training guide

Child health in the community

"Community IMCI"

BRIEFING PACKAGE FOR FACILITATORS

CORE

WORLD HEALTH ORGANIZATION

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Contents

Introduction 1
Goal of the training course 1
Specific responsibilities of the facilitator 1
Expected outcomes of the training course 1
Working methods 2
Teaching materials and aids 2
Overview of the training course 3

Training sessions 1
Session 1. Introduction 7
Session 2. Planning for implementation of C-IMCI 11
Session 3. Establishing/strengthening the C-IMCI working group 17
Session 4. Sharpening negotiation skills 21
Session 5. Carrying out a situation analysis 25
Session 6. Developing a strategic plan 33
Session 7. Developing an operational plan 37
Session 8. Planning for C-IMCI implementation at district level 39
Session 9. Planning for C-IMCI implementation at community level 41
Session 10. Way forward 43

Draft training programme 44

Flow Charts 45
Planning at the national level 45
Planning at the district level 46
Planning at the community level 47

Sample presentations 49
Goal and expected outcomes of the training course 51
Status of IMCI in the Region 52
Planning stages for C-IMCI 57
Negotiation for consensus 58
Communication for behaviour change 61
Participatory approaches 64
Roles and responsibilities of the facilitator 67

Introduction

In response to countries' requests for a strategic plan for implementing IMCI at the community level (C-IMCI), partners of the Inter-Agency working group on household and community IMCI have prepared a *Reference Document* for facilitators who will assist with the planning, organization and management of the C-IMCI activities.

The *Reference Document* provides the facilitator with maximum flexibility to tailor his or her efforts to each situation and to respond to real needs. It will support the facilitator's work at the national, intermediary, district and/or community levels to facilitate development of C-IMCI strategic and operational plans.

This *Training Guide* is designed to build the knowledge and skills that facilitators of C-IMCI planning need to use the *Reference Document* and to carry out their work.

Specific responsibilities of the facilitator

At each level, the facilitator's responsibilities will be to:

- facilitate establishment/strengthening and orientation of a working group responsible for the C-IMCI strategic plan;
- assist the working group to carry out a situation analysis;
- assist the working group to organize and conduct partner/stakeholder meetings and dissemination sessions;
- assist the working group to design a C-IMCI strategic plan;
- assist the working group to design a C-IMCI operational plan, including monitoring;
- follow up to ensure that the country/district is implementing the plan.

Goal of the training course

The goal of the training course is to prepare C-IMCI facilitators to use specific techniques, methods and tools to support strategic plan development at all levels (i.e. community, district, intermediary and national) for community interventions for child health.

Expected outcomes of the training course

At the end of the training course, participants will:

- Have knowledge of IMCI in general and of C-IMCI in particular.
  Specifically, they will be able to:
  — describe IMCI;
  — define C-IMCI;
  — describe the role of the facilitator;
  — state the responsibilities of the facilitator;
  — describe the role of the C-IMCI working group;
  — describe the suggested composition of the C-IMCI working group.

- Have knowledge of what preliminary information a country needs to determine where to start, by:
  - — identifying key persons to initiate discussion on community IMCI and to gather information;
  - — identifying the current status of IMCI implementation and policy related to IMCI implementation;
  - — identifying/assessing ongoing community programmes in the country by either making a preliminary visit or by reviewing data.
- Facilitate the establishment (or strengthening) and orientation of the working group responsible for the C-IMCI strategic plan at national, intermediary, district and community levels.
- Assist the working group to complete a situation analysis (data collection, summary of existing surveys, formative research and analysis) at each level. Specifically, they will be able to:
  - — state what kinds of data will be collected;
  - — explain how these data will be collected;
  - — explain how the data will be analysed;
  - — explain how to identify the need for additional data collection;
  - — identify the resource people to carry out the situation analysis at each level.
- Assist the working group to organize and conduct partner/stakeholder meetings (orientation, strategic plan design and dissemination sessions).
- Assist the working group at each level to design the C-IMCI strategic plan for that level. Specifically, they will be able to:
  - — explain how to carry out a behavioural analysis (based on the results of the situation analysis);
  - — explain how to select interventions based on the behavioural analysis;
  - — draft an operational plan.
- Assist the working group to finalize the operational plan, including monitoring. Specifically, they will be able to:
  - — explain how to define specific programme actions;
  - — explain how to identify relevant indicators (from the suggested list in the *Reference Document*).

Working methods

The trainers will use interactive methods to stimulate participation of all learners. These methods include:

- group discussions
- small group work
- role-play
- brainstorming sessions
- demonstrations.

Teaching materials and aids

The teaching materials needed are the *Reference Document* and *Case Studies*. The *Reference Document* of the C-IMCI Briefing Package contains the following sections:

Introduction

The introduction serves as a short orientation on IMCI, provides a rationale for the development of the strategy, and describes the linkage between the three components of IMCI. In addition, it explains the rationale for the development of the Briefing Package and describes its potential users.

Chapter 1. Understanding C-IMCI
This chapter describes C-IMCI in detail, listing the key family and community practices with the greatest potential to reduce child mortality and improve child survival, growth and development. It also provides insight into principles guiding C-IMCI implementation, and offers examples of best practices in C-IMCI implementation from some countries.

Chapter 2. Planning for implementation of C-IMCI at national level
This chapter describes steps in planning C-IMCI using the results of situation analyses in the country. It also provides detailed steps on how a national strategic plan may be developed and adopted.

Chapter 3. Planning for implementation of C-IMCI at intermediary level
This chapter briefly highlights the steps that are needed to work at the intermediary level in a country, region, province or state.

Chapter 4. Planning for implementation of C-IMCI at district level
This chapter highlights the key points for district-level planning, and outlines and describes the steps. The chapter also includes information on scaling-up, sustainability, partnership and resource mobilization.

Chapter 5. Planning for implementation of C-IMCI at community level
This chapter outlines the general principles of C-IMCI and offers detailed guidelines on the planning steps. Country examples of C-IMCI implementation provide the user with a variety of methods that best suit particular country/community situations and needs.

Annexes
This section contains additional tools for planning. Each chapter refers the user to appropriate annexes.

Overview of the training course

Session 1. Introduction
This session clarifies the expected outcomes of the training course by comparing them with the participants' expectations, agreeing on working norms and defining working methods. During the session participants and facilitators will also become acquainted with each other in an atmosphere of mutual trust and understanding.

Session 2. Planning for implementation of C-IMCI
Participants examine the concepts, principles, aims and objectives of the community component of IMCI and the suggested steps for developing it.

Session 3. Establishing/strengthening the C-IMCI working group
Participants explore possible steps to take to establish the C-IMCI working group.

Session 4. Sharpening negotiation skills
This session provides participants with opportunities to build their negotiation and consensus-building skills.

Session 5. Carrying out a situation analysis
Participants study the steps for carrying out a situation analysis.

Session 6. Developing a strategic plan
Participants learn about steps to design a C-IMCI strategic plan.

Session 7. Developing an operational plan
Participants study how to develop the C-IMCI operational plan, including monitoring.

Session 8. Planning for C-IMCI implementation at district level
This session gives participants an opportunity to practice applying the planning steps for C-IMCI implementation at district (or intermediary/provincial) level.

Session 9. Planning for C-IMCI implementation at community level
This session gives participants the opportunity to share their experience in planning and implementing community-based activities. It will also help familiarize participants on steps and tools for C-IMCI planning at community level.

Session 10. Way forward
Participants determine the actions they will take when they return to their countries, and identify opportunities for further contact, means of keeping in touch, and ways to support each other.

Each session comprises: learning objectives, approximate time needed, materials required, and activities to be carried out.

Training sessions

SESSION 1. INTRODUCTION

Learning objectives
Because this is an orientation session, during which participants and facilitators will work together to create a positive learning climate, there are no learning objectives.

Approximate time needed: 2hour 30 minutes

Materials required
Flipchart paper, markers

Prepare in advance
- materials needed for icebreaker exercise
- flipchart/PowerPoint/transparency on the goal and expected outcomes of the training course
- presentation on status of IMCI implementation in the region

Activities
1.1 Introduction to the training
1.2 Introduction of participants and trainers
1.3 Expected outcomes of the training course
1.4 Working norms
1.5 Presentation on the status of IMCI implementation
1.6 Summary

1.1 Introduction to the training

- Welcome all participants.
- Explain that during this introductory session, participants and trainers will examine the expected outcomes of this training course and compare them with the expectations of the participants; they will begin to get to know one another and to build good working relationships; and reach agreement on the working norms that will be in effect during the training course.
- Discuss administrative issues. For example, review and discuss (as needed) the following:
  — the training course agenda, including hours, refreshments and meals;
  — location of washrooms;
  — explanation of logistical issues such as per diem and transport expenses;
  — other administrative issues, as needed.

1.2 Introduction of participants and trainers

Lead participants in an icebreaker exercise that helps them get to know one another and that helps establish a positive learning climate (i.e. one in which participants and trainers alike may express their ideas openly, in which differences of opinion are seen as opportunities to explore new ideas, and in which everyone's voice may be heard). Suggested icebreakers are included at the end of this session.

1.3 Expected outcomes of the training course

- Distribute small coloured cards to participants (one card per participant).
- Ask participants to write clearly on the cards their expectations of the training, i.e. what do they hope to achieve from participating in the training course? Let each participant read out loud what he or she expects from the training course.
- Listen to all responses.

- Stick all responses on the wall. Group together similar expectations.
- Read the list of expectations when it is complete.
- Place on the wall beside the "Expectations" sheet a large sheet of paper on which you have written the training course goal and expected outcomes.
- Explain that these are *learning objectives* – in other words, they state what the participants will be able to do as a result of participating in the training course.
- Ask participants to take turns reading aloud the goal and expected outcomes.
- Ask participants whether they think that their expectations will be met if they accomplish the expected outcomes of the training course.
- Listen to all responses and respond to questions. (When you do not know the answer, promise to try to find out – and then be sure to do so.)

[Note: This training guide has been developed to help participants achieve the learning objectives listed earlier. If the participants identify other learning objectives, additional training material may need to be added to meet their needs.]

1.4 Working norms

- Place a large blank sheet of paper on the wall.
- Explain that having reached agreement on the administrative issues and the training course outcomes, it now remains for the participants and facilitators to agree upon and adopt working norms.
- Write "Working norms" as the heading for the large sheet of paper on the wall.
- Ask participants to suggest working norms they have found useful in ensuring that a training course proceeds smoothly and work is accomplished.
- Listen to all responses.
- Write all responses on the large sheet of paper.
- Review the list with the participants when no more suggestions are forthcoming. Assist the group in finalizing the list and adopting it. (It may be useful to leave the list posted where all can see – for later reference, as needed.)

1.5 Presentation on the status of IMCI implementation

- Present the status of IMCI and C-IMCI implementation in the appropriate region (see sample presentation attached to this guide).
- Ask if participants have any questions on the presentation you have made.

1.6 Summary

- Summarize briefly what has been done during the first session of the training course.
- Ensure that the following points emerge:
  — agreement was reached on the expected outcomes of this training course;
  — participants and facilitators began to build good working relationships;
  — all reached agreement on the working norms that will be in effect during the training course.
- Explain that they will explore the IMCI strategy together in the following session.

Sample icebreakers

A

- Place in a bag, box or other container as many common household or office objects as there are participants and trainers.
- Explain to the participants that there are common objects in the container and that each participant and trainer should reach in and take one of those objects without seeing what he or she is taking.
- Explain that each person will then hold up the object and explain why what they do is like the object in their hand.
- Give the following examples:
  - — A trainer who has chosen a pair of scissors may explain that his or her work is like a pair of scissors, because in order to train people, it is necessary to "cut" the tasks that make up a job or activity into smaller parts, so that they may be more easily learned.
  - — A mother who is not employed outside the home and who chooses a candle from the box might then explain that her work is to light the way for her children and family so that they can see their way clearly and prosper.
- Circulate around the room, holding the container for each participant so that he or she may reach in and take an object without seeing inside. You should also take one at the end.
- State how your work is like the object that you have selected, as an example for the participants.
- Ensure that every participant has a chance to explain how what they do is like the object selected.
- Thank all participants and trainers for their participation.

B

- Ask participants to sit in pairs and learn as much as possible about one another (name, profession, family, hobbies, etc.).
- Give participants 10 minutes to sit in pairs and get to know each other.
- Ask each participant to introduce very briefly the person she or he has been with in the last 10 minutes.

SESSION 2. PLANNING FOR IMPLEMENTATION OF C-IMCI

Learning objectives
At the end of this session, participants will be able to:

1. Describe IMCI (including the three components of the IMCI strategy);
2. Define C-IMCI;
3. Describe the four stages of planning for implementation of C-IMCI at national and district level;
4. Describe the role of the facilitator in planning for implementation of C-IMCI at district, intermediary and national levels.

Approximate time needed: 2 hours

Materials required
Flipchart paper, markers, Reference Document, VIPP cards, VIPP process (see section 2.5)

Prepare in advance
- "C-IMCI key family practices" on large paper or transparency – depending upon available technology
- "Planning stages for C-IMCI" on large paper or transparency
- "Rules for writing VIPP cards" on large paper or transparency

Activities
2.1 Introduction
2.2 Brainstorming on IMCI and C-IMCI
2.3 Reading
2.4 Discussion
2.5 VIPP: sharing experiences in community programming
2.6 Presentation on the planning process
2.7 Summary

2.1 Introduction

- Explain that in this session participants and trainers will discuss IMCI and the relevance of C-IMCI as one of its three components. In addition, the facilitators' roles and responsibilities in supporting the planning process for implementation of C-IMCI at district, intermediary and national levels will be examined.
- Show and describe the *Reference Document*.

2.2 Brainstorming on IMCI and C-IMCI

- Explain that you would like participants to brainstorm to generate definitions of IMCI and C-IMCI.
- Ask participants to state the "rules" of brainstorming.
- Ensure that the following rules are mentioned:
  — one person speaks at a time;
  — every statement is accepted and written as it is made;
  — no one evaluates a statement until the discussion after brainstorming;
  — brainstorming ends when no more statements are forthcoming.
- Place a large sheet of paper on the wall.
- Ask participants to brainstorm answers to the following question: "What is IMCI?"
- Write their statements on the large sheet of paper (or have another trainer write them as you direct the brainstorming).
- Ensure that the following points are made:

— IMCI is an integrated strategy for addressing the main causes of childhood morbidity and mortality;
— IMCI is a strategy for improving child survival, growth and development;
— the strategy is designed to improve child health through improving the case management skills of health providers, the health system, and family and community practices.

- Summarize what the participants have said about IMCI by using transparencies about the justification, concepts, objectives and implications of IMCI implementation.
  [Note: Point out where the participants' explanations appear in the transparencies and mention any additional points that may have been missed.]
- Ask participants to give examples of how the three components of IMCI are linked; in other words, how does the implementation of one affect that of the other two?
- Listen to all responses.
- Ensure that the following examples are cited:
  — Components 1 and 2 support Component 3 (C-IMCI) when health providers trained in IMCI counsel caregivers on care-seeking for sick children, a key family practice.
  — When caregivers seek treatment outside the home and receive quality care at the health facility, demand and utilization of services increase.
  — The demand for health service delivery generated by community mobilization or health education can be met by having Components 1 and 2 in place.
  — Community-level education can facilitate outreach by health providers.
  — Health providers can supervise community health workers to provide quality care and reinforce preventive messages.
- Ask participants to explain what C-IMCI is.
- Listen to all responses.
- Ensure that the following points are made:
  — C-IMCI is the component of IMCI that strengthens the links between health services and the families and communities they serve;
  — C-IMCI includes activities that support improvement of key family practices.
- Place (or project, depending upon the technology available) on the wall the list of C-IMCI key family practices that you have prepared ahead of time.
- Review with participants the C-IMCI key family practices.
- Ask participants whether they have any comments, questions or concerns about the key family practices.
- Listen to all responses. Answer questions or invite other participants to answer them.
- Ask participants to open their *Reference Documents* to the section "Guiding principles of C-IMCI", and take turns reading the principles aloud.
- Lead a review and discussion of the list.

2.3 Reading

Ask participants to read the Introduction and Chapter 1 of the *Reference Document*, and to look up when they have finished.

2.4 Discussion

- Ask participants if they have any questions regarding what they have just read.
- Listen to all questions and provide answers. If you don't have the answer at hand, tell them that you will try to find the answer before the end of the course.
- Ask participants whether they have any comments or questions on the examples of C-IMCI operational frameworks given in the *Reference Document*.

- Listen to all responses. Answer questions or invite other participants to answer them.
- Explain that at least two frameworks for C-IMCI have been put forward to help organize thinking about C-IMCI programming. The WHO Western Pacific Region (WPR) framework and the CORE/BASICS II framework are included in Chapter 1 of the *Reference Document*.
- Point out that the WPR framework identifies four areas of effort for C-IMCI activities (partnerships and linkages; community participation; health information and promotion; and means for improving practices), while the CORE/BASICS II framework divides C-IMCI activities into the following three elements:
  - improving partnerships between health facilities and services and the communities they serve;
  - increasing appropriate and accessible care and information from community-based providers;
  - integrated promotion of key family practices critical for child health and nutrition.
- Explain that facilitators should feel free to use or adapt either framework in their work, but that this training will not focus on the use of either framework.
- Explain that although there is no one right way to plan and carry out implementation of C-IMCI in a particular setting or at a particular level, certain strategy design steps, if followed, can help ensure that a comprehensive and appropriate strategy is developed. This training course will help participants build skills in assisting countries to use those steps to develop their C-IMCI strategy.

2.5 Visualization in Participatory Programmes (VIPP): Sharing experiences in community programming

VIPP is a participatory process that uses cards of different sizes, colours and shapes to show linkages between ideas and areas of consensus and disagreement.

For VIPP to be successful, follow the rules for writing cards.

Rules for writing VIPP cards

- Write only one idea per card
- Write a maximum of three lines on each card
- Use key words
- Write large letters in both upper and lower case
- Write legibly
- Use different sizes, shapes and coloured cards to structure the results of discussions creatively
- Follow the colour code established by the facilitator for different categories of ideas

VIPP cards can be used in plenary or small groups for participants to put down their responses to a question. The questions must be clear and unambiguous. By using cards, the responses can be organized logically and to show areas of consensus and disagreement.

This method allows all participants the opportunity to express themselves, so that the quieter members in the group are able to contribute.

The facilitator needs to analyse the cards and assess what they represent. Guide the discussion on any areas of disagreement to determine the underlying causes.

The availability and cost of training materials and tools vary greatly from country to country. Below are some suggestions to deal with problems you might experience:

- Card paper may not be readily available in some countries. Instead, take sheets of plain paper, cut them in the different sizes and shapes needed for the VIPP exercises.
- Participants may be reluctant to apply some of the rules for writing VIPP cards, such as limiting writing to three lines per card written in large letters. You can gently remind them of the importance of adhering to these rules because their colleagues need to be able to read the cards from a distance.
- If you do not have different coloured paper/cards, use different coloured crayons or marker pens.

The following sequence is recommended when using the VIPP method:

- Explain to the participants that you would like to use the VIPP method to generate a list of specific learning experiences in their work with community programming. Add that the experiences should be specific in order to be useful. The following examples may help differentiate between specific and general:
  Specific:
  — example of a successful way to stimulate community ownership;
  — example of how they have been able to ensure that supervisors visit community workers.
  General:
  — statement about the need for supervision;
  — description of materials that have been distributed – unless those materials have been clearly linked to programme operations.
- Distribute the VIPP cards to participants.
- Project the rules for writing VIPP cards or put them on a flipchart and place the flipchart in a place where everybody can see them.
- Ask a participant to read aloud the rules for writing VIPP cards.
- Answer any questions participants may have about the VIPP method.
- Ask participants to work in country groups and put down the answers to the following question on the VIPP cards: "What experiences have you had in community programming and implementation?" Limit each country group to three cards.
- Ask each participant to read aloud what he or she has written on the VIPP cards.
- Place the VIPP cards on a board (or a wall) where everybody can see them. As you direct the session, have another trainer help you group the cards to see the various categories that emerge.
- Summarize the session.

2.6 Presentation on the planning process

- Explain that the following presentation outlines the proposed approach for planning implementation of C-IMCI at various levels in a country. Participants should keep in mind the list of experiences they have just created as they learn about and explore this approach. They may find it helpful to reflect on how those experiences fit within the context of the planning and implementation of C-IMCI.
- Project the transparency "Planning stages for C-IMCI" (included at the end of this session).
- Ask participants to take turns reading aloud the different stages.
- Explain briefly each of the stages. The following explanations may be useful:

Stage I. The facilitator will either:
— help establish and orient a C-IMCI working group at the community, district, intermediary or national level, if one does not already exist; or
— strengthen (if needed) and orient an existing working group on the responsibilities involved in planning for implementation of C-IMCI at that level.

Stage II. The facilitator will either:
— assist the working group in planning and carrying out a situation analysis, if one has not already been done; or
— help the working group review a situation analysis using the guidelines provided.

Stage III. The facilitator will either:
— assist the working group in planning for and leading a strategic plan design workshop, if one has not already been done; or
— assist the working group in reviewing an existing strategic plan.

Stage IV. The facilitator will either:
— assist the working group in having the strategic plan adopted, if this has not already been done; or
— assist the working group in reviewing the way the adoption of the strategic plan has been done.

Stage V. The facilitator will either:
— assist the working group in developing an operational plan, including monitoring, if it does not already exist; or
— assist the working group in reviewing an existing operational plan.

- Explain that during the rest of the training course, participants will learn how to use the *Reference Document* to facilitate planning for implementation of community IMCI. In addition to the *Reference Document*, they will use the Case Studies document.

2.7 Summary

- Summarize the main points of the session.
- Ask if there are any questions.
- Ensure that the following points are mentioned in your summary:
  — IMCI is an integrated strategy for addressing the main causes of childhood morbidity and mortality.
  — C-IMCI is the component of IMCI that promotes key family practices and strengthens the links between health services and the families and communities they serve.
  — The role of the facilitator is to assist countries to develop their community IMCI component.
  — The five stages of planning are:
    i. Establish/strengthen a C-IMCI working group
    ii. Carry out a situation analysis
    iii. Develop a strategic plan
    iv. Adopt the strategic plan
    v. Develop an operational plan, including monitoring.

Planning stages for C-IMCI

Arrange collection of preliminary information and determine at what stage to start

Stage I. Establish/strengthen a C-IMCI working group

Stage II. Carry out a situation analysis

Stage III. Develop a strategic plan

Stage IV. Adopt the strategic plan

Stage V. Develop an operational plan, including monitoring

SESSION 3. ESTABLISHING/STRENGTHENING THE C-IMCI WORKING GROUP

Learning objectives
After participating in this session, participants will be able to:

1. Explain how to determine whether an existing working group has the capacity to guide C-IMCI development and activities (at the community, district, intermediary or national level).
2. Explain how to help set up a C-IMCI working group when there is no existing group available to coordinate the planning and implementation of C-IMCI.
3. Describe how to orient the C-IMCI working group to the objectives and process for implementing C-IMCI (at each level).

Approximate time needed: 2 hours 15 minutes

Materials required
Flipchart paper, markers, Reference Document

Activities
3.1 Introduction
3.2 Reading
3.3 Discussion
3.4 Small group work
3.5 Presentation and discussion
3.6 Summary

3.1 Introduction

- Ask participants why "establish/strengthen a C-IMCI working group" is put forward as the first step in planning for C-IMCI.
- Listen to all responses.
- Ensure that the following points emerge:
  — communities have many interests, needs and resources;
  — diverse opinions and talents are needed to plan for any programme that affects communities.
- Explain that in this session, participants will examine how to help ensure that a C-IMCI working group/coordinating committee is available to guide the planning and implementation of C-IMCI at all levels. Note that at national and district levels it may be called a working group, while at community level it may be called a coordinating committee.

3.2 Reading

Ask participants to read the sections on national-level planning and on district-level planning in their *Reference Documents* [Note to trainers: it could be helpful if you wrote the appropriate page numbers on large paper for participants to see]. They should look up when finished.

3.3 Discussion

- Explain that facilitators will need to be prepared to carry out two different, but related, tasks as they assist with setting up a C-IMCI working group at any level. As the flow chart in the *Reference Document* indicates, the facilitator will help determine whether it is appropriate for an existing working group to take on the coordination of C-IMCI planning and implementation. If it is, the facilitator will orient its members to its responsibilities as the C-IMCI working group. If no

working group is available, the facilitator will assist with the formation of a C-IMCI working group.

- Ask participants to describe the activities that the facilitator will carry out when a working group already exists.
- Listen to all responses.
- Ensure that the following activities are named and described (as in the *Reference Document*):
  - — review the history, current activities and plans of the working group and recommend changes, as needed;
  - — orient the group to C-IMCI;
  - — reach agreement on a way forward (i.e. the group agrees or declines to serve as the C-IMCI working group).
- Ask participants to describe the activities that the facilitator will carry out when no working group is available.
- Listen to all responses.
- Ensure that the following activities are named and described (as in the *Reference Document*):
  - — identify the partners, establish partnerships and facilitate the formation of a local working group;
  - — orient the working group on the planning objectives and process.
- Ask participants to name the main points they should make when they orient the working group to C-IMCI and their responsibilities in planning for C-IMCI activities.
- Listen to all responses.
- Ensure that the following points are mentioned:
  - — key family practices and a brief review of evidence in support of the practices;
  - — general principles of C-IMCI;
  - — choice of priority practices;
  - — guiding principles of C-IMCI;
  - — role and responsibilities of the C-IMCI working group.

3.4 Small group work

- Explain that you are going to divide participants into small groups and that each group will examine the case study provided to see what recommendations they would have about the C-IMCI working groups at the national and district levels. The tasks are to:
  1. Read the case study on "Ficticia." Decide among themselves whether the two working groups, one at the national level and the other at the district level, are appropriate – as they are now – to serve as C-IMCI working groups to coordinate C-IMCI activities.
  2. If the group decides that any changes should be made to the composition of either of the working groups, they should be prepared to suggest what those changes should be.
  3. Fill in the worksheet on the profile of members of the working group.
  4. Produce a draft outline of the orientation to be given to the C-IMCI working group at the national/district level.
- Divide participants into small groups (6–7 members each), give them 30 minutes to work, and ask them to begin.
- Circulate and provide assistance as needed.

3.5 Presentation and discussion of group work

- Ask one of the groups to present its suggestions for any changes it would make in the composition of the working groups.

- Listen to the suggestions.
- Ask other participants whether they have anything to add or change.
- Lead a discussion, if necessary, about any differences of opinion.
- Ask another group to present its outline of the orientation to be given to the C-IMCI working group at the national level.
- Listen to the presentation.
- Ask other participants whether they have anything to add or change.
- Lead a discussion, if necessary, about any differences of opinion.
- Ensure that general agreement is reached on the composition of the working group at each of the two levels (national and district) and about the outline of the orientation to be given to the C-IMCI working group at national level.

3.6 Summary

- Summarize the main points of the session.
- Listen to all responses.
- Ensure that the following points emerge:
  - The C-IMCI facilitator will help determine whether an existing working group should take on the role of C-IMCI working group, or a new group should be formed.
  - The C-IMCI working group should comprise representatives from partners and stakeholders working in child health.
  - The C-IMCI facilitator will orient the C-IMCI working group to its role and responsibilities.

SESSION 4: SHARPENING NEGOTIATION SKILLS

Learning objectives
After participating in this session, participants will be able to:

Use negotiation techniques to build consensus.

Approximate time needed: 45 minutes

Materials required
Flipchart paper, markers
Information sheets on role-play photocopied for participants
Presentation on negotiation skills

Prepare in advance
- Ask six participants to prepare and play their assigned roles, the aim of which is to negotiate a consensus. Give them their instructions (found at the end of this session) and allow them to prepare the evening before they do the role-play
- Write the main points of negotiation skills on a flipchart

Activities
4.1 Introduction
4.2 Presentation
4.3 Role-play
4.4 Summary

4.1 Introduction

- Ask participants to relate personal experiences in which they have had to negotiate a consensus (family or professional environment).
- Listen to all responses.
- Explain that in this session, participants will explore some techniques that may be used to help groups reach consensus.

4.2 Presentation on negotiation skills

- Give the presentation about negotiation skills.
- Lead a discussion, asking questions that assist in defining consensus, its principles and the process of achieving it.
- Summarize the main points of negotiation skills. Remind the participants of the principles of negotiation, which include the following:
  — Active listening to understand others
  — Make sure you know others' expectations
  — Make your arguments clear
  — Talk and listen, listen and talk
  — Take into account others' expectations and arguments
  — Discuss ideas, not people's attitudes
  — Be optimistic.

4.3 Role-play

- Explain that six participants have been requested to prepare and play assigned roles, with the aim of conducting a negotiation to achieve a consensus.
- Ask the other participants to observe and, referring to the main points of the negotiation skills, to provide feedback on the role-play.
- Ask the six participants to conduct the role-play.

- Lead a discussion of self evaluation and feedback from the other participants, based on the main points of the negotiation skills.
- Ensure that the following points are discussed:
  - the various negotiators' "performance" with respect to the principles of negotiation;
  - methodology followed (e.g. did the negotiators have and stick to clearly defined objectives? was it clear what they could and could not give up in their negotiations? did they have several options? did they state the purpose of the negotiation? did they focus on common interests?);
  - the types of negotiators (soft, hard, "the Negotiator").

4.4 Summary

Summarize the main points about the session.

ROLE-PLAY: NEGOTIATION SKILLS

A. The professor; the coordinator of academic activities

Objective of the role-play

Conduct a negotiation for including an exclusive breastfeeding (EBF) programme in the university curriculum.

Background

The Ministry of Health (MOH) is promoting EBF as an essential component of its child survival programme. The university and schools of health are identified as training sites for health professionals. A meeting with the Pr Iknow-All, dean of the medical school, is scheduled for today at 16:00. Other resource persons are invited to the meeting.

Roles

- The professor: You are well known, acknowledged and respected, but you are not convinced that EBF is a practice you want to promote, for the following reasons.
  - — the risk of HIV transmission through breast milk is well documented;
  - — the evaluation of the Baby-friendly Hospital Initiative is not convincing and the impact of the initiative on child health is not significant;
  - — making changes in training curriculum is complicated and requires many meetings and a consensus with trainers.
- The coordinator of academic activities, in charge of relationships with the MOH, will assist you.

Timing

Orientation for the role-play:	5 minutes
Preparation for the role-play:	10 minutes
Role-play:	15 minutes
Feedback – self evaluation:	10 minutes
Feedback from other participants:	20 minutes
Summary:	5 minutes

B. The consultant/facilitator; four MOH authorities

Objective of the role-play

Conduct a negotiation for including an exclusive breastfeeding (EBF) programme in the university curriculum.

Background

The Ministry of Health is promoting EBF as an essential component of its child survival programme. The university and schools of health are identified as training sites for health professionals. A meeting with the Pr IKnow-All, dean of the medical school, is scheduled for today at 16:00. Other resource persons are invited to the meeting.

Roles

- The consultant/facilitator: WHO requested you to assist the working group on EBF and to do advocacy for the programme. You identified some allied partners who assist you in the negotiation. These are:
  - — Coordinator of the national nutrition programme
  - — Coordinator of the national diarrhoea disease control programme
  - — Manager of the Baby-friendly Hospital Initiative
  - — Coordinator of the national HIV/AIDS programme

Timing

Orientation for the role-play:	5 minutes
Preparation for the role-plan:	10 minutes
Role-play:	15 minutes
Feedback – self evaluation:	10 minutes
Feedback from other participants:	20 minutes
Summary:	5 minutes

SESSION 5: CARRYING OUT A SITUATION ANALYSIS

Learning objectives
After participating in this session, participants will be able to explain how to assist the C-IMCI working group in:

1. Planning for and carrying out a situation analysis (at the community, district, intermediary or national level);
2. Reviewing existing data (DHS, nutrition surveys, household surveys);
3. Identifying additional information required;
4. Identifying existing practices, barriers and supports (policy, cultural, religious) to those practices, and available or potential services, resources, partners and coordination mechanisms.

Approximate time needed: 8 hours 30 minutes

Materials required
Flipchart paper, markers, Reference Document, Case Studies, blank copies of the situation analysis data summary sheet (Annex G)
Blank copies of the gap analysis worksheet (Annex P)

Prepare in advance
- A large version of the situation analysis data summary sheet (Annex G)
- A large version of the gap analysis worksheet (Annex P)

Activities
5.1 Introduction
5.2 Discussion
5.3 Reading
5.4 Demonstration
5.5 Discussion
5.6 Small group work
5.7 Plenary session
5.8 Discussion
5.9 Explanation
5.10 Demonstration
5.11 Discussion
5.12 Summary

5.1 Introduction

State that once the facilitator has helped to establish and orient the C-IMCI working group and clarified roles and responsibilities, it is time to take the next step, which is to carry out a situation analysis. In this session, participants will explore how to review existing information and how to identify additional information that is needed to inform programme design.

5.2 Discussion

- Ask participants what they understand by the term "situation analysis".
- Listen to all responses.
- Ensure that the following points concerning situation analysis are included:
  — it involves describing a particular situation as it exists now;
  — it involves reviewing what has been done in the past to address the problem at hand;
  — it may involve measurement of various aspects of the situation.

- Ask participants why it may be useful to review what has been done in the past as you prepare to address a current problem or set of problems.
- Listen to all responses.
- Ensure that the following points are made about reviewing what has been done in the past:
  — it provides information about the practices related to those problems;
  — it helps identify information gaps and issues that require further research;
  — it can inform research decisions as well as programme design.
- Ask participants where they would be likely to find information about key family practices in a country where they will be working as facilitators.
- Listen to all responses.
- Ensure that participants include the following sources (in addition to any others they might cite):
  — the most recent DHS;
  — ministry of health statistics;
  — WHO data;
  — UNICEF data;
  — NGOs, private voluntary organizations (PVOs), other groups or organizations that have worked there;
  — university publications and dissertations;
  — environmental surveys;
  — health facility surveys;
  — household surveys.

5.3 Reading

Ask participants to read the section on situation analysis, and annexes D, E, F and G in the *Reference Document*. (Write the page numbers and annex letters on large paper where all can see.) Ask them to look up to let you know when they have finished.

5.4 Demonstration

- Explain that, as their reading and their own experience will tell them, preparing and carrying out a situation analysis is both necessary and challenging. They may use the *Reference Document*, including its annexes, to support them as they facilitate the planning and implementation of a situation analysis.
- Place on the wall the large situation analysis data summary sheet that you prepared earlier.
- Explain that participants may find this worksheet useful as an organizational tool when carrying out the situation analysis.
- Suggest that for this demonstration you use the key practice related to hand-washing, and follow it through the various columns of the data sheet.
- Point to the second column heading on the data sheet, "Epidemiology".
- Ask participants what is meant by "epidemiology".
- Listen to all responses.
- Ensure that the responses include the following points:
  — how often the practice occurs
  — severity of the consequences if the practice is not applied
  — type(s) of problems that may occur
  — where the problem occurs
  — history/origin of the problem.
- Ask participants to give an example of what might be written in this column.
- Listen to all responses.

- Ensure that an answer similar to the following one is provided:
  Children get diarrhoea most often during the rainy season, from March to June.
- Point to the third column heading, "Current practices".
- Ask participants what they understand by that heading.
- Listen to all responses.
- Ensure that participants respond in their own words that what they would write in this column is information they already have about practices related to the problem being addressed.
- Ask participants to give some examples of what they might write in this column. A possible response might be:
  Caregivers rinse hands only with water after defecating and after cleaning a child who has defecated.
- Ask participants where they would be likely to find information about current practices related to the key family practices.
- Listen to all responses.
- Ensure that participants include the following sources (in addition to any others they may mention):
  — the most recent DHS;
  — ministry of health statistics;
  — WHO data for the project area;
  — UNICEF data for the project area;
  — NGOs, PVOs, other groups or organizations that have worked on diarrhoeal diseases in the project area.
- Point to the fourth column heading, "Interventions/services (availability, accessibility, utilization) and lessons learned".
- Ask participants what they understand by that heading.
- Listen to all responses.
- Ensure that participants respond in their own words that in this column they would do the following:
  — list the names of programmes carried out in their programme area to address the same problems or very similar problems;
  — list those that are accessible and well-utilized.
- Ask participants to draw from their own experiences to name programmes carried out in the past in their areas to address the key family practices.
- Listen to all responses.
- Point to the fifth column heading, "Communication (BCC, social mobilization, advocacy)".
- Ask participants what they understand by that heading.
- Listen to all responses.
- Explain that because communication is usually an integral part of efforts to change practices, during the situation analysis it may be helpful to document certain information about communication materials.
- Ensure that the following points are included in the participants' responses:
  — existing communication materials (information/education/communication (IEC) materials, radio spots, etc.);
  — whether there is any advocacy regarding the key family practice under question.
- Ask participants whether they can draw from their own experiences to name any communication material/advocacy tool that might have an impact on key family practices.
- Listen to all responses.
- Write the communication materials in the first box of the column.
- Point to the sixth column heading, "Opportunities (partners, policy, etc.)".
- Ask participants what they understand by that heading.

- Listen to all responses.
- Ensure that the following are included in the participants' responses:
  — a list of government policies that relate to key family practices;
  — a list of policies from other groups or organizations (NGOs, PVOs, local groups) that relate to key family practices;
  — other groups or organizations that would have an interest in addressing child health concerns;
  — other groups or organizations that are already addressing child health concerns;
  — resources already available;
  — resources that might become available.
- Ask participants whether they can draw from their own experiences to name any policies that might have an impact on the key family practices.
- Listen to all responses.
- Ask participants whether they can draw from their own experiences to name possible partners with whom they might work, and resources that might be available to have an impact upon the key family practices.
- Listen to all responses.
- Write the policies and the partners in the first box of the column. If the participants need examples of policies, the following can be mentioned:
  — *Chlorine is distributed to households with young children a few weeks before the rainy season to help prevent diarrhoea.*
  — *Malaria treatment medications are available at low cost from community health workers.*
- Point to the seventh column heading, "Constraints".
- Ask participants what they understand by that heading.
- Listen to all responses.
- Ensure that the following are included in the participants' responses:
  — constraints already existing
  — constraints that might be present.
- Ask participants whether they can draw from their own experiences to name examples of constraints that might be hindrances in addressing the key family practices.
- Listen to all responses.
- Write the constraints in the first box of the column.
- Point to the eighth column heading, "Recommendations".
- Ask participants what might be listed in this column.
- Listen to all responses.
- Ensure that participants mention various recommendations – based on the previous columns – to address the key family practices.

5.5 Discussion

- Ask participants how they might use the material in annexes E and F to help carry out the situation analysis.
- Listen to all responses.
- Ensure that the following point emerges:
  The questions provided may be used to solicit information needed for the situation analysis.
- Ask participants whether all the information collected can be included in the situation analysis data summary sheet.
- Listen to all responses.
- Explain that a summary document should be prepared to capture the information collected during the situation analysis.

- Lead a discussion about the advantages and disadvantages of filling out a situation analysis data summary sheet for problems derived from *each* of the key family practices.

5.6 Small group work on situation analysis

- Explain that you are going to ask participants to work in small groups to practice filling out the situation analysis data summary sheet using the case study provided. Once they are in their small groups, they should:
  — read the situation analysis section of the case study;
  — work together to fill out the situation analysis data summary sheet with the information provided.
- Add that they will have 30 minutes to work in their small groups and that they will share their results during the plenary session.
- Ask participants to divide into small groups (whether the same groups as before or different groups is up to the trainers) and to begin.
- Circulate and provide assistance, as needed.

5.7 Plenary session

- Ask participants to come together after 30 minutes (or when they have completed the task).
- Ask a participant from one of the small groups to write the group's answer in the first column ("Epidemiology").
- Ask other groups whether they have any comments or suggestions about what has been written.
- Listen to all comments.
- Lead a discussion (if necessary) to help the whole group agree on what should be written there.
- Continue in this way until all the boxes have been filled in.

5.8 Discussion

- Explain that the situation analysis data summary sheet is filled out over the course of the situation analysis on the basis of information collected. Filling out the worksheet not only summarizes data, but also reveals the gaps in the information needed to proceed to the next stage, which is strategic plan design.
- Add that it is important to fill out the situation analysis data summary sheet *as their work proceeds*. Not only will new information come to light, but also some of the answers written at the beginning may need to be changed as additional information becomes available.
- Give the following example of this:
  During interviews with key informants, researchers are told that caregivers do not use soap to wash their hands because they do not understand the importance of using soap. However, in-depth interviews with caregivers reveal that it is not lack of understanding, but lack of resources to purchase soap that prevents them from using it.
- Ask participants how the approach that programme planners would have chosen to address caregivers' lack of understanding would differ from an approach to address the caregivers' lack of resources to carry out the key practice.
- Listen to all responses.
- Ensure that the following point emerges:
  A strategy to educate caregivers would provide them with information, whereas a strategy to address lack of resources could either attempt to make soap more affordable or to discover an alternative cleansing agent that would be effective and feasible for the caregivers to use.

- Ask participants whether they can suggest other examples, based on their own experiences.
- Listen to all responses.

5.9 Explanation of gap analysis

- Explain that it is helpful to perform a gap analysis at various points during the situation analysis. The results of the gap analysis indicate what additional information should be gathered before a strategic plan can be designed.
- Place on the wall the flipchart paper for "Gap analysis worksheet" (blank) that you have prepared.
- Review with participants what each column means:
  — "Ideal practices" = key family practices (or part thereof)
  — "Current practices" = What you know as a result of your investigation so far
  — "Remaining questions" = What you need to find out.

5.10 Demonstration

- Explain that you are going to give an example of how this can work.
- Write in the first box under "Ideal practices" the following statement: "People will dispose of all faeces properly".
- Write in the first box under "Current practices " the following information:
  — Young children defecate near living spaces.
  — Adults use latrines when they are nearby.
  — When working in the fields, adults relieve themselves in the bush.
- Write in the first box under "Remaining questions" the following:
  — What do people believe about children's faeces?
  — What would facilitate getting all children's faeces disposed of safely?
- Ask participants to name another ideal behaviour to list under the heading "Ideal practice".
- Listen to all responses.
- Write the ideal behaviour they name in the second box under "Ideal practices".
- Ask participants what they think are the current practices, from the case study.
- Listen to all responses.
- Write their answers in the second box under "Current practices".
- Ask participants what they think should be the remaining questions in that case.
- Listen to all responses.
- Write their answers in the second box under "Remaining questions".

5.11 Discussion

- Ask participants how they think that the "remaining questions" can best be answered.
- Listen to all responses.
- Ensure that the following term emerges: formative research.
- Ask participants what formative research is.
- Listen to all responses.
- Ensure that the following points about formative research emerge:
  — it involves gathering information and ideas with and from the target population;
  — it translates ideal practices into feasible ones;
  — it explores meaningful barriers to improved practices;
  — it explores motivations for improved practices.
- Ask participants when formative research is carried out.
- Listen to all responses.
- Ensure that the following point emerges:

Formative research is done at the beginning of programme planning and once the review of existing information has been completed.

- Ask participants why formative research is carried out.
- Listen to all responses.
- Ensure that the following points emerge about why formative research is carried out:
  — it helps ensure that proposed behaviour changes are feasible;
  — it helps identify and explain the obstacles to those changes;
  — it helps identify and explain the motivations that may be used to stimulate and reinforce those changes.
- Ask participants who should carry out the formative research.
- Listen to all responses.
- Ensure that the following points emerge:
  — there is no one answer, because each context will be different;
  — there should be a core research team consisting of a director, one or two content experts (in this case, in the area of child health), and a research expert.

5.12 Summary

- Ask participants how the situation analysis data summary sheet should be used.
- Listen to all responses.
- Ensure that the following points are mentioned:
  — it is used as a checklist of the information that is to be gathered;
  — it is filled in "as you go" – with continuous opportunities to add, change or delete data;
  — research may be needed to fill it in.
- Ask participants how gap analysis is carried out.
- Listen to all responses.
- Ensure that the following points are mentioned:
  — an ideal practice is listed in the second column;
  — the current practice is written in the third column;
  — what remains to be discovered is listed in the fourth column.
- Ask participants how the gaps should be filled.
- Listen to all responses.
- Ensure that the following point is mentioned:
  Formative research is carried out to identify the missing information/data.

The process described in this session is adapted from "Designing by Dialogue: A Program Planner's Guide to Consultative Research for Improving Young Child Feeding", 1997, SARA Project, Academy for Educational Development, Washington, USA.

SESSION 6. DEVELOPING A STRATEGIC PLAN

Learning objectives
After participating in this session, participants will be able to explain how to assist the C-IMCI working group in:

Developing a C-IMCI strategic plan document

Approximate time needed: 2 hours 30 minutes

Materials required
Flipchart paper, markers
Guidelines for organizing a C-IMCI orientation, situation analysis results dissemination and planning workshop (Annex I)
Strategy development worksheet (Annex J)
Community IMCI national strategic plan outline (Annex L)

Activities
6.1 Introduction
6.2 Reading
6.3 Discussion
6.4 Demonstration
6.5 Small group work
6.6 Presentation and discussion
6.7 Demonstration
6.8 Small group work
6.9 Presentation and discussion
6.10 Summary

6.1 Introduction

Explain that once the situation analysis has been completed, the facilitator should help the C-IMCI working group design the strategic plan for their community IMCI component. If dissemination of the situation analysis results has not taken place, the facilitator should ensure that the results are presented before developing the C-IMCI strategic plan.

6.2 Reading

Ask participants to read the section "C-IMCI planning at national level: Stage III" in the *Reference Document*. They should look up when they have finished.

6.3 Discussion

- Ask participants to describe briefly what they will do if a dissemination event/strategic plan design workshop has already been carried out.
- Listen to all responses.
- Ensure that the following points emerge:
  — find out who the participants were;
  — find out how the workshop was implemented;
  — find out what the outcomes of the workshop were.
- Ask participants how they might go about learning all of this.
- Listen to all responses.
- Ensure that the following points emerge:
  — review the workshop documentation;
  — interview members of the working group and participants at the meeting;
  — review follow-up documents.

- Ask participants what a facilitator should do after reviewing how the workshop was carried out and what were the outcomes of the workshop.
- Listen to all responses.
- Ensure that the following points emerge:
  - — assist the national working group to determine whether changes made to the situation analysis (made as a result of reviewing it with the facilitator) will require any follow-up or changes to the strategic plan;
  - — assist the group to plan how to make those changes;
  - — assist the group to plan how to disseminate information about the changes.
- Ask participants to briefly describe what they will do if a dissemination event/ strategic plan design workshop has NOT been carried out.
- Listen to all responses.
- Ensure that the following points emerge:
  - — assist the committee in identifying who should participate in such a workshop (i.e. all the partners and stakeholders at national, district and community levels, NGOs and representatives of other sectors of development who have an interest in community interventions);
  - — assist with planning and documenting the workshop.

  [Note: See Annex I of the *Reference Document* for guidelines to organize such a workshop.]
- Ask participants to explain briefly how the workshop might be structured.
- Listen to all responses.
- Ensure that the following points emerge:
  - — the committee shares the outcomes of the situation analysis, as well as the recommendations that have resulted from the analysis;
  - — one or more members of the committee lead a discussion of the outcomes;
  - — one or more subgroups develop the strategic plan;
  - — the strategic plan is presented to the entire group for discussion and approval.

6.4 Demonstration on developing a strategic plan

- Explain that just as participants have used one worksheet to help organize the situation analysis, they can use another to help them with strategy design.
- Place on the wall the large version of the strategy development worksheet that you have prepared ahead of time.

  [Note: You may wish to use two or more large sheets of paper due to the size of the worksheet.]
- Review the parts of the worksheet with participants. Be sure to include the following points:
  - — *Key practice*: Complete the strategic plan design for each priority key practice first and then compare strategy designs across practices to find ways to combine activities.
  - — *Participant group*: Whom are you targeting?
  - — *Behavioural analysis*: These columns may be filled in with information collected during the situation analysis.
  - — *Communication activities*: Keep in mind that the categories of activities listed in the example may need to be modified, depending upon the particular situation.

6.5 Small group work on strategy development

- Explain that participants will work in small groups to fill out the strategy development worksheet for two of the C-IMCI key family practices: exclusive breastfeeding and use of ITNs.

- Divide participants into small groups, tell them they have 30 minutes to work, give each small group several blank worksheets and ask them to begin.
- Circulate and provide assistance, as needed.

6.6 Presentation and discussion of group work

- Call all participants together again after 30 minutes (or when all groups have completed their work).
- Ask one group to present what it has written for the first key practice by writing on the large version of the strategy development worksheet on the wall (or, if space or time do not allow, by reading them out loud).
- Ask other participants whether they have comments, suggestions, etc. and help the group reach agreement on what should be included in the strategy development worksheet.
  [Note: If there are major differences between the strategies designed by the groups, it might be helpful to invite each group to explain the reasoning behind their strategy decisions.]
- Ask another group to present what it has written for the second key practice by writing the results on the large version on the wall (or, if space or time do not allow, by reading them out loud).
- Ask other participants whether they have comments, suggestions, etc. and help the group reach agreement on what should be included in the strategy development worksheet.
  [Note: Same as above.]

6.7 Demonstration

- Explain that participants will now learn how to write a C-IMCI strategic plan document.
- Place on the wall the large version of the sample C-IMCI national strategic plan outline (Annex L) that you prepared ahead of time.
- Review each part of the outline with the participants.

6.8 Small group work

- Explain that participants will work in small groups to fill out the strategic plan outline (Annex L) for two of the C-IMCI key family practices: exclusive breast-feeding and promotion of ITNs.
- Divide participants into small groups, tell them they have 30 minutes to work, give each small group several blank worksheets and ask them to begin.
- Circulate and provide assistance, as needed.

6.9 Presentation and discussion

- Call all participants together again after 30 minutes (or when all groups have completed their work).
- Ask one group to present the first section of what it has done (or, if space or time do not allow, by reading them out loud).
- Ask other participants whether they have comments, suggestions, etc. and help the group reach agreement on what should be included in the strategic plan outline.
  [Note: If there are major differences between the strategic plans designed by the groups, it might be helpful to invite each group to explain the reasoning behind its strategy decisions.]
- Ask another group to present the next section (or, if space or time do not allow, by reading them out loud).

- Ask other participants whether they have comments, suggestions, etc. and help the group reach agreement on what should be included in the strategic plan outline.
  [Note: Same as above.]

6.10 Summary

- Summarize the main points of the session.
- Ensure that you include the following points:
  — if a C-IMCI strategic plan has already been developed, the facilitator will assist with a review of the process used to do so;
  — if changes need to be made, the facilitator will assist with the changes;
  — if a C-IMCI strategic plan has not been defined, the facilitator will assist with its development.

SESSION 7. DEVELOPING AN OPERATIONAL PLAN

Learning objectives
After participating in this session, participants will be able to explain how to assist the C-IMCI working group to:

1. Identify the activities, the people responsible for them and the completion times;
2. Select the indicators and develop or adapt the tools and aids for monitoring and evaluation;
3. Determine the budget and the sources of funding;
4. Review an existing operational plan, including monitoring, with the working group;
5. Identify gaps, the need for revision, and changes to be made.

Approximate time needed: 5 hours 15 minutes

Materials required
Flipchart paper, markers

Prepare in advance
- Large version (or a transparency) of the sample "Template for a plan of action" – Annex M

Activities
7.1 Introduction
7.2 Reading
7.3 Discussion
7.4 Small group work
7.5 Presentation and discussion
7.6 Summary

7.1 Introduction

Explain that once the strategic plan has been developed, it is time to develop an operational plan, which should include provisions for monitoring and evaluation. At national and district level, this will be called an operational plan, while at community level, it may be called a plan of action.

7.2 Reading

Ask participants to open the *Reference Document* and to read the sections on operational plan development at national, district, and community levels. They should look up when they have finished.

7.3 Discussion

- Ask participants to explain the steps they will take if an operational plan has already been developed.
- Listen to all responses.
- Ensure that the following steps are covered:
  — review the operational plan with the working group;
  — assist the working group to identify any changes that should be made, based on changes they have made during their review of earlier steps in the planning process (i.e. situation analysis and strategic plan design);
  — assist the working group in making the changes.
- Ask participants to explain the steps they will take if an operational plan has not been developed.

- Listen to all responses.
- Ensure that the following steps are covered:
  - — assist the working group to identify activities, the people responsible for them and the estimated completion times;
  - — assist the working group to select indicators and develop or adapt tools for monitoring and evaluation;
  - — assist the working group to determine the budget and the sources of funding.
- Place on the wall a large version of the sample "Template for a plan of action" (or project it as a transparency) – Annex M of the *Reference Document*.
- Explain that although each country situation will have its own peculiarities, this template may be adapted and used to organize an operational plan.
- Review the operational plan with participants.
- Ask participants to open their *Reference Documents* to Annex R.
- Review the process indicators and the priority community indicators.
- Explain that although the process indicators are fairly standard, community indicators will be selected according to each country's priorities. In addition, planning should take into account the need to incorporate new indicators as C-IMCI implementation progresses.

7.4 Small group work

- Explain that participants will work in small groups to draft sample operational plans/plans of action based on the strategies they designed during the last session. Encourage them to draw on their own experiences in defining the time frames for the various activities and in estimating budget amounts.
- Divide them into small groups, give them 45 minutes to work and ask them to begin.
- Circulate and provide assistance, as needed.

7.5 Presentation and discussion

- Call all participants together when they have completed their task.
- Ask one group to present its operational plan and to solicit questions and comments from their colleagues/fellow participants.
- Continue in this way until all groups have presented their work and have discussed it with the other participants.

7.6 Summary

- Summarize the main points of the session.
- Listen to all responses.
- Ensure that the following points emerge:
  - — an operational plan identifies the activities, the people responsible for them and the completion times of a project or programme;
  - — an important part of developing the operational plan is selecting the indicators and developing or adapting tools and aids for monitoring and evaluation;
  - — planning also includes determining the budget and the sources of funding;
  - — C-IMCI facilitators may help review and revise an operational plan, including monitoring, with the working group.

SESSION 8. PLANNING FOR C-IMCI IMPLEMENTATION AT DISTRICT LEVEL

Learning objectives
After participating in this session, participants will be able to:

Describe how to assist the district in planning for C-IMCI implementation

Approximate time needed: 1 hour

Materials required
Flipchart paper, markers

Activities
8.1 Introduction
8.2 Discussion
8.3 Brainstorming
8.4 Summary

8.1 Introduction

Explain that participants will now have an opportunity to plan for implementation of C-IMCI at district level.

8.2 Discussion

Lead a discussion about the following key issues:

- The coordinating role of the district health team (i.e. they should "drive" the process but be inclusive of others in the public and private sectors);
- Scaling up by establishing linkages among the different actors and interested parties at district level;
- Respect of national policies;
- Resource mobilization;
- Documentation.

8.3 Brainstorming

- Ask participants what "scaling up" means and how would they do it.
- Listen to all responses.
- Ensure that the following points are mentioned:
  - C-IMCI can be scaled up in two ways: by adding into existing programmes activities related to more of the key family practices; and by expanding activities to cover new geographic areas;
  - whenever possible, C-IMCI should be implemented simultaneously with the other two components of IMCI for maximum impact on child morbidity and mortality reduction;
  - the district can play a significant role in scaling up C-IMCI activities by helping share experiences among various communities and by encouraging the initiation of C-IMCI in new communities.

8.4 Summary

Summarize the main points of the session.

SESSION 9. PLANNING FOR C-IMCI IMPLEMENTATION AT COMMUNITY LEVEL

Learning objectives
After participating in this session, participants will be able to:

Describe how to assist the district to plan for C-IMCI implementation at community level

Approximate time needed: 8 hours 30 minutes

Materials required
Flipchart paper, markers

Prepare in advance
Presentation(s) covering:

- behaviour change
- participatory approach

Activities
9.1 Introduction
9.2 Presentation
9.3 Discussion
9.4 Presentation and discussion
9.5 Presentation
9.6 Summary

9.1 Introduction

Explain to participants that planning at community level will help ensure sustainability.

9.2 Presentation

Make presentation(s) on behaviour change, participatory approaches.

9.3 Discussion

- Ask participants if they have any questions or comments on the presentations made.
- Listen to the questions and give the appropriate replies. If you do not have the answers to the questions, tell participants that you will get back to them with the answers.
- Ask participants why the community should be involved in the process at community level.
- Listen to all the responses.
- Ensure that the following points are covered in the discussion:
  — community participation helps community members to identify their own problems and possible solutions which are within their means;
  — community participation ensures sustainability and ownership.
- Explain that capacity building ensures that community health workers, community-based organizations or any other community-based actors do their jobs well.

9.4 Presentation and discussion on country experiences

- Ask three participants to each select one topic: community participation, capacity building or partnerships – and share their experiences.
- Lead a discussion about the three experiences presented.

9.5 Presentation

- Brainstorm with the participants on the steps for planning C-IMCI at community level.
- Write all responses on a flip chart.
- Present the flow chart on "C-IMCI planning steps at community level".

9.6 Summary

Summarize the session, mentioning the key issues discussed.

SESSION 10. WAY FORWARD

Objective of the session
Trainers and participants will reach agreement on next steps.

Approximate time needed: 1 hour 30 minutes

Materials required
Flipchart paper, markers

Prepare in advance
"Roles of facilitators" on a flip chart or transparency

Activities
Discussion

- Explain to participants that during this session, they will work in country groups. Ask them to suggest two or three actions they will take when they return to their countries.
- Discuss in plenary the actions presented by participants and ideas for maintaining contact and support among themselves.

Draft training programme

DAY 1

■ SESSION 1: INTRODUCTION

08.00–08.30 Registration
08.30–09.00 Introduction and welcoming remarks
Introduction of participants
09.00–10.00 Workshop expectations
Objectives and expected outcomes
10.00–10.15 Norms of workshop
10.15–11.00 Opening remarks
Overview of IMCI in the Region
11.00–11.30 TEA BREAK

■ SESSION 2: PLANNING FOR IMPLEMENTATION OF COMMUNITY IMCI

11.30–12.15 Introduction to Community IMCI
12.15–13.00 Participants' experiences and lessons learnt in community based interventions
13.00–14.00 LUNCH BREAK
14.00–14.30 Planning stages for C-IMCI

■ SESSION 3: ESTABLISHING / STRENGTHENING THE C-IMCI WORKING GROUP

14.30 –15.00 Introduction to establishing working group
15.00–15.15 Discussion
15.15–16.15 Group Work (on establishing "Working Group")
16.15–16.30 TEA BREAK
16.30–17.00 Plenary presentations
17.00–17.15 Summary

DAY 2

■ SESSION 4: SHARPENING NEGOTIATION SKILLS

08.00–08.15 Recap of Day 1
08.15–08.30 Negotiation technique: Presentation
08.20–08.50 Role Play
08.50–09.00 Discussion and Summary

■ SESSION 5: CARRYING OUT SITUATION ANALYSIS

09.00–10.15 Situation analysis
- Introduction
- Discussion
- Presentation
- Reading

10.15–10.30 TEA BREAK
10.30–11.15 Summarizing data collected
- Demonstration

11.15–11.25 Introduction to group work
11.25–13.00 Group Work (cont.)
13.00–14.00 LUNCH
14.00–17.00 Group Work (cont.) including tea break

DAY 3

08.00–08.15 Recap of Day 2
08.15–09.00 Plenary – Group Work presentations and discussions
09.00–09.30 Discussions and demonstration (gap analysis)
09.30–09.45 Summary

■ SESSION 6: DEVELOPING A STRATEGIC PLAN

09.45–09.55 Introduction to developing a C-IMCI strategic plan
09.55–10.25 Discussion (organizing the dissemination/ designing workshops)
10.25–10.45 TEA BREAK
10.45–11.45 Group work (strategic plan design)
11.45–12.15 Plenary – Discussion
12.15–12.30 Summary

■ SESSION 7: DEVELOPING AN OPERATIONAL PLAN

12.30–12.40 Introduction to developing an operational plan at national and district level
12.40–13.00 Reading reference document
13:00–14:00 LUNCH BREAK
14.00–14.30 Discussions
14.30–16.30 Group work (developing an operational plan)
16.30–16.45 TEA BREAK
16.45–17.45 Plenary and discussions
17.45–18.00 Summary

DAY 4

08.00–08.15 Recap of Day 3
08.15–08.45 Discussion (key issues to consider when planning and implementing at district level)
08.45–09.00 Summary

■ SESSION 8: PLANNING FOR C-IMCI IMPLEMENTATION AT DISTRICT LEVEL

09.00–09.30 Discussion
09.30–10.00 Brainstorming on scaling up

■ SESSION 9: PLANNING FOR C-IMCI IMPLEMENTATION AT COMMUNITY LEVEL

10.00–10.30 Introduction to C-IMCI at community level
10.30–11.00 Discussion
11.00–13.00 Group Work – Reading and discussions on steps and issues during planning and implementation at community level (including tea break at 10.30am)
13.00–14.00 LUNCH BREAK
14.00–17.30 Group Work (cont.)

DAY 5

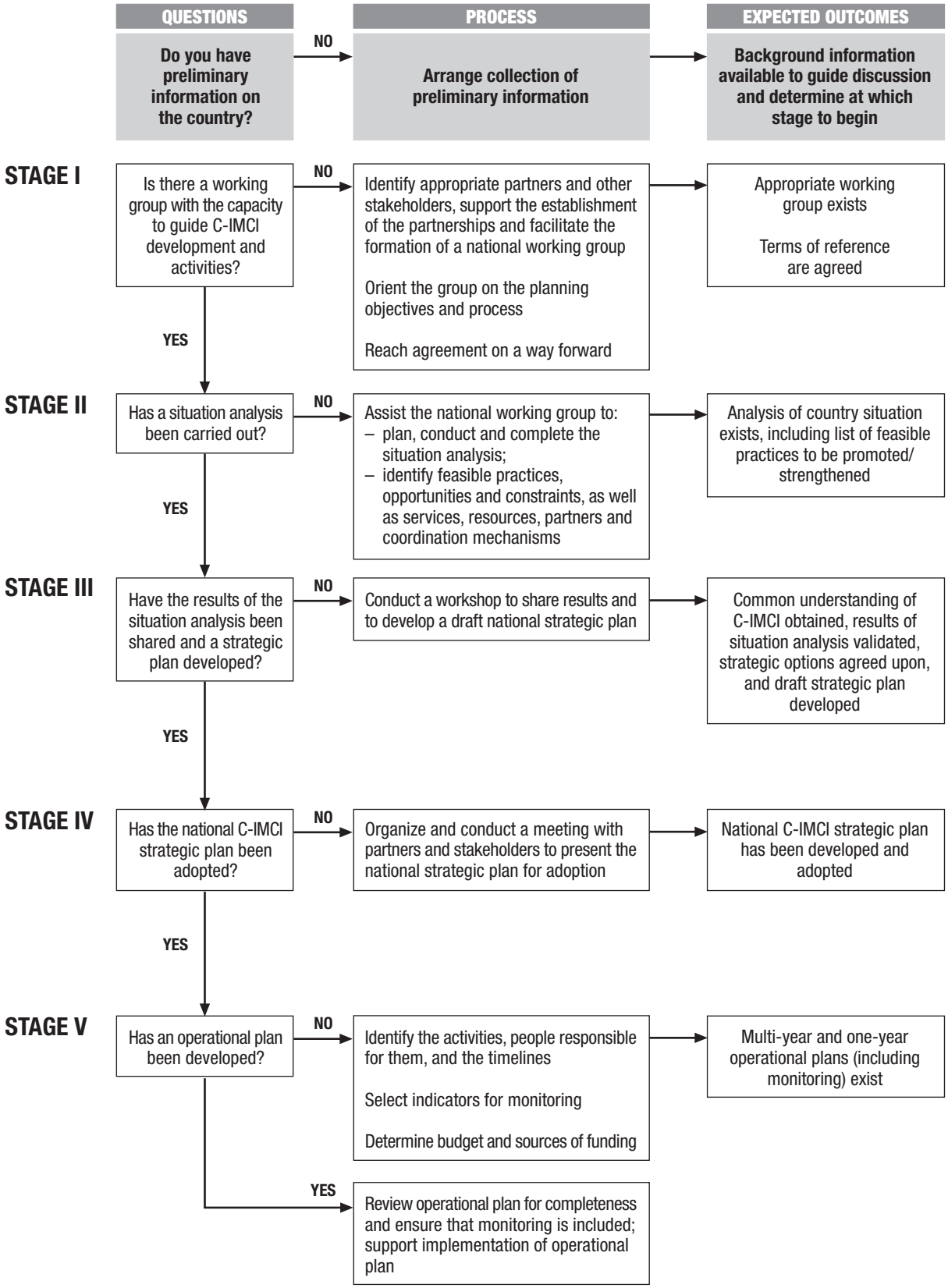
09.00–11.00 Plenary and Discussions
11.00–11.20 Summary
11.20–12.30 Evaluation of the training
12.30–14.00 LUNCH

■ SESSION 10: WAY FORWARD

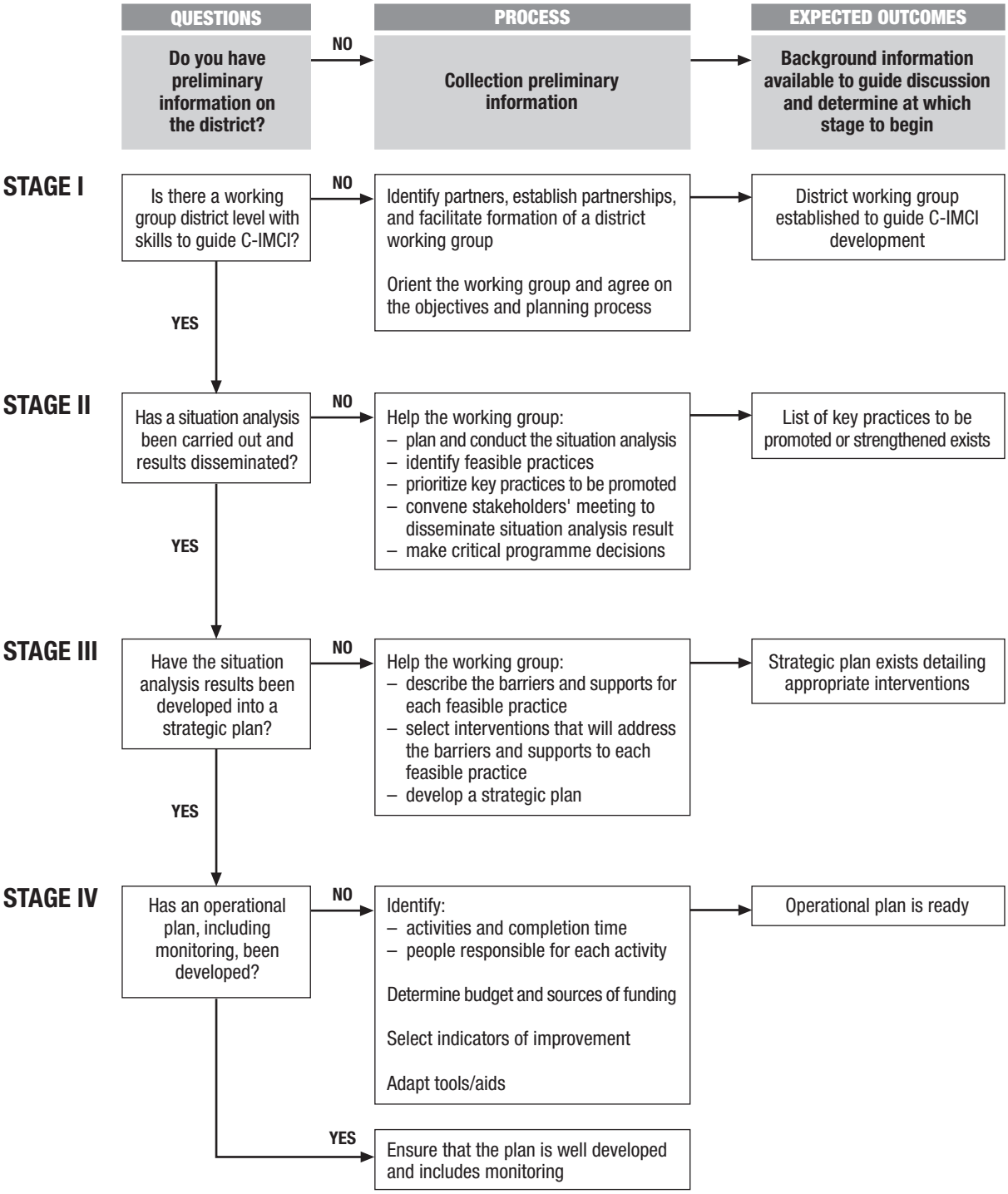
14.00–15.30 Roles and Responsibilities of the facilitator
15.30–16.00 TEA BREAK
16.00–16.30 CLOSING

Flow charts

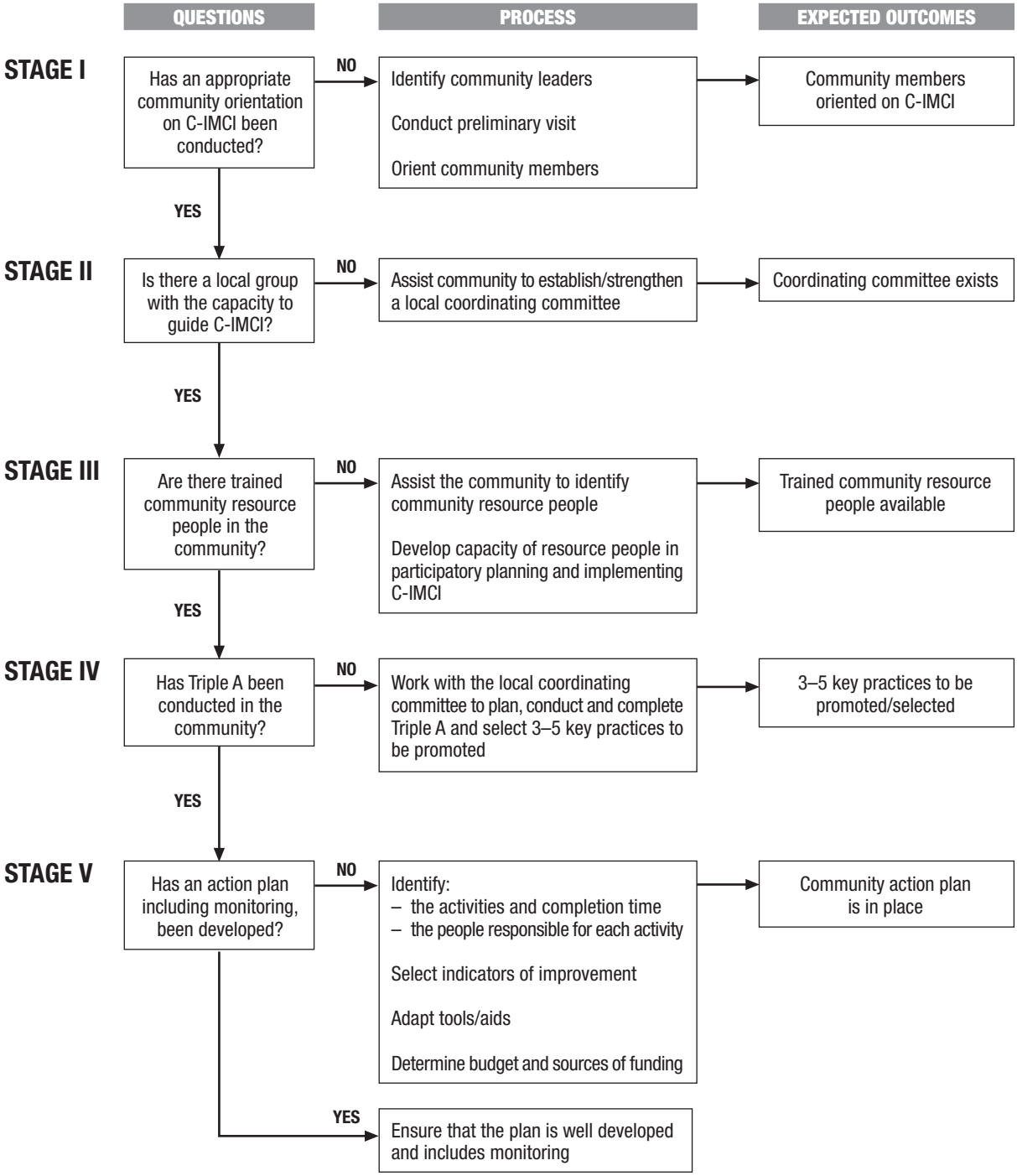
PLANNING AT NATIONAL LEVEL



PLANNING AT DISTRICT LEVEL



PLANNING AT COMMUNITY LEVEL



Sample presentations

TRAINING ON PLANNING FOR IMPLEMENTATION OF C-IMCI: Goal and expected outcomes

GOAL OF THE TRAINING COURSE

- To prepare participants to use specific techniques, methods and tools to support strategic plan development at all levels for community interventions to improve child health, growth and development.

EXPECTED OUTCOMES

- Have a common understanding of C-IMCI
- Identify preliminary information required to determine where to start
- Establish or revise the membership of a Working Group

EXPECTED OUTCOMES

- Carry out a situation analysis at all levels
- Develop a strategic plan for implementing C-IMCI at all levels
- Develop an operational plan (including monitoring and evaluation) at all levels

Community IMCI in the African Region

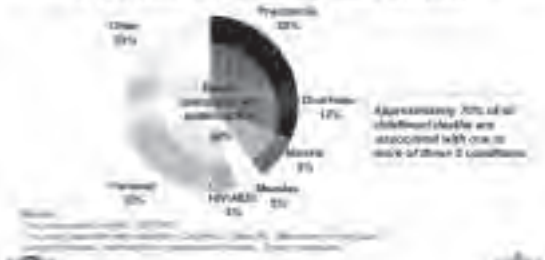
TRAINING ON PLANNING FOR THE FAMILY AND COMMUNITY COMPONENT OF IMCI

Presentation by
IMCI AFRO

Outline of Presentation

1. Overview of the IMCI Strategy
2. C-IMCI and key family practices
3. Status of the key family practices in countries in the Region
4. Regional level support and C-IMCI implementation status in the African Region
5. Lessons learnt

Distribution of 11.6 million deaths among children less than 5 years old in all developing countries, 2000



Common Problems That Affect the Quality of Care Provided to Sick Children at Health Facilities

- **Health workers skills**
  - incomplete examinations and counseling
  - poor communication between health workers and parents
  - irrational use of drugs
- **Health system issues**
  - division of health services and responsibility (centralization)
  - availability of appropriate drugs and vaccines
  - supervision / division of labour / organization of work
- **Community and family practices**
  - "poor knowledge" of when to return to a health facility
  - seeking assistance from unqualified providers
  - poor adherence to health worker advice and treatment
  - delayed care seeking

Integrated Management of Childhood Illness (IMCI) Objectives

- **To reduce** significantly global mortality and morbidity associated with the major causes of disease in children under five
- **To contribute** to healthy growth and development of children

IMCI Components and Intervention Areas

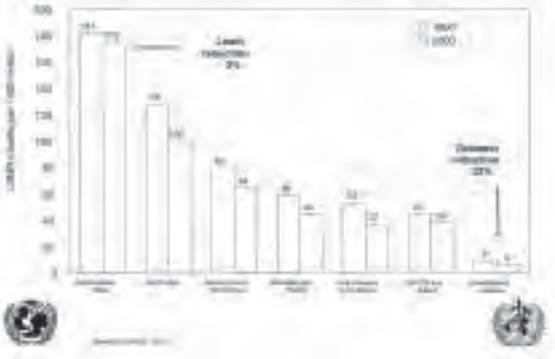
WHY SHOULD WE FOCUS ON THE HOME?

Most underfive deaths occur at home with little or no contact with health providers

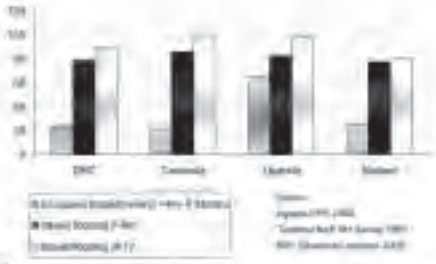
Tanzania: 40% *Urban*
84% *Rural*

Malawi: 54%

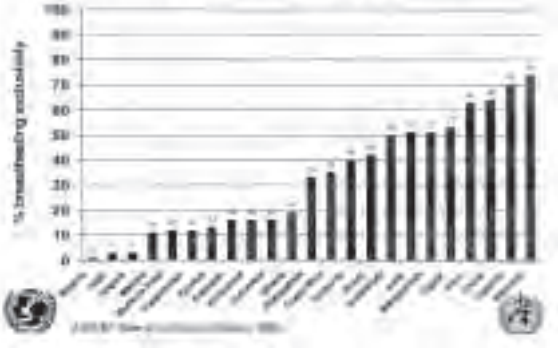
Under-five mortality rate, change over period 1990-2000



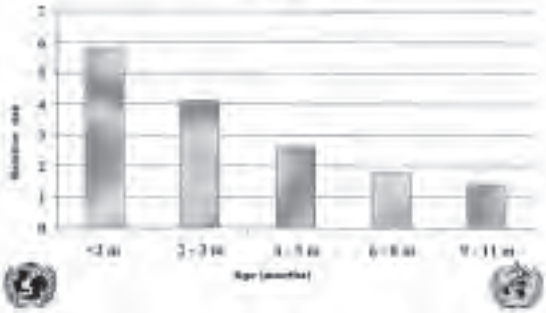
Breastfeeding Indicators (%)

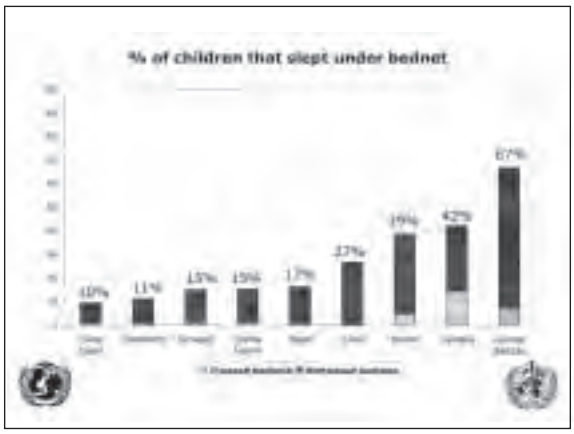


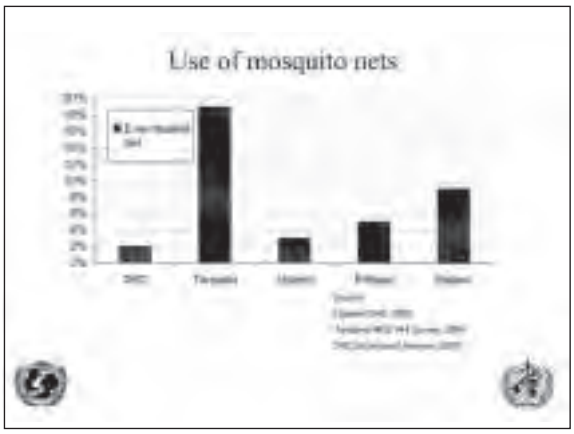
Exclusive Breastfeeding 0-3 months

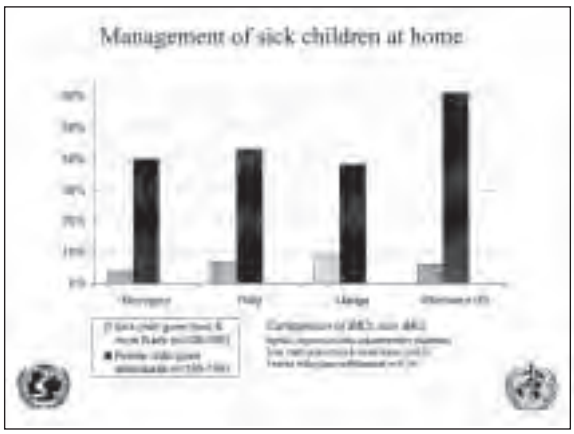


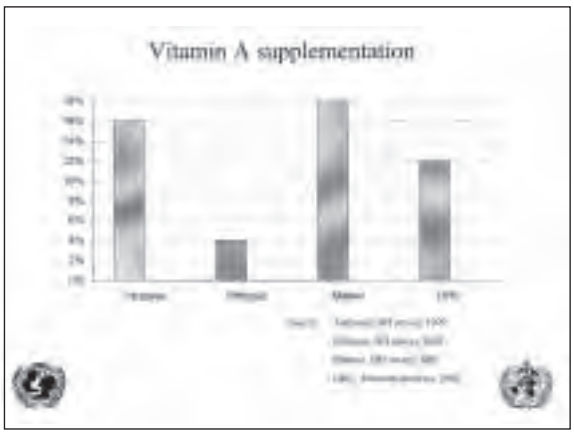
Breastfeeding and infant deaths
Risk of mortality among non-breastfed infants by age











WHY SHOULD WE FOCUS ON THE HOME? (cont.)

- Healthy life style starts at home
- Home is where treatment of sick children start using locally purchased medicine
- A big segment of the population in developing countries do not have access to health facilities
- Even where access to health facilities is reasonably good, most children die at home without seeking any health care outside the home

Community IMCI

... is an integrated child care approach that aims at improving key family and community practices that are likely to have the greatest impact on child survival growth and development

Community IMCI

- Addresses important causes of childhood morbidity and mortality
  - diarrhoea, malaria, pneumonia
  - malnutrition
- Empowerment of caregivers - key family practices
- Promotes linkages between communities and services
- Availability of supplies/commodities at community level
- Multisectoral support

Calendar of C-IMCI

Calendar of C-IMCI cont.

IMCI Key Family and Community Practices

- documented/greatest impact on mortality
- feasible to implement in countries
- cost-effective
- address major problems on child health, nutrition and development
- focus on behavior change

Key family practices

Growth Promotion & Development
- Exclusive breastfeeding for first
- Appropriate complementary feeding from first whilst continuing BF up to 2yrs
- Adequate micronutrients through diet or supplementation
- Promote mental and psychosocial development

Disease Prevention
- Proper disposal of faeces, hand washing etc
- Child sleeps under ITN
- Prevention and care of HIV/AIDS
- Prevent child abuse/neglect & taking opportunistic action

Home Management
- Continue to feed and offer more food & fluids when child sick
- Give child appropriate home treatment for (Malaria)
- Take appropriate actions to prevent and manage child injuries and accidents

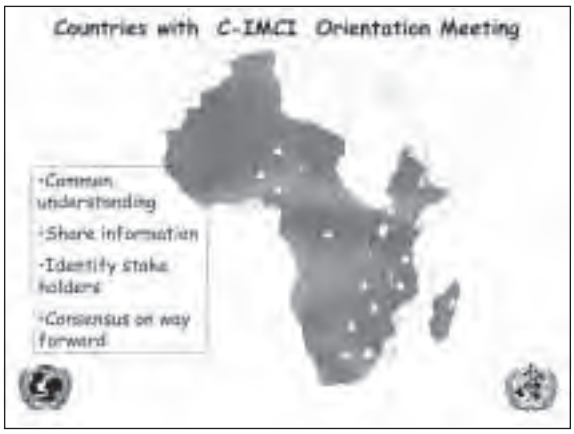
Care Seeking & Compliance
- Take child to complete full course of immunizations before 1st Birthday
- Recognize when child needs treatment outside home and take to HW
- Follow HW advice about treatment, F/U and referral
- BRC attendance and TT vaccination during pregnancy
- Active participation of mother in immunization and reproductive health activities

Regional level support

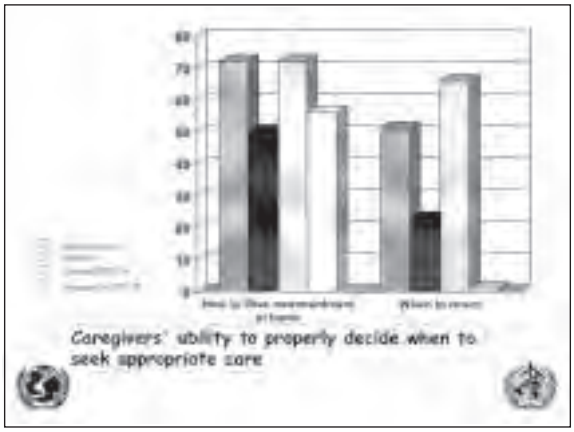
22 countries already have a plan and are implementing C-IMCI

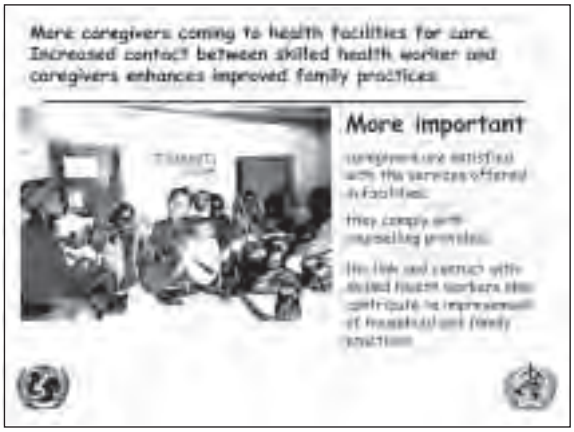
Consultant Briefing Package on C-IMCI
- Released in Benin in Feb 2002 Francophone Countries
- Two training sessions conducted using the package
- Third training in Malawi (May 2003) using revised materials

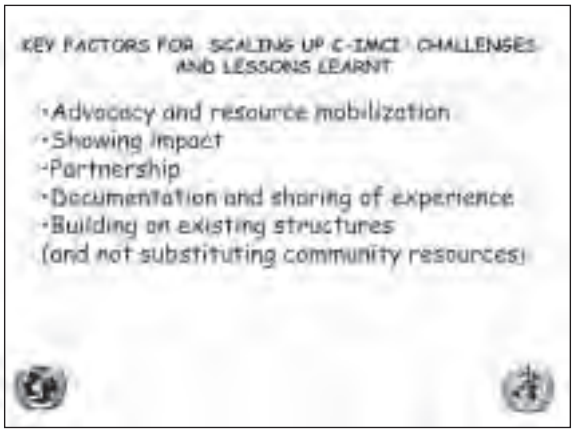
Situation analysis and planning conducted in DRC, Niger, Mali, Zambia, Ethiopia using the Briefing Package framework


Countries with C-IMCI Orientation Meeting
•Common understanding
•Share information
•Identify stake holders
•Consensus on way forward

COUNTRIES WITH PLAN FOR C-IMCI
•Planning at national and district levels
•Partners collaboration in planning


Caregivers' ability to properly decide when to seek appropriate care


More caregivers coming to health facilities for care. Increased contact between skilled health worker and caregivers enhances improved family practices
More important


KEY FACTORS FOR SCALING UP C-IMCI CHALLENGES AND LESSONS LEARNT
•Advocacy and resource mobilization
•Showing impact
•Partnership
•Documentation and sharing of experience
•Building on existing structures
(and not substituting community resources)

Planning stages for C-IMCI

Conduct preliminary visit

Stage 1: Establish a C-IMCI Working Group

Stage 2: Do a situation analysis

Stage 3: Design a strategy

Stage 4: Plan for implementation, M & E

Negotiation for consensus

Negotiation for consensus

Learning objective:

To introduce use of negotiation techniques for building consensus

Examples...

- Getting the World Bank to provide funds for additional health workers in a remote district (usually, the WB advise reducing manpower).
- Involving the community in health activities (community members have other priorities).
- Convincing participants of the need for a strategy to implement C-IMCI (they already have their experience on the matter).

Proposed definition

- Discussion between 2 or more people with common interests and some disagreements;
- Process to solve a problem or a conflict of interest;
- etc.

Characteristics

- Frequent activity, even daily:
  - Selection of a restaurant;
  - Request from children to go out;
  - Selection of key practices.
- Dynamic process:
  - No standardized rules;
  - Each negotiation is different (person, environment, resources, etc).
- Some guidelines may be useful to facilitate the process and help success.

Principles

- Active listening to understand others;
- Make sure you know others' expectations;
- Make your arguments clear;
- Talk and listen, Listen and talk;
- Take into account others' expectations and arguments;
- Discuss ideas, not people's attitudes;
- Be optimistic.

Methodology

- Before the negotiation session:
  - Define your objective;
  - Gather information on the issue of concern and on the other parties (strength/weakness);
  - Identify possible options;
  - Develop a strategy according to what you want to obtain:
    - What you would like to get?
    - What you can get?
    - What you can not drop?
  - Note: Negotiation is not a random activity

Methodology

- During negotiation:
  - State clearly the purpose of the negotiation;
  - Focus on common interests, not on personal point of view or attitudes;
  - Look for options that all parties can agree on;
  - Use objective criteria to identify common priority options;
  - Be clear and specific …on options you agree on;
  - Make appointment for next steps (negotiation or monitoring).

Methodology

- After negotiation:
  - Finalize the consensus;
  - Develop a memorandum of understanding if necessary;
  - Plan for follow up.

Types of negotiators

- Soft:
  - too flexible, want an agreement to avoid conflict;
  - can compromise on anything even at his/her expense;
- Hard:
  - static, do not compromise;
  - do not care about others' interests;
  - focus on their own interests, just want to win;
- "The Negotiator":
  - focus on common interests, not attitudes;
  - look for options and shared outcomes;
  - use a problem solving process.

Obstacles to good negotiation

- Refusal to negotiate;
- Lack of communication skills (listening);
- Lack of information or inadequate information.

Summary

- Negotiation is a common activity;
- There are many other types of negotiator in between the 3;
- To succeed:
  - Be prepared; have options and information;
  - Listen to others;
  - Take into account common interests;
  - Be optimistic.

Communication for Behaviour Change

The Rights Perspective

Common thinking about communication

- Based on behaviour change models more suited to message development and campaigns
  - Rationale: successful delivery of expert information (with locally adapted messages) will lead to behaviour change
- Goals, objectives and the messages are orchestrated by "others" not the community and aim at increasing awareness
- Heavy on IEC with very little community participation or ownership in message design or production of materials – only pre-testing
- Costly (intensive and unsustainable long-term)
- Result in high awareness but low behaviour change

Examples of high awareness and low behaviour change

- Home based management of malaria in Ghana:
  - (a) 71% of mothers able to recall how to administer antimalarial drugs correctly, BUT at home, only 14.6% gave the correct drug, in the correct dosage for the correct duration
  - (b) 67% mothers know that a child with fever should be rapid spotted and given antipyretics BUT only 2.7% actually practice it.
- (iii) Care-seeking behaviour in Dabar district, Ethiopia: 98.3% of caregivers had knowledge of one or more signs that indicate the child requires care outside the home, BUT only 29% actually sought care

Paradigm Shift in communication

- **Communication to sustain desired behaviour change is most successful if** local people determine the change they seek and negotiate the means to achieve change (or they have a chance to discuss and educate others/ families to change)

Communicating change

A need for change in communication...

1) From message design to community engagement
2) From message dissemination to community participation

The TRIPLE-A Construct

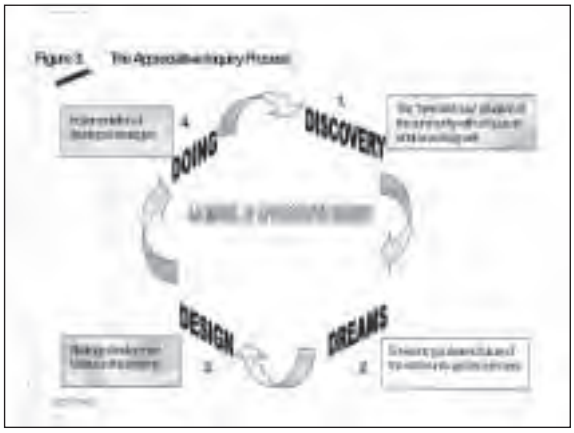
Communication from human rights perspective acknowledges the fact that people adapt and change survival and coping mechanisms according to information received from the "communication buzz" around them.

People make decisions for change (in stages) by:

- Assessing their situation
- Analysing its causes
- Acting on the information
- Leading to re-assessment (repetition of cycle).

The TRIPLE-A Construct (continued)

- To be effective, communication is necessary at every stage and in between stages.
- To identify possible options, people are required to discuss issues amongst themselves and, with outsiders.
- 'Triple-A' construct: represents a process of learning by doing.



An Appreciative approach as a process for community input

- Involves the use of traditional wisdom and experiential knowledge of communities alongside technical expertise
- Based on successful stories from within, such as good child care practices
- Community sets a vision or dream for itself
- Community designs the strategy and implements
- Technical experts share insight to expand the good practice in the community, introduce others and support community efforts with resources

Human Rights Approach to Programming (HRAP)

- For UNICEF, communication is explicitly recognised as BOTH a right and a means of claiming rights.
- Communication is valued as part of programming because it allows the expression of the diversity of ideas and opinions that exist in a community.
- Purpose is to work with local people (claim holders), determine changes that they find useful and negotiate fulfilment with governments and other development partners (duty bearers).

Communication from a Rights perspective (1)

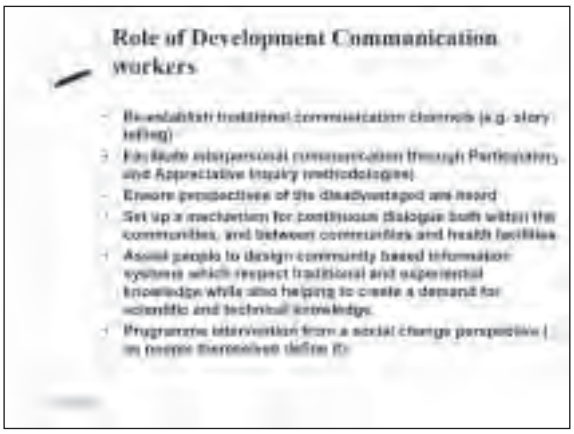
"Communication in HRAP..., is [therefore] defined as a process of public and private dialogue through which people define who they are, what they want and how they can get it. Social change is defined as a change in people's lives as they themselves define such change. This work seeks particularly to improve the lives of the politically and economically marginalised, and is informed by principles of tolerance, self-determination, equity, social justice and active participation for all."

(Rockefeller Foundation: Communication for Social Change)

Communication from a HRAP Perspective (2)

- that which moves communities from high awareness and knowledge alone
- that shifts from messages dissemination alone

  into community engagement, actual practice and ownership


Role of Development Communication workers
- Re-establish traditional communication channels (e.g. story telling)
- Facilitate interpersonal communication through Participatory and Appreciative Inquiry methodologies
- Ensure perspectives of the disadvantaged are heard
- Set up a mechanism for continuous dialogue both within the communities, and between communities and health facilities
- Assist people to design community based information systems which respect traditional and experiential knowledge while also helping to create a demand for scientific and technical knowledge.
- Programme intervention from a social change perspective (as people themselves define it)

Participatory approaches: outline of presentation

- Concept of "a community"
- Behaviour change
- Concept of community participation and methods

"Community" as a concept

- Place where people maintain their homes, earn livings, rear their children and carry out most of their life activities
- Being a system, every community has parts or sub-systems connected to the main system with definitive roles to play and values to keep it viable

Behaviour Change

- Knowledge characterized by understanding
- Approval of the new innovation/idea, which is associated with the manner in which it meets the needs of the individual or community
- Practice: decision to adopt practice and take action
- Advocacy: beneficiary can identify benefits and is able to recommend them

Behaviour change models

- Health belief model
- Proceed and Precede: Predisposing, Enabling and Reinforcing
- Social change model
- Others...

Behaviour change steps

- Knowledge
- Approval
- Intention
- Practice
- Advocacy

Resistance to behaviour change

- Cultural barriers
- Social barriers
- Organizational barriers
- Psychological barriers

Community participation

- Enjoy, or suffer with others (dictionary definition)
- To share with others (Henderson 1988)

Used this way there is no serious commitment on the part of participants to given cause

Community participation

Participation and involvement…..

The emphasis is on facilitating mutual appreciation of the situation and ultimately voluntary collective action

Community Participation

- a process of involvement that implies commitment and ownership
- a human right and an end in itself
- a means to development
- enhances protection
- an integral part of democratic ethics
- a bottom-up approach, authentic and focusing on equitable distribution

Facilitating Participation

- A facilitator is someone who contributes to STRUCTURE and PROCESS so groups are able to function effectively and make high quality decisions.
- The goal of facilitation is to support others as they achieve set goals and objectives.

Methodologies

- PRA/PLA
- PHAST
- AAA
- Appreciative inquiry
- Community dialogue
- String game

Participatory Rural Appraisal

- What is PRA?
- A **set of relaxed approaches and methods** which enable people to make their own appraisal, analysis and plans, to share information, to act, and to monitor and evaluate actions and programmes.

Tools

- participatory resource mapping & modeling
- transect walks and observations
- seasonal calendars
- time-lines, trend and change diagramming
- matrix scoring and ranking
- wealth and well-being ranking and grouping
- institutional diagramming
- analytical diagramming

PHAST

- **PHAST (Participatory Hygiene and Sanitation Transformation)** encourages communities to determine their own hygiene and sanitation situation in relation to overall health and development, and to make decisions and take action to improve their own hygiene/sanitation situation. Mainly uses a number of tools for data collection, investigation and analysis, leading to an action plan, specifically adapted to focus on hygiene and sanitation issues.

Appreciative inquiry (AI)

- Same as PRA but differs in the entry point of view.
- PRA asks: "What is the problem?"
- AI asks: "What are we doing well?", then reinforces and builds on it
- Same tools are applied
- **Rationale:** Creates better discussions and change. Communities are encouraged to take new practices. More receptive to change.

Triple A

'Triple A' is the process of *Assessing* the situation of children in a given community, *Analyzing* the causes and planning *Action* to respond to the identified issues/problems.

Assessment

- Assessing the situation of children to establish the extent and impact of a problem/issue.

Analysis

✓ ***Causality Analysis***

✓ ***Accountability Analysis***

✓ ***Role Analysis***

Action

- Planning and implementing actions/activities to address the identified gaps. These actions are undertaken by the communities with their own available resources and/or with support from external sources.

Suggested strategies for action

- **Advocacy and Social Mobilisation**: to create awareness
- **Capacity Building:** to develop ability at all levels to address identified issues/problems.
- **Service Delivery:** to adequately respond to proposed actions
- **Monitoring and Evaluation:** to ensure efficient and effective achievement of objectives

Community Dialogue

- Communication between people and groups of people exchanging ideas or opinions aimed at seeking a solution
- Issues and concerns are discussed between all stakeholders towards a common understanding and agreement about what should be done collectively
- It is a multi communication process involving the facilitator, community and households.
- Dialogue, from the Greek "dia" (through) and "logos" (word). Suggests flow of words among, through and between community. An interaction, sharing and exchange of ideas among the community and with the community.

Community dialogue

- A dialogue is a community conversation that can take many forms. It can involve five people around a kitchen table, five hundred people in a large community hall, or anything in between.

Alliance for Spiritual Community, ASC 2002

Community dialogue

Rationale:

- Expands the base of voices
- Reaches common ground
- Brings to light common issues and resources
- Sustains an ongoing community discourse
- Builds the capacity of a group to act on ideas
- Launches new initiatives and strengthens impact
- Focuses institutional investment
- Stimulates action and tracks progress

Roles and responsibilities of the facilitator

- Ensure that "basic" information is made available either through a preliminary visit or review of existing data.
- Establish/strengthen and orient a working group.

Roles and responsibilities of the facilitator

Assist the working group to:

- Carry out a situation analysis.
- Run partner/stakeholder workshops and dissemination sessions.
- Design a C- IMCI strategic plan.
- Design a C-IMCI operational plan, including monitoring and evaluation.
- Ensure, through follow-up, that the country/district is implementing the operational plan.

Roles and responsibilities of the facilitator

At district and community level, the facilitator also:

assists the district to develop capacity of resource persons and initiates the development of community action plans.

Roles and responsibilities of the facilitator

The facilitator should also assist the working group and coordinating committees to ensure that:

- the required policy/guidelines are in place
- there is a good coordination mechanism
- the following issues are well addressed during the process of planning and implementation:
  - capacity building
  - ownership
  - sustainability
  - participatory approaches
  - involvement of all stakeholders

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