FACILITATOR GUIDELINES FOR CONDUCTING A PLANNING WORKSHOP
CONTENTS

I. Preparations ..................................................................................................................................................................... 1

II. Example Workshop Schedule ........................................................................................................................................ 6

III. Facilitator briefing and training .................................................................................................................................. 10

IV. Guidelines for conducting the workshop ..................................................................................................................... 15

     DAY 1 ............................................................................................................................................................................... 15

     DAY 2 ............................................................................................................................................................................... 30

     DAY 3 ............................................................................................................................................................................... 33

     DAY 4 ............................................................................................................................................................................... 36

ANNEX .................................................................................................................................................................................. 37
I. PREPARATIONS

Making the preparations described below will enable a successful workshop to plan implementation of selected packages in Caring for Newborns and Children in the Community.

▸ PURPOSE OF WORKSHOP:

To bring relevant people together and provide a method and structure to make a good start on planning for implementation of community-based packages, as described in the Planning Handbook.

▸ TARGET AUDIENCE:

Planners and managers of community-based services for pregnant women, newborns and children from the Ministry of Health (national, regional and district levels) and from partner organizations (WHO, UNICEF, NGOs) involved in support and implementation of community-based services.

▸ DESIRED OUTPUTS:

Selection of the community-based packages from Caring for Newborns and Children in the Community to be implemented or expanded in the country.

Draft plan for implementing the selected packages which specifies key steps and actions for each component.

▸ WORKSHOP OBJECTIVES:

• To increase the participants’ knowledge about the three community-based packages in Caring for Newborns and Children in the Community, their benefits and requirements.

• To guide participants to select the best mix of interventions and packages to expand or add in their country.

• To guide the participants to draft a plan for implementing the selected packages in the context of current country activities.

▸ PRELIMINARY PLANNING MEETING:

Convene a planning meeting well ahead of the potential workshop (such as 3 months prior) with high-level ministry staff to decide whether to conduct the workshop, and to make necessary decisions to begin preparations.

At that meeting:

1) Review the planning process in the Handbook:

The Director of Community Health and other decision makers should get an overview of the planning process described in the Handbook and the workshop objectives. This understanding is important so that he or she can decide whether the workshop will be helpful and then make subsequent plans and decisions. It is also important that the leadership commits to conducting the workshop and then supporting further development and implementation of the plans coming out of the workshop.

2) Agree on the date and location for the workshop.

3) Select participants and facilitators: 4 working groups are needed of 6 to 10 participants each. (See Target Audience on the previous page.) Participants should include district health leadership, personnel from MOH, UNICEF, WHO, and NGOs, among others. Strong participation from districts is crucial. Participants should be knowledgeable on one or more of the following: human resources for health; training; supply chain logistics; service delivery at district, health facility and community levels; advocacy, community mobilization and participation, health promotion; supervision; monitoring and evaluation; costing and financing.

At least some of the facilitators should be familiar with the workshop because they have conducted it or participated in it before; individuals may be offered by partner agencies (such as WHO, UNICEF, Save the Children). All facilitators must be willing to participate in a full 1-day facilitator briefing prior to the workshop.
4) **Identify any key issues/weaknesses that will need to be addressed in planning:** Awareness of key weaknesses is important so that they will be mentioned in presentations and so that participants can be invited who have the knowledge to contribute to plans for solutions. (For example, if supply chain is a known weakness, plan to include national, sub-national, and district level supply chain managers, MOH pharmacist, etc.).

5) **Identify documents needed:** List the relevant policy documents (for example, on IMNCI, community case management, ANC, PHC, CHWs), plans (e.g. RMNCH Road Map), implementation reports, indicator data, and reports on any community health-related mapping exercises. These documents will be gathered and used to prepare for the workshop (as described in Preparations, below). Some will be made available for reference during the workshop.

6) **Identify sources of funding for the workshop**

7) **Appoint a team to complete planning and organization of the workshop:** They will complete the items listed in Preparations, below.

**PREPARATIONS:**

- **Invite participants:** Participants should expect to attend the entire 4-day workshop (e.g. 9:00 to 18:00 each day) and to work hard, actively contributing to discussions and planning. They should bring information to the workshop about health and health system functioning at community level. (A list of information should be provided with the invitation.)

- **Confirm/invite facilitators:** 1 or preferably 2 per subgroup; 1 or 2 lead facilitators to manage the flow of the workshop and conduct the plenary sessions.

  The facilitators should be experienced leading small groups through specific tasks and should be familiar with the three WHO-UNICEF recommended community-based packages. Encourage the invited facilitators to read/study the three packages so that they will be insightful about the necessary work to implement them in the country.

- **Schedule a full day before the workshop for the facilitator briefing.** Facilitators will need to become completely familiar with the Planning Handbook, Facilitator Guidelines and agree on procedures, activities and roles in the workshop.

- **Arrange for venue and equipment:**
  - Plenary room with seating for all participants and facilitators, and a projector
  - 4 subgroup rooms with table and chairs
  - computer, preferably with projector and speakers, or other capability to show training videos (such as television with DVD player)
  - thumb drive with workshop files for each subgroup

Make arrangements for lunches and tea breaks. Ensure that lunch will be available on schedule and will not take longer than one hour.

- **Arrange for any official opening/closing session:** These events should be brief (no more than 30 minutes). They are important to lend weight to the importance of the workshop and its results, and to encourage the participants to commit to the full workshop.

- **Arrange for secretarial support** to manage administrative issues during the workshop. On the first day the secretariat should prepare a list of all participants and facilitators with identifying information, including job title and location, and mailing and email address. This list should be proofed by all participants. The secretariat should then prepare the final version and distribute copies to all.

- **Arrange to print or obtain materials for the participants and facilitators.** This will include a copy of the *Planning Handbook* for everyone, as well as some materials from the three training packages:
  - Planning Handbook
  - Facilitator Guidelines for Conducting a Planning Workshop
  - Counselling Cards from Caring for the Newborn in the Community
  - Family Counselling Cards from Caring for the Child’s Healthy Growth and Development
Facilitator Guidelines for Conducting a Planning Workshop

- Chart Booklet from Caring for the Sick Child in the Community
- Sick Child Recording Form
- For the facilitators of each small group:
  - Video disks/files to show in small group
    - From Caring for the Newborn at Home: Clip 2: Early initiation of breastfeeding
    - From Caring for the Child’s Healthy Growth and Development: Activity 12 - Copy your child
  - Files on a thumb drive:
    - Situation Description table, with themes and questions about the component
    - Status of Planning Steps, table with steps from chapter in left column
    - Planning Template
- Develop the schedule: Prepare a schedule of activities of the workshop and make copies to distribute to all participants. An example 4-day schedule begins on page 6.
- Prepare presentations: Identify speakers to prepare and deliver the five presentations listed below. The presentations are scheduled for Day 1 of the workshop, except for the last presentation, which is given on Day 2.

A. Global situation: Maternal, newborn and child health

Prepare this presentation from available documents. Describe briefly levels and trends in mortality among pregnant women, newborns and children under 5; causes of deaths; and coverage of life-saving interventions; and relevant global policies and initiatives. This information is commonly available in Millennium Development Goal Countdown Reports, UNICEF’s “A Promise Renewed,” or other policy documents, such as USAID’s “Child Survival Call to Action” Roadmap and Factsheet.

B. National situation: Maternal, newborn and child health in this country and strategies implemented

Prepare this presentation from available documents. Describe levels and trends in mortality of pregnant women, newborns, and children under 5; causes of deaths; and coverage of life-saving interventions. Some sources of this information include the two-page country profiles in the Millennium Development Goal Countdown Reports and the tables in UNICEF’s annual “State of the World’s Children.”

Describe strategies or programmes currently implemented in the country for maternal, newborn and child health. Also describe levels of intermediate results, especially access to, quality of, and demand for interventions. Information on access, quality and demand may be available from national level reports; a recent programme review; situation review, or bottleneck analysis; special studies or research.

C. Implementation strength of current community-based interventions

- Examine the Implementation Strength Indicators for Community-based Interventions provided in 4 tables below. Rephrase or add indicators as needed to better describe the implementation strength of the community activities which are actually going on in terms of:
  1. Utilization
  2. Access/Availability
  3. Quality
  4. Demand and Policy

- Fill in the tables with any available data or estimates of the indicators from the national programme or data from a smaller area (e.g. district). If the value is not known, leave it blank.
- Prior to the workshop, copy the four tables onto four flip charts.
- Leave spaces to write in quantified estimates from participants for the blank indicators or their ratings of low, medium or high. Leave a blank row or two at the bottom of each table so that additional indicators may be added.
- Also obtain a bell or gong to ring as a signal that it is time for participants to move to the next flip chart.
- Just before the Gallery Walk exercise, place the flip charts around the room, with a facilitator positioned at each.

---

1 Two versions of this training course are available: one has been adapted for high HIV and TB settings and the other, the original version, does not address these problems. If this workshop will be conducted in a country that does not face high levels of HIV or TB and where the adapted course would not be used, modify the exercises in Annex D to be consistent with the exercises in the original version of the course.
# Implementation Strength Indicators for Community-based Interventions

## 1. Utilization

<table>
<thead>
<tr>
<th>Result</th>
<th>Illustrative Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td># of pregnant women visited twice by a CHW</td>
<td># of newborns visited by a CHW in the first 2 days of life</td>
</tr>
<tr>
<td># of caregivers who received counselling from a CHW on feeding their child age &lt; 6 months</td>
<td># of sick children who were treated by a CHW</td>
</tr>
<tr>
<td>% of pregnant women who were visited twice by a CHW</td>
<td>% of newborns who were visited by a CHW in the first 2 days of life</td>
</tr>
<tr>
<td>% of caregivers who received counselling from a CHW on feeding their child under age 6 months</td>
<td>% of expected episodes of child illness that were treated by a CHW</td>
</tr>
<tr>
<td>% of children &lt; 5 years who were treated by a CHW for illness in the last year</td>
<td>% of CHW posts that are vacant</td>
</tr>
</tbody>
</table>

## 2. Access/availability

<table>
<thead>
<tr>
<th>Result</th>
<th>Illustrative Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td># of communities targeted to have a trained CHW</td>
<td>% of targeted communities with a CHW who is trained to conduct visits to pregnant women</td>
</tr>
<tr>
<td>% of targeted communities with a CHW who is trained to conduct visits to newborns</td>
<td>% of targeted communities with a CHW who is trained to counsel caregivers of children &lt; 5 years</td>
</tr>
<tr>
<td>% of targeted communities with a CHW who is trained to counsel caregivers of children &lt; 5 years</td>
<td>% of communities with a CHW who is trained to treat sick children &lt;5 years</td>
</tr>
<tr>
<td>% of CHW posts that are vacant</td>
<td>% of CHWs residing in community they serve</td>
</tr>
<tr>
<td>% of CHWs submitting reports</td>
<td></td>
</tr>
</tbody>
</table>
## 3

### Quality

<table>
<thead>
<tr>
<th>Result</th>
<th>Illustrative Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of pregnant women who were visited by a CHW during pregnancy who went to a health facility for childbirth</td>
<td></td>
</tr>
<tr>
<td>% of newborns visited by a CHW who were exclusively breastfed from one hour after birth</td>
<td></td>
</tr>
<tr>
<td>% of CHWs fully supplied with medicines to treat sick children</td>
<td></td>
</tr>
<tr>
<td>% of CHWs supervised in last quarter</td>
<td></td>
</tr>
<tr>
<td>% of CHWs mentored (observed and coached) in last quarter</td>
<td></td>
</tr>
</tbody>
</table>

## 4

### Demand

<table>
<thead>
<tr>
<th>Result</th>
<th>Illustrative Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of communities with CHW provided with tools promoting community-based interventions (e.g. posters, pamphlets, guided community meetings)</td>
<td></td>
</tr>
<tr>
<td>% of communities with a CHW in which the community health committee promotes their CHWs’ services to families</td>
<td></td>
</tr>
</tbody>
</table>

### Policy

<table>
<thead>
<tr>
<th>Policy</th>
<th>Illustrative Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevant policies in place to support delivery of CHW interventions for pregnant women</td>
<td></td>
</tr>
<tr>
<td>Relevant policies in place to support delivery of CHW interventions for newborns</td>
<td></td>
</tr>
<tr>
<td>Relevant policies in place to support delivery of CHW interventions for caregivers of children &lt; 6 months</td>
<td></td>
</tr>
<tr>
<td>Relevant policies in place to support treatment of sick children &lt; 5 years by a CHW</td>
<td></td>
</tr>
</tbody>
</table>

## D. The three packages in Caring for Newborns and Children in the Community

Prepare a brief (10 minute) presentation on the three packages as an introduction. The participants will subsequently spend time becoming more familiar with each package (about an hour per package), so this is only an introduction. Plan to display complete sets of the training materials for each of the three packages including the CHW Manual, Facilitator Guidelines and any job aids such as counselling cards.

## E. Current policies and plans relevant to community-based health services/packages for maternal, newborn and child health (to be presented by the country’s Director of Community Health Services or the like)

Prepare this presentation from local documents and detailed knowledge of current policies, structure and plans. The director of community health services (or similar position) is most likely to have the necessary information and perspective, and will be the most credible to give the presentation.

The presentation should describe any relevant policies on the role of CHW, use of medicines, home visits, relationship with community leadership, responsibility for oversight of CHWs, etc. This is an excellent opportunity to bring everyone up to date and ensure that they all have the same understanding of current policy.

It should also describe plans (such as a Road Map document) for maternal and child health, as well as plans specific to the community health structure and activities. This information will provide a context for planning. Plan to show the relevant documents and be prepared to tell participants how they can obtain a copy if needed.
## II. EXAMPLE WORKSHOP SCHEDULE

### Day 1: Monday

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Responsible and duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 9:00</td>
<td>Registration</td>
<td>Secretariat</td>
</tr>
<tr>
<td>9:00 – 9:20</td>
<td>Welcome</td>
<td>Lead Facilitator</td>
</tr>
<tr>
<td></td>
<td>Administrative announcements</td>
<td></td>
</tr>
<tr>
<td>9:20 – 9:50</td>
<td>Official opening ceremony with dignitaries</td>
<td></td>
</tr>
<tr>
<td>9:50 – 10:15</td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td>10:15 – 10:45</td>
<td>Introduction to the Workshop (Handbook section A)²</td>
<td>Lead facilitator</td>
</tr>
<tr>
<td></td>
<td>(PowerPoint presentation)</td>
<td></td>
</tr>
</tbody>
</table>

### Introduction

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Responsible and duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:20 – 9:50</td>
<td>Official opening ceremony with dignitaries</td>
<td></td>
</tr>
<tr>
<td>9:50 – 10:15</td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td>10:15 – 10:45</td>
<td>Introduction to the Workshop (Handbook section A)²</td>
<td>Lead facilitator</td>
</tr>
<tr>
<td></td>
<td>(PowerPoint presentation)</td>
<td></td>
</tr>
</tbody>
</table>

### Selecting community-based packages to implement to improve newborn and child survival and health (Handbook Section B)

#### Step 1: Review current MNCH morbidity, Mortality, Coverage and Implementation Strength

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Responsible and duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:45 – 11:15</td>
<td>Presentation: Global situation: Maternal, newborn and child health</td>
<td>Presenter</td>
</tr>
<tr>
<td>11:15 – 11:45</td>
<td>Presentation: National situation: Maternal, newborn and child health in this country and strategies implemented</td>
<td>Presenter</td>
</tr>
<tr>
<td>11:45 – 12:45</td>
<td>Review of implementation strength of community-based interventions (Gallery walk, plenary discussion)</td>
<td>Facilitators</td>
</tr>
<tr>
<td>12:45 – 13:00</td>
<td>Introduction of steps to select community-based packages to implement</td>
<td>Facilitator</td>
</tr>
<tr>
<td>13:00 – 14:00</td>
<td>LUNCH BREAK</td>
<td></td>
</tr>
</tbody>
</table>

#### Step 2: Review of the 3 packages in Caring for Newborns and Children in the Community

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Responsible and duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 – 14:15</td>
<td>Presentation: Introduction to the 3 packages in Caring for Newborns and Children in the Community</td>
<td>Presenter</td>
</tr>
<tr>
<td>14:15 – 15:15</td>
<td>Review and exercise from Caring for the Newborn at Home</td>
<td>Subgroups</td>
</tr>
<tr>
<td>15:15 – 16:15</td>
<td>Review and exercise from Caring for the Child’s Healthy Growth and Development</td>
<td>Subgroups</td>
</tr>
<tr>
<td>16:15 – 16:30</td>
<td>Coffee Break</td>
<td></td>
</tr>
</tbody>
</table>

² This introduction may be presented prior to, during or after the opening ceremonies.
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>16:30 – 17:30</td>
<td>Review and exercise from <em>Caring for the Sick Child in the Community</em></td>
<td>Subgroups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 hour</td>
</tr>
<tr>
<td>17:30 – 18:00</td>
<td>Brief discussion of participants’ thoughts on the 3 packages and what they mean for a country.</td>
<td>Facilitator</td>
</tr>
</tbody>
</table>

### Day 2: Tuesday

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 8:45</td>
<td>Recap of Day 1</td>
<td>Facilitator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15 min</td>
</tr>
</tbody>
</table>

#### Step 3: Select the Community-based Packages to Implement

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:45 - 9:30</td>
<td>3.1 Identify packages that would address the needs in your country</td>
<td>Facilitator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>45 minutes</td>
</tr>
<tr>
<td>9:30 - 10:30</td>
<td>3.2 Consider the capabilities of your health system</td>
<td>Facilitator</td>
</tr>
<tr>
<td></td>
<td><strong>Presentation:</strong> Current policies and plans relevant to community-based health services and packages for maternal, newborn and child health</td>
<td>Speaker</td>
</tr>
<tr>
<td></td>
<td><strong>Group discussion:</strong> Implications of the current policies and plans</td>
<td>Facilitator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 hour</td>
</tr>
<tr>
<td>10: 30 – 10:45</td>
<td>Coffee break</td>
<td>Facilitator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 hour</td>
</tr>
<tr>
<td>10: 45 – 11:30</td>
<td>In what ways are the packages different from each other?</td>
<td>Facilitator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>45 minutes</td>
</tr>
<tr>
<td>11:30 – 12:30</td>
<td>3.3 Select the packages to implement³</td>
<td>Facilitator</td>
</tr>
<tr>
<td></td>
<td><strong>Discussion and agreement</strong></td>
<td>1 hour</td>
</tr>
<tr>
<td>12:30 – 13:30</td>
<td>LUNCH BREAK</td>
<td></td>
</tr>
</tbody>
</table>

³ Note: If a country has already decided on which packages to implement, you will not need as much time on day to do the steps presented in section B. However, some time will be spent as it should still be beneficial to inform participants about what is in the different packages (for the future). It should also be helpful to discuss why they have selected the packages; they will need to explain their rationale and expectations for implementation of the packages when they ask for support (financial and otherwise).
## II. Example Workshop Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview of how to plan to implement the selected packages</strong> (Handbook Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13:30 – 13:50</td>
<td>Review of 8 components</td>
<td>Facilitator</td>
</tr>
<tr>
<td></td>
<td>Review of Figure 2: Results Framework</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review of Figure 3: Flowchart of Planning Steps</td>
<td></td>
</tr>
<tr>
<td>13:50 – 14:30</td>
<td>What is unique about implementing interventions for community based care? (Brainstorming exercise and implications for planning)</td>
<td>Facilitator</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Planning for community-level implementation of the selected packages</strong> (Handbook Section D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14:30 – 14:45</td>
<td>Review section D</td>
<td>Facilitator</td>
</tr>
<tr>
<td></td>
<td>Explanation of workshop process (small group work and plenary reports)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Explanation of subgroup work on each component (3 main tasks: situation description, study of chapter, outlining implementation plan)</td>
<td></td>
</tr>
<tr>
<td>14:45 – 15:00</td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td><strong>Situation descriptions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.00 – 15:15</td>
<td>Introduce the task and subgroup work</td>
<td>Facilitator</td>
</tr>
<tr>
<td></td>
<td>Assignment of subgroups/meeting rooms/first component (1, 2, 3, 4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How to do a situation description, page 23</td>
<td></td>
</tr>
<tr>
<td>15:15 – 17.00</td>
<td>Subgroups do situation description of components 1 – 4 and document findings</td>
<td>Subgroups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.5-2.0 hr</td>
</tr>
</tbody>
</table>

**Day 3: Wednesday**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 8:45</td>
<td>Recap of Day 2</td>
<td>Facilitator</td>
</tr>
<tr>
<td>8:45 – 10:00</td>
<td>Plenary session: Presentations of situation descriptions for components 1 - 4</td>
<td>Facilitator</td>
</tr>
<tr>
<td></td>
<td>Assignment of second components to subgroups (5 – 8)</td>
<td></td>
</tr>
<tr>
<td>10:00 – 10:15</td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td>10:15 – 11:45</td>
<td>Subgroups do situation description of components 5 – 8 and document findings</td>
<td>Subgroups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.5 hours</td>
</tr>
<tr>
<td>11:45 – 13.00</td>
<td>Plenary session: Presentations of situation descriptions for components 5 – 8</td>
<td>Facilitator</td>
</tr>
<tr>
<td>13:00 – 14:00</td>
<td>LUNCH BREAK</td>
<td></td>
</tr>
</tbody>
</table>
**Day 4: Thursday**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 - 8:45</td>
<td>Recap of Day 3</td>
<td>Facilitator</td>
</tr>
<tr>
<td>8:45 - 10:15</td>
<td>Plenary session: Presentations of implementation plans for components 1 - 4</td>
<td>Facilitator</td>
</tr>
<tr>
<td></td>
<td>Introduce the task and subgroup work: Assign implementation plans for components 5 - 8</td>
<td></td>
</tr>
<tr>
<td>10:15 - 10:30</td>
<td><strong>Coffee break</strong></td>
<td></td>
</tr>
<tr>
<td>10:30 - 12:00</td>
<td>Subgroups review chapter, including planning steps with issues and decisions</td>
<td>Subgroups</td>
</tr>
<tr>
<td></td>
<td>Subgroups select the key steps to be developed from the chapter and main issues from the situation description</td>
<td></td>
</tr>
<tr>
<td>12:00 - 13:00</td>
<td>LUNCH BREAK</td>
<td></td>
</tr>
<tr>
<td>13:00 - 14:30</td>
<td>Subgroups outline actions to take to address key steps and issues in their assigned components</td>
<td>Subgroups</td>
</tr>
<tr>
<td>14:30 - 15:45</td>
<td>Plenary session: Presentations of implementation plans for components 5 - 8</td>
<td>Facilitator</td>
</tr>
<tr>
<td>15:45 - 16:00</td>
<td><strong>Coffee break</strong></td>
<td></td>
</tr>
<tr>
<td>16:00 - 16:30</td>
<td>Summarize outputs of the workshop</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discuss next steps (continued planning; implementation of actions needed)</td>
<td></td>
</tr>
<tr>
<td>16:30 - 17:00</td>
<td>Official closing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thank you to the participants</td>
<td></td>
</tr>
</tbody>
</table>
III. FACILITATOR BRIEFING AND TRAINING

► PREPARATION:

Provide all facilitators a copy of the Planning Handbook and Facilitator Guidelines before the facilitator briefing and ask them to read them carefully. Also give each facilitator a copy of the workshop schedule.

The trainer(s) who will conduct the facilitator training should print out a copy(ies) of the pages that describe the Facilitator Briefing and Training (pages 10-14) so that he/she can refer to these pages alongside the Facilitator Guidelines.

Also have ready:

- computer and projector with screen
- the introductory Powerpoint presentation (file titled Handbook workshop introduction.ppt)
- the four tables of indicators of implementation strength from pages 6–7 (with values prepared before the workshop)
- a copy of the following to give each facilitator:
  • Counselling Cards from Caring for the Newborn in the Home
  • Family Counselling Cards from Caring the Child’s Healthy Growth and Development
  • Chart Booklet from Caring for the Sick Child in the Community
- videos (DVDs) with exercises from Caring for the Newborn in the Home and from Caring for the Healthy Child’s Growth and Development
- files on a thumb drive (a thumb drive for facilitators of each small group in the workshop):
  ▲ Situation Description tables, with themes and questions about each component
  ▲ Status of Planning Steps, table with steps from chapter in left column
  ▲ Planning Template
- cards for the exercise Decide to Refer (see annex)

Note that in the guidelines below, the text that the trainer may speak/read aloud is printed in italics.

► CONDUCT THE FACILITATOR TRAINING:

1) Welcome the facilitators to the briefing.

Explain when the workshop will occur and how many individuals will participate. Explain that today is the facilitator’s day to prepare to conduct the workshop.


Practice giving the Powerpoint presentation that reviews the points of the introduction and that will be given on the first morning of the workshop.

3) Give the facilitators an overview of how the objectives will be achieved in the workshop:

Selecting community-based packages to implement to improve newborn and child survival and health (Handbook section B) is accomplished in 3 steps. The first two steps are done on day 1 of the workshop and the third is done on the morning of the second day:

Step 1: Review current MNCH morbidity, mortality, coverage and implementation strength—by means of a series of presentations

Step 2: Review of the three packages in Caring for Newborns and Children in the Community—by reading about and going through an exercise from each training course in small groups

Step 3: Select the community-based packages to implement—in a group discussion process

The rest of the workshop—and Handbook sections C and D—are devoted to assessing the current situation and planning work to implement the selected packages—divided into 8 components. The participants work in subgroups, each assigned a component to work on. For each component, they first do a situation description and then they plan for implementation. When subgroups complete a task, they report their results to the
plenary group, so that everyone can understand the progress being made by the other groups and develop an overall view.

4) Review the workshop schedule along with the facilitator guidelines for the activities of DAY 1.
   a. Ask the facilitators to look at the schedule along with the facilitator’s guidelines for Day 1 (pages 15-29).
   b. Decide/explain who will do the presentations. These presentations should have been prepared earlier (see pages 3-5). Agree on any additional assignments for making presentations. (The presenters will prepare their presentations overnight.)
   c. Explain the “F. Review of implementation strength: Gallery walk and plenary discussion.” Review with the facilitators the guidelines for this activity (pages 15-16).

Then prepare the 4 flip charts for the presentation of Indicators of Implementation Strength (or assign one or two facilitators to prepare them):

- Copy the four tables from pages 4-5 (with values prepared before the workshop) onto four flip charts. Leave spaces to write in quantified estimates from participants for the blank indicators or their ratings of low, medium or high. Leave a blank row or two at the bottom of each table so that additional indicators may be added.
- Also obtain a bell or gong to ring as a signal that it is time for participants to move to the next flip chart.
- Just before the exercise, plan to place the flip charts around the room, with a facilitator at each.

   d. An experienced facilitator should follow the guidelines for “G. Introduction to selecting community-based packages to implement,” (page 16). Do this step as it will be done in the workshop.
   e. Explain that there will be an introduction to the three generic WHO-UNICEF packages including a presentation. Ask the facilitators to read item H in the Facilitator Guidelines, page 16.

f. Depending on the number of people in the facilitator training, divide into 2 or more groups so that each group has 6-10 people including one lead facilitator. Stay in these smaller groups to do steps 5, 6, 7 and 8, below.

5) Prepare for and practice teaching Caring for the Newborn at Home
   Follow the guidelines on pages 16-17, item I, to introduce the small group work. Explain that facilitators will do these exercises today to familiarize you with these excerpts and to prepare you to lead the exercises in your small groups.

   Lead session “J. Caring for the Newborn at Home,” or ask an experienced facilitator, to follow the facilitator’s guidelines on pages 17-19 to take the group through this package.

6) Prepare for and practice teaching Caring for the Child’s Healthy Growth and Development
   Prepare the materials needed to teach this session, listed at the top of page 19. Ensure that video is working and is ready to show the correct segment.

   Ask a facilitator, or 2 facilitators, to lead the group through session “K. Caring for the Child’s Healthy Growth and Development” using the facilitator’s guidelines on pages 19-20.

7) Prepare for and practice teaching Caring for the Sick Child in the Community
   Prepare the materials needed to teach this session, listed at the top of page 21.

   Ask one or more facilitators to lead the group through session “L. Caring for the Sick Child in the Community” using the guidelines on pages 21-26.

8) Lead the small group through the session “M. Implementing all 3 packages in Caring for Newborns and Children in the Community”
   Use the guidelines on page 29.

9) Go through the schedule and facilitator’s guidelines for DAY 2.
   Reconvene all the facilitators in one group. Give an overview of the activities of the second day:

   - The morning of the second day is spent on Step 3: Selecting the community-based packages to implement.
• The afternoon starts by introducing the steps and process that will be used to plan how to implement the selected packages during the rest of the workshop (Handbook sections C and D).

• Then the participants break up into small groups to begin working—the first task is to do a situation description for their assigned component.

The steps listed below will be done on Day 2 of the Workshop. Review the guidelines for each step, or explain them, or ask facilitators to read the guidelines (beginning on page 30). You should actually practice some steps as a model of what will occur during the workshop or have facilitators take turns practicing these steps, as time allows (suggested in brackets and italics next to each step below).

A. INTRODUCE STEP 3: SELECT THE COMMUNITY-BASED PACKAGES TO IMPLEMENT [Do this step with the group]

B. CONDUCT STEP 3.1: IDENTIFY THE PACKAGES THAT WOULD ADDRESS THE NEEDS IN YOUR COUNTRY [Quickly do this step with the group]

C. STEP 3.2 CONSIDER THE CAPABILITIES OF YOUR HEALTH SYSTEM TO IMPLEMENT AS MANY OF THE PACKAGES AS POSSIBLE [Do this step]

D. PRESENTATION: CURRENT POLICIES AND PLANS RELEVANT TO COMMUNITY-BASED SERVICES AND PACKAGES FOR MATERNAL, NEWBORN AND CHILD HEALTH [Explain this step; do not have the presentation unless the presenter wants the opportunity to practice or get input on the presentation.]

E. DISCUSS THE CAPABILITIES OF THE COUNTRY FOR IMPLEMENTATION OF COMMUNITY-BASED PACKAGES [Review the guidelines for this step; do the step if time allows or facilitators want to practice it]

F. DO STEP 3.3 SELECT THE PACKAGE OR PACKAGES TO IMPLEMENT TO IMPROVE NEWBORN AND CHILD SURVIVAL AND HEALTH IN YOUR COUNTRY [Read the guidelines for this step, page 31. Then discuss alternatives and then decide what group process will be used to select the packages during the workshop.]

G. OVERVIEW: HOW TO PLAN TO IMPLEMENT THE SELECTED PACKAGES—Review of Handbook section C [Practice step G.1 described on page 31; also step 2 but only through asking 2 or 3 participants to answer—this will be enough to show the facilitators how the exercise will work.]

H. PLANNING FOR COMMUNITY-LEVEL IMPLEMENTATION OF THE SELECTED PACKAGES—Review of Handbook section D [Practice all of this step, pages 31-32]

I. ORGANIZE TO DO SITUATION DESCRIPTIONS IN SMALL GROUPS [Practice step 1. Introduce the task and subgroup work and step 2. Review the instructions for doing a situation description, page 32. These are important instructions.]

J. SUBGROUPS MEET TO DO A SITUATION DESCRIPTION OF THEIR ASSIGNED COMPONENT (1, 2, 3 OR 4) [Explain this step, described on page 32.]

10) Read through the guidelines for DAY 3.

You only need to read through the guidelines for steps A, B, C, D. When you come to “E. Introduce how the groups will plan for implementation,” follow the guidelines on page 33 not pages through the middle of page 34 to practice that step. Fully review and explain the participants’ instructions (pages 23-26 in the Planning Handbook.) These are very important instructions; facilitators must understand the process. Be sure that they look at the two tables: Status of Planning Steps and the Planning Template. It can be helpful to project these tables as you give the explanation.

Then ask the facilitators to read through the guidelines for the rest of Day 3 (pages 34-35):

F. SUBGROUPS MEET TO WORK TOGETHER TO REVIEW THE CHAPTER FOR THEIR ASSIGNED COMPONENT

G. SUBGROUPS DETERMINE STATUS OF STEPS AND KEY ISSUES
When you reach the second bullet under G, ask the group to turn to a chapter in the Planning Handbook and ask a facilitator to read out the first 3 steps of the chapter as you can write them in the Status of Planning Steps. Then ask them to tell the status of the step (only as a demonstration of how to complete the table—not as a true assessment).

**Status of Planning Steps**

<table>
<thead>
<tr>
<th>STEP</th>
<th>PACKAGE(S)</th>
<th>Completed</th>
<th>In process</th>
<th>Done, but needs improvement or updating</th>
<th>Needs to be done</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When you explain this step as described on pages 33-34, show the Planning Template.

**Planning template: Planning implementation of community-based packages for caring for newborns and children**

Group: ______________ Component: _____________________________________________

<table>
<thead>
<tr>
<th>1 Key steps to be addressed (Key steps to be done, or main issues identified in situation description)</th>
<th>2 Package(s)</th>
<th>3 Actions to take to address issue</th>
<th>4 By Whom</th>
<th>5 When (in next year)</th>
<th>6 Budget and Source</th>
<th>7 TA needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain that the rest of the workshop then follows the pattern already established: small groups are given assignments, small groups work on the task with a facilitator’s guidance, small groups report back to plenary group, then groups receive the next assignment.

11) **Discuss facilitator techniques for guiding the small group work.**

Facilitators should clearly explain the task to be done and state the time available to complete the task. They should help the group get started (e.g. by providing the thumb drive and helping the rapporteur prepare the template for the report).

The facilitator should not be the rapporteur or the reporter. The group will take more ownership of the results if one of their own creates the report. Facilitators should be resource persons. They should listen to the discussion and ask questions to keep the discussion specific and on track.
During subgroup work, the facilitator should periodically remind the participants of the deadline and the remaining time, so that participants can finish appropriately.

Ask the facilitators to suggest other techniques that they have used as a facilitator in similar situations.

12) Read quickly through the guidelines for DAY 4 (page 36 and not pages).
Review the guidelines for steps A through F. Answer any questions about how subgroup work on Days 3 and 4 will unfold.

Review the guidelines for G, H, and I. Review any plans for the conclusion of the workshop, closing ceremony, report of the workshop, etc. if known.

13) Discuss the importance of good time management.
There is a lot of work to be done during this workshop and good time management is essential. Plan the workshop and transportation so that participants can arrive on time. Make a point to begin on time each morning and to resume work on time after lunch and tea breaks.

Note the time allotted for each activity and make an effort to complete the activity in that time. Appointing a “timekeeper” for plenary sessions who will call time or ring a bell can be helpful.

When participants are working in small groups, give them an ending time and enforce it. Everyone will work more efficiently when they realize the constraints—otherwise discussion can expand to fill available time.

14) Divide participants and facilitators into 4 subgroups for the workshop and plan how to assign the 8 components so that the subgroup work will be divided as evenly as possible.
For example, the chapter for component 2, Plan for human resources, has many more questions in the situation description and more pages and detail described for its tasks than the other chapters. Perhaps it can be assigned to one group and they will work on it in two halves. Then some other group will do 3 shorter components.

15) Discuss what topics and tasks could be undertaken by subgroups in the event that they finish an assigned task when time remains until the plenary.

When time is available, direct your group to look further into the Planning Handbook to learn about issues addressed in other chapters. This can give participants a broader understanding of what is in the handbook and what may be useful to them later. Suggest sections from chapters and annexes that are not used in the subgroup’s work.

Possible items include (page references are in the Planning Handbook):
- 2.1: How to assess the extent that current practices would need to change to implement a selected package (pages 35-36)
- 2.3: How to determine the number of CHWs needed to deliver the packages (pages 43-49) (using blank worksheets in Annex H, pages 133-136)
- 2.3: How to determine the locations where CHWs will be needed to deliver the packages and use a map to identify communities where a package will be delivered (pages 49-50)
- 2.5: Components of a plan for training CHWs (pages 53-57)
- Annex E: Flowchart for planning for community-level implementation of the selected packages (pages 118 -121)
- Annex F: Example outline of an implementation plan (pages 122-126)
- Annex G: Checklist of progress initiating and implementing packages in Caring for Newborns and Children in the Community (pages 127-132)
- Annex J: CHW register: Visits to Pregnant Women, Mothers and Newborns (pages 140-141)
- Annex K: Sick child treatment register: Example from Zambia (pages 142-143)
- Annex M: Example Supervision Checklist for Caring for the Sick Child in the Community (pages 147-148)

16) Ask facilitators to attend a facilitator’s meeting at the end of each day.
At this meeting you will discuss any problems that occurred, the progress of the groups, and adjustments or preparations for the next day. You can share information on what worked well or participants’ concerns.
# IV. GUIDELINES FOR CONDUCTING THE WORKSHOP

## DAY 1

This section provides day-by-day and step-by-step suggestions for how facilitators should guide the participants through the workshop. Note that text for the facilitator to speak or read aloud is printed in italics.

### A. OPENING PLENARY
- **WELCOME**: Introduction of participants and facilitators
- Administrative announcements

### B. OFFICIAL OPENING including comments of dignitaries [30 minutes] followed by coffee break [30 minutes]

### C. INTRODUCTION TO THE WORKSHOP (Handbook section A, pages 1-3) (POWERPOINT PRESENTATION)
Review the Introduction on pages 1 through 4 with the participants by presenting the information to them with the 24 Powerpoint slides provided (Handbook workshop introduction.ppt).

This includes:
- Addressing the need for community-based care (page 1)
- Brief descriptions of three packages (page 2—guided reading of this section works well)
- How does a country decide how to improve care at the community level? (page 2)
- The Planning Handbook: its purposes and assumptions (page 3)

### D. PRESENTATION: GLOBAL SITUATION: MATERNAL, NEWBORN AND CHILD HEALTH (30 minutes)
- Introduce the first presentation:
  - Our presentations this morning will provide information on the current MNCH mortality, morbidity, coverage of interventions, and strength of implementation.
  - The first presentation this morning will be given by ________________, and it will describe the global situation.

#### Presentation

### E. PRESENTATION: NATIONAL SITUATION: MATERNAL, NEWBORN AND CHILD HEALTH IN THIS COUNTRY AND STRATEGIES IMPLEMENTED (30 minutes)
Introduce the presentation:
The next presentation will be given by ________________, and is on the national situation.

#### Presentation

Lead a discussion of the 2 presentations for a few minutes. Then summarize the presentations.

### F. REVIEW OF IMPLEMENTATION STRENGTH: GALLERY WALK AND PLENARY DISCUSSION: (1 hour)
Introduce the exercise (10 minutes):
1. In plenary, introduce the activity:
   - For about the next hour, we are going to review the current implementation strength of community-based activities.
2. Explain and discuss the results framework (without the figure):
   - Mortality reduction is achieved through high coverage of high impact, evidence-based, life-saving interventions.
   - High coverage, which is use of the CHW services by or delivery of the CHW services to a large proportion of the population, results from strong implementation of the package or packages.
   - Strong implementation means that the services delivering the interventions (such as vaccines, behaviours, medicines, commodities) are available, accessible, of good quality, desired by communities, and supported by an enabled environment.
3. Divide the participants into 4 groups. Explain:
   - On the 4 flipcharts that you see around the room are some indicators of implementation strength with some values written in. You will visit each of the flipcharts and discuss what you see.
   - Each group should begin by going to a different flipchart. Then we will do a “Gallery walk.” This means you will spend a few minutes (7 minutes) at each flipchart (manned by a facilitator), and then move to the next chart when you hear the signal.
   - Begin the exercise and the clock.

**Gallery Walk exercise (30 minutes):**

4. Facilitators at flip charts:
   Ask participants to comment on the indicators on the flip chart or suggest a value to fill any blanks if they have knowledge. Participants may estimate quantitative levels or just say: high, medium or low. They may also propose an additional indicator (facilitator may add the indicator in the bottom row).

Then ask the participants:

Looking at these indicators, what can you learn about the strength of Utilization? (or Access/Availability, or Quality, or Demand and Policy).

Participants may reply, for example, that it is low/high, that a certain aspect needs improvement, that important information is missing, etc.

5. After 7 minutes, a time keeper rings the bell and all groups move to the next flipchart. When participants have visited all 4 flipcharts, the exercise is over.

**Plenary Discussion (20 minutes)**

6. Group reconvenes in plenary. The 4 facilitators report in turn on the highlights of their flip charts and the discussions of it. Participants comment as desired and make conclusions on the implementation strengths of community-based interventions in their country.

**H. INTRODUCTION TO THE 3 GENERIC WHO-UNICEF PACKAGES IN CARING FOR NEWBORNS AND CHILDREN IN THE COMMUNITY (pages 6-10)**

1. Ask participants to look at pages 6-10 in the Planning Handbook for a summary of each of the 3 packages

2. Plenary Presentation: 3 packages (with Powerpoint slides)

3. Explain how participants will learn more about each package.

To continue the process for SELECTING COMMUNITY-BASED PACKAGES TO IMPLEMENT, we will spend the next 3 hours improving your knowledge of the 3 packages. You will need to understand the packages well enough that you can make an informed decision on which packages to implement. You will learn about each package, one by one, including the tasks required of CHWs, benefits of the package, and the resources required to implement the package.

Divide the participants into smaller groups to learn about the 3 packages. This is not to divide the work. Explain that each group will learn about all the packages—they will work in smaller groups to enable better interactions with the other participants and the facilitators.
I. INTRODUCE THE SMALL GROUP WORK: LEARNING ABOUT THE PACKAGES IN CARING FOR NEWBORNS AND CHILDREN IN THE COMMUNITY (about 3 hours)

Note: The guidelines below are for the facilitator(s) of each of the small groups. Note that the text in italics can be read aloud or explained.

Explain:
For about the next 3 hours, this small group will learn more about each package. This may include some reading, watching a video, doing a case study, or doing another exercise from each course. We will study the packages in this order:

1. Caring for the Newborn at Home
2. Caring for the Child's Growth and Healthy Development
3. Caring for the Sick Child in the Community

J. CARING FOR THE NEWBORN AT HOME

Materials needed:
- Caring for the Newborn at Home: COUNSELLING CARDS (one for each participant to keep)
- Training DVD: Clip 2: Early initiation of breastfeeding
- Computer to show the clip, preferably with projector and speakers
- Annex B of the Planning Handbook, which contains a case study
- Large sheets of paper and markers

Process:
1. Introduce the package, Caring for the Newborn at Home.
   Read pages 6-7 in Handbook.
2. Review Caring for the Newborn at Home: COUNSELLING CARDS.
   - Explain the sequence of home visits: 2 pregnancy visits, 3 visits during the first week of life, 2 extra visits for the small baby.
   - Explain how the counselling cards are used:
     - The CHW opens to the cards for the appropriate visit (she will use only these cards for this visit), and begins with the first one.
   - The CHW follows the text to greet the woman and family, ask questions and listen to the woman’s response, and understand the situation in order to adapt the advice.
   - Then the CHW gives relevant information beginning by asking the woman what she sees in the pictures and listening to her answers. Then she tells the story in the box.
   - The CHW checks the understanding of the woman and family and discusses what they will do.
     - The CHW turns to the next card for the visit and repeats the process.
   - Give the participants a few minutes to page through the cards and read some pages on their own.
   Be sure that everyone can see the screen clearly and hear the video. Show the video. After the video, review the important steps in immediate newborn care: immediately drying and changing to a dry cloth, placing the newborn in skin-to-skin contact with the mother and covering to keep warm, breastfeeding as soon as the newborn is ready. It may be helpful to show the video a second time.
   This is the card that guides the CHW and mother through the discussion of immediate newborn care.
   Review it together.
5. Case Study: Matooke
   Ask participants to turn to the case study in Annex B in Planning Handbook.

Objective of the case study
Trainees will be able to:
- Identify behaviours that keep the baby warm and should be promoted, and those that can be harmful to the baby and should be avoided

Process
a. Divide the participants into groups of 2-3
b. Give each group a large sheet of paper and markers

c. Read out loud the case study.

d. Ask each group to decide which behaviours were good for keeping the baby warm and what could have been done better.

e. Ask each group to prepare a chart listing:
   - 2 good behaviours: reason why each is good
   - 2 poor behaviours: reason why each may be harmful

   (A blank chart is in Annex B of the Planning Handbook, without the answers.)

f. After 10 minutes bring the groups together to share their answers. You may refer to the possible answers below.

**POSSIBLE ANSWERS:**

<table>
<thead>
<tr>
<th>Good behaviours</th>
<th>Reason why the behaviour is good</th>
</tr>
</thead>
<tbody>
<tr>
<td>The baby was dried immediately after birth.</td>
<td>A wet baby can easily get cold. If the baby gets cold he/she can get very sick. It is important that babies are dried immediately after birth to ensure they stay warm and healthy.</td>
</tr>
<tr>
<td>The baby was put in skin-to-skin contact with the mother.</td>
<td>Giving the baby to the mother to keep skin-to-skin immediately after birth is good because the mother’s heat keeps the baby warm.</td>
</tr>
<tr>
<td>The baby was put to the breast soon after birth.</td>
<td>Early breastfeeding helps to keep the baby warm.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poor behaviours</th>
<th>Reason why the behaviour could be harmful</th>
</tr>
</thead>
<tbody>
<tr>
<td>The baby was taken from the mother for bathing after only a few minutes.</td>
<td>Babies should remain with the mother to stay warm and breastfeed. Taking the baby from the mother could let the baby get cold and also interrupt breastfeeding.</td>
</tr>
<tr>
<td>The baby was bathed a few minutes after birth, and at night when the weather is colder.</td>
<td>In the first few days of birth, babies cannot maintain their temperature and can get cold easily. They should not be bathed on the day of birth. Bathing babies in cold weather can make them cold and sick.</td>
</tr>
<tr>
<td>The baby was bathed with cold water.</td>
<td>Bathing babies with cold water can make them cold and sick and should never be done.</td>
</tr>
</tbody>
</table>

6. **Caring for the Newborn at Home package—Conclusion:**

Studies have shown that many newborn deaths can be prevented by CHWs who make home visits to pregnant women and then to the mother and her newborn. CHWs can encourage pregnant women to go for early antenatal care and teach them to care for themselves well during pregnancy, resulting in better pregnancy outcomes. When CHWs visit newborns and their mothers at home within the first week of life, they can identify signs of illness, if present.
and send the newborn or woman for timely care. They can also support and assist the mother to breastfeed exclusively and give other essential care to the baby. They can encourage her to go to the health facility for care for herself and the newborn.

Where CHWs are trained to conduct these visits using the Counselling Cards, provided the necessary supplies, and given supportive supervision to implement this package, they can make a valuable contribution to their communities resulting in healthier mothers and babies.

K. CARING FOR THE CHILD’S HEALTHY GROWTH AND DEVELOPMENT

Materials needed:
- Caring for the Child’s Healthy Growth and Development: FAMILY COUNSELLING CARDS (copy for each participant to keep)
- Video: Activity 12 – Copy your child
- Computer to show the clip, preferably with projector and speakers
- Annex C of the Planning Handbook, which contains a case study
- A doll or other object (such as a stuffed bag) to be a child 1 1/2 years old

Process:
1. Introduce the package, Caring for the Child’s Healthy Growth and Development.
   Read page 7 in Handbook.

2. Introduce the FAMILY COUNSELLING CARDS from Caring for the Child’s Healthy Growth and Development:
   • Explain the sequence of visits as shown on page iii and point out the titles of the cards for each visit
   • Review page ii to show the relationship of this package with the other 2 packages:
     - If a newborn is sick, the CHW would follow guidelines for Care of the Newborn at Home
     - If a child is sick, CHW would follow guidelines for Care of the Sick Child in the Community
   - If the child is well today, you would counsel the mother according to the specific guidelines in the Family Counselling Cards for the child’s age.
     • Ask participants to turn to the cards for Visit 1, Young infant age 1 to 2 months (pages 1-2). Explain that the first card for the visit is about feeding, the second about play and communication, the third is preventing illness, and the fourth is responding to illness. Each card has the best recommendations for that age.
     • Explain that the process to use the cards to counsel the mother and family is the same as using cards for Care of the Newborn:
       - First the CHW asks the mother and family what they see in the pictures. She listens to their answers.
       - Then she tells the story in the box.
       - Then she asks some questions to check the mother’s understanding and may ask the mother to demonstrate what she will do.
     • Ask a participant to read aloud the card on page 4, through the end of the box. Ask another participant to read the rest of the card.

3. Demonstration of one communication activity: Video for Activity 12—Copy your child

Play the video for Activity 12 titled Copy your child. Watch how the mother is taught this communication activity of copying the child’s sounds and gestures.

Ask participants to comment on whether they think the mother will communicate with her child like this again at home. Why do they think that?

This is an important lesson for CHWs – that the mother learned by doing (not by the health worker describing what to do and sending her home). Also the CHW did not contradict the mother or tell her that she was wrong when she thought that the baby was too young to focus on her.
4. Case study role play (from Activity 15 of the training course)

**Objective of the case study**

Participants will:

- Use the Family Counselling Cards to counsel a mother about feeding, play and communication, preventing illness, and responding to illness, according to the age of her child.

**Process**

- Ask participants to turn to Annex C in the Planning Handbook to find the case study. Read aloud the case information on Stevie.

#### Stevie

Stevie is one and a half years old. He is well today. You (his mother) breastfed Stevie until he was about six months old, and started giving him complementary foods. He started on porridge. He will eat some fruits and vegetables, but he is a fussy eater and prefers breast milk.

Stevie plays by himself a lot with whatever he finds in the yard—stones, sticks, and flowers. You think he understands what you say, but he has not started talking yet.

He has received all of his vaccines, except the final polio vaccine and measles vaccine. He was sick when it was time, and you have not been back to the health facility since for the remaining vaccines.

- Introduce the role play:

  Explain that the participants are going to counsel Stevie’s mother using the counselling cards. Ask the participants to locate the counselling cards for Stevie’s age.

  This will be a role play in which 4 of the participants will take turns counselling the mother. (Some call this a “round robin” role play.) Assign each participant or pair of participants to study card 1, 2, 3 or 4 and prepare themselves to counsel Stevie’s mother on that topic.

  Ask one participant to prepare to play the role of Stevie’s mother. She should prepare to answer the questions that the CHW asks her according to the information given in the case study. If possible give her a doll or other object to be Stevie.

(Note: If there are 10 participants in the group, conduct two role plays in two groups of 5 participants, so that more participants may practice.)

Give the participants 5 or 10 minutes to study the assigned card and get ready to counsel the mother. (Each pair of participants should decide which of them will actually counsel the mother.)

Set up a chair for the mother and one or more chairs facing her for the CHWs.

- Conduct the role play:

  Ask the first CHW to counsel Stevie’s mother using the first card. Ask the rest of the group to observe how the CHW follows the card to counsel her about feeding. (If the participant is not following the steps on the card, gently correct this.)

  When the first CHW has finished, ask the next CHW to quickly take the CHW chair and continue the role play to counsel the mother about play and communication with Stevie. It will be necessary to pretend that Stevie is there and stacks some items.

  Continue in this way to switch CHWs and counsel the mother using cards 3 and 4.

- Conclude the role play:

  When the role play is finished, ask the mother to comment on how she felt and what she learned.

  Ask the observers what they learned about the counselling process and these cards.

  Ask the CHWs to comment on their experience.

5. Caring for the Child’s Healthy Growth and Development package—Conclusion:

*The survival of children through their early years depends on the adults who care for them. Children need to eat well in order to grow,*
be healthy and strong. They need protection from illness and injury as they explore the world around them. When they are sick, they need good medical care. Adults must meet many needs of a growing child.

Children also need adults who give them love, affection, and appreciation. They need adults who spend time playing and communicating with them. Adults help children from birth to learn the skills that will make it possible for them to become competent, happy and caring adults.

Community health workers support the efforts of families and other caregivers as they raise their children. Their support can be critical to the child’s healthy growth and development, especially when caregivers also face poverty, isolation, chronic illness, and other difficult conditions.

The WHO package, including the Family Counselling Cards and the training course, prepares CHWs to help caregivers implement appropriate home care practices. These feeding and care practices have been shown to be effective to improve the healthy growth and development of young children.

L. CARING FOR THE SICK CHILD IN THE COMMUNITY

Materials needed:
- Chart Booklet for the Community Health Worker for each participant to use during this exercise and to keep for later reference
- A copy of the Sick Child Recording Form for each participant to refer to
- Annex D of the Planning Handbook, which contains 2 exercises (Decide to refer, and Decide on and record the treatment and advice for a sick child)
- Cards: Decide to refer —copy onto cardboard or heavy paper the cards in the Annex in the Facilitator Guidelines. The cards describe sample children with different signs of illness from the caregiver’s report and from the CHW’s examination of the child. Cut the cards apart. Also make two Label cards: Danger Sign—refer and No Danger Sign.
- Easel chart—Tape the 2 label cards at the top of the easel paper, or write the labels at the top of two columns: Danger Sign—refer and No Danger Sign.
- Tape—or other means to stick the cards on the easel chart.

Process:
1. Introduce the package, Caring for the Sick Child in the Community

Read with participants pages 8-9 in the Handbook. You may mention that this package is sometimes called integrated community case management (or iCCM) if you think participants may have heard that name.

Explain that there are 2 versions of this training course now available: one has been adapted for high HIV or TB settings and the other does not address these problems. The materials that are being introduced in this workshop are from the version adapted for high HIV or TB settings.

2. Review the Chart Booklet

On page 3 is a flowchart that shows an overview of what the CHW is expected to learn in the training course.

Review the rest of the pages of the Chart Booklet (titles and main headings).

3. Review the Sick Child Recording Form, page 1 (front)

Ask participants to study the Sick Child Recording Form, page 1. Point out that this is simpler than the recording form in IMCI: classification has only 2 categories (refer, or treat at home) instead of 3.

If a sign is present the CHW ticks the box. If not, she circles the black box.

4. Exercise: Decide to refer

Ask participants to turn to the first exercise in Annex D in Planning Handbook.

Objective of the exercise

Participants will be able to:
- Use the Sick Child Recording Form to decide if a child should be referred or treated at home.
**Process**

1. Review the instructions for the exercise with participants.

2. Ask participants to come to the easel chart and bring their recording forms with them.

3. Introduce the exercise. Participants will:
   - Identify danger signs based on information from the caregiver and signs found by looking at the child.
   - Use the recording form as a resource for answering questions.

4. One at a time, give each participant a card and ask the participant to read the card. Ask: *Does the child have a danger sign?*

   Determine whether others agree with the decision. If there is a question, have participants refer to the recording form.

5. Then ask the participant to decide where to stick the card on the easel chart, under the label **Danger Sign—refer** or under **No Danger Sign**.

6. When all participants have posted their cards, pass out the remaining cards, if any. Repeat the process until all cards have been posted in the correct place on the easel chart.

7. Refer to the Answer Sheet below, with comments to add to the discussion.
## ANSWER SHEET

### Exercise: Decide to refer

<table>
<thead>
<tr>
<th>Does the child have a danger sign?</th>
<th>Refer child?</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child age 11 months has cough; he is not interested in eating but will breastfeeding</td>
<td>No</td>
<td>For danger sign, child cannot do either: eat nor breastfeed.</td>
</tr>
<tr>
<td>2. Child age 4 months is breathing 48 breaths per minute.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3. Child age 2 years vomits all liquid and food her mother gives her</td>
<td>Yes ✓</td>
<td>Child will not be able to keep down liquids or medicine and will become dehydrated.</td>
</tr>
<tr>
<td>4. Child age 3 months frequently holds his breath while moving his arms and legs</td>
<td>No</td>
<td>This is normal and does not describe a convulsion</td>
</tr>
<tr>
<td>5. Child age 12 months is too weak to drink or eat anything</td>
<td>Yes ✓</td>
<td></td>
</tr>
<tr>
<td>6. Child age 3 years with cough cannot swallow</td>
<td>Yes ✓</td>
<td></td>
</tr>
<tr>
<td>7. Child age 10 months vomits ground food but continues to breastfeed for short periods of time</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>8. Arms and legs of child, age 4 months, stiffen and shudder for 2 or 3 minutes at a time</td>
<td>Yes ✓</td>
<td>This is probably a convulsion. To confirm, you might ask whether child was alert or could not be wakened during the shudder.</td>
</tr>
<tr>
<td>9. Child age 4 years has swelling of both feet</td>
<td>Yes ✓</td>
<td></td>
</tr>
<tr>
<td>10. Child age 6 months has chest indrawing</td>
<td>Yes ✓</td>
<td></td>
</tr>
<tr>
<td>11. Child age 2 years has a YELLOW reading on the MUAC strap and does not have HIV</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>12. Child age 10 months has HIV and diarrhoea with 4 loose stools since yesterday morning</td>
<td>Yes ✓</td>
<td>HIV and any illness is a danger sign and the child should be referred urgently.</td>
</tr>
<tr>
<td>13. Child age 8 months, has a RED reading on the MUAC strap</td>
<td>Yes ✓</td>
<td></td>
</tr>
</tbody>
</table>
### Guidelines for conducting the workshop

<table>
<thead>
<tr>
<th>Does the child have a danger sign?</th>
<th>Refer child?</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Child age 36 months has had a very hot body since last night in a malaria area</td>
<td>No</td>
<td>Fever in a malaria area is a danger sign only if CHW does not have antimalarials. CHW should do a Rapid Diagnostic Test. If not positive for malaria, discuss whether to refer the child or wait and observe.</td>
</tr>
<tr>
<td>15. Child age 4 years has loose and smelly stools with white mucus</td>
<td>No</td>
<td>Discuss difference in appearance of blood and mucus in stools.</td>
</tr>
<tr>
<td>16. Child age 4 months has chest indrawing while breastfeeding</td>
<td>No</td>
<td>Wait until child stops breastfeeding, and then look for chest indrawing again.</td>
</tr>
<tr>
<td>17. Child age 4 and a half years has been coughing for 2 months</td>
<td>Yes</td>
<td>Refer child for further assessment. It could be TB.</td>
</tr>
<tr>
<td>18. Child age 2 years has diarrhoea with blood in her stools</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>19. Child age 2 years has had diarrhoea for 1 week with no blood in her stools</td>
<td>No</td>
<td>Do not refer if there is no danger sign.</td>
</tr>
<tr>
<td>20. Child age 18 months has had a low fever (not very hot) for 2 weeks</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>21. Child in a malaria area has had fever and vomiting (not everything) for 3 days</td>
<td>No</td>
<td>Fever in a malaria area is a danger sign only if CHW does not have antimalarials. Otherwise, CHW can do a rapid test for malaria to determine whether the child has malaria and needs treatment with an antimalarial.</td>
</tr>
<tr>
<td>22. Child age 19 months has had diarrhoea for 14 days; his mother has HIV; child has not tested for HIV</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>23. Child age 9 months has coughed for 10 days; she is breastfed; her parents have HIV; child has not tested for HIV</td>
<td>No</td>
<td>The child should go for HIV testing, but this is not a danger sign.</td>
</tr>
</tbody>
</table>
5. **Review the Sick Child Recording Form, page 2 (back)**

- Ask the participants to study the second page of the recording form. Point out that:
  - **The instructions for a child who is being referred are on the left side (in pink box).** Not every danger sign has a first dose of treatment to be given pre-referral, but the items in the bottom row of the box are essential for every child who is being referred.
  - **Ask a participant to read aloud the items in the bottom row on the left.**
  - **Instructions for treating a child at home and advising the caregiver are on the right side (in yellow box).** For each problem that the child has (in the left column, e.g. diarrhea, fever, etc.), the CHW would give the treatments listed for the child’s problem or problems.
  - **Ask a participant to read aloud the bottom row – For ALL children treated at home, advise on home care – and then the points of advice.**

- Review item 4. Check Vaccines Received and the box. The CHW would ask the mother or refer to the child’s card to tick the vaccines that the child has received. Then, considering the child’s age, determine when the child is due for the next vaccines.
- Then review items 5, 6, and 7.

6. **Exercise: Decide on and record the treatment and advice for a sick child**

Ask participants to turn to the second exercise in Annex D in the Planning Handbook.

**Objective of the exercise**

Participants will be able to use the Sick Child Recording Form to:

- Decide if a child should be referred or treated at home
- Decide on treatment for the child and advice for the caregiver.

**Process**

a. Explain that for this exercise, each participant will work alone:

b. **You will read and answer each question on the page. You will use the information already recorded about Jenna’s signs on the recording form. You will decide whether she should be referred or treated at home. Then you will use the back of the recording form to decide and record the treatment and advice to give. If you get confused or do not know what to do, please raise your hand and a facilitator will come to help you.**

c. Ask the participants to begin by writing today’s date at the top of the form and their own name as the CHW.

d. Then let the participants work alone to read and answer the questions. If anyone seems to be struggling or asks for help, go to that individual and quietly answer their questions.

e. When all participants have finished the exercise, discuss the answers to the questions one by one as a group. Refer to the answers below on pages 27-28.

**Alternative process if you think participants may have difficulty working on their own:**

1. Tell the participants that you will go through the questions one by one, but will not discuss them at the same time. Participants should listen to the question and not call out the answer. Then they should work individually to write down the answer, and/or mark it on the recording form.

2. Ask a participant to read the first question aloud. Go slowly, question by question, so that each participant can complete the recording form for Jenna Odon. Give participants time to complete each step before going to the next instructions.

3. After question 2, check the work by walking around the group and looking at their answers to see whether participants know how to correctly complete the first page of the recording form.

4. Ask one person to tell what he or she has decided (item 1 in the instructions): Does Jenna have fast breathing? (b) Any Danger Sign? Any other signs of Sick but No Danger Sign?
5. What did he or she decide (item 2 on the form): To refer the child, or to treat the child? Discuss any disagreements. (Jenna will be treated at home.)

6. Then, turn to page 2 of the recording form for Jenna Odon. Read aloud the questions in the Planning Handbook under “3. Decide on treatment”, a through e, one by one.
   a. Ask participants to tick treatments and other actions they would give this child (item 3 on the form). Jenna has fever. (See the Answer Sheet below.) Ask participants to tick the dose of each medicine to give Jenna.
   b. Ask how many doses the CHW should send home with the caregiver? (5 tablets, since she will be given one while with the CHW) Again, check the work. Ask one participant to report the answers (items ticked).
   c. Ask the participants to tick the advice to give the caregiver.
   d. Then, read aloud question d. Ask participants to complete the vaccine box (item 4 on the form). Ask one participant to report the answers (items ticked) and when Jenna should go for the next vaccines.
   e. When should Jenna come back for a follow-up visit?

7. Ask participants to indicate if there was any other problem (item 5 on the form).

8. Finally, ask participants when the child should return for a follow-up visit, and circle the day (item 6 on the form). (Three days from today.) Leave item 7 blank (the follow-up note).

7. Caring for the Sick Child in the Community package—Conclusion:

Community-based treatment of diarrhoea, pneumonia and malaria can significantly reduce childhood mortality. This package, sometimes called integrated community case management (or iCCM) is a strategy for providing training and programmatic support to community health workers to identify and treat all three common childhood killers. It promotes timely treatment closer to where children live, and timely referral with pre-referral treatment. In some countries, potential HIV is also identified and the child referred. It also promotes home visits where possible to follow up sick children and to strengthen adherence to treatment.

The WHO package, including the Chart Booklet and the training course, has been shown to effectively teach community health workers how to diagnose and treat these illnesses. When they are supplied with the necessary medicines and given supportive supervision to maintain their skills, community health workers can provide this important service to families who are otherwise not able or not likely to bring their sick child to a health facility.
**ANSWER SHEET**

**Exercise: Decide on and record the treatment and advice for a child at home**

---

**Sick Child Recording Form**

(for community-based treatment of child age 2 months up to 5 years in high HIV or TB setting)

<table>
<thead>
<tr>
<th>Date: Date/Month/20................</th>
<th>CHW: ....................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's name: First .........................................</td>
<td>Family ...................................</td>
</tr>
<tr>
<td>Age: ........................... Years/ ........................... Months</td>
<td>Boy/Girl</td>
</tr>
<tr>
<td>Caregiver's name: ................................................................................................</td>
<td>Relationship: Mother/Father/Other: ......................................................</td>
</tr>
<tr>
<td>Address, Community: ............................................................................................................................................................................................................................</td>
<td></td>
</tr>
</tbody>
</table>

1. **Identify problems**

<table>
<thead>
<tr>
<th>ASK and LOOK</th>
<th>Any DANGER SIGN</th>
<th>SICK but NO Danger Sign?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASK:</strong> What are the child's problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If not reported, then ask to be sure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES, sign present → Tick NO sign → Circle □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Cough? IF YES, for how long? 3 days</td>
<td>□ Cough for 14 days or more</td>
<td></td>
</tr>
<tr>
<td>□ Diarrhoea (3 or more loose stools in 24 hrs)?</td>
<td>□ Diarrhoea for 14 days or more</td>
<td>□ Diarrhoea (less than 14 days AND no blood in stool)</td>
</tr>
<tr>
<td>IF YES, for how long? .... days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Diarrhoea, blood in stool?</td>
<td>□ Blood in stool</td>
<td></td>
</tr>
<tr>
<td>□ Fever (reported or now)?</td>
<td>□ Fever for last 7 days or more</td>
<td>□ Fever (less than 7 days) in a malaria area</td>
</tr>
<tr>
<td>IF YES, started 2 days ago.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Convulsions?</td>
<td>□ Convulsions</td>
<td></td>
</tr>
<tr>
<td>□ Difficulty drinking or feeding?</td>
<td>□ Not able to drink or feed anything</td>
<td></td>
</tr>
<tr>
<td>IF YES, □ not able to drink or feed anything?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Vomiting? IF YES, □ vomits everything?</td>
<td>□ Vomits everything</td>
<td></td>
</tr>
<tr>
<td>□ Has HIV?</td>
<td>□ Has HIV and any other illness</td>
<td></td>
</tr>
<tr>
<td>□ At risk of HIV because</td>
<td>□ One or both parents have HIV and child has not tested for HIV or</td>
<td></td>
</tr>
<tr>
<td>□ One or both parents have HIV and child has not tested for HIV or</td>
<td>□ Parents' current HIV status is unknown</td>
<td></td>
</tr>
<tr>
<td>□ Parents' current HIV status is unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Lives in a household with someone who is on TB treatment?</td>
<td>□ Lives with someone on TB treatment</td>
<td></td>
</tr>
</tbody>
</table>

**LOOK:**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Chest indrawing? (FOR ALL CHILDREN)</td>
<td>□ Chest indrawing</td>
<td></td>
</tr>
<tr>
<td>IF COUGH, count breaths in 1 minute:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...... breaths per minute (bpm)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Fast breathing:</td>
<td>□ Fast breathing</td>
<td></td>
</tr>
<tr>
<td>Age 2 months up to 12 months: 50 bpm or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 12 months up to 5 years: 40 bpm or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Unusually sleepy or unconscious?</td>
<td>□ Unusually sleepy or unconscious</td>
<td></td>
</tr>
<tr>
<td>□ For child 6 months up to 5 years, MUAC strap colour: red...... yellow...... green...✔</td>
<td>□ Red on MUAC strap</td>
<td>□ Yellow on MUAC</td>
</tr>
<tr>
<td>□ Swelling of both feet?</td>
<td>□ Swelling of both feet</td>
<td></td>
</tr>
</tbody>
</table>

2. **Decide: Refer or treat child**

(tick decision)

- □ If ANY Danger Sign, REFER URGENTLY to health facility
- □ If NO Danger Sign, treat at home and advise caregiver
IV. Guidelines for conducting the workshop

Child’s name: Jenna Odor Age: 6 months

3. Refer or treat child (tick treatments given and other actions)

If any danger sign, REFER URGENTLY to health facility:

ASSIST REFERRAL to health facility:
- Explain why child needs to go to health facility. GIVE FIRST DOSE OF TREATMENT:
  - If Diarrhoea
  - If Fever AND
    - Convulsions or
    - Unusually sleepy or unconscious or
    - Not able to drink or feed anything or
    - Vomits everything
  - If Chest indrawing, or
  - Fast breathing
  - If at risk of HIV
  - If living in household with someone on TB treatment
  - If Yellow on MUAC strap (no HIV)

If no danger sign, TREAT at home and ADVISE caregiver:

- Give ORS. Help caregiver give child ORS solution in front of you until child is no longer thirsty.
- Give caregiver 2 ORS packets to take home.
- Advise to give as much as child wants, but at least 1/2 cup ORS solution after each loose stool.
- Give zinc supplement. Give 1 dose daily for 10 days:
  - Age 2 months up to 6 months—1/2 tablet (total 5 tabs)
  - Age 6 months up to 5 years—1 tablet (total 10 tabs)
- Help caregiver to give first dose now. Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days.

- If Diarrhoea (less than 14 days AND no blood in stool)
- If Diarrhoea (more than 14 days)
- If Fever (less than 7 days) in a malaria area
- If Fever (less than 7 days)

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem:

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?
M. IMPLEMENTING ALL 3 PACKAGES IN
CARING FOR NEWBORNS AND CHILDREN IN
THE COMMUNITY

1. Ask participants to turn to pages 9-10 in the Handbook. Read the section that describes a CHW’s contacts with the community if she implemented all 3 packages.

2. **Lead a brief discussion:**
   - Do you think it will be feasible for one CHW to implement all 3 packages in a community?
   - Might different CHWs in the community implement different packages?

Keep the discussion brief but mention that these are important questions that will be covered in later work in this workshop.

   - This completes the small group’s work to learn about the 3 packages in Caring for Newborns and Children in the Community.

3. **Lead a discussion of participants’ thoughts after learning more about the 3 packages**
   (Note: This may be done in the small group, or in the plenary group as a way to close the day.)

   - Ask participants:
     *Based on what you have learned about the 3 packages, your increased familiarity with them, what do the 3 packages mean to you and your country? What are the implications for changing what CHWs’ do in your country?*

   - Continue the discussion, including different participants’ views, for up to 10 minutes.

   - Close the discussion by summarizing that the participants will need to keep these issues in mind as they make the very important choice of which community-based packages to implement in their own country.
DAY 2

A. INTRODUCE STEP 3: SELECT THE COMMUNITY-BASED PACKAGES TO IMPLEMENT

Conduct this step with the plenary group.

- Now that you are refreshed on the current health status in the country and programme implementation strength and have learned more about the 3 packages, the group will work together to select the package or packages to implement.
- Turn to page 6 in your Handbook and look at step 3 of the figure: Select the community-based packages to implement that will help to improve newborn and child survival and health. That step has 3 substeps which are (ask a participant to read steps 3.1, 3.2, and 3.3 aloud).

B. CONDUCT STEP 3.1: IDENTIFY THE PACKAGES THAT WOULD ADDRESS THE NEEDS IN YOUR COUNTRY

1. Turn to page 16 in the Handbook and let’s begin Step 3.1.
   Ask a participant to read the paragraph for 3.1.
2. Then lead a review/discussion of Table 1. Ask participants to tell whether each item in the table is true in the country and should be ticked. (Take volunteers to answer, or you may ask individuals in order. If an answer is uncertain, ask for a volunteer who is more familiar with the issue to reply.) Ask participants to tick in Table 1 the items that are true as the discussion continues.
3. At the bottom of each row, ask a participant: How many items did you tick? What does this table tells us? (Example response: That Caring for the Newborn at Home can help to reduce the problems that are ticked).
4. Continue in this way through the second and third rows of Table 1. Summarize which packages could be helpful to address the needs in the country.

C. STEP 3.2: CONSIDER THE CAPABILITIES OF YOUR HEALTH SYSTEM TO IMPLEMENT AS MANY OF THE PACKAGES AS POSSIBLE

Review with participants the text in section 3.2 beginning on page 12, through the section titled “Examine current policies and plans” (first 2 paragraphs on page 12).

D. PRESENTATION: Current policies and plans relevant to community-based health services and packages for maternal, newborn and child health

1. Deliver the presentation
2. Lead a group discussion: Ask for comments on the presentation and implications of the current policies and plans for planning, etc., with the participation of the presenter. Participants may have questions for the presenter.

E. DISCUSS THE CAPABILITIES OF THE COUNTRY FOR IMPLEMENTATION OF COMMUNITY-BASED PACKAGES

1. Review with participants the section titled “In what ways are the packages different from each other?” (pages 12 -14).
2. Then ask participants to state some conclusions about the ways that the health system requirements are similar and are different for the different packages. (Note these on a flip chart so that you can refer back to them for the next question also.) Possible responses could include:

   Implementation of the newborn and healthy child packages will require:
   - CHWs in more (all) communities.
   - support for CHWs to make many home visits

   Implementation of the sick child package will require:
   - supplies of medicines and RDTs and supplies
   - more refresher training and mentoring to maintain CHWs’ clinical skills

   All 3 packages will require:
   - effective training and follow-up
   - equipment and job aids
   - regular supervision
3. Then ask participants to what extent the health system has or can develop the capabilities required for implementation of the different packages.

**F. DO STEP 3.3: SELECT THE PACKAGE OR PACKAGES TO IMPLEMENT TO IMPROVE NEWBORN AND CHILD SURVIVAL AND HEALTH IN YOUR COUNTRY**

1. Review section 3.3 with participants (page 16).
2. Then use a group process to select the packages to implement.

One possibility would be to divide into small groups to discuss and prepare an opinion, then discuss those in plenary.

In plenary (with or without small group discussion first), take a vote (yea or nay) to implementation of each package, or of combinations of packages.

(Note that if the selection was previously decided, you may ask participants to explain the rationale for implementing the selected packages, because the rationale will be useful to include in the planning document.)

**G. OVERVIEW: HOW TO PLAN TO IMPLEMENT THE SELECTED PACKAGES—Review of Handbook section C (Plenary presentations and discussion)**

1. Guide the plenary group through pages 25-27 of Section C by guided reading, a presentation of the content, or some combination of methods. This will include:
   - Review of 8 components of a well-functioning health system; activities and outputs in these components impact the intermediate results and coverage of interventions
   - Figure 2: Results framework
   - Figure 3: Flowchart of 8 planning steps
2. What is unique about implementing interventions for community-based care? (brain-storming exercise)
   - Guide the participants through pages 19-21 of the Handbook. You may refer them to the box at the top of page 19 that describes how the discussion will work.
   - Ask the participants in turn to each read a bulleted paragraph aloud. Then ask the participant to tell what level of challenge this item will be in his country (high, medium, low), and tell any positive experiences with this issue that can be built on. Continue through all the bulleted items and read the last paragraphs on page 30.
   - To conclude the discussion, mention again the issues that participants said would be a high level of challenge. (You or a co-facilitator may have ticked these in the Handbook and can briefly review them now, or you may ask the participants who said “high” to restate the item.)
   - Then explain: Remember these challenges because they will be important to address when you write plans for implementation.

**H. EXPLAIN HOW THE GROUP WILL PLAN FOR COMMUNITY-LEVEL IMPLEMENTATION OF THE SELECTED PACKAGES—REVIEW OF HANDBOOK section D**

1. Review text of section D (page 22 until the box on page 23), either by guided reading or a presentation.
2. Explain that rest of workshop will be devoted to planning the 8 components for implementing the selected packages. Review what the selected packages are and the main CHW tasks that they will be planning for.
3. Ask participants to read the box on page 23.
4. Explain:

   Work on each component will be done primarily in subgroups with presentations to the plenary group at points along the way. The three main tasks will be:

   1. **Doing a situation description of current community-level for the component** (Participants discuss questions in chapter)
   2. **Reviewing the chapter for the component which provides recommendations on key decisions and actions**
   3. **Drafting an implementation plan for the component.**

You will be given detailed instructions for each step when we reach it.
I. ORGANIZE TO DO SITUATION DESCRIPTIONS IN SMALL GROUPS (15 minutes)

1. Introduce the task and subgroup work

Divide the participants into 4 subgroups (if this has not already been done). Assign each subgroup one component to work on first.

Explain that each subgroup will do a situation description for their first component.

2. Review the instructions for doing a situation description

• Ask participants to turn to the instructions for subgroup work on page 23 in the Planning Handbook. Use guided reading or a presentation to review the instructions, How to Do A Situation Description. Ask participants to refer back to these instructions as needed.

• Set a time limit for the subgroup work. Allow 1.5 to 2 hours to do the first situation descriptions. This includes a bit of extra time to get started working as a group, appointing a rapporteur and a reporter, etc. Tell the subgroups and their facilitators the time that they should report back to the plenary room, ready to give a presentation on their situation description.

J. SUBGROUPS MEET TO DO A SITUATION DESCRIPTION OF THEIR ASSIGNED COMPONENT (1, 2, 3 or 4) (1.5–2 hours)

The guidelines below for this step are for the facilitator(s) of each subgroup:

1. Help the subgroup members get organized and begin work without wasting time. Ask them to refer to the instructions in the Handbook on page 23 as needed. Encourage a volunteer to be the first rapporteur and reporter. Tell them that they will all take a turn being the rapporteur or the reporter.

2. When the rapporteur is identified, help him or her to copy the Situation Description table for the component from the files on the thumb drive and add a third column for recording the responses. If possible, project the table on a screen so that all will see the questions and the answers as they are written.

3. Ask participants to begin by reading aloud the flowchart at the beginning of the chapter, to familiarize themselves with what is included in the component.

4. Then ask them to read and answer the questions in the table. Participants should use their own knowledge plus any information brought with them to discuss the questions and agree on answers. The rapporteur writes the responses on the table. Guide the discussion to keep it on track. Give the group periodic reminders of the time remaining until the end of the session to help them pace their discussions.

5. Toward the end of the session, ask the reporter to present the high points of the findings to the plenary group, rather than read every word on the screen.
DAY 3

A. PLENARY SESSION TO HEAR FIRST 4 SITUATION DESCRIPTIONS (1 HOUR 10 MINUTES)

1. A facilitator should moderate the session. Ask each subgroup to present their situation description in about 5–7 minutes. Take comments from the plenary group and discuss as needed. (Maximum 15 minutes per group).
2. When the first group has finished, thank them for their work and ask for the next group. Continue through the 4 presentations.
3. Lead a brief discussion of the 4 presentations and summarize the situation relative to those 4 components.

B. GIVE INSTRUCTIONS FOR DOING THE SITUATION DESCRIPTIONS OF THE REST OF THE COMPONENTS

• Assign another component to each subgroup. Ask the subgroups to work together as before to do the next situation description.
• Set a time limit for the subgroup work. Allow 1.0 to 1.5 hours for this task. Tell participants the time when they should report back to the plenary room for the presentations.

C. SUBGROUPS MEET TO DO A SITUATION DESCRIPTION OF ASSIGNED COMPONENTS 5 THROUGH 8 (1–1.5 hours)

Conduct this session as described in Item J (from Day 2).

D. PLENARY SESSION TO HEAR LAST 4 SITUATION DESCRIPTIONS (1 HOUR 5 MINUTES)

• A facilitator should moderate the session. Ask each subgroup to present their situation description in about 5–7 minutes. Take comments from the plenary group and discuss as needed. (Maximum 15 minutes per group). Continue through the 4 presentations.

• When the discussion is finished, thank all the groups for their work on the situation descriptions. Continue by explaining the next task, as described below.

E. INTRODUCE HOW THE GROUPS WILL PLAN FOR IMPLEMENTATION (15 minutes)

• During the rest of the workshop, participants will write plans for implementation of the selected packages.
• For their first, and then later for the second assigned component, participants will work in their small groups to plan for implementation. The steps that they should follow in their small groups are described on pages 24-25 in the Planning Handbook. Ask them to look now at those instructions (reproduced below for ease of reference). Review the steps with them:

How to Develop Plans for Implementation

1. In your small group, select a rapporteur and a reporter, as previously.

Read and familiarize yourselves with the numbered steps, key decisions and actions described in the chapter. Your facilitator may ask the group members to review the chapter together using guided reading, or individual reading with reports back to the group, or another method.

2. List the steps in the chapter (shown in the flowchart) in a table such as the one below. Discuss whether each of the steps has been done in your country for the selected packages. Rate each step as either Completed; In process; Done but needs improvement/updating; Needs to be done; or write in another designation in the Other column.
### Status of Planning Steps

<table>
<thead>
<tr>
<th>STEP</th>
<th>PACKAGE(S)</th>
<th>Completed</th>
<th>In process</th>
<th>Done, but needs improvement or updating</th>
<th>Needs to be done</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Review your situation description again. What are the few main issues that your group identified that need to be addressed in the plans? Come to agreement and list them.

4. Draft a plan for the component on the Planning Template (shown on page 26) as follows:
   - a. Identify key steps and main issues to be addressed in the plans (column 1)
     - First, look at the table for the Status of Planning Steps. Identify any step that you rated as *Needs to be done*, or *Needs to be improved or updated*. Enter each of these in column 1 of the Planning Template.
     - Second, indicate which package or packages each step applies to.
     - Third, look at your list of main issues from the situation description. Are any of them logically included in one of the steps? If so, it would be addressed as part of the step. If not, add the issue to column 1.
   - b. Identify actions to take to address each of the key steps and issues
     For each step and issue listed in column 1, discuss in your group how to address it. Briefly list the actions to take in column 3. Note: You will need to spend adequate time to identify reasonable and effective actions, but manage your time so that you will be able to discuss all the steps and issues in column 1.
   - c. Then specify, if possible, who will undertake the actions (column 4) and when (column 5).
   - d. If possible, estimate a budget for the actions and specify a source or possible source of funding (column 6).
   - e. Indicate whether technical assistance will be needed to complete the action (column 7).

   **Note:** Be sure to consider each step and issue in relation to all of the selected packages.

5. When the groups are ready, reassemble in plenary. In turn, the reporter from each small group presents the plans for implementation including each step or issue and the actions that your group suggests to address it, projecting the planning template for their component. Listen to all of the presentations to learn about plans proposed for other components. The plenary group may ask questions and discuss the plans.

6. Steps 1 through 5 are repeated until all 8 components are completed.
   - Set a time limit for the work (3 to 3.5 hours) and tell the subgroups what time to report back to the plenary session.
   - Ask participants to move into their subgroups to work on a plan for their first assigned component.

**F. SUBGROUPS MEET TO WORK TOGETHER TO REVIEW THE CHAPTER FOR THEIR ASSIGNED COMPONENT (1-1.5 hours)**

- Select a rapporteur and a reporter.
- Help the rapporteur copy and prepare to use 2 different tables: the table titled Status of Planning Steps (page 24) for assessing steps already completed, and the Planning Template on page 26.
- Explain to participants that first they will need to study the text of the chapter to familiarize themselves with the steps and decisions described. Depending on the length and content of the chapter, select some teaching...
methods that will be effective and interesting. You may use guided reading for some steps, or you may present some of the content yourself. Or you or the group may assign particular steps to different participants each to read and make a report to the group.

- Ask participants to read and review the chapter together, step by step.
- As the steps are reviewed in the subgroup, take time to discuss the content, answer questions, discuss how a step could be done for this country, or try to apply a formula or procedure that is described.

**G. SUBGROUPS DETERMINE STATUS OF STEPS AND KEY ISSUES**

- During or after the review of the steps in the chapter, ask participants to assess whether each step (e.g. 1.1, 1.2, 1.3, etc.) is/was (select one):
  - Completed
  - In process
  - Done but needs improvement or updating
  - Needs to be done
  - Other
- Record their assessments as shown in the table on page 24, Status of Planning Steps. Be sure that they consider each step in regards to each selected package. (For example, one step may apply to only 1 package, or it may apply to all 3; a step may have been completed for one package and still need to be done for the other 2.)
- Ask the subgroup to review the situation description for the component and select from it the main issues or problems. Write these down.

**H. SUBGROUPS OUTLINE IMPLEMENTATION PLANS FOR COMPONENTS 1 THROUGH 4 (1.5 hours)**

This is a multi-step process which is described for participants on page 24 of the Handbook. Project on the screen or ask participants to look in their Handbooks at the Planning Template (page 26). Use the instruction

Rv s on page 24, step 4, a to e, to guide the participants through the steps to fill in the planning template. The instructions are repeated here for ease of reference:

a. Identify key steps and issues to be addressed

First, look at the table for the Status of Planning Steps. Identify any steps that you rated as Needs to be done, or Needs to be improved or updated. Enter each of these in column 1 of the Planning Template.

Second, indicate which package or packages each step applies to (in column 2)

Third, look at your list of main issues from the situation description. Are any of them logically included in one of the steps? If so, it would be addressed as part of the step. If not, add the issue to column 1.

[Note to facilitator: After doing step a, there should be listed in the left column of the planning chart:

- each of the steps in the chapter (unless a step was assessed as already completed), plus
- any of the main issues (problems) that were listed in the situation description and are not already included in one of the steps.]

b. Identify actions to take to address key steps and issues

For each step and issue listed in column 1, discuss in your group how to address it. Briefly list the actions to take in column 3. Note: You will need to spend adequate time to identify reasonable and effective actions, but manage your time so that you will be able to discuss all the steps and issues in column 1.

c. Then specify, if possible, who will undertake the actions (column 4) and when (column 5).

d. If possible, estimate a budget for the actions and specify a source or possible source of funding (column 6).

e. Indicate whether technical assistance will be needed to complete the action (column 7).

- Keep an eye on the time and urge participants to progress as needed so that they will finish all the steps required by the time for the plenary session.
- Toward the end of the session, ask the reporter to prepare to present the high points of the findings to the plenary group, rather than read every word on the screen.
F. PLENUM SESSION TO HEAR PLANS FOR COMPONENTS 5–8 (1.5 HOURS)

- A facilitator should moderate the plenary session. Ask each subgroup to present their Plan for Implementation (high points) in about 10–12 minutes. Take comments from the plenary group and discuss as needed. (Maximum 15–20 minutes per group).
- When the first group has finished, thank them for their work and ask for the next. Continue through the 4 presentations.

G. EACH SUBGROUP PREPARES A SUMMARY OF THEIR RECOMMENDATIONS [OPTIONAL]

When the discussion is finished, ask the subgroups to prepare a summary of main issues identified in the situation description and plans for implementation. These summaries may be used to compile and summarize all of the recommendations of the workshop. This may be a list of main issues/problems with the recommended actions to address each of them (such as in a PowerPoint presentation) and a cleaned-up version of the planning template.

If there is time to prepare a summary prior to the official closing, plan to present the summary to the official dignitaries and get their responses.

H. CONCLUSION

- Summarize progress and outputs of the Workshop
- Discuss next steps (continued planning for implementation of actions needed) (Person responsible for all this planning should discuss next steps and agree with participants on specific assignments and timelines.)

I. OFFICIAL CLOSING

- Remarks by the course director and/or a dignitary to close the workshop.
- Distribute certificates of attendance
- Thank the participants
### ANNEX

Cards forconducting exercise from Caring for Sick Children in the Community

- **DECIDE TO REFER**
- **LABEL CARDS**

#### Danger Sign—Refer

<table>
<thead>
<tr>
<th>No Danger Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DECIDE TO REFER</strong></td>
</tr>
<tr>
<td><strong>CHILDREN CARDS</strong></td>
</tr>
</tbody>
</table>

1. Child age 11 months has cough for 1 week; he is not interested in eating but will breastfeed
2. Child age 4 months has fever and is breathing 48 breaths per minute
3. Child age 2 years with fever vomits all liquid and food her mother gives her
4. Child age 3 months frequently holds his breath while exercising his arms and legs
5. Child age 12 months istoo weak to eat or drink anything
6. Child age 3 years with cough cannot swallow
<table>
<thead>
<tr>
<th></th>
<th>Case Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>Child age 10 months vomits ground food but continues to breastfeed for short periods of time</td>
</tr>
<tr>
<td>8.</td>
<td>Arms and legs of child, age 4 months, stiffen and shudder for 2 to 3 minutes at a time</td>
</tr>
<tr>
<td>9.</td>
<td>Child age 4 years has swelling of both feet</td>
</tr>
<tr>
<td>10.</td>
<td>Child age 6 months has chest indrawing</td>
</tr>
<tr>
<td>11.</td>
<td>Child age 2 years has yellow reading on the MUAC strap and does not have HIV</td>
</tr>
<tr>
<td>12.</td>
<td>Child age 10 months has HIV and diarrhoea with 4 loose stools since yesterday morning</td>
</tr>
<tr>
<td>13.</td>
<td>Child age 8 months has a red reading on the MUAC strap</td>
</tr>
<tr>
<td>14.</td>
<td>Child age 36 months has had a very hot body since last night in a malaria area</td>
</tr>
<tr>
<td>15.</td>
<td>Child age 4 years has loose and smelly stools with white mucus</td>
</tr>
<tr>
<td>16.</td>
<td>Child age 4 months has chest indrawing while breastfeeding</td>
</tr>
<tr>
<td>17.</td>
<td>Child age 4 and a half years has been coughing for 2 months</td>
</tr>
<tr>
<td>18.</td>
<td>Child age 2 years has diarrhoea with blood in her stools</td>
</tr>
<tr>
<td>19.</td>
<td>Child age 2 years has had diarrhoea for 1 week with no blood in her stools</td>
</tr>
<tr>
<td>20.</td>
<td>Child age 18 months has had a low fever (not very hot) for 2 weeks</td>
</tr>
<tr>
<td>21.</td>
<td>Child in a malaria area has had fever and vomiting (not everything) for 3 days</td>
</tr>
<tr>
<td>22.</td>
<td>Child age 19 months has had diarrhoea for 14 days; his mother has HIV; child has not tested for HIV</td>
</tr>
<tr>
<td>23.</td>
<td>Child age 9 months has coughed for 10 days; she is breastfed; her parents have HIV; child has not tested for HIV</td>
</tr>
</tbody>
</table>
For further information please contact:

Department of Maternal, Newborn, Child and Adolescent Health
World Health Organization

20 Avenue Appia
1211 Geneva 27
Switzerland

Email: mncah@who.int