (for example, program managers, service providers).
- ✓ Anyone who is needed to make a decision (for example, the Program Director, someone with budget responsibilities).

**Facilitator:**

When everyone has read through the **Review of the basics** box:

Start the discussion by asking the two questions to be sure everyone understands.

Then remind everyone what the priority problem was that was selected in the table in step 1.

- ✓ Anyone whose "buy-in" (that is, agreement and understanding) is needed to move forward (for example, Local Chief Executives like the Mayor/Governor, Chairman of the Committee on Health, Chairman of the Association of Municipal Health Officer, etc., the public).

2. Make sure to get all of everyone's ideas in the brainstorming stages (steps A, B, C), by following the rules below.

**Review of the basics: Rules of brainstorming**

- ✓ Go for quantity of ideas. (The more, the better. This helps look at the problem from many different points of view.)
- ✓ Allow no criticism. In brainstorming, all ideas are valid. Write all ideas down.
- ✓ Encourage people to build on the ideas of others. Combinations often yield new ideas superior to the originals.
- ✓ Start your session with a clearly stated objective. Phrasing objectives as "why," "how" and "what" questions gets people involved in finding answers.

*If possible:*

- ✓ Limit attendance to 15 or fewer.
- ✓ Set a time limit of 30 to 45 minutes.

Source: Meeting Guides, <http://www.3m.com>

..... [Stop reading and indicate that you are done.]

When everyone's done reading, discuss:

Are there any questions about what the steps are?

Is the logic behind the flow of the steps clear?

Then, let's go through those steps for our selected priority problem. We'll do this on the flipchart, but we can all write down the responses for ourselves in our books.

 **Facilitator:**

Ask for a volunteer to write on the flipchart as you lead the brainstorming (steps A-D).

When the group reaches step D, the volunteer at the flipchart should fill in the names of the different criteria (from step C) and a 1-2 word description of the solution (from step B) before the group assigns ratings to each solution.

In step 3, ask someone else to read.

This is the problem we prioritized in the table in Step 1.

**EXERCISE**

Identify a major problem in your area (based on the exercise on how to develop an action strategy for a problem)

*Step A. List issues that contribute to this problem:*

(Identify the top 5 that the group agrees on.)

- 1.
- 2.
- 3.
- 4.
- 5.

*Step B. Brainstorm possible solutions:*

(As many as possible!)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

*Step C. Identify your own criteria to apply:  
(Define criteria identified)*

(Keep the number of criteria small. Note: Agreeing on the criteria is often the most difficult step, but also one of the most important.)

- 1.
- 2.
- 3.
- 4.
- 5.

*Step D. Prioritize the top solution(s):*

 **Facilitator:**

**Prioritization Table for Actions**

Assigned rating (1-3, 3 is high) for each Criterion						
Solution	Crit. 1:	Crit. 2:	Crit. 3:	Crit. 4:	Crit. 5:	Total

Now let's circle the top-rated solution on the table.

**STEP 2. DEVELOPING THE ACTIVITIES TO IMPLEMENT THE SOLUTION**

We have now seen how to determine our priority problem, by applying criteria; how to identify possible solutions; and how to select one or more solutions. At this point, it is necessary to break our solution down into discrete, manageable activities. Then, for each step, we can assign a due-date and a responsible person. This is how the action strategy (from Step 2) becomes an **action plan**.

The table below shows a sample action plan for a sample solution. Let's be quiet for a moment so we can all take a quick look at it.

Is the format clear?

**Sample Action Plan**

**Solution:** Extend the DOTS strategy nationwide and provide training

Activity	Due Date	Responsible Person
1. Issue an administrative note, stating that the DOTS is the official strategy of the GOP.		
2. Distribute the DOTS protocol to all health facilities.		

**Facilitator:**

Everyone can look at the **Sample Action Plan** in silence, quickly. Note: It does not have to be filled in; it is only an example.

Ask someone to read the paragraphs under the **Sample Action Plan**.

Only record the decision about how this Health Team would like to develop its Action Plan.

3. Determine appropriate mass media channels for information dissemination.		
4. Design/modify/review DOTS training materials.		
5. Determine those to be trained.		
6. Identify trainers.		
7. Determine places, dates, times, resources.		
8. Notify participants.		
Etc.		

**Note:** Often action plans have more columns of information, including the total amount of time to be spent per activity, the output of the activity, the resources needed, etc. Frequently they are accompanied by a calendar showing the activities as they are planned to occur over the weeks or months. This makes it easy to see at a glance what is expected when, or if too much is planned at one time.

Now that we've looked at this example, how can we define the activities to implement our selected solution?

- ✓ One way is for our entire Health Team to work together. First, brainstorm all the activities on a flipchart; then agree which activities to cross out and which to keep; and finally number the activities in the order in which they must occur.
- ✓ Another way is for one person to develop the activities list and then get feedback from the group.

Which way do we want to do it?

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We should also decide whether we want to develop our entire plan today, or to schedule another time for it. **[Note:** If we decide to do it another day, or to have someone else draft it and bring it back to us, then we should stop today's Exercise now. In that case, we will continue with step 3 and finish step 4 during the next meeting.]

**Facilitator:**

*If the group decides to develop the Action Plan today, have the group develop the plan on flipcharts. When it is final, record the decisions in the **Our Local Plan** box.*

*If the group decides to develop the Action Plan after today, or to have someone else draft it and bring it back for feedback, ask the group to decide and record the following:*

- ✓ *Who will draft the Action Plan*
- ✓ *When and how will the draft be presented to the Health Team*
- ✓ *When will it be finalized*

When we're ready to develop our plan, we should do it on flipcharts, using the format shown in the "Sample Action Plan" above or a format of our own choice. When we're done, we should record the final decisions in the "Our Local Plan" box, next.

**OUR LOCAL PLAN**

Our priority problem (identified in Step 1) is:

Our top solution (identified in Step 2) is:

Our action plan is:

**STEP 3. ESTIMATING THE COST OF IMPLEMENTING THE STEPS:**

With as much precision as possible, we need to have an idea of the costs that will be involved with the actions we are recommending. Resources are almost always limited and often our choice of strategies is based on financial realities. If we come up with a very good plan of action but we have no way of obtaining the necessary resources, then our action plan will probably not be successful.

Here are **some of the cost elements that would be needed to implement the TB solution we used** as an example earlier:

1. Training costs - participant food and lodging (if residential training), trainer/facilitator costs (per diem and/or honorarium), rental of training site, training materials and equipment.
2. IEC costs - media spots, materials production, dissemination.
3. National DOTS workshop/seminar - including rental of conference room, AV equipment, etc.

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**Facilitator:**

*Step 4 concerns budgeting for the Action Plan developed in step 3. Do not proceed to step 4 until the Action Plan is complete.*

*If the Health Team decides to finish the Action Plan at another date, then you may decide to ask everyone to read step 4 individually before that next meeting.*

*The budget should be filled out on a flipchart, so that everyone can see it and discuss it.*

#### 4. Additional drugs and supplies.

Below is a sample budgeting guide. Let's use the blank budgeting guide on the next page to estimate as best we can what it will cost to implement our action plan.

#### SAMPLE BUDGET

LINE ITEM	UNIT	Unit Cost	QTY	AMT	Source of Fund
<b>Personnel</b> Hired trainers	Person-week	100	5		500
<b>Health &amp; other supplies</b> DPT vaccine	Vial/10 doses				
Syringe/ needles	Box of 60				
EPI card	Box of 20				
Photocopies	Page				
<b>Travel</b> Gasoline	KM				
<b>Event cost</b> Room rental					
Meals					

### OUR BUDGET FOR OUR LOCAL PLAN

**Plan:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Year:** \_\_\_\_\_

LINE ITEM	UNIT	U.COST	QTY	AMT
<b>TOTAL</b>				

Now let's discuss the feasibility of our action plan in terms of the money needed to implement it.

How much of the total budget above is available?

Where can we go to ask for more funds?

When we meet again for the next Exercise, which is the last in this series, we will talk about how to convince other people to support our work. We will learn how to make presentations that may help us to get more money to support our Action Plan.

**END OF SESSION - INDIVIDUAL WORK NEXT**

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## **WELCOME BACK TO OUR HEALTH TEAM TRAINING!**

### **EXERCISE # 8:**

### **HOW TO CONVINCe OTHERS TO TAKE ACTION**

This exercise focuses on:

- Stakeholder analysis
- Making presentations

## CHECKLIST FOR THE FACILITATOR OF EXERCISE # 8

Before the meeting, you should do the following things. Please check them off when done:

- Read through the entire Exercise before the assigned day. Focus on the Facilitator's instructions (left-hand column) so you will know how to proceed.
- Be sure that a full 3 hours are available for this Exercise alone.
- Prepare the following materials for the Exercise:
  - Equipment: Flipchart stand and paper (or similar equipment). Pens for the flipchart.
  - Flipcharts: Prepare flipcharts showing Table 1A, Table 1B, Table 1C, Table 2A, and Our Local Plan from step 3, and Our Timeline from step 4.
- Make sure every member of the Health Team who will be participating knows when and where to meet.
- Ask all members of the Health Team who will be participating to bring the following:
  - Their exercise book and a pen or pencil.

During the meeting, remember that the facilitator is not expected to have all the answers! Your role is simply to guide the discussion by following the book and facilitating everyone else's participation.

- During each Exercise, refer to the Facilitator's Notes provided in the left-hand column of every page. (Look for the Facilitator's symbol: ☞)
- Actively encourage everyone to participate!
- Encourage participants to respect and listen to everyone else's opinions.
- Keep track of time and keep things moving, so that the Health Team can finish the entire Exercise during this meeting. If it will not be possible, stop early and have the group decide when and how to finish today's Exercise.
- Before the end, make sure that someone is assigned to serve as the facilitator for the next Exercise and that a tentative time is set for that meeting.

## REVIEW

 **Facilitator:**

*Go through the **Review** questions with the group for about 5-10 minutes before beginning Exercise 8.*

*Encourage all participants to contribute and to ask questions about points that are unclear.*

What was the major topic of the Health Team Training last time?

What was most useful or interesting about it?

Have we tried to implement the decisions we made (see the boxes called "Our Local Plan") last time?

What are examples of things we've done differently as a result of the last training?

Does anyone have any questions for the group to discuss based on last time?

 *Facilitator:*

*Read the **Plan for Exercise 8** aloud.  
See if there are any initial questions.*

## PLAN FOR EXERCISE # 8

**Today we will do Exercise # 8, called:  
HOW TO CONVINCE OTHERS TO TAKE ACTION**

### WHAT IS THE MAIN GOAL OF THIS EXERCISE?

This exercise will help us understand the qualities of presentations that "sell" ideas.

### WHAT WILL WE DO IN THIS EXERCISE?

We will:

1. Identify the people that we need to work with to implement our action plans, and talk about their characteristics and information needs.
2. Define the type and content of presentations appropriate to our audience(s).
3. Do an exercise on presentation skills.
4. Decide on a time line for developing our local presentations.

### HOW LONG WILL THIS EXERCISE TAKE US TO COMPLETE?

We should plan for about 3 hours.

### WHAT TOOL WILL WE PRODUCE TO HELP US IN THE FUTURE?

A plan for the health team to develop, review, and make one or more local presentations.

 Facilitator:

Ask a volunteer to read this page.

Pause for a very brief discussion in the middle of the page, to answer the question "Why do we think the workplan isn't enough?" It is not necessary to record the group's answer on the flipchart.

## CONVINCING OTHERS TO TAKE ACTION

### INTRODUCTION

During this course, we have mapped our community, identified new targeting strategies, improved our indicators and targets, designed reports or graphs to use, all by working as a Health Team. In the exercise "How to Translate Decisions into Plans", we analyzed our problems, identified one priority area and developed an action plan and budget for implementing a solution. Today, in this exercise, we will finish the process by discussing what else is needed to make our plan happen.

Identifying the problem and a solution is not enough. Even though we have done our part and developed a workplan and a budget, it may not be enough. If we stop here, then our action plan may not be realized.

Why do we think the workplan isn't enough?

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**We need to learn how to be effective advocates for what we are trying to accomplish. We need to find ways to "sell" our ideas.** Convincing others to support our ideas is the final step. It is this last step that often determines which people are successful in accomplishing their tasks.

Today we will talk about **how to involve and convince the right people.** We will do this Exercise with the understanding that this Health Team will soon be making presentations locally to gain support for our action plan – either the action plan from last time, or a new one that we find more important.

Taking that final step will demonstrate what we can do together. **By successfully presenting our needs and plans, and by gaining the necessary support for our ideas, we will put the results of this course into effect, and we will benefit from all the analysis and creativity of our Health Team.**

 **Facilitator:**

Ask the next person to read the text up to the **Review of the Basics** box.

Ask everyone to read the **Review of the Basics** box alone, in silence.

## STEP 1. IDENTIFYING KEY PEOPLE AND DETERMINING THEIR INFORMATION NEEDS

To implement our plan, we need to:

- A. Identify the key people or groups that must support it (these people/groups are often called *stakeholders*).
- B. Analyze their characteristics.
- C. Determine their information needs.

This will allow us to develop presentations specific to each audience that will convince them to support us.

### **A. Identifying the stakeholders:**

Stakeholders are any individuals or groups who have a "stake" (personal interest) in our activities; these are people whose needs and reactions should be considered and/or who should be consulted when making any major changes.

### **Review of the basics: Groups of stakeholders in health programs**

Stakeholders for health programs often include the following groups:

1. Intended recipients or beneficiaries, such as the whole community, or certain groups (MWRA, children under 5, etc.).
2. Co-workers, fellow health professionals whose support we need to implement and monitor activities.
3. Administrative/political leaders who must be convinced of the usefulness and effectiveness of our proposed actions. At a minimum, we need their permission; ideally we would like their active support.
4. Media who may help or hinder our efforts by the way they report what we are doing.
5. Donors who may finance us if they are "sold" on our work.
6. Researcher who may need data for special studies.

**Facilitator:**

Ask the next person to read.

Ask a volunteer to fill in the group's answers on the flipchart.

**Remember:** This is a general list of stakeholders. The stakeholders for any specific activity may be different. For a project on school-based vaccination, the stakeholders may be the mayor and the teachers; whereas for a project on household-based exercise programs, the stakeholders may be the midwives and families in a certain area.

Here is the topic of the action plan we developed last time:

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Let's figure out who the stakeholders are: Who will need to be *informed* and *supportive* of this action plan, in order for it to work? We should be specific (e.g., "the local chief executive from Las Piñas," "the PHN"). We don't need to include the members of this Health Team, since we were already involved in developing the plan.

Let's discuss our answers and fill in the first two columns of the table below (Who and Why):

**Table 1A. Stakeholders in Our Local Plan**

Who (specific person or group)?	Why is their support important?	Likely to be supportive?	Type of stakeholder

**B. Analyzing stakeholders' characteristics:**

Now let's go back and fill in column 3. Is each stakeholder on the list likely to be supportive? We can answer as follows:

- ✓ Y for "yes," N for "no," DK for "don't know"
- ✓ Or we can use ratings of 1-5, where 5=most supportive.

**Facilitator:**

Ask the next person to read.

As Table 1B is discussed, have someone record the answers on the flipchart.

Column 3 helps us see which stakeholders are likely to need the most convincing, and which are most likely to help us out.

Finally, let's fill in column 4 (Type of stakeholder). What group does each stakeholder belong to? Answer using one of the following letter codes:

- ✓ **B**=beneficiary, **H**= health personnel, **A**= administrator, **P**= politician, **M**= media, **D**= donor, **R**= Researcher

Column 4 helps us see which stakeholders might be grouped together for a presentation, if they have other similar characteristics.

Now let's talk about what other characteristics are important in determining how each group of stakeholders works with us. Please look at the table below as we do the following:

- Read out the list of characteristics in the left-hand column.
- Add any other important characteristics in the blank rows.
- Fill out the table. For each stakeholder identified, we will indicate whether the characteristics listed are very relevant (✓✓), somewhat relevant (✓), or not at all relevant (X).

Table 1B.

Characteristic	Type of stakeholder						
	B	H	A	P	M	D	R
Highly educated / very literate							
Powerful							
Informed about health problems							
Perceives benefits of health activities							
Has relevant technical skills							
Plays a policy role							
Needs data for own use							

**Facilitator:**

Ask the next person to read.

As Table 1C is discussed, have someone record the answers on the flipchart.

Above table helps us think about the type of language or content we can consider for each stakeholder group.

**C. Determining stakeholders' information needs:**

Now let's think about what type of information each stakeholder group requires. Please look at the table below as we do the following.

- Read out the list of characteristics in the left-hand column.
- Add any other important characteristics in the blank rows.
- Fill out the table. For each stakeholder identified, we will indicate whether the characteristics listed are very relevant (✓✓), somewhat relevant (✓), or not at all relevant (X).

Information needs	Type of stakeholder						
	B	H	A	P	M	D	R
Needs information that demonstrates there is a problem							
Needs information to justify any proposed solution							
Needs details on how solution will be carried out							
Needs information on who will do what (roles, responsibilities)							
Needs information on expected results							
Needs to receive feedback throughout the process							

 *Facilitator:*

*You can either ask the next person to read this page, or ask everyone to read it in silence.*

Above table helps us think about the level of detail we will need to provide to each stakeholder group.

## STEP 2. DEFINING THE PRESENTATION TYPE AND CONTENT

To develop presentations that will gain the support of the different stakeholder groups, we need to think about several areas:

- A. Presentation Type
- B. Message
- C. Materials

### **A. Presentation type:**

Using the different tables in Step 1, we should be able to determine one or more appropriate types of presentation for each stakeholder. For example:

- ✓ If a particular stakeholder is a member of the administration, highly literate, informed about health problems, likely to be supportive, and doesn't require lots of detailed or quantitative information, perhaps it is **enough to send a memo.**
- ✓ If a particular stakeholder is the mayor, is uninformed and uninterested about health problems, unlikely to be supportive, perhaps it is **necessary to make a series of face-to-face presentations to inform him or her.**
- ✓ If a particular stakeholder is a poorly-educated, uninformed group in the community, perhaps it would work best to **have a community or barangay assembly or a radio campaign, and to enlist midwives to make household visits.**

The final decision about the presentation type will be based on several considerations, including the effort required, time, cost-benefit, etc. Usually if a presentation (such as a slide show) is too expensive to produce for a particular project, it is possible to find a lower-cost presentation method that has similar characteristics (such as flipcharts).

What are possible types of presentation? Let's brainstorm and record our ideas for use today and in the future. We can use the table below; some examples are provided.

**Facilitator:**

For this discussion, ask someone to record the decisions (Table 2A and Our Local Plan on the flipchart.

**Table 2A. Types of Presentations**

VISUAL	WRITTEN	SPOKEN
Billboards	Memo	Face-to-face meeting
Newspaper ads	Report	Radio interview
Drawings	Press releases	Panel discussion
Posters		Lecture
Flyers		TV interview
Data board		Role play
Film clips		
Puppet show		

Let's decide on the type of presentation we think best for each of the "stakeholders in our local plan" that we listed in Table 1A. In the box below, we will record our decision about how we will present this action plan to each stakeholder.

**OUR LOCAL PLAN**

To present our action plan to each of the following stakeholders, we plan to use the following type of presentation:

Stakeholder (from column 1, Table 1A)	Presentation Type
1.	=
2.	=
3.	=
4.	=
5.	=

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 **Facilitator:**

*Ask the next person to read.*

*Be sure that the group's answers to the discussion questions are recorded so that everyone can see them, after the group has had a chance to discuss them and reach agreement.*

**B. Message:**

Once we know who the specific stakeholder is and what type of presentation is appropriate, we can develop the content of our presentation. There are certain **things to keep in mind:**

1. Know the key objective of the presentation.

For example, the objective might be:

- ✓ To convince the stakeholder to fund the action plan.
- ✓ To determine the stakeholder's concerns.
- ✓ To make sure that the stakeholder understands the benefits of the proposed plan to his/her family.
- ✓ To seek feedback from the stakeholder and respond to any criticisms.

Let's take the first stakeholder listed in the "Our Local Plan" box on the previous page. What is the key objective of the presentation to him/her/them?

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2. Identify the 3-4 main ideas that the audience should remember afterward.

For example:

- ✓ When seeking funding from a possible donor, the main ideas to present might be: The problem, the beneficiary, the solution, the needed support.
- ✓ When seeking approval from management, the main ideas to present might be: The key activities, the total cost, the staff involvement, the final deadline.
- ✓ When seeking to minimize opposition from someone who is against the plan, the main ideas to present might be: The health benefits to the community, the low costs, the minimal disruption.

Let's continue with the same stakeholder. What are the 3-4 main ideas that we should present, given the main objective listed above?

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**Facilitator:**

Ask the same person to read through #3.

Ask someone new to read the **Scenario** and its discussion questions.

3. Follow the principle, "Tell them what you're going to tell them; then tell them it; then tell them what you told them." People understand and remember things better when the ideas are structured and repeated.

- ✓ In the introduction, lay out the overall topic, list the main areas you will cover (i.e., the 3-4 main issues above), and (in an oral presentation) tell people how long you'll spend talking.
- ✓ During the discussion, focus on the 3-4 main issues one by one. Don't bring in irrelevant information.
- ✓ In the conclusion, re-state the overall topic and summarize the 3-4 main issues again.

Below is a sample introduction from a presentation. Who would like to read it aloud?

**Scenario: Oral presentation to community group or barangay assembly**

"I went to a funeral yesterday. It was so sad; it was for a 10-year-old boy who should never have died. His family lives on that busy corner near the Central Market – you know, where the bus to Manila used to stop, at least before the new mayor moved the bus-stop so it would be nearer to his family! (Don't worry: I'm just kidding – the mayor's my friend.)

Ahem! Uh, anyway, like I was saying, this boy had no place to play after school like a normal child – there's no park or basketball court near him, so what can we expect him to do? He and his brothers play basketball in the street, and last Tuesday, his luck ran out. A jeepney came around the corner and didn't see him – he didn't stand a chance.

And that, ladies and gentlemen, is why I'm here today: To draw your attention to the traffic hazards in this town. Here are some local statistics on automobile accidents... hmm, they're not here – I can't seem to find the file... Please just give me a minute to organize my papers...."

Let's discuss this introduction.

 **Facilitator:**

Ask everyone to read **C. Materials** alone, in silence, through the example on the next page called **Two versions of the same visual aid**.

Does it meet the points listed above (#3)?

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What are its good qualities, which we can learn from?

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What are its poor qualities, which we should avoid?

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**C. Materials:**

Now that the content of the presentation is clear, we can develop the materials to support it. Particularly in an oral presentation, but also in a written one, the supporting materials are key.

**Helpful Hints. Importance of Visual Aids:**

- ✓ Visual aids have been found to improve learning by up to 400 percent.
- ✓ We can process visuals 60,000 times faster than text.
- ✓ The average person only remembers about a fifth of what he/she hears.

Source: Meeting Guides, <http://www.3m.com>

Let's look at two Visual Aids (they could be slides or overheads, or even handouts). They both are the same size and both mention the same content:

**Facilitator:**

*When everyone's done reading and looking at the **Two versions of the same visual aid**, lead the discussion yourself.*

**Two versions of the same visual aid:**

The Appearance of Visual Aids

Most visuals just have text on them. Experts recommend that you:

- limit visuals to about 40 words.
- Use large, bold letters that can easily be seen from the back of the room.
- Condense paragraphs into sentences, sentences into phrases and phrases into key words.
- Use bullets to highlight key ideas.
- Avoid using a period at the end of your bullets except at the end of quoted statements.

**Catchy Visuals**

**Text**

- Keep it short (40 words max)
- Make it visible (large letters, legible)
- Bullets help simplify and highlight ideas

**Graphics**

- emphasizes a specific point (usually one, maximum of two points per graph)
- make graphs clear and simple
- use as few graphs as you need to make your point

Thinking about these examples and also our own experiences, what do we think are the qualities of good supporting materials?

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Let's also think back to Exercise 6, when we talked about the qualities of good tables and graphs. What are the key points to remember about presenting information in tables?

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**Facilitator:**

For step 3, there are 2 options:

*Option 1: Ask everyone to read in silence again. Everyone should read step 3, parts A-D, up to where it says **Developing a Checklist**. Ask everyone to look ahead to that part of the text and to mark it so they will know when to stop reading.*

*Option 2: If people don't want to read so much individually, and there is enough time, another option is:*

- ✓ Form 4 small groups
- ✓ Ask each small group to read only 1 part (A, B, C or D)
- ✓ Ask each small group to act out or explain its part to the rest of the group and answer any questions

**STEP 3. ANALYZING PRESENTATION SKILLS:**

Once the presentation has been developed, the only thing left is to present it! Written presentations may simply require writing a cover memo and sending. Oral presentations, including routine meetings, can be a lot more complicated.

Let's take a few moments individually to read about four key aspects of presentation skills. Please read sections A-D and then indicate when you've finished.

**A. Attitude:**

Attitude counts a lot in making a presentation:

"One of the most powerful tools for influencing the performance of others is your own expectations!"  
Research shows that:

- ✓ If you expect a lot from your audience, they will respond accordingly.
  - ✓ If you expect a little from your audience, they will respond accordingly.
- Cliff Grimes, "The Pygmalion Effect"

If a presenter seems nervous, or disorganized, or unwilling to discuss opposing points of view from the audience, the audience will have a bad impression. **Presenters should:**

- ✓ Show up early so there's time to get organized (materials and text) before the presentation, which will make the presentation more relaxed.
- ✓ Smile! Engage the audience through questions and eye contact.
- ✓ Sound enthusiastic, vary the level, tone, and speed of voice. 38% of the message an audience receives comes from the presenter's tone of voice. (Albert Mehrabian, "Silent Messages")
- ✓ Dress up for the presentation
- ✓ Practice...Practice...Practice

**B. Body language:**

In oral presentations, the most important part of the message an audience receives and remember is... body language! Body language accounts for a surprising 55% of the message that is

**Facilitator:**

*This section is to be read quietly by each member of the Health Team individually.*

communicated. (Albert Mehrabian, "Silent Messages")

"Need proof? Think of the last time you were with someone who stood with his arms crossed, tapping his foot and looking annoyed, who then huffed, "I'm fine." Which clues did you believe - the words or the body language and tone of voice?" (Meeting Guides, <http://www.3m.com>)

**Aspects of body language to consider:**

- ✓ Eye contact.
- ✓ Standing *versus* sitting.
- ✓ Speed of movement.
- ✓ Shoulder position: hunched up to the ears *versus* down and relaxed.
- ✓ Hand gestures.
- ✓ Head nodding (how much, at what times).

**C. Group dynamics:**

Presentations before groups, or even one-on-one, can result in positive or negative interactions. The presenter can also try to arrange the set-up so that the group dynamics would be more or less participatory, as desired.

**There are several considerations to remember:**

- ✓ Participation: The presenter must encourage active participation. All members should be given chance to speak and be listened to.
- ✓ Seating: Round or square tables encourage participation; rectangular tables with the presenter talking from the "head" of the table discourage interruptions and questions. A classroom setup with all chairs facing the same way discourages interactions among the audience members; setting up chairs in a U shape encourages them to interact.
- ✓ Confrontation: Disagreements sometimes take place between the presenter and an audience member (particularly if the presentation is aimed at changing someone's mind), or among two members of the audience. Standing or sitting directly across from the person is a confrontational

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 **Facilitator:**

When everyone has read up to **Developing a checklist**, ask the next person to read the rest of the text.

act. Sitting close by, or next to, the person indicates a desire to resolve the conflict. The technique of "principled negotiation" can help: Decide issues based on merit alone; Look for mutual gains whenever possible; Base decisions on fair, independent standards. (Fisher & Ury, "Getting to Yes, Negotiating Agreement Without Giving In," 1991.)

- ✓ **Topic:** Participant must be given background to be discussed.

**D. Use of equipment:**

It's common to attend presentations where materials are missing or the power goes out. **A good presenter will have a back-up plan, and will know the presentation well enough to deliver it without equipment if necessary.** It's also common to see presenters using equipment badly. The following are **important points to remember:**

- ✓ Avoid blocking the audience's view of the flipchart, board, or screen when talking or writing.
- ✓ Avoid reading the content of the Visual Aids word-for-word.
- ✓ Beware of wires and cables stretching from the wall to the projector!
- ✓ Always check the screen after posting a new transparency, to be sure the overhead is displayed correctly.
- ✓ Face your audience. Remember to speak to your audience and not to your visual aids. Take note of your audience reaction/s on visual aids.

**Developing a checklist**

If everyone's finished reading, then let's go on.

Based on the reading, does anyone have a question that we should discuss in the Health Team?

How can we be sure our presentation(s) are delivered well in terms of the presenter's attitude and body language, the group dynamics, and the equipment? The answer is: PRACTICE!

**Facilitator:**

As the group is developing the **Checklist**, be sure someone is recording the decisions on the flipchart.

Make sure the group

✓ crosses out any points on the checklist that they don't like

✓ adds new points in the blank rows provided in each section

✓ decides how the checklist will be used (i.e., simply checking if Yes or rating 1-3 or 1-5 and totaling by area and overall?)

✓ lists the range of scores at the top of both pages of the **Checklist**

By the end of today's Exercise, we will develop a timeline for developing and making presentations to each of the stakeholders we identified earlier. Before each presenter makes his or her presentation, he or she should make the presentation in front of some of us, in order to receive feedback. (Note: Even written presentations should be reviewed by someone before being delivered.)

So, let's work together to develop a checklist that we can use when observing and reviewing presentations. On the next page is a framework for the checklist, based on what we've done so far.

- ✓ Let's start by looking at the list of items below.
- ✓ Then we can add, change, or subtract items.
- ✓ Finally, we should decide how we want to "score" each item: Yes/No? 1 - 5? Simply writing comments? Simply checking them off or leaving them blank?

**OUR LOCAL PLAN**

Below is our checklist for reviewing presentations:

SCORE  
(Range \_\_\_ - \_\_\_)

CONTENT

- Content seemed appropriate to stakeholder.
- Key points were clear.
- Presentation was easy to follow.
- Answered questions satisfactorily.
- Material was focused.
- 
- 

VISUAL AIDS

- Materials seemed organized, not distracting.
- Used visuals helpful.
- Readable: print, color, size
-

ATTITUDE

- Tone of voice varied, was interesting:
- Seemed interested, engaging:
- Imparts knowledge and not merely to impress
- Sensitive to reactions/needs of audience
- Prompts audience from time to time.

BODY LANGUAGE

- Seemed relaxed:
- Hand gestures
- Eye contact

GROUP DYNAMICS

- Seating set-up was appropriate:
- Welcomed questions:
- Handled any confrontations well:
- Topic well-introduced to participants
- Encourage interaction

SCORE

(Range: \_\_ - \_\_)

EQUIPMENT

- Used equipment without drawing attention to it:
- Function
- Appropriateness

OTHER

- On time:
- Length:
- 
- 

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**Facilitator:**

*In step 4, ask someone else to read the instructions.*

**STEP 4. DECIDING ON A TIME LINE FOR OUR LOCAL PRESENTATION(S)**

Now that we have our action plan and we have a strategy for how to present it, we have to schedule when we will present our local presentations.

Timing is important for us as it influences the probability that we will be successful with our action plan. If possible, we should schedule our presentation at a time that is most agreeable to our audience and where the number of other competing interests for their time and attention is at a minimum.

The presentation should be scheduled enough in advance of the planned beginning of our activities so as to allow time for reaction but not so far in advance that it is seen to be irrelevant at this time.

Here's how to develop our timeline for the presentations:

1. Let's turn to the page in Step 2.A (page 11) that shows "Our Local Plan." That box lists the stakeholders we identified and the type of presentation for each stakeholder. On that page, let's number the stakeholders in the order in which they must be approached. For example if the mayor's approval must come first before we can even approach anyone hired by him, then the mayor would be #1.
2. List the stakeholders *in their new order* in column 1 of the table on the next page. Copy the type of presentation for each stakeholder into column 2.
3. Discuss who will develop and give each presentation, and when it will be delivered. Determine a review date at least a week earlier. (Columns 3-6.)
4. Let people know if they are responsible for a presentation!!!

**OUR TIMELINE FOR OUR PRESENTATIONS**

Stakeholder	Pres. Type	Final Presentation		Prior Review	
		Name	Date	Name	Date
1.					
2.					
3.					

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 **Facilitator:**

Ask someone to record the **Timeline** on the flipchart so everyone can see clearly what his/her responsibilities are.

Be sure that a time is set for all presentations to be reviewed before they are made locally.

4.					
5.					

That's the end of this Exercise, and of this training series. Please keep these Exercise Packets for your future reference. Thank you for your time and hard work!

END OF SESSION - INDIVIDUAL WORK NEXT

## MY PLAN FOR MY OWN AREA

Here is my own individual idea that I would like to implement:

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Here is my analysis of the stakeholders I would need to involve/convince in order to implement my idea:

### Stakeholders in my local plan

Who (specific person or group)?	Why is their support important?	Likely to be supportive? (Y,N,DK or 1-5)	Type of stakeholder (B, H, A, P, M, D*)

\*B=beneficiary, H=health personnel, A=administrator, P=politician, M=media, D=donor

Below is my summary of the presentation that I think is best for each of these stakeholders:

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### Stakeholders in my local plan

Stakeholder	Pres. Type	Key Objective	3-4 Main Topics of Presentation

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## ***EXERCISE SHEET***