Managing programmes on reproductive, maternal, newborn, child and adolescent health

Facilitator’s Guide
Managing programmes on reproductive, maternal, newborn, child and adolescent health

Facilitator’s Guide

Adapted for the South-East Asia Region based on the WHO publication on "Managing Programmes to Improve Child Health (2009)"
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Foreword

The WHO South-East Asia Region has in recent years accelerated reductions in maternal, newborn and child mortality. Between 1990 and 2018 the Region's estimated decline in under-five and neonatal mortality was around 72% and 62%, respectively. Between 2000 and 2017 the Region achieved a decline in the maternal mortality ratio of more than 57%, and between 2000 and 2019 reduced the stillbirth rate by 50%.

Member States are to be commended on the path-breaking change they have achieved. Progressive improvements in the coverage of evidence-based interventions for reproductive, maternal, newborn, child and adolescent health (RMNCAH) are responsible for the Region's progress and must continue to be strengthened to ensure that no person or community is left behind.

To fill remaining gaps, well planned and managed programmes are needed. Such programmes will improve the population-based coverage of evidence-based interventions and thus reduce maternal, newborn and child morbidity and mortality. This will in turn facilitate the fulfillment of the Region's Flagship Priorities and the achievement of the Sustainable Development Goal targets.

The technical programme planning and management cycle required to strengthen RMNCAH services has two parts: first, the strategic planning cycle at the national level; and second, the implementation planning cycle at the sub-national level. The training materials contained herein address the second part of the cycle – implementation planning – and include an introductory module which is followed by modules on planning and managing implementation, as well as a guide for facilitators. The draft materials have been pilot tested in countries in the South-East Asia Region, as well as some countries in African Region, and reflect the wisdom and input of participants from all countries and regions.
I am certain that these modules will help build the skills of programme managers at national and sub-national level across the Region, and will scale-up the provision of evidence-based interventions that will achieve lasting gains, in line with the Region’s Flagship Priority on accelerating reduction of maternal, newborn and child mortality. I urge all stakeholders to make full use of these modules as together we continue to drive real change in the lives of women and children across the Region, for a healthier, more equitable and sustainable future for all.

Dr Poonam Khetrapal Singh
Regional Director
Acknowledgements

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Why is this course recommended?

"Managing programmes on reproductive, maternal, newborn, child and adolescent health" is a modular-based training course designed to provide knowledge and skills on the basic principles of programme planning that can be applied to any area related to health.

For whom is this course intended?

This training course is intended for managers of RMNCAH at the subnational level. These managers must implement the vision for RMNCAH as conceived by the national-level planners in the strategic plan, and turn it into action: delivering priority interventions by means of specific activities carried out across health facilities and communities. These materials provide skills that are needed by:

- RMNCAH programme managers at the subnational level,
- RMNCAH programme managers at the district level.

Most of the participants will not be managing the total RMNCAH programme within the country/geographical area. The training modules are designed in such a way that any manager dealing with even one or few areas of RMNCAH can follow the course and apply the principles and concepts in planning his/her own area of work.

What are the methods of instruction used in this course?

This course uses a variety of methods of instruction, including individual reading, plenary/small group presentations, written exercises, small group work, discussions and role plays that are also denoted by symbols on the right margin of a particular section.
Facilitators should be very clear in providing instructions as these are critical to all written exercises, presentations, role plays and practical exercises.

**How is the course conducted?**

- Small groups of participants are led and assisted by "facilitators" as they work through the course modules. The facilitators are **not lecturers** as in a traditional classroom. Their roles include answering questions, providing individual feedback on exercises, leading discussions, structuring role plays, etc.

- The modules provide the basic information to be learned. Information is also provided through presentations and discussions.

- The modules are designed to help each participant develop specific skills necessary for planning and managing implementation of RMNCAH programmes. Irrespective of whether they are managing only one area or several areas of RMNCAH, the participants develop these skills as they read the modules and practise written exercises (the participants can **choose their respective areas when they do the written exercises**), group discussions and role plays.

- To some extent, participants work at their own pace through reading and written exercises. In some activities, such as role plays and discussions, the participants will work in small groups together. For other exercises, participants may work with a partner.

- Each participant discusses any problems or questions with a facilitator and **receives prompt feedback on completed exercises** (feedback includes reviewing and discussing the exercise with the participant).

**Who is a FACILITATOR?**

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

As a facilitator, you need to be **familiar with the material** being taught. Therefore, the training modules should be well studied by the facilitator before the training. It is your job to give explanations, answer questions, talk with participants about their answers to exercises, lead group discussions, and generally give participants any help they need to successfully complete the course. You are not expected to teach the contents of the course through formal lectures. Lecturing is not recommended, even if this is the teaching method you are most accustomed to.
What, then, does a FACILITATOR do?

As a facilitator, you do three basic things:

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

2. You MOTIVATE:
   - Compliment the participants on correct answers, improvement and progress.
   - Keep each participant actively involved in discussions and conversations about the work.
   - Moderate participants’ presentations. After the presentations, elicit responses and offer feedback to ensure improvement.
   - Help participants understand how to use skills taught in the course in their own work.
   - Promote collegial competition and lively discussions to help participants stay alert and involved (managers are usually competitive and proud people!).

3. You MANAGE:
   - Plan and obtain all supplies needed each day, so that they are in the classroom when needed.
   - Ensure that there are no major obstacles to learning (such as distractions due to noise or poor lighting).
   - Help the participants pair up with suitable partners when exercises call for such pairings.
   - Monitor the progress of each participant.
How do you do these things?

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

What NOT to do

- During times scheduled for course activities, do not work on other projects or discuss matters not related to the course.
- During discussions with participants, avoid using facial expressions or making comments that could embarrass the participants. Do not elaborate on the information that the participants are about to read. Give only the introductory explanations that are suggested in the Facilitator’s Guide. If you give too much information too early, it may confuse or bore participants. Let them read the guide for themselves.
- Do not review the text paragraph by paragraph (this is boring and suggests that participants cannot read for themselves). As and when necessary, review the highlights of the text during individual feedback or group discussions.
- Do not be condescending. In other words, do not treat participants as though they are simpletons. They are aware adults.
- Do not talk too much. Encourage the participants to talk.
Do not be shy, nervous or worried about what to say. The Facilitator's Guide will help you remember what to say. Just use it!

Do not ignore certain participants.

**How can the Facilitator's Guide help you?**

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

- a list of the procedures to complete the module.
- guidelines describing:
  - any preparations needed for an exercise
  - instructions to the participants
  - how to lead group discussions or organize role plays or presentations by participants
  - points to make in group discussions or individual feedback.
- answers to exercises.
- In Part 2 of the Facilitator's Guide, there is a section titled "Guidelines for all modules". This section describes training techniques to be used when working with participants during the course. It provides suggestions on how to work with a co-facilitator. It also proposes important techniques to be used when:
  - participants are working individually,
  - you are providing individual feedback,
  - you are leading a group discussion,
  - you are coordinating a role play.

To prepare yourself for each module, you should:

- **read** the module and **work the exercises**,
- **check your answers** by referring to the answer sheets (provided in the Facilitator's Guide),
- read all the information provided about the module in the Facilitator’s Guide,
• **plan with your co-facilitator** how work on the module will be done and the major points to be made,

• collect any necessary **supplies** for exercises in the module,

• think about sections that participants might find difficult and questions they may ask,

• plan ways to help with **difficult sections** and to answer possible questions,

• plan **questions to ask** participants that will encourage them to think about using the skills in their own work.

### When inviting participants to the course

Participants should each receive an invitation to the course, which will explain the purpose of the course, dates and location of the training, and other important administrative details. Because participants will be asked during the course to use data from their own areas in some exercises, they must be informed of the documents needed to be brought, including a previous workplan of their own area of work, and given sufficient notice so that they will have the time to assemble the information and documents.

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<thead>
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<th>Items needed</th>
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<td>The set of modules includes:</td>
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<td>Module 2: Planning Implementation &amp; Annexure</td>
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<td>Module 3: Managing Implementation &amp; Annexure</td>
<td></td>
</tr>
<tr>
<td>Facilitator’s Guide</td>
<td>One for each facilitator</td>
</tr>
<tr>
<td>Reference documents (WHO documents on different survey methods, RMNCAH Policy Survey 2018, etc.)</td>
<td>One set for each group</td>
</tr>
<tr>
<td>Copy of course schedule</td>
<td>One for each participant</td>
</tr>
<tr>
<td>Copy of role plays in the Facilitator’s Guide for Module 3: Managing Implementation, Exercise H</td>
<td>One for each facilitator and participant</td>
</tr>
<tr>
<td>Set of posters/slides to put up and standard presentations included in the training package</td>
<td>Two sets of posters per group/a set of slides and standard presentations</td>
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Checklist of instructional materials needed in each group

Checklist of supplies needed for work on the modules

Supplies needed for each person include:

- name tag and holder
- two pens
- two pencils with erasers
- paper
- highlighter
- folder or large envelope to collect loose sheets of paper
- calculator – a participant may be asked to bring a calculator if he/she has one; or use the calculator in his/her phone or computer
- participants may be asked to bring laptops to do the exercises/prepare slides for presentations. Two or three participants will work together to prepare a presentation (including five slides), hence each participant does not need a laptop.

Supplies and equipment needed for each group include:

- paper clips
- pencil sharpener
- stapler and staples
- one roll of masking tape
- extra pencils and erasers
- flipchart and markers or blackboard and chalk or whiteboard and dry-erase markers
- computer and projector for PowerPoint slideshows.
Facilitator's techniques

A. Techniques for motivating participants

Encourage interaction

1. During the first day, you will talk to each participant individually a couple of times (for example, during individual feedback). If you are friendly and helpful during these first interactions, it is likely that the participants will feel encouraged.

   Begin with the first participant listed on the flipchart and ask the following two questions (note the answers on the flipchart). This will:

   • overcome their shyness,
   • help them realize that you want to talk to them,
   • help them interact with you more openly and productively throughout the course.

2. Look carefully at each participant's work. Check to see whether participants are having any problems, even if they do not ask for help. If you show interest and give each participant undivided attention, the participants will feel more motivated to work. Also, if the participants know that someone is interested in what they are doing, they are more likely to ask for help when they need any.

3. Be available to talk to participants as needed.
Keep participants involved in the discussions

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

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

5. Acknowledge all participants' responses with a comment, a "thank you" or a definitive nod. This will make the participants feel valued and encourage participation. If you think a participant has missed the point, ask for a clarification or ask whether another participant has a suggestion. If a comment is ridiculed or ignored, the participant may withdraw from the discussion entirely or not speak voluntarily again.

6. Answer participants' questions willingly and encourage participants to ask questions when they have them rather than postponing the questions.

7. Do not feel compelled to answer every question yourself. Depending on the situation, you may turn the question back to the participant or invite other participants to respond. You may need to discuss the question with the course director or another facilitator before answering. Be prepared to say, "I don't know, but I'll try to find out".

8. Use names when you call out participants to speak, and when you give them credit or when you thank them. Use the speaker's name when you refer back to a previous comment.

9. Maintain eye contact with the participants so that everyone feels included. Be careful not to always look at the same participants. Looking at a participant for a few seconds will often prompt a reply, even from a shy participant.

Keep the session focused and lively

10. Keep your presentations lively:

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

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

Do not turn your back on the group for long periods of time while writing.

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

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

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

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

Thank participants whose comments are brief and to the point.

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

Manage any problems

14. Some participants may talk too much. Here are some suggestions on how to handle a talkative participant:

- Do not call on this person first after asking a question.

- After a participant has gone on for some time, say, "You have had an opportunity to express your views. Let's hear what some of the other participants have to say on this point." Then rephrase the question and invite other participants to respond or call on someone else immediately by saying, "Dr Samua, you had your hand up a few minutes ago."
When the participant pauses, break in quickly and ask to hear from another member of the group or ask the group a question, such as, "What do the rest of you think about this point?"

Record the participant's main idea on the flipchart. As the participant continues to talk about the idea, point to it on the flipchart and say, "Thank you, we have noted your idea." Then ask the group for another idea.

Do not ask the talkative participant any more questions. If the same participant answers all the questions directed at the group, ask for an answer from another individual specifically or from a specific subgroup (for example, ask, "Does anyone on this side of the table have an idea?").

15. Try to identify participants who have difficulty understanding or speaking the course language. Speak slowly and distinctly so that you can be more easily understood, and can encourage the participant's efforts to communicate.

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

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

**Reinforce participants' efforts**

16. As a facilitator, you will have your own style of interacting with participants. However, a few techniques for reinforcing participants' efforts include:

- Avoiding use of facial expressions or comments that could cause participants to feel embarrassed.
- Sitting or bending down to be on the same level as participants when talking to them.
- Answering questions thoughtfully rather than hurriedly.
- Encouraging participants to speak to you by allowing them time.
- Appearing interested, saying "that's a good question/suggestion".

17. Reinforce participants who:

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

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

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

Guidelines for all modules

When participants are working
• Be available, interested and ready to help.
• Watch the participants as they work, and offer individual help if you see a participant looking troubled, staring into space, not writing down answers or not turning pages. These are clues that the participant may need help.
• Encourage participants to ask you questions whenever they need some help.

• If important issues or questions arise when you are speaking to an individual, make note of them to discuss later with the entire group.

• If a question arises that you cannot answer adequately, obtain assistance as soon as possible from another facilitator or the course director.

• Review the points in the Facilitator’s Guide so that you will be prepared to discuss the next exercise with the participants.

When providing individual feedback

• Before giving individual feedback, refer to the appropriate notes in this guide to remind yourself of the major points to make.

• Compare the participant's answers with those in the answer sheet.

• If the participant's answer to any exercise is incorrect, ask questions to determine why the error was made. There may be many reasons for an incorrect answer. For example, a participant may not have understood the question, may not have understood certain terms used in the exercise, may be accustomed to different procedures, may have overlooked some information about a case, or may not have understood a basic process being taught.

• Once you have identified the reason for the incorrect answer to the exercise, help the participant correct the problem. For example, you may only need to clarify the instructions. On the other hand, if the participant has difficulty understanding the process itself, you might try using a specific case example to explain. After explaining, ask questions to be sure that the participant understands.

• Give the participant a copy of the answer sheet, if one is provided.

• Reinforce the participant for good work. For example:
  ○ comment on how well the participant understands;
  ○ show enthusiasm for the participant's ideas regarding application of the skills acquired;
  ○ mention that you enjoy discussing exercises with the participant;
  ○ appreciate the participant's hard work.

• Tell the participant what to do next.
When leading a group discussion

- Before beginning the discussion, refer to the appropriate notes in this guide to remind yourself of the purpose of the discussion and the major points to make.

- Begin the group discussion by informing the participants of the purpose of the discussion.

- Often there is no single correct answer that needs to be agreed on in a discussion. Just be sure that the conclusions of the group are reasonable, and that all participants understand how the conclusions were reached.

- Try to get each of the group members involved in the discussion. Ask the participants questions to check their understanding and to keep them actively thinking and participating. Record key ideas on a flipchart as they are offered. Keep your own participation to a minimum, but summarize often to keep participants on track.

- Always summarize or ask a participant to summarize what was discussed in the exercise. Give participants a copy of the answer sheet, if one is provided.

- Reinforce the participants for their good work. For example:
  - praise them for the list they have compiled;
  - comment on their understanding of the exercise;
  - comment on their creative or useful suggestions on the practical application of the skills acquired;
  - praise them for their ability to work together as a group.

When coordinating a role play

- Before the role play, refer to the appropriate notes in this guide to remind yourself of the purpose of the role play, background information and major points to make afterwards.

- At the beginning of the role play:
  - review instructions for the role play;
  - describe the role each participant is assuming, and any background information;
  - give instructions to the audience about what to listen to and look for. Some role plays have a role and instructions for the observer.
• Observe each role play quietly, and make notes of the points to be discussed later on with the entire group.

• Interrupt only if the players are having tremendous difficulty or have strayed from the purpose of the role play.

• When all participants/groups have finished the role plays, conclude the exercise with a brief discussion. Discuss things done well and things that could be improved.

• Ask participants to describe what they have learned from the role plays.

The symbol 📖 denotes that participants read the specified section in the module, 🎨 that the section is to be discussed in the group, 🎨 an exercise 🎨 a presentation/ an explanation/feedback to the group by the facilitator and 📖 individual feedback by the facilitator.
Plenary session

A plenary session will open the course after any welcome ceremony.

The plenary session will include:

Section 1: Introduction to the training on programme management on RMNCAH

– Objectives of the training programme;

– Methodology of the training and introduction to course material (Module 1: Introduction, Module 2: Planning Implementation, and Module 3: Managing Implementation).

(Chapters 1 and 2 of Module 1 will be covered in this session.)

Section 2: RMNCAH situation

This plenary presentation will be on the situation on reproductive, maternal, newborn, child and adolescent health and its importance for RMNCAH programme planning. This session will provide an overview of the situation on reproductive, maternal, newborn, child and adolescent health in the Region, the country, a province or a district, depending on the target audience and the level where the training is being organized. This training could be organized at the regional level, at the national or subnational level (provincial or district level) and, therefore, the presentation should provide the most recent context-specific data and situation analysis.

(Chapter 3 of Module 1 will be covered in this session.)
**Section 3: Administrative tasks**

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

After the plenary session, participants will be divided into groups, each with two or more facilitators, to work through the modules. After the facilitators have gathered with the participants assigned to their group, they can move to the room or space assigned to them for working in the small group.

**Facilitator's guidelines for Module 1: Introduction**

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

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approximate duration of step*</th>
<th>Section duration*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduce yourself and ask participants to introduce themselves – name, designation, their role in programme planning, and expectations from the training</td>
<td>10 min</td>
<td>15 min</td>
</tr>
<tr>
<td>2. Distribute Module 1: Introduction (you may paste the objectives of this module on the wall or project through a PowerPoint or draw their attention to page 5)</td>
<td>05 min</td>
<td></td>
</tr>
<tr>
<td>3. Explain how participants will work on this module</td>
<td>10 min</td>
<td></td>
</tr>
<tr>
<td>4. Participants were introduced to material in Chapter 1–3 in the plenary presentation. Discuss Table 1 that describes the differences between the strategic plan and the implementation plan and then Fig. 2</td>
<td>30 min</td>
<td>1 hr 30 min</td>
</tr>
<tr>
<td>5. Participants read Chapter 4 (pages 30–31 up to Section 4.2 and then from Section 4.2 in pages 31 to 34) and do EXERCISE A (pages 35–36): Review RMNCAH situation and effective interventions (you can paste the definition of intervention on the wall or put it up on PowerPoint or put up a poster if available)</td>
<td>Reading: 15 min EXERCISE A: 15 min</td>
<td></td>
</tr>
<tr>
<td>6. Lead a group discussion on EXERCISE A</td>
<td>Discussion: 20 min</td>
<td></td>
</tr>
<tr>
<td>7. Participants read Chapter 5 (pages 37–50) and work on EXERCISE B (pages 50–51). Review intervention packages and the continua of care</td>
<td>Reading: 30 min EXERCISE B: 15 min</td>
<td>1 hour</td>
</tr>
<tr>
<td>8. Individual feedback on EXERCISE B</td>
<td>Feedback: 15 min</td>
<td></td>
</tr>
</tbody>
</table>

* Time estimates are a minimum working time. Additional time must be added for breaks, additional discussion, slower readers or time spent waiting for facilitators to be available for individual feedback.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approximate duration of step</th>
<th>Section duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>Participants read Chapter 6 (pages 52–60) and work on EXERCISE C (pages 61–62). Review planning terms and concepts</td>
<td>Reading: 30 min  Exercise C: 15 min</td>
</tr>
<tr>
<td>10.</td>
<td>Give individual feedback on EXERCISE C (pages 61–62) or ask participants to discuss in pairs</td>
<td>Feedback: 15 min**</td>
</tr>
<tr>
<td>11.</td>
<td>Conclude the module</td>
<td>15 min</td>
</tr>
</tbody>
</table>

Total duration (approximately): 4 hours

1. Introduction of yourself and participants (10 minutes)

Introduce yourself and your co-facilitator/s and write your names on the blackboard or flipchart. Ask the participants to introduce themselves. Write their names on the blackboard or flipchart (if possible, also have them write their names on large name cards). Leave the list of names where everyone can see it. This will help you and the participants remember each other’s names.

Explain to the participants that you would like to learn more about their current responsibilities related to planning and management of RMNCAH programmes. This will help you understand the areas of RMNCAH in which they work, their situations, and will help you be a better facilitator for them. For now, you will ask participants to tell you where they work and what their jobs entailed. During the course, you will further discuss the nature and scope of their work.

Begin with the first participant listed on the flipchart and ask the following two questions (note the answers on the flipchart).

Where do you work?

What is your position or responsibility in planning and managing RMNCAH programmes? (It may be in a single area or a few areas of RMNCAH such as child health, maternal and child health, etc).

What is your geographical/administrative area of responsibility? (e.g. region, sub-region, district). Also, whether their involvement is in strategic planning or implementation planning.

What are your expectations from this training course? (what knowledge and skills they expect to gain from this training). You may give small cards to write their expectations and pin/stick

** This time estimate is an average for giving individual feedback to one participant. It is expected that there are enough facilitators available so that participants rarely have to wait to get their feedback, and can continue working on the next section while waiting for a facilitator.
those up on a flipchart/whiteboard and during and at the end of the course you may review whether these expectations were met.

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

After the introduction, ask the participants to agree on certain ground rules to be followed during the training. This can include putting *mobile phones on silent mode or turning them off*, coming to the training venue on time each morning and after tea/lunch, and waiting for their turn to speak. Make it clear that they will have to finish a lot of tasks this week and they will accomplish more if they come on time and are not distracted by mobile phones.

2. **Distribute Module 1 and give an introduction (5 minutes)**

Explain that this introductory module does the following:

- Describes the steps and skills that are taught, and provides flowcharts of the steps.
- Reviews RMNCAH situation and why it is important for planning effective programmes (which was done in the plenary session).
- Defines what effective interventions are and describes two important principles of delivery of interventions:
  - the continua of care (across life-cycle and across health system) for RMNCAH
  - packaging of RMNCAH interventions.
- Defines terms important for planning RMNCAH programmes.

Annexure for Module 1 contains a glossary. If participants encounter an unfamiliar word, they can look up its meaning, as used in the modules. There is a bibliography too, providing links to the key RMNCAH documents and publications.

3. **Explain how participants will work on the modules (10 minutes)**

- Explain to the participants that the *exercise worksheets are incorporated into the modules* themselves instead of being included in a separate workbook. And, we have included important documents/information as annexes and annexes are bound separately for easy handling.
- In general, participants will read until they come to an exercise. Remind participants to pay careful attention to *boxes and the key points*.
In certain instances, they will need to refer to the annexes as well. Explain to them that annexure covers all the areas of RMNCAH, but they can specifically refer to the sections pertaining to their area of work. Encourage them to make notes on the modules itself, so that they have all information in the same book.

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

While reading or during/after discussions, participants can jot down important points on the flipcharts and paste those, so that they can refer to those at any time during the training programme.

Written exercises are usually done individually. Sometimes they will be done in pairs or in small groups (three persons) so that ideas can be shared.

At the end of the written exercises, there is usually a box that instructs participants to review and discuss their answers with a facilitator. This private discussion is called individual feedback. The main purpose of individual feedback is to clarify any misunderstandings. It also gives each participant an opportunity to discuss specifics about his/her own work. The facilitators are a valuable resource for getting individualized help or opinions on planning.

Explain what participants should do when they are ready for individual feedback (depending on the room arrangement, they may raise their hands for a facilitator to come to them or they may come to the facilitator who is sitting apart from the group).

There are also discussion exercises. Usually participants are asked to think about and write down some answers, in preparation for the discussion.

Some exercises ask participants to prepare a brief presentation and then present to the other participants. This type of exercise demonstrates different perspectives on the content, and different approaches to making presentations.

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

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

- **guide them** through the course activities
- **answer questions** as they arise or find the answers
- **clarify information** in the modules as and when needed
4. Discuss the strategic plan and the implementation plan (30 minutes)

Participants were introduced to material in Chapters 1–3 in the plenary presentation. Discuss Table 1 on page 4 that describes the differences between the strategic plan and the implementation plan. Clarify that you shall be working on developing an implementation plan during this training course. However, it is important to know about the country's/state's strategic plan in order to align the implementation plans with the goals, objectives and coverage targets specified in the strategic plan.

Next, you can ask each participant to highlight one key point regarding the RMNCAH situation, drawing upon the information shared in the plenary presentation. Emphasize that it is important for them to familiarize themselves with the trends of key health and nutrition indicators by collating and analysing the data from identified sources. Being knowledgeable about the key health issues and their underlying causes shall help the participants in developing effective implementation plans that are tailored to the local situation.

Take the participants through Table 4 and tell them that they should be familiar with the Sustainable Development Goals (SDGs) and SDG targets that have a direct relevance to RMNCAH.

Discuss with participants that there are global strategic documents that guide strategic plans in various countries. These are briefly described in Section 3.4 and can be used as reference documents for those working at the national level.

Draw attention to Fig. 2 on page 7 and discuss it as an entry point to highlight the importance of implementation of evidence-based interventions and request participants to read Chapter 4.

5. Participants read Chapter 4 (pages 30-31 up to Section 4.2 and from Section 4.2 in page 31-34) and do Exercise A (pages 35-36): Review RMNCAH situation and effective interventions (30 minutes)

After participants have finished reading pages 30–31 up to Section 4.2, briefly discuss the difference between efficacy and effectiveness of an intervention.

Ask them to give a few examples of evidence-based interventions (EBIs) and request the others to comment on whether the examples given are correct or not. Display the slide on EBIs or put up the poster if available. Ask them to continue reading after which discuss the importance of selecting the best available interventions in low-resource settings with reference to Table 6, and then do EXERCISE A.
At the end of Chapter 4 and EXERCISE A, the participants should be able to describe/list:

- the importance of context-specific RMNCAH situation as the basis of the planning;
- evidence-based/effective/essential interventions in their respective programme area/s;
- inform the participants that when they read the list of effective interventions (Annex 3), they can concentrate more on the area/s of RMNCAH they are responsible for in their current job or position.

EXERCISE A is an individual exercise. The purpose of EXERCISE A is to:

- reiterate the key facts on RMNCAH situation and effective interventions;
- understand the status in their respective countries and be aware of national strategic plans, if any.

  ⊗ Question 1 is about global RMNCAH situation.
  ⊗ Questions 2, 3, 4 and 5 are about the RMNCAH programme planning in their own countries/districts.
  ⊗ Question 6 is about identifying a programmatic "intervention" and differentiating it from an activity.

**6. Group discussion on EXERCISE A: Review RMNCAH situation and effective interventions (20 minutes)**

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

Then ask participants to answer Questions 2 to 5 pertaining to their respective countries. Conduct a discussion so that all participants feel included, and you have an idea of the extent of their knowledge on and understanding of situation of RMNCAH in their countries.

If they have missed important facts, get them to refer to the figures, tables and Annexes 1–3.

Also mention SDGs, Every Newborn Action Plan (ENAP), Ending Preventable Maternal Mortality (EPMM) and other global strategies (do not try to explain in detail; ask them to read as reference documents later).

During the discussion, draw their attention to Table 6 (pages 32–33) and the two coloured rows indicating the effectiveness of individual interventions. Explain to them that, **as programme managers, it is very important to select the most effective interventions to achieve intended results.** Explain that this exercise is usually done by the centre/at the national level.
Possible answers to EXERCISE A

Q. 1.

a. True: SDG target with respect to maternal mortality ratio (MMR) is to reduce the global maternal mortality ratio to less than 70 per 100,000 live births and to ensure that no country has an MMR greater than 140 per 100,000 live births.

(Explain that the country target for MMR is not 70 – it is a two third reduction from the 2010 value. Ask the participants whether they are aware of it).

b. True: Delivery at home without a skilled birth attendant is a significant contributor to maternal deaths.

c. False: In the SEA Region, coverage with 4+ antenatal visits is high, because these interventions have been promoted over a long period of time (4+ antenatal visits amounted to only 55% in 2017; therefore, the statement is false).

d. False: Women’s rights and children’s rights are not interrelated as they belong to two distinct age groups. Refer to Annex 2.

Q. 6. Identify whether each of the listed items in column 1 is an intervention or an activity. If identified as an intervention, decide on the type.

<table>
<thead>
<tr>
<th>Intervention / Activity</th>
<th>Intervention</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Kangaroo mother care for small babies</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>b Early initiation of breastfeeding</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>c Training on Infant and Young Child Feeding, Prevention and treatment of maternal anaemia</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>d Advocacy meeting for fund allocation for printing of health records</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>e Procurement of essential medicines</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>f Development of BCC material on immunization</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>g Active management of the third stage of labour</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>h Labour room supervision</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>i Labour room supervision</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>j Care for children with development delays</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
7. Participants read Chapter 5 (pages 37–50) and complete EXERCISE B (pages 50–51): Review intervention packages and the continua of care (45 minutes)

The purpose of this section is for participants to understand:

- two types of continuum of care (across the life-cycle and across health systems);
- which interventions to be implemented where;
- importance of packaging interventions and how to do it;
- what is meant by coverage, equity, quality and effective coverage.

Ask participants to read Chapter 5 on principles of delivering interventions (pages 37–50), Fig. 17–19, and Tables 7 and 8) and to work on EXERCISE B (pages 50–51) when they come to it.

This section is packed with important information, so they should read these pages carefully.

Display the slides/poster on continuum of care through life-cycle and health systems.

Also discuss Section 5.3: Coverage, equity, quality and effective coverage to ensure that all participants have a good understanding of these principles in the delivery of interventions.

After reading, they should work on EXERCISE B, which may also be done in pairs. If participants have any questions about the exercise, they should ask you for clarifications.

**Question 1** does not ask the participant to describe how the interventions are currently implemented in her/his country. It just asks for a theoretical description of the levels at which the intervention could be implemented.

**Question 2** asks the participant to reflect on the participant’s personal experience to date in her/his programme regarding inequities in health care.

8. Feedback on EXERCISE B (15 minutes)

Be sure that every participant receives feedback on this exercise

Ask the participants to share their answers with you. Ask the participants a few questions about how they arrived at those answers, so that you know they understand the concept of packages and the levels of care. Refer to the answer sheet given below.
The answers below show how some interventions may be logically implemented; it is not a prescription for any country. Participants' answers may differ and are acceptable as long as they understand the concepts, and have reasons for their answers.

One is filled already: a) Intervention on iron and folic acid supplementation: the most logical level for implementation of this intervention is at first-level health facilities as this is the level at which antenatal care clinics are usually held.

<table>
<thead>
<tr>
<th>Intervention(s)</th>
<th>Intervention package(s)</th>
<th>Levels for implementation of package (tick columns)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Home and community</td>
</tr>
<tr>
<td>a) Iron and folic acid supplementation</td>
<td>Antenatal care package (care during pregnancy)</td>
<td>√</td>
</tr>
<tr>
<td>b) Tetanus immunization</td>
<td>Antenatal care package</td>
<td>√</td>
</tr>
<tr>
<td>c) Treatment of eclampsia</td>
<td>Emergency obstetric care package</td>
<td></td>
</tr>
<tr>
<td>d) Screening for syphilis</td>
<td>Antenatal care package</td>
<td>√</td>
</tr>
<tr>
<td>e) Routine monitoring of labour with a partograph</td>
<td>Skilled care at birth</td>
<td>√</td>
</tr>
<tr>
<td>f) Counselling and support for proper complementary feeding</td>
<td>Infant and child care</td>
<td>√</td>
</tr>
<tr>
<td>g) Immediate newborn care</td>
<td>Skilled care at birth</td>
<td>√</td>
</tr>
<tr>
<td>h) Counselling and services for birth spacing/family planning</td>
<td>Family planning package</td>
<td>√</td>
</tr>
<tr>
<td>i) Provision of immediate postpartum contraceptive</td>
<td>Skilled care at birth/ family planning package</td>
<td>√</td>
</tr>
<tr>
<td>j) Management of obstetric complications</td>
<td>Emergency obstetric care package</td>
<td></td>
</tr>
</tbody>
</table>

(Continued)
### After the feedback, conduct a brief discussion to include the following:

Remind the participants that Question 1 of this exercise asked about one continuum of care (across health system, i.e. the levels of the health system at which the interventions are implemented).

Ask the participants what the other continuum of care is. If they do not remember, ask them to turn back to that section of the module and look for it there (*answer: life stages of the mother and child, through pregnancy, birth, the newborn period, infancy and childhood, adolescence*). Also ask which life stages of women and children are addressed by each of the interventions listed.

Discuss answer for Question 2 by asking the participants representing different countries/states/districts/departments to share their responses so that multiple perspectives are shared in the group. Some examples of groups/populations that experience inequalities are urban slum dwellers/urban poor, hard-to-reach rural areas. Explain that this can change from country to country.

### 9. Participants read Chapter 6 (pages 52–60) and complete EXERCISE C (pages 61–62): Review planning terms and concepts (45 minutes)

The purpose of this section is for participants to understand:

- the aim of implementing activities in a plan;
- what an indicator is;
- three types of indicators;
- data collection methods to calculate indicators;
- the numerator and denominator for calculation of the indicators;

<table>
<thead>
<tr>
<th>Intervention(s)</th>
<th>Intervention package(s)</th>
<th>Levels for implementation of package (tick columns)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home and community</td>
<td>First-level health facility</td>
<td>Referral facility</td>
</tr>
<tr>
<td>k) Giving zinc and oral rehydration solution (ORS) to children with diarrhoea</td>
<td>Integrated Management of Newborn and Childhood Illnesses (IMNCI)</td>
<td>√</td>
</tr>
<tr>
<td>l) Extra care for low-birth-weight infants</td>
<td>Routine postnatal care of mother and newborn</td>
<td>√</td>
</tr>
<tr>
<td>m) Screening for cervical cancer</td>
<td>Cervical cancer elimination/well woman clinic programme</td>
<td>√</td>
</tr>
</tbody>
</table>

(Continued)
• what a target is;
• the types of targets.

**Put up a slide/poster on framework for monitoring implementation of the programme**, and briefly discuss the important aspects.

Inform the participants that it is important to understand the definitions of terms because they will use these terms through the rest of the course. Remind the participants about the glossary at the end of the annexure of the module and ask them to refer to that as and when necessary (also explain to them that the terms are in an alphabetical order).

After completing the reading, the participants work on EXERCISE C, which is an individual exercise.

10. **Individual feedback on EXERCISE C: Review planning terms and concepts (15 minutes)**

Ask the participant whether any difficulties were encountered with the exercise and check the participant's answers by referring to the answer sheet on the next two pages. **Ensure that this first experience with individual feedback is non-threatening.** It is important to discuss the different items in the exercise and the definitions of terms with the participant to ensure that the participant understands them, because these terms will be used through the rest of the course.

The list of priority indicators along with numerator and denominator for calculation of the indicators are given in Annex 4 of Module 2: Planning implementation.

After you provide individual feedback, conduct a brief discussion to reiterate the following:

• Activities are implemented aiming at result/s or output/s, such as increase the availability of services, quality of services, access to and demand of services, and improve knowledge of families.
• The three types of indicators are activity-related indicator, coverage indicator and impact indicator.
• Usually, the coverage indicators (population coverage) and impact indicators are identified at the national level.
• Population coverage and impact are measured through large population/household surveys.
• Activity-related indicators are decided and monitored at the district level.
### Possible answers to EXERCISE C

1. Decide whether each indicator is an activity-related, coverage or impact indicator and tick the appropriate column. With regard to activity-related indicators, state whether the activity was completed or results achieved within brackets.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Activity-related indicator</th>
<th>Coverage indicator</th>
<th>Impact indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Proportion of health workers scheduled to be trained in IMNCI to who were trained in IMNCI</td>
<td>√ (activity completed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Proportion of births attended by skilled health personnel</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>c) Proportion of children under five years who are wasted</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>d) Proportion of health facilities with at least 60% of the midwives trained and competent in performing basic emergency obstetrics and newborn care (BEmONC) signal functions</td>
<td>√ (activity completed + results achieved)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Contraceptive prevalence rate</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>f) Percentage of women receiving at least four antenatal visits</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>g) Proportion of facilities conducting maternal and perinatal death surveillance and response (MPDSR)</td>
<td>√ (activity completed + results achieved if response mechanism is also implemented)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Proportion of facilities with all essential vaccines available</td>
<td>√ (activity completed + results achieved)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Proportion of planned community health workers’ (CHWs) training sessions completed</td>
<td>√ (activity completed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) Proportion of villages with a trained CHW</td>
<td>√ (results achieved)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k) Proportion of children under sixmonths of age who are exclusively breastfed</td>
<td></td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>l) Maternal mortality ratio</td>
<td></td>
<td></td>
<td>√</td>
</tr>
</tbody>
</table>
2. Read the phrase in the left column of the box. Then choose the phrase from the right column of that box that will best complete the sentence. Draw a line to connect them.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>- A population-based coverage indicator is measured with a health facility survey.</td>
<td>- An indicator of population-based coverage with ANC has as the denominator the planned activities.</td>
<td>- An example target for improvement in population-based coverage with an intervention is In 20XX, 75% villages will have a trained CHW to identify and provide ORS/ORT for children with diarrhoea and refer all who need treatment.</td>
</tr>
<tr>
<td>- An impact indicator must be measured with a large-sample population survey.</td>
<td>- An indicator of the quality of ANC for pregnant women at facilities has as the denominator the number of pregnant women in the geographical area.</td>
<td>- An example of a target for improving quality is In 20XX, 85% of the trained midwives will follow guidelines on BEmONC.</td>
</tr>
<tr>
<td>- A quality-of-care indicator is measured with a community-level survey.</td>
<td>- An indicator of planned activities completed has as the denominator the number of pregnant women who came to a health facility for ANC.</td>
<td>- An example of a target for improving access is In 20XX, 80% of pregnant women will be making four antenatal clinic visits.</td>
</tr>
</tbody>
</table>

11. Concluding the module (15 minutes)

Turn back to Fig. 1 of the module to review the Programme Planning and Management Cycle. Then review the learning objectives of this module (Section 1.4) and ask the participants if these have been achieved or if there is anything that was missed.

Ask the participants if they have any questions about this module and, if so, discuss. Review the definitions of terms briefly if you feel it is needed. The participants will become more familiar with the terms as they use them in different modules and exercises. Take a short break before you start Module 2 so that participants have time to re-energize.

Proceed to Module 2: Planning Implementation.
Facilitator's guidelines for Module 2: Planning implementation

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

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approximate duration of step*</th>
<th>Section duration*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distribute Module 2: Planning Implementation. Introduce the module</td>
<td>15 min</td>
<td>15 min</td>
</tr>
<tr>
<td>(pages 1–4). Put up the objectives and ask participants to read page 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Participants should read Step 1 (pages 5–8), discuss in the group and</td>
<td>Reading: 30 min</td>
<td>1 hr</td>
</tr>
<tr>
<td>continue reading (pages 9–11) and then work on written EXERCISE A</td>
<td>EXERCISE A: 15 min</td>
<td></td>
</tr>
<tr>
<td>(pages 12 and 13): Prepare for planning, based on your own country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Lead a group discussion on EXERCISE A</td>
<td>Discussion: 15 min</td>
<td></td>
</tr>
<tr>
<td>4. Introduce Step 2: Review implementation status, and EXERCISES B and C</td>
<td>Facilitator introduction and</td>
<td>30 min</td>
</tr>
<tr>
<td>4.1. Introduce the case study of an imaginary country and ask them to</td>
<td>participant reading: 30 min</td>
<td></td>
</tr>
<tr>
<td>read the case study and highlight the important points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Annex 7 Module 2)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Continued)

* Time estimates are a minimum working time. Additional time must be provided for breaks, additional discussion, slower readers or time spent waiting for facilitators to be available for individual feedback.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approximate duration of step</th>
<th>Section duration</th>
</tr>
</thead>
</table>
| 5.        | Participants read Step 2 (pages 14–31) till the end of 2.4, and list the documents they need to review the implementation status (page 32) | Reading: 40 min  
Listing of the documents: 10 min | 2 hrs  
20 min |
| 6.        | Participants complete EXERCISE B: Part 1 (page 34), review programme goals and objectives, and Part 2 (pages 34–36), and review coverage of interventions and compare it to targets based on case study | EXERCISE B: Parts 1 & 2: 20 min | |
| 7.        | Participants do EXERCISE B: Part 3 (pages 37–41). Review status of indicators related to access, etc. in MIRA district | EXERCISE B: Part 3: 20 min | |
| 8.        | Give individual feedback on EXERCISE B: Parts 1–3 | Feedback: 20 min | |
| 9.        | Participants complete EXERCISE B: Part 4 (pages 41–42): Review major activities and assess how well they were implemented | Exercise B: Part 4: 15 min | |
| 10.       | Give individual feedback on EXERCISE B: Part 4 | Feedback: 15 min | |
| 11.       | Participants read pages 43–46, step 2.5 and complete EXERCISE C (pages 47–49): Review implementation status, and analyse the information with one or two colleagues and prepare to present the results to the group | Reading: 15 min  
EXERCISE C: 30 min | 45 min |
| 12.       | Participants start reading Step 3: Decide on programme activities. Read 3.1 & 3.2 of Step 3 (pages 51–58) and complete EXERCISE D (pages 59–62): Set a target for improved quality of care (Parts 1 and 2) | Reading: 30 min  
EXERCISE D: 30 min | 1 hr  
15 min |
| 13.       | Discuss EXERCISE D in the group | Feedback: 15 min | |
| 14.       | Participants read 3.3 of Step 3 (pages 63–72) and do EXERCISE E (pages 73–78): Plan activities to implement intervention packages | Reading: 45 min | 1 hr 35 min |
| 15.       | Feedback on EXERCISE E | Feedback: 20 min | |

(Continued)
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approximate duration of step</th>
<th>Section duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.</td>
<td>Participants read 3.4 &amp; 3.5 (pages 79–82) of Step 3 and complete EXERCISE F (pages 83–85): List tasks in activities and types of resources needed (this is a game: A group can be divided into 2–3 subgroups to complete the exercise and present)</td>
<td>Reading: 10 min EXERCISE F: 50 min</td>
</tr>
<tr>
<td>17.</td>
<td>Participants start Step 4: read (pages 86–89) and complete EXERCISE G (pages 90–93): Choose priority indicators for monitoring results of activities, Part 1, as a group, and Part 2, individually or in pairs. Prepare a flipchart for this exercise as per the Facilitator's Guide Part 1: Country planning team may work together Part 2: Results of EXERCISE E can be used for this exercise</td>
<td>Reading: 15 min EXERCISE G: Part 1: 20 min Part 2: 15 min</td>
</tr>
<tr>
<td>18.</td>
<td>Give individual feedback on EXERCISE G, Part 2</td>
<td>Feedback: 10 min</td>
</tr>
<tr>
<td>19.</td>
<td>Participants read pages 94–100 and complete EXERCISE H (pages 101–104): Plan monitoring of implementation of activities Use the indicators developed in EXERCISE G Do the exercise in pairs or small subgroups</td>
<td>Reading: 15 min EXERCISE H: 30 min</td>
</tr>
<tr>
<td>20.</td>
<td>Give individual feedback on EXERCISE H</td>
<td>Feedback: 15 min</td>
</tr>
<tr>
<td>21.</td>
<td>Summary presentation on Step 5 by facilitator (pages 105–113) and complete EXERCISE I: (pages 114–118). Plan for the next review of implementation status They can do the exercise as small groups</td>
<td>Presentation: 15 min EXERCISE I: Parts 1 &amp; 2: 20 min</td>
</tr>
<tr>
<td>22.</td>
<td>Lead a group discussion on EXERCISE I, Parts 1–2</td>
<td>Discussion: 20</td>
</tr>
<tr>
<td>23.</td>
<td>Give individual feedback on EXERCISE I, Part 3</td>
<td>Feedback: 20 min</td>
</tr>
<tr>
<td>Procedure</td>
<td>Approximate duration of step</td>
<td>Section duration</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>24.</td>
<td>Participants read pages 119–120 and complete EXERCISE J (pages 121–122): Decide how to scale up implementation, with a colleague from the same country/area</td>
<td>Reading: 15 min EXERCISE J: 15 min</td>
</tr>
<tr>
<td></td>
<td>This exercise uses the intervention package that was used in EXERCISE I and participants may work in small groups</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>EXERCISE J, Part 2: Moderate presentations on participants’ plans to scale up implementation of an intervention package. Lead a discussion on the plans at the end</td>
<td>Presentations at plenary by each group and discussion: 45 min</td>
</tr>
<tr>
<td></td>
<td>This exercise is on developing a presentation and presenting it within 7–10 minutes. After each sub-group has presented, you may lead a discussion</td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>Participants read pages 123–125 and complete EXERCISE K (page 126): Review a timetable for activities</td>
<td>Reading: 15 min EXERCISE K: 15 min</td>
</tr>
<tr>
<td>27.</td>
<td>Lead a group discussion on EXERCISE K</td>
<td>Discussion: 15 min</td>
</tr>
<tr>
<td>28.</td>
<td>Participants read pages 127–135 and complete EXERCISE L (pages 136–137): Estimate resource needs</td>
<td>Reading: 25 min EXERCISE L: 30 min</td>
</tr>
<tr>
<td>29.</td>
<td>Give individual feedback on Exercise L</td>
<td>15 min</td>
</tr>
<tr>
<td>30.</td>
<td>Participants read pages 138–141 and complete EXERCISE M (pages 142–143): Review a work plan for an RMNCAH programme in your own country</td>
<td>Reading: 15 min EXERCISE M: 30 min</td>
</tr>
<tr>
<td>31.</td>
<td>Lead a group discussion on EXERCISE M</td>
<td>45 min</td>
</tr>
<tr>
<td>32.</td>
<td>Conclude the module</td>
<td>15 min</td>
</tr>
<tr>
<td><strong>Total duration</strong>: Approximately 17 hours and 10 minutes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Preparations for this module

Explain to the participants that it would have been better had each participant brought data about RMNCAH programmes in the participant’s country and the implementation plan in the participant’s district.

However, as many of them might not have been able to bring those, several exercises are based on a case study on MIRA district in a fictitious Country X. The case study is given in the annexure for Module 2 (Annex 7).

- For EXERCISE B, Part 2, each participant will need a coloured highlighter.
- For EXERCISE D: Set a target, and EXERCISE L: Estimate resource needs, participants will need calculators.
- For EXERCISE M: Review a workplan for an RMNCAH programme, participants will be asked to review a workplan from their own programme/area.

The facilitators need to be familiar with the case study in order to guide and help the participants understand the concepts or principles of steps of reviewing and planning clearly; and also to develop and hone the skills they need to extract the data, fill the summary sheets and interpret those correctly.

Prior to the training, write down the objectives of Module 2 on a flipchart and paste/hang it on the wall.

1. Introducing the module (15 minutes)

Distribute Module 2: Planning Implementation. Explain to the participants that the module looks huge because the exercises have been included in the module rather than in a separate workbook. And, there is an annexure for this module which has over 50 pages.

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

Review the list of learning objectives of the module.

Learning objectives (you may project the slide and ask participants to read)

At the end of this module, you will understand:

- the preparations needed for developing an implementation plan;
- the steps to review implementation status;
- coverage targets and activity-related targets (note that these were discussed in Module 1: Introduction);
how to plan to monitor activities;
components of a workplan and budget;
some methods for estimating needs and costs of human resources and medicines.

You will have practised the following skills:

- Assessing the current coverage of interventions in a/your programme, the status of some activity-related indicators, and how well the activities in the previous plan were implemented.
- Analysing information and generating ideas on what is needed to meet targets.
- Calculating a target for improved quality of care.
- Selecting activities that will result in increased intervention coverage.
- Choosing priority indicators for monitoring activities and planning how to monitor them.
- Planning the next review of implementation status.
- Estimating resource (human, funding and materials) needs at the district level.
- Reviewing a workplan for an RMNCAH programme.
- Tell the participants that they will practise the steps of "Review implementation status" using the case study on MIRA district of the fictitious Country X.

Explain why MIRA district was developed; it is because most countries do not have complete data sets. If a country has its own data, there is no need to use this case study. Then, as far as possible, they will practise the steps of planning one or two intervention packages in their own programme (such as deciding on programme activities and tasks, selecting indicators to monitor), using the data in hand and their own knowledge. For these exercises, they will write on the training module or will write using a laptop.

2. Participants read Step 1: Prepare for planning: pages 5–8 and then 9–11 and complete EXERCISE A (pages 12–13): Prepare for planning based on your own country programme (45 minutes)

Emphasize to the participants that the purpose of this section and the exercise is for participants to understand the:

- steps of preparation for planning which has multiple components;
- information needed for planning.

Then ask them to read pages 5–8.

After reading, take a brief moment to explain, under Section 1.3, that stakeholders at the national level may include international/national groups (e.g. donors, UN agencies, cooperating.
partners, development partners) and national or political groups (e.g. Parliamentarians, professional societies, academia). At subnational levels, stakeholders may include local governments (e.g. mayor, city development committee), local community and traditional leaders, medical/nursing associations, academic institutions, commercial/private for-profit organizations (e.g. pharmacies, private hospitals, private laboratories), nonprofit organizations (e.g. NGOs), community-based organizations (women's groups, mother's groups), faith-based organizations, schools and teachers, health-care workers, users of health services, and community members.

Ownership and commitment by stakeholders are critical for ensuring that plans are implemented. It is important, therefore, that sufficient attention is given to the process of consulting with stakeholders during the development of implementation plans at both the central level and the implementation level.

Ask the participants when they intend to plan and lead a discussion on the content under Sections 1.4 and 1.5.

**Lead a discussion on resources** needed for planning (Section 1.6) (personnel, information and funds), and ask the participants the different types of data (e.g. routine, periodic) that are available and the advantages and disadvantages of these.

Remind participants that Annex 1 includes the information needed for planning and the time schedule.

Ask them to quickly glance through Section 1.6 until they come to EXERCISE A.

This is an individual exercise that involves the participants planning their own programmes. Majority of the participants may not be involved in the total RMNCAH programme; request them to concentrate on their own area of work when answering.

Watch as participants begin working on the first written exercise. Ensure that they are not confused about what to do; they have the necessary stationery, etc. Some participants may need a bit of encouragement to write in the module book.

3. **Lead a group discussion on EXERCISE A: Prepare for planning (15 minutes)**

When everyone is ready, lead a group discussion on the questions in the exercise. Ask a participant who had completed the exercise correctly to come to the front and discuss the answers. Ask all participants for inputs in the discussion; reiterate the salient facts and conclude the session.

Display slide/poster on Step 1 and briefly summarize the key points.

4. **Introduce Step 2: Review implementation status, and EXERCISES B and C (30 minutes)**

*Explain* that at the end of Step 2 and EXERCISES B and C, participants will be able to describe the concepts and process of reviewing implementation and will have acquired skills to:
2.1. Review programme goals and objectives.

2.2. Review current coverage of interventions and compare it with targets.

2.3. Review status of indicators related to availability, access, demand and quality of health services and knowledge of families related to RMNCAH.

2.4. Review major activities in the last plan and assess how well they were implemented.

2.5. Analyse information and generate ideas on what is needed in order to reach targets.

Inform participants that to facilitate the process, we have given them a case study on MIRA district of an imaginary Country X in Annex 7.

The case study includes the following:

General information on the country X.

Summary of a five-year national RMNCH strategic plan to understand the goals, objectives and RMNCH interventions set at the national level in 2016 (based on 2015 data) to be achieved by 2021.

Table A7.1. Population coverage indicator targets 2021 from national RMNCH strategy country X.

Table A7.2. The health facilities in MIRA district and RMNCH functions at each level – this table is to be used for the denominator, mapping of services across the life-cycle and health systems (continuum of care).

Table A7.3. Indicator table for the national-level and MIRA district data sources census, DHS and National EmONC needs assessment of country X for the year 2018.

Table A7.4. Targets set in 2016 to increase availability, access, demand and knowledge (activity-related targets) – by 2018 in MIRA district RMNCH implementation plan.

Table A7.5. Worksheet on the RMNCH activities at the home and community levels.

Table A7.6. Worksheet on the activities at primary care units and first-level hospitals and the referral hospital prepared according to intervention packages and activity category.

Table A7.7. Worksheet on the RMNCH activities at the district level.
5. Participants read Steps 2.1–2.3, discuss, and then 2.4 (including tables 2–4 and Fig. 6 & 7) (pages 14–31) and list the documents they need to review the implementation status (page 32) (50 minutes)

Participants read the pages 14–23 and briefly discuss, and then read until the end of 2.4.

While reading they have to understand the various types of documents they need to gather in order to review their own programme. Highlight the fact that the second column in Table 2 includes both interventions and intervention packages.

Before EXERCISE B ask the participants to fill in the blank space by listing out the documents they need to gather for the review.


Explain EXERCISE B, Part 1: The purpose of this exercise is for participants to understand that:

- the goals and objectives are set at the national/regional level;
- the achievements at the district levels will contribute to the programme goals and objectives set at the national level.

Two participants may get together and do this exercise.

EXERCISE B, Part 2: The purpose of this exercise is for participants to understand that:

- The coverage data will not be available at the district level, unless they carry out special household surveys or have a very accurate/reliable HMIS.
- Coverage data have to come from population-based large surveys such as DHS, MICS (multiple indicator cluster survey), etc. that are conducted at the national level and district breakdown may or may not be available.
- Most of the time current population-based coverage data are not available.

1. Explain to the participants that they need to first highlight on the worksheet the interventions that were implemented in the MIRA district programme. Use a coloured highlighter to mark or put a star next to the interventions that were implemented by the MIRA district programme.

2. At the top of the first blank column of the worksheet, write the year (2021) for which the targets were set. Fill in the coverage target set for each indicator from the National Strategic Plan of country X on the worksheet (the participants do not need to fill in the whole table; but ensure that they understand how to extract information from the data available at the national level, i.e. from Table A7.1).
3. At the top of the second blank column, write the year for which they have coverage data (2018). For one or two highlighted interventions, estimate the current coverage of MIRA district (the participants do not need to fill in the whole table; but ensure that they understand how to extract information from the data available at the national level, i.e. from Table A7.3).

4. In the right column, specify the source of data for the coverage estimate. Look over the participants' shoulders to see their progress. If any participant is not completing the goals and objectives, highlighting interventions or filling in current coverage, speak with them. Determine whether they do not know what to do or if they have some other constraint. Help them as and when needed (Tables A7.1 and A7.3).

7. Participants do EXERCISE B, Part 3 (pages 37–41): Review status of indicators related to availability, access, demand and quality of health services, and knowledge of families relevant to RMNCH in MIRA district (20 minutes)

EXERCISE B, Part 3: The purpose of this exercise is for participants to understand:

- the different types of worksheets they have to complete in order to review their programme and how to complete those;

- the constraints and what the district could do to improve the activities to achieve the targets.

Watch participants as they work on Part 3. It is not necessary to spend a long time filling in data to do a complete review (select only one or two interventions and fill in the tables). Instead, it is important that the participant understands the process of filling in indicators in a systematic way as a veritable step in reviewing implementation status.

Identify two indicators each for access, availability, demand, quality and knowledge from one or two intervention packages and write down in the relevant column.

8. Give individual feedback on EXERCISE B: Review implementation status, Parts 1, 2 and 3 (20 minutes)

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

Remember that the objective of EXERCISE B is not to do a complete review of the MIRA district programme, but to demonstrate to the participant the systematic steps the participant should follow to review implementation status and to demonstrate what is involved in those steps, and to prepare the participant to do it better in the future.

Explain that if planning is done properly, you need to extract data and prepare as "done" in MIRA district. In discussing EXERCISE B, emphasize the importance of using all available data to review implementation status, which will be the basis for planning future implementation.
**Possible answers to EXERCISE B, Part 1–3**

**Part 1:**

<table>
<thead>
<tr>
<th>Programme goals</th>
<th>Programme objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To reduce the maternal mortality ratio from 240 per 100 000 live births in 2015 to 175 per 100 000 live births by 2021</td>
<td>1) To increase the contraceptive prevalence rate (CPR) from 35% in 2015 to at least 55% by 2021</td>
</tr>
<tr>
<td>• To reduce infant mortality rate from 35 per 1000 live births in 2015 to 30 per 1000 live births by 2021</td>
<td>2) To increase coverage of skilled care at birth from 50% in 2015 to at least 75% by 2021</td>
</tr>
<tr>
<td>• To reduce under-five mortality rate from 45 per 1000 live births in 2015 to 40 per 1000 live births by 2021</td>
<td>3) To increase the proportion of deliveries monitored with partogram from 50% in 2015 to 75% by 2021</td>
</tr>
<tr>
<td>• To reduce prevalence of wasting from 35% in 2015 to 20% by 2021</td>
<td>4) To increase proportion of births attended by skilled health personnel in rural areas from 50% in 2015 to 75% by 2021</td>
</tr>
<tr>
<td>• To reduce stunting in children under five years from 13% in 2015 to 10% by 2021</td>
<td>5) To increase coverage of neonatal/postpartum care from 35% in 2015 to at least 65% by 2021</td>
</tr>
<tr>
<td>• To reduce the incidence of vaccine preventable diseases in childhood to zero by 2021</td>
<td>6) To reduce the rate of premature and low-birth-weight babies from 22 per 1000 live births to less than 12 per 1000 live births by 2021</td>
</tr>
<tr>
<td>• To reduce total fertility rate from 5.7 in 2015 to 3.7 by 2021</td>
<td>7) To increase coverage of BCG-polio-DPT-hepatitis B-measles immunization from 65% in 2015 to 98% by 2021</td>
</tr>
<tr>
<td></td>
<td>8) To increase the proportion of pregnant women who receive four antenatal visits from 68% in 2015 to 90% by 2021</td>
</tr>
<tr>
<td></td>
<td>9) To increase the proportion of infants under six months who are exclusively breastfed from 40% in 2015 to 85% by 2021</td>
</tr>
<tr>
<td></td>
<td>10) To increase the proportion of children 6–23 months of age, who receive a minimum acceptable diet, from 60% in 2015 to 80% by 2021</td>
</tr>
</tbody>
</table>

Highlight the fact that in the strategic plan of country X important components of the life-cycle, such as adolescence, and parts of reproductive health, such as cervical cancer, have not been included.
### Part 2:

<table>
<thead>
<tr>
<th>Period</th>
<th>Intervention</th>
<th>Coverage indicator</th>
<th>Target year</th>
<th>Current coverage year</th>
<th>Source of data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-pregnancy and women in reproductive age</td>
<td>Family planning</td>
<td>% of women of reproductive age who are using (or whose partners are using) a contraceptive method</td>
<td>55%</td>
<td>26%</td>
<td>DHS</td>
</tr>
<tr>
<td></td>
<td>Cervical cancer screening</td>
<td>Proportion of women aged 35 to 45 years who report they were screened for cervical cancer</td>
<td>25%</td>
<td>NA</td>
<td>-</td>
</tr>
<tr>
<td>Antenatal period</td>
<td>Antenatal care (ANC)</td>
<td>% of mothers who received at least four ANC visits</td>
<td>90%</td>
<td>52%</td>
<td>DHS</td>
</tr>
<tr>
<td></td>
<td>Tetanus toxoid to all pregnant women</td>
<td>% of pregnant women who received tetanus toxoid before delivery</td>
<td>80%</td>
<td>67%</td>
<td>DHS</td>
</tr>
<tr>
<td></td>
<td>Screening for syphilis during pregnancy</td>
<td>% of pregnant women who tested for syphilis (VDRL test)</td>
<td>65%</td>
<td>NA</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of pregnant women with syphilis (VDRL test positive) who received treatment</td>
<td>NA</td>
<td>NA</td>
<td>-</td>
</tr>
<tr>
<td>Labour delivery</td>
<td>Skilled care at birth</td>
<td>% of women who received skilled care at birth</td>
<td>NA</td>
<td>45%</td>
<td>DHS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of women who delivered at health facility</td>
<td>70%</td>
<td>44%</td>
<td>DHS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of women who had companion during birth</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency obstetric and newborn care (EmONC)</td>
<td>% of caesarean deliveries</td>
<td>5%</td>
<td>1.8%</td>
<td>EmONC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of women with complications who received appropriate care (met need)</td>
<td>NA</td>
<td>24%</td>
<td>EmONC</td>
</tr>
</tbody>
</table>

(Continued)
### Postnatal/newborn

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Coverage indicator</th>
<th>Target year: 2021</th>
<th>Current coverage year: 2018</th>
<th>Source of data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postnatal care</td>
<td>% of mothers who received postpartum care within two days of childbirth</td>
<td>60%</td>
<td>13%</td>
<td>DHS</td>
</tr>
<tr>
<td></td>
<td>% of neonates who received care within 48 hours of birth</td>
<td>60%</td>
<td>12%</td>
<td>DHS</td>
</tr>
<tr>
<td>breastfeeding</td>
<td>% of neonates breastfed within one hour of birth</td>
<td>85%</td>
<td>74%</td>
<td>DHS</td>
</tr>
</tbody>
</table>

### Infancy and childhood

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Coverage indicator</th>
<th>Target year: 2021</th>
<th>Current coverage year: 2018</th>
<th>Source of data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusive breastfeeding (EBF)</td>
<td>% of infants under six months of age who are exclusively breastfed</td>
<td>85%</td>
<td>51%</td>
<td>DHS</td>
</tr>
<tr>
<td>Minimum acceptable diet</td>
<td>% of children 6–23 months of age who receive a minimum acceptable diet</td>
<td>75%</td>
<td>39%</td>
<td>DHS</td>
</tr>
<tr>
<td>Vitamin A supplementation</td>
<td>% of children aged 6–59 months who have received two age-appropriate doses of vitamin A in the past 12 months</td>
<td>75%</td>
<td>54%</td>
<td>DHS</td>
</tr>
<tr>
<td>Immunization against vaccine preventable diseases</td>
<td>% of children aged 12–23 months who are fully vaccinated (national EPI schedule)</td>
<td>98%</td>
<td>79%</td>
<td>DHS</td>
</tr>
<tr>
<td>Treatment of common childhood illnesses</td>
<td>% of children under five years with fast/difficult breathing taken to a health provider for care</td>
<td>80%</td>
<td>52%</td>
<td>DHS</td>
</tr>
<tr>
<td></td>
<td>% of children under five years with diarrhoea who received ORT</td>
<td>80%</td>
<td>59%</td>
<td>DHS</td>
</tr>
</tbody>
</table>
### Part 3:

<table>
<thead>
<tr>
<th>Intervention package</th>
<th>Activity-related indicator</th>
<th>Type of results achieved</th>
<th>Target for 2018</th>
<th>Achievement 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family planning/birth spacing and cervical cancer elimination</strong></td>
<td>% of health facilities that conduct family planning clinics regularly</td>
<td>Availability</td>
<td>80%</td>
<td>Information NA</td>
</tr>
<tr>
<td></td>
<td>% of health staff that received a competency-based training in family planning, including postpartum family planning</td>
<td>Availability, quality</td>
<td>75%</td>
<td>33.3%</td>
</tr>
<tr>
<td></td>
<td>% of health facilities with no stock-out of contraceptives during last three months</td>
<td>Availability</td>
<td>95%</td>
<td>Information NA</td>
</tr>
<tr>
<td></td>
<td>% of health facilities with trained staff on cervical cancer screening</td>
<td>Availability</td>
<td>45%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>% of detected cervical abnormalities that were treated</td>
<td>Quality</td>
<td>100%</td>
<td>Information NA</td>
</tr>
<tr>
<td><strong>ANC</strong></td>
<td>% of pregnant women attending ANC who undergo all tests and examinations and management listed in the national ANC package</td>
<td>Quality</td>
<td>80%</td>
<td>Information NA</td>
</tr>
<tr>
<td></td>
<td>% of ANC clinics in the district receiving at least one supervisory visit with observation during last six months</td>
<td>Quality</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>% of pregnant women who would know danger signs for which they need to seek care immediately</td>
<td>Knowledge</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Skilled care at birth, emergency obstetric and newborn care</strong></td>
<td>% of primary care units with at least two staff members caring for mothers trained in clean and safe delivery</td>
<td>Availability, quality</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% of primary care units with at least two staff members caring for mothers trained in essential newborn care</td>
<td>Availability, quality</td>
<td>75%</td>
<td>District does not know</td>
</tr>
<tr>
<td></td>
<td>% of primary care units that have all necessary equipment, medicines, supplies and sufficient staff to provide clean and safe delivery services</td>
<td>Availability, quality</td>
<td>100%</td>
<td>Data NA</td>
</tr>
<tr>
<td></td>
<td>% of first-level hospitals with all staff caring for mothers trained in BEmONC</td>
<td>Availability, quality</td>
<td>80%</td>
<td>0%</td>
</tr>
</tbody>
</table>

*(Continued)*
<table>
<thead>
<tr>
<th>Intervention package</th>
<th>Activity-related indicator</th>
<th>Type of results achieved</th>
<th>Target for 2018</th>
<th>Achievement 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of first-level hospitals that have all necessary equipment, medicines and supplies and sufficient staff to provide BEmONC services in previous six months</td>
<td>Availability</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>% of first-level hospitals with at least 80% of health staff caring for women at childbirth trained in BEmONC</td>
<td>Availability, accessibility</td>
<td>80%</td>
<td>37.5%</td>
<td></td>
</tr>
<tr>
<td>% of first-level hospitals providing basic emergency obstetric care (24 hours/day, 7 days/week)</td>
<td>Availability</td>
<td>100%</td>
<td>37.5%</td>
<td></td>
</tr>
<tr>
<td>Number of hospitals providing comprehensive emergency obstetric care (24 hours/day, 7 days/week)</td>
<td>Availability</td>
<td>1</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>% of health facilities with no stock-outs of essential maternal and newborn medicines and supplies in the previous six months</td>
<td>Availability</td>
<td>80%</td>
<td>Data NA for PCUs</td>
<td></td>
</tr>
<tr>
<td>% of health staff caring for mothers trained in postnatal care</td>
<td>Availability, quality</td>
<td>90%</td>
<td>Activity not competed</td>
<td></td>
</tr>
<tr>
<td>% of primary care units and first-level hospitals with 100% staff caring for mothers trained and competent in helping mothers and babies in breastfeeding</td>
<td>Availability, quality</td>
<td>100%</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>% of health facilities conducting regular growth and development monitoring of children</td>
<td>Availability</td>
<td>100%</td>
<td>Information NA</td>
<td></td>
</tr>
<tr>
<td>% of health facilities providing appropriate advice on complementary feeding</td>
<td>Availability, quality</td>
<td>100%</td>
<td>Information NA</td>
<td></td>
</tr>
<tr>
<td>% of health facilities with regular immunization clinics</td>
<td>Availability, accessibility</td>
<td>100%</td>
<td>90.7%</td>
<td></td>
</tr>
<tr>
<td>% of health facilities with proper vaccine storage facilities (refrigerators, ice-lined freezers, vaccine carriers)</td>
<td>Quality</td>
<td>100%</td>
<td>90.7%</td>
<td></td>
</tr>
<tr>
<td>% of health facilities with no stock-outs of vaccines during last three months</td>
<td>Availability</td>
<td>100%</td>
<td>75.9%</td>
<td></td>
</tr>
<tr>
<td>% of health staff who are knowledgeable on AEFI (adverse effects following immunization)</td>
<td>Quality</td>
<td>100%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Intervention package</td>
<td>Activity-related indicator</td>
<td>Type of results achieved</td>
<td>Target for 2018</td>
<td>Achievement 2018</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
<td>-----------------</td>
<td>------------------</td>
</tr>
<tr>
<td><strong>IMNCI</strong></td>
<td>% of health facilities with at least 60% of health staff caring for children trained in IMNCI</td>
<td>Availability, accessibility, quality</td>
<td>40%</td>
<td>48%</td>
</tr>
<tr>
<td></td>
<td>% of sick children attending health facilities assessed correctly</td>
<td>Quality</td>
<td>40%</td>
<td>Information NA</td>
</tr>
<tr>
<td></td>
<td>% of children attending health facilities, who need an antibiotic and/or an antimalarial, who are prescribed the medicines correctly</td>
<td>Quality</td>
<td>60%</td>
<td>Information NA</td>
</tr>
<tr>
<td></td>
<td>% of referral facilities that manage severely ill children that have essential medicines, equipment and supplies</td>
<td>Availability</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Community RMNCH</strong></td>
<td>% of hard-to-reach villages with trained CHW conducting home visits promoting key family and community practices, and identifying and referring mothers (including postnatal) and children who need care</td>
<td>Availability, accessibility, quality</td>
<td>100%</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>% of hard-to-reach villages in which community IEC activities on key care practices and timely care-seeking for illness were conducted</td>
<td>Accessibility, demand</td>
<td>100%</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>% of hard-to-reach villages with active mother support groups</td>
<td>Accessibility, availability</td>
<td>100%</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td>% of hard-to-reach villages with transport systems established for sick children and mothers</td>
<td>Accessibility</td>
<td>85%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>% of villages in the district with health volunteers</td>
<td>Availability</td>
<td>100%</td>
<td>25%</td>
</tr>
</tbody>
</table>

9. Participants complete EXERCISE B, Part 4 (Step 2.4) (pages 41–42): Review major activities and assess how well they were implemented in MIRA district (15 minutes)

**EXERCISE B, Part 4**: Purpose of this exercise is for participants to understand:

- how to complete the worksheets by interventions and the seven key categories of activities for different levels of the health system;
- that by systematically filling these worksheets, it is easy to understand the achievements as well as gaps in their plans.
For this exercise, participants will list the major activities at the three different delivery levels of the MIRA district implementation plan (A7.5, A7.6 and A7.7). Then they will assess how well they were implemented.

Participants may concentrate on only one or two intervention packages (and not single intervention). Watch as participants work and give guidance as needed. As limited time is allotted for the schedule, participants should not ruminate on these worksheets.

10. Give individual feedback on EXERCISE B, Part 4 (15 minutes)
Again, provide your feedback with regard to the participant’s work and show your interest in it. The objective is to ensure that the participant understands how to complete these worksheets, so that he/she understands how to do a more thorough review later on.

Discuss with them that in this case study and exercise, they looked only at the activities that were implemented across the health system. But to achieve optimum results, it is very important to implement activities not only across the health system but also across the life-cycle.

11. Participants read pages 43–46 and complete EXERCISE C (pages 47–49)
– Review implementation status in MIRA district: Analyse information (45 minutes)
Ask participants to read Section 2.5 (including Fig. 8) and the example worksheet. A participant can work with another colleague for this exercise.

Take a few minutes to discuss Fig. 8 before proceeding to complete EXERCISE C. The purpose of EXERCISE C is for participants to acquire skills in analysing the information gathered during the review of the implementation plan and to identify:

- the main strengths and weaknesses of the current district programme implementation plan;
- the main issues to be addressed or changed or additional activities needed in the future to reach targets;
- resources needed to conduct the activities/changes and opportunities for obtaining them.
Assign them work in pairs or groups of three to complete the Worksheet: Analyse information and generate ideas on what is needed to reach targets.

One participant should prepare to present briefly the results of the exercise to the rest of the participants. Presentation should be brief and in line with the above bullets and could be done on a flipchart/PowerPoint or without any visual aids.

**Possible answers to EXERCISE C**

**What are the main STRENGTHS of the RMNCH programme in MIRA district?**

1. Availability of a strategic plan at the national level and implementation plan at the district level.
2. Implementation of most of the evidence-based interventions across health systems and most stages of the life-cycle.
3. Availability of data to a certain extent (surveys/reviews have been done, e.g. EmNOC) with targets being set (including for results of activities).
4. Funds availability, including support from NGOs.
5. Focus on vulnerable areas (principle of equity) – 50 hard-to-reach villages.
6. Availability of a designated RMNCH manager at the district level, and trained staff.

**What are the main WEAKNESSES of the RMNCH programme in MIRA district?**

1. Certain important stages/areas of the life-cycle not addressed, e.g. adolescence.
2. Lack of information to monitor progress of some activities such as % of health facilities that conduct FP clinics regularly, % of detected cervical abnormalities that were treated, etc.
3. Deficiencies in follow-up after training and supervision.
4. Issues in fund allocation (e.g. fuel) and utilization (money returned).
5. Deficiencies in recruitment process (only 20 out of 50 CHWs recruited).
6. Inadequate advocacy for politicians.
7. Unavailability of blood bank facility at referral hospital.
Are there any issues related to POLICY, STRATEGY or REGULATORY FRAMEWORK that need to be tackled to address the weaknesses?

1. Missing stages/areas of the life-cycle, e.g. adolescent health, preconception care and ECCD (early childhood care and development).
3. Lack of regular comprehensive assessment mechanism for information generation for planning.

Is MIRA district on course to meeting targets with the current activities? If not, what CHANGES or what ADDITIONAL ACTIVITIES would be needed in the next plan to meet targets?

1. Plan activities to improve ANC, follow-up after training, and obtain relevant data.
2. Strengthen supervision – technical assistance for supervisory checklist, training of supervisory staff on supportive supervision and mentoring.
3. Advocacy for politicians and other decision-makers (e.g. for adequate funds, etc.)
4. Activities to be more focused on achieving results.

What are the RESOURCES that would be needed to conduct the ADDITIONAL ACTIVITIES?

1. Change in policies or regulations: designated supervisors for referral health facility, overall supervision and monitoring plan, HMIS.
2. Human resources: training for supervisory staff, consultant to work on supervisory checklist, recruitment of CHWs for the remaining 30 hard-to-reach villages.
3. Financial resources: increased fuel allocation for transport, funds for recruitment of CHWs and other relevant health staff.
5. Community support: mother support groups.

What are the OPPORTUNITIES that can be used for obtaining these resources?

1. Government commitment towards achieving SDGs.
2. Partnerships, e.g. donor support.
3. Availability of data from EmONC survey, etc. for data-driven planning.
Presentations on EXERCISE C

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

After each presentation, ask the participants to give feedback to the presenter on what was good about the presentation and then ask if they have any suggestions for improvement. Keep the tone positive and supportive. Emphasize that making presentations is an important part of any manager's job, and everyone can become more efficient at that. Conclude the session by addressing those areas that the participants find difficult to understand.

Point out that participants have now finished “Step 2. Review implementation status”.

Display slide/poster on Step 2 and briefly summarize the key points.

The rest of the steps in this module involve planning for the future. Plans for the future are built on your understanding of the past (the implementation status, what worked and what did not). From here on, when you are discussing something in your programme as part of the exercises, you should discuss future possibilities and prospective improvements.


Reading Step 3 and completing EXERCISES D, E and F will help participants understand and improve skills in:

- affirming the programme goals and objectives;
- setting activity-related targets;
- deciding on activities to implement interventions/packages at home and in the community, first-level health facilities and referral facilities;
- listing tasks in each activity;
- specifying types of resources that will be needed for activities.

The participants will also acquire skills to set up a quality-of-care target. Inform the participants (as was mentioned) that from now on they will learn to plan for the future.
After the completion of **Step 3 and EXERCISES D, E and F**, the participants will have a better understanding of the preparation of future plans.

**Explain** that Step 3 is "Decide on programme activities". To focus on plans for activities, you should first affirm the goals and objectives, which should be done before the planning cycle as preparation for it, and then set activity-related targets. Participants will start reading **Step 3 up to the end of 3.2** that includes examples of setting targets. Explain to the participants that Fig. 10 on page 51 does not cover all areas/components of RMNCAH but is just an example. Also explain to them that goals are to be achieved in a longer period compared with objectives and activities whereas the time-bound measurable objectives are to be achieved during a shorter period compared with goals.

Inform them that in the example given on page 55, MIRA district is considered to emphasize the importance of understanding why a certain target is not met in the previous plan and to set realistic targets.

Then complete **EXERCISE D on setting a target for improved quality of care** – **Part 1: Answer questions about target setting**

**EXERCISE D, Part 2** provides practice for calculating a feasible target for MIRA district in the fictional country X. While discussing the exercise, participants **should try to keep in mind the process and should not deeply engage with numbers of the imaginary country** that they are using to calculate a target. By focusing on the process, they can use it, with some adjustments if needed, to set a similar target in their own programme.

You may want to **write the information below on the flipchart** so that the participants can see while discussing the exercise. It can be a reminder or a refresher for participants who do not regularly work with mathematical terms.

\[
\frac{2}{5} = \frac{4}{10} = \frac{40}{100} = 0.40 = 40\%
\]

\[
\frac{64}{1000} = 0.064 = 6.4\%
\]

**13. Discuss EXERCISE D in the group (15 minutes)**

Take into account the participants' perceptions on the answers. If there are discrepancies, discuss to discover whether a participant made a mathematical error or did not understand the instructions or the process. Ask questions to check if the participants understand the basic steps in the target worksheet.
Answers to EXERCISE D

Part 1: Answer questions about target setting

1. The second option is the better target. The first option is not specific or quantified. The third option is stretched over several years for an activity-related target (usually, activity-related targets are set for 1–2-year periods).

2. The first option is the better target because it relates to improving knowledge of families and communities. The second and third options relate to the health services, and not prevention and treatment of illness at home and in the community.

Part 2: Set a target for improving quality of care in district Y

Proportion of children who need an antibiotic and/or antimalarial who (coming to health facilities in district Y) will be prescribed the medicine correctly

1. Estimate the proportion of health workers at all health facilities in the district Y that will have been trained two years from now.

\[
\frac{66 + 40}{116} = \frac{106}{116} = 0.91
\]

(no. of health staff already trained + no. to be trained in the next two years) divided by total no. of health staff who care for children

Enter this proportion in Box A in the table below.

2. Expected proportion of trained health workers providing care for sick children who will prescribe antibiotics and/or antimalarials correctly (from follow-up of IMNCI-trained health workers)

\[
= 0.89
\]

Enter this proportion in Box B in the table below.

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

1 minus the proportion that has been trained (see [1.] above) = (1 – 0.91) = 0.09 or 0.1

Enter this proportion in Box D in the table below.

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

\[
= 0.35
\]

Enter this proportion in Box E in the table on the next page.
Children coming to health facilities in district Y in two years who will see a trained health staff:

<table>
<thead>
<tr>
<th>A.</th>
<th>B.</th>
<th>C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of health staff trained in IMNCI in two years</td>
<td>Proportion of trained health staff who will prescribe antibiotics and/or antimalarials correctly</td>
<td>Proportion of sick children who need an antibiotic and/or antimalarial, who will be seen by a trained staff and prescribed medicine correctly</td>
</tr>
<tr>
<td>0.91</td>
<td>0.89</td>
<td>A. x B. = 0.91 x 0.89 = 0.81</td>
</tr>
</tbody>
</table>

Children coming to health facilities in district Y in two years who will see an untrained health staff:

<table>
<thead>
<tr>
<th>D.</th>
<th>E.</th>
<th>F.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of health workers not yet trained in IMNCI in two years</td>
<td>Proportion of health staff not yet trained in IMNCI but who will prescribe an antibiotic and/or antimalarial correctly</td>
<td>Proportion of children who need an antibiotic and/or antimalarial who will see an untrained health worker and will have the correct medicine prescribed</td>
</tr>
<tr>
<td>10/116 = 0.1</td>
<td>45/128 = 0.35</td>
<td>D. x E. = 0.035</td>
</tr>
</tbody>
</table>

For all children coming to health facilities in two years

Overall proportion of children coming to health facilities who need an antibiotic and/or antimalarial who will be prescribed the medicine correctly

C. + F. = 0.81 + 0.035 = 0.845

**Quality-of-care target**

Complete the target below:

By the end of two years in district Y, 84.5% of the children coming to health facilities who need an antibiotic and/or antimalarial will be prescribed the medicine correctly.

Put up the slide or poster on "What makes a good target" and draw their attention to the criteria.
14. Participants read Section 3.3 (pages 63–72) and complete EXERCISE E (pages 73–78): Decide on activities to implement intervention packages (1 hour 35 minutes)

Ask participants to read to the end of Section 3.3 (including Fig. 12 and 13). Remind them that this is a very important planning step, and most of the rest of the planning process will depend on the activities planned. Participants will have to read the text and complete EXERCISE E; it is important that they do it thoughtfully. Inform them that from this point onwards they will be working on their own programme based on what they have learned so far.

**Complete EXERCISE E as a group exercise.** Create groups (e.g. five) consisting of few participants (e.g. 2–3) and choose different packages for the exercise.

The purpose of EXERCISE E is for participants to understand and develop skills in:

- who will implement what activities to deliver these interventions;
- deciding activities needed to be carried out in order to implement the interventions.

Inform the participants that they will be using some of their answers for this exercise to do later exercises as well.

15. Feedback on EXERCISE E (20 minutes)

Review the participants’ Worksheet: Who will deliver interventions, along the continuum of care. Check if the participants understood the two continua of care, and if the entries made sense. If any of them did not, encourage the participant to improve on these.

Then check the participants’ entries on the Worksheet: Plan activities to implement intervention packages. Again, check if the listed activities form a reasonable plan for delivering intervention packages. It is not necessary to write activities in great detail or in every category on the page, but the participants' work should be thorough enough to be understandable.

Some of the activities listed on these pages will be used in later exercises (for example, when planning how to monitor activities)
16. Participants read 3.4 and 3.5 (pages 79–82) and complete EXERCISE F (pages 83–85): List tasks in activities and types of resources needed (1 hour)

Ask participants to read 3.4 and 3.5 including Fig. 14 and 15.

The purpose of EXERCISE F, Part 1 and Part 2, is for participants to develop skills in deciding:

- lists of tasks involved to implement an activity – Part 1;
- types of resources needed – Part 2.

Game:

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

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

Each group needs to agree on the activities to be planned. Ask participants to turn back to EXERCISE E in which they listed activities to implement their intervention packages.

The facilitator should ask the group for some suggested activities to use in this exercise and will then choose two that will be used. Be sure to select two activities that have some complexity, so that the tasks list is not too simple.

Tell the group when to START, and after five minutes ask them to STOP (if this time seems too short or too long, you may shorten or extend it, but keep the pace hurried and lively). The teams can use flipcharts to write the list of tasks.

Ask each team to present their list of tasks (do not discuss during the presentations).

Conduct a vote on which list is the best (you and your co-facilitator should also vote). Comment or ask participants to comment on what made that one list better than the others. Check that the list includes tasks of one activity, and not ones of other activities (that is, sub-steps of the activity and not subsequent steps).

Then the lists will be reviewed by the group and the group will vote on the best list of tasks. This process will be done twice for two different activities.

Then repeat the process one more time; but this time, the teams list the types of resources needed to implement the two activities (they may review Fig. 15).

Based on the three parts of this exercise, one team is declared the winner. Conclude the exercise and congratulate the winning team.

Display slide/poster on Step 3 and summarize key points.
17. Participants read Step 4 (pages 86–89) and complete EXERCISE G (pages 90–93): Choose priority indicators for monitoring results of activities (Part 1 as a group, Part 2 individually or in pairs) (1 hour)

- Objectives of Step 4 and EXERCISE G are for participants to understand and develop skills in monitoring.
- Plan to monitor whether activities are completed as planned.
- Choose priority indicators for monitoring implementation of activities.
- Decide how to monitor, when and who will monitor.
- Plan how to summarize, analyse and interpret data; and use and disseminate results from monitoring.

Ask the participants to read Sections 4.1 and 4.2, including Fig. 17.

EXERCISE G, Part 1 is a group exercise

Once participants have finished reading, conduct Part 1 of the exercise. Suggest that the group works as a planning team of a district.

Prior to the exercise prepare a flipchart like the one shown below:

**Intervention:** Community awareness on family planning.

**Level of implementation:** At home and in the community – CHWs promote knowledge and awareness on advantages of family planning in the community.

EXERCISE G, Part 1 worksheet

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

Then lead the group through the steps of:

- eliminating any indicators that are not feasible to measure regularly (e.g. eliminate an indicator that requires a survey);
- deciding which will tell more about the effectiveness or result of an activity. Repeat the process for the rest of the activities;
- finally, ask the participants to select a few priority indicators to monitor (it is not necessary to monitor an indicator for every activity);
- be sure that by the end of the discussion, every participant understands what makes for a good indicator and can choose useful ones, so that they are prepared to do this step for their own programme.
### Possible answers to EXERCISE G, Part 1

**Intervention:** Community awareness on family planning

**At home and in the community:** CHWs promote knowledge and awareness on advantages of family planning in the community

<table>
<thead>
<tr>
<th>A. Key activities planned</th>
<th>B. Activity-related indicators to monitor</th>
</tr>
</thead>
</table>
| Recruit CHWs in 50 villages (one CHW per village) | Proportion of villages visited to discuss recruitment of a CHW.  
Proportion of villages with a CHW |
| Provide training to CHWs in counselling on benefits of family planning (FP) | Proportion of planned training sessions for CHWs conducted  
Proportion of 50 newly recruited CHWs who have attended training on using family planning materials  
Proportion of CHWs who have attended training  
Proportion of villages with a CHW trained in family planning |
| Supply trained CHWs with information, education, communication (IEC) materials and counselling cards | Proportion of CHWs who attended training who were given IEC materials and counselling cards  
Proportion of CHWs with IEC materials and counselling cards when visited by a supervisor |
| Supervise trained CHWs quarterly (including observations on counselling) | Proportion of CHWs visited by a supervisor  
Proportion of CHWs visited by a supervisor whose visit included observation  
Proportion of CHWs when visited by supervisor could correctly describe the advantages of family planning  
Proportion of all CHWs who provided appropriate counselling to an eligible FP client while being observed by a supervisor |
| Trained CHWs provide group counselling on advantages of family planning | Proportion of CHWs who conducted two or more group counselling sessions for eligible FP clients/couples on the advantages of FP during the last month |
EXERCISE G, Part 2 Worksheet 2: Choose indicators for monitoring activities
(For an intervention/package)

In Part 2, they will plan for their own programme again.

When the discussion on EXERCISE G, Part 1 is complete, ask participants to refer to the worksheets they completed for EXERCISE E. They should select a few important activities to write in the left column of the worksheet (some for each level). Then they should repeat the process that the group just completed to choose and monitor priority indicators.

In this part of the exercise, they will individually continue planning for the intervention/packages that s/he chose in EXERCISE E by selecting some indicators to monitor. They will work by themselves or with one or two colleagues.

18. Individual feedback on EXERCISE G, Part 2 (10 minutes)

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

19. Participants read pages 94–100 and complete EXERCISE H (pages 101–104): Plan monitoring of implementation of activities (1 hour)

Ask participants to read Sections 4.3 and 4.4 (including Fig. 18).

In EXERCISE H, they will continue to plan implementation of the intervention package by planning how to monitor the indicators specified in EXERCISE G.

EXERCISE H, Part 1

1. Request the participants to copy some of the activity-related indicators that they selected for monitoring in EXERCISE G to the left column, "what to monitor".

2. Ask them to complete the worksheet by filling in the remaining columns for each indicator:
   - Monitoring method
   - When to monitor
   - Who will collect data?

If possible, pair participants with someone from their own area for this exercise (or make small groups), so that they can plan together how to monitor the indicators selected in the previous exercise (G).
EXERCISE H Worksheet 1: Plan monitoring of implementation of activities

<table>
<thead>
<tr>
<th>What to monitor</th>
<th>Monitoring method</th>
<th>When to monitor</th>
<th>Who will collect data</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home and in the community</td>
<td></td>
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<td></td>
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<tr>
<td>At first-level health facilities</td>
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</tbody>
</table>

(Continued)
EXERCISE H, Part 2: Plan how to summarize, analyse and interpret data, and use and disseminate results from monitoring

This is a very important exercise as countries may not be fully aware how to summarize monitoring reports.

**EXERCISE H Worksheet 2**

1. How will reports from supervisory visits be summarized and analysed?
2. How will training and personnel reports be summarized and analysed?
3. How will reports on medicines and supplies be summarized and analysed?
4. Who will interpret the monitoring data?
5. How often?
6. How and by whom are the monitoring data and results likely to be used?
7. Who will be responsible for disseminating the results of monitoring?
8. How and to whom will monitored results be disseminated?
9. How often?
20. Individual feedback on EXERCISE H, Part 2 (15 minutes)
Check the work of the participant (or pair) written on the two worksheets. Discuss the plans to check if they are reasonable, and to agree on improvements if needed.

Display the summary slide/poster on Step 4 and highlight key points.

21. Summary presentation by facilitator on Step 5: Plan for the next review of implementation status (pages 105–113) and complete EXERCISE I (pages 114–118): Plan for the next review of implementation status (55 minutes)
Facilitator has to do a PowerPoint presentation (five slides) and highlight the importance of planning for the next monitoring cycle. As for the other presentations/summary slides etc., a standard presentation is included in the training package.

Complete EXERCISE I: Plan for the next review of implementation status.

Part 1 and Part 2: They can work individually or in small groups.

On Part 3, which is planning for the next review of implementation status in their own programme, they may work together with a colleague from the same area if they wish.

22. Group discussion on EXERCISE I, Parts 1 and 2 (20 minutes)

EXERCISE I, Part 1 worksheet
Part 1: Ask participants in turn to share the answers that they wrote for Part 1. Answers may vary in wording somewhat, but be certain that the numerators, denominators and methods to collect data are consistent.

EXERCISE I, Part 2 worksheet
Part 2: Ask participants to share the answers that they wrote for Part 2.

- Write on the flipchart or ask participants to come up to the flipchart and write the alternative possible indicators.

- When there is an ample list of possible indicators, lead a discussion on which would be the most helpful indicators to assess progress in improving management of diarrhoea.

  ⊗ Cross out any that would require a survey to measure.

  ⊗ Then have the group choose the indicators that would reveal the most about the results of the programme activities in terms of improving access, availability or quality of treatment of diarrhoea, demand for the service, or the relevant knowledge of caregivers.
### Answers to EXERCISE I

#### Part 1:

Plan for the next review of implementation status

<table>
<thead>
<tr>
<th>Planning for review of implementation status: What to assess (indicator or question)</th>
<th>Data needed: Numerator/denominator</th>
<th>Method to collect data</th>
</tr>
</thead>
</table>
| 1. Proportion of children under five years with diarrhoea who received oral rehydration therapy (ORT) and zinc (coverage) | Numerator: Number of children under five years (in the geographical area) with diarrhoea in the previous two weeks who received ORT and zinc  
Denominator: Number of children under five years (in the geographical area) with diarrhoea in the last two weeks | Household survey |
| 2. Proportion of children under five years with pneumonia seen at a health facility who were correctly treated (quality) | Numerator: Number of children under five years with pneumonia seen at a health facility who were treated with the correct prescription  
Denominator: Number of children under five years with pneumonia seen at a health facility | Health facility survey |
| 3. Proportion of villages that have at least one CHW trained in community case management of diarrhoea (availability) | Numerator: Number of villages in the area that have one or more CHWs who are trained in community case management of diarrhoea  
Denominator: Number of villages in the area | Training records  
Community activity reports  
Supervisory reports |
| 4. Proportion of caregivers who can state two danger signs to bring in a sick child for care (knowledge) | Numerator: Number of caregivers of children under five years in the area who can state two danger signs to bring in a sick child for care  
Denominator: Number of caregivers of children under five years in the area | Household survey |
Part 2:

There are many possible indicators that could be assessed. A few are presented below

<table>
<thead>
<tr>
<th>What to assess (indicator or question)</th>
<th>Data needed: Numerator/denominator</th>
<th>Method to collect data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Proportion of health facilities that have supply of ORS and zinc on the day of supervisory visit</td>
<td>Number of health facilities that had a supply of ORS and zinc on the day of supervisory visit/Number of health facilities visited by a supervisor in the quarter</td>
<td>Supervisory reports</td>
</tr>
<tr>
<td>2. Proportion of health workers observed treating diarrhoea with the correct prescription on the day of supervisory visit</td>
<td>Number of health workers observed treating a child with diarrhoea correctly/Number of health workers observed treating a child with diarrhoea by a supervisor</td>
<td>Supervisory reports</td>
</tr>
<tr>
<td>3. Proportion of caregivers exiting the health facility who can describe how to mix ORS correctly</td>
<td>Number of caregivers who can describe how to mix ORS correctly/Number of mothers interviewed (by a supervisor) when exiting the health facility</td>
<td>Supervisory report (may need to add this specific interview to the checklist)</td>
</tr>
<tr>
<td>4. Proportion of caregivers exiting health facility who can correctly describe how to feed a child during illness</td>
<td>Number of caregivers who can correctly describe how to feed a child during illness/Number of caregivers interviewed (by a supervisor) when exiting the health facility</td>
<td>Supervisory report (may need to add this specific interview activity to supervisors' checklist for a quarter)</td>
</tr>
<tr>
<td>5. Proportion of communities with a CHW trained to treat diarrhoea</td>
<td>Number of communities with a CHW trained to treat diarrhoea/Number of communities</td>
<td>Training reports, administrative reports</td>
</tr>
</tbody>
</table>

Part 3:

Plan for the next review of implementation status in your own programme. Work on this part of the exercise by yourself or with a few colleagues.

Follow the instructions below to complete the worksheet.

1. In the left column, list a few indicators (related to one intervention package) to assess the:
   - **coverage** of interventions (if feasible);
   - **achievement** (result or completeness of activity) of the of the activity-related targets that were set;
   - **extent of implementation** of important activities;
   - the **results of the implementation of activities** (availability, access, demand, quality or knowledge of families related to maternal and reproductive health);
   - additional questions that may be answered through research (if feasible).
2. In the central column, for each of the indicators, specify the numerator and denominator.

3. Then specify the method of data collection.

**Answer the questions on the following page**

**Intervention package:**

<table>
<thead>
<tr>
<th>What to assess (indicator or question)</th>
<th>Data needed: Numerator/denominator</th>
<th>Method to collect data</th>
</tr>
</thead>
<tbody>
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4. When will the next review of implementation status be conducted?

(Consider what the period of time for data collection will be. When can the data be summarized? When can preparations for the review be completed? When will the next implementation planning cycle be conducted?)

5. Will special data collection activities be needed in order to measure the indicators you have specified?

6. How will the data be summarized prior to the review (who will summarize it)?

7. How will the review of implementation status be conducted? (who will conduct it? how?)

8. How will the report/results of the review be used and disseminated?

**23. Individual feedback on EXERCISE I, Part 3 (20 minutes)**

**Part 3:** Review the Worksheet: Plan for the next review of implementation status to see that the participant has mentioned reasonable indicators to review implementation of activities (completion and results). Be sure that they have listed appropriate methods for measuring them (supervisory reports, monitoring data). Unless they have resources for surveys, they should not list coverage indicators or other indicators that require a survey to measure. It is not practical in an operational planning setting.

Then review the participant's answers to the questions on page 32. Emphasize that these are all important questions to consider so that the data collection and summary can be completed in time, and that the results can be used as a step to review implementation status in the next planning cycle.

**Display slide/poster on Step 5 and summarize key points.**
24. Participants read Step 6: pages 119–120 and complete EXERCISE J (pages 121–122): Decide how to scale up implementation (30 minutes)

The objectives of Step 6 are for participants:

6.1 to decide how to scale up implementation;
6.2. to schedule activities and set a timetable;
6.3. to estimate resource needs and develop a budget;
6.4. to write the workplan and share it with stakeholders.

Ask participants to read Section 6.1 and complete EXERCISE J: Decide how to scale up implementation.

Ask them to work with a colleague from their programme. Ask each small group of participants to prepare a brief presentation (only 7–10 minutes) to explain their approach to scaling up implementation of the intervention package and why they have chosen this approach.

In this exercise, you will plan how to scale up implementation in your area (the geographical area that is your responsibility). Work with a colleague from your area.

Part 1: Planning how to scale up implementation

Consider the intervention package that you have been planning in the previous exercises. Answer the questions about the current situation in your own programme.

25. EXERCISE J: Part 2: Presentations of participants' plans to scale up implementation (45 minutes)

Ask each small group of participants to give their presentation (only 7–10 minutes). During the discussion, participants may get some new ideas from others.

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

26. Participants read pages 123–125 and complete EXERCISE K (page 126): Review a timetable for activities (30 minutes)

Ask participants to read Section 6.2 including Fig. 24.

Then complete the EXERCISE K: Review a timetable of activities. This should take them just 15–20 minutes.
27. Discussion on EXERCISE K (15 minutes)

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

**Answers to EXERCISE K**

- When does the training of the health facility in FP begin? – January
- When does the training of community workers begin? – October
- Do you think the timing is reasonable? – No. The time gap between the two activities which are linked is too long to ensure the final desired outcome.

28. Participants read pages 127–135 and complete EXERCISE L (pages 136–137): Estimate resource needs (55 minutes)

Ask participants to read Section 6.3 including Fig. 25–27 and to complete EXERCISE L: Estimate resource needs.

Explain to the participants that with regard to the number of health-care providers required, it needs to be decided through all levels in the health-care system.

29. Individual feedback on EXERCISE L (15 minutes)

Check the participant’s answers against the answers given below. If there are discrepancies, discuss with the participant to determine whether the error was mathematical or whether the participant did not understand any important point of the process.

Point out that Annex 5 shows a tool that estimates the cost of medicine needs for prevention of PPH (post partum haemorrhage). If a participant is well ahead of the group, ask him or her to complete the exercise in Annex 5.

**Answers to EXERCISE L – Estimate resource needs**

Estimating medicine needs and costs for micronutrient supplementation for antenatal and lactating women.

- It is mid-2020. The district manager is estimating medicine needs for the 2021 RMNCAH programme.
- The population of the district is about 150 000. Crude birth rate of the district is 18.9 per 1000 population.
• The district RMNCAH manager has set a target for 2021: 85% of pregnant women will be treated and followed up on at government antenatal clinics (this estimate was based on the information from the recent Demographic and Health Survey, which found that 81% pregnant women received at least one antenatal care visit from skilled providers, including doctors and nurses/midwives).

• All pregnant women should receive one tablet each of ferrous sulfate (60 mg daily) in the second and third trimesters of their pregnancies, and for six months after delivery.

• The incidence of anaemia (mild to moderate) among pregnant women in the coastal district is 40%. The recommended dose of iron for anaemia correction is two tablets of ferrous sulfate and one tablet of folic acid daily for three months with other micronutrients.

**Worksheet: Estimating medicine needs and costs for iron supplementation for antenatal and lactating women**

**A. Estimate the number of births in the coastal district**

A-1 Estimated number of births in the year 2021 in the district = 2835

Estimated population in the district (150 000) x crude birth rate (18.9/1000)

A-2 Estimated number of pregnant and lactating women who seek care at government facilities = 2410

Estimated number of births (2835) x proportion of pregnant women who seek ANC from government facilities (85%)

A-3 Estimated number of anaemia cases among pregnant women per year = 1134

Estimated number of births (2835) x prevalence of anaemia (40%)

**B. Estimate quantities of iron tablets needed**

Ferrous sulfate for preventive treatment (C) = 2410 x 360 = 867 600

Estimated number of women seeking ANC at government facilities x (180 days antenatal period excluding 1st trimester + 180 days postnatal period)

Ferrous sulfate for treatment of anaemia (D) = 1134 x 90 x 2 = 204 120

Estimated number of anaemia cases among pregnant women per year x 90 days x two tablets

Total ferrous sulfate requirement = C + D = 867 600 + 204 120 = 1 071 720
C. Estimate the cost

In column B, enter the required amount of each medicine estimated in Section B.

For column C, multiply by 0.1 to estimate the additional amount for reserve stock (for use in unforeseen times such as epidemics and logistic breakdowns) plus an amount for wastage (due to improper storage or transport, spoilage, etc.).

Record the sum of B + C in column D.

Cost per each tablet is given in Column E.

<table>
<thead>
<tr>
<th>A. Medicine</th>
<th>B. Estimated amount</th>
<th>C. Proportion added for reserve and wastage (10%)</th>
<th>D. Amount to order (B + C)</th>
<th>E. Cost per tablet (US$)</th>
<th>F. Total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ferrous sulfate</td>
<td>1 071 720</td>
<td>107 172</td>
<td>1 178 892</td>
<td>0.08</td>
<td>94 311.36</td>
</tr>
</tbody>
</table>

(This is only an example and may not reflect WHO evidence-based recommendations).

30. Participants read pages 138–141 and complete Exercise M (pages 142–143): Reviewing a workplan for RMNCAH (45 minutes)

Ask participants to read page 138–141 till they come to EXERCISE M. To prepare for this exercise, ask participants whether they have a workplan from their own programme that they could review for this exercise (you may already know this and may not have to ask).

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

Then participants review the workplan and answer the questions on pages 142–143 of the module.

31. Group discussion on EXERCISE M (45 minutes)

To lead the discussion, ask someone to answer the questions about each workplan reviewed so that the entire group learns a bit about workplans from other programmes. You should hope to draw out comments from participants that show you that they have learned what should be there in a workplan and ways that can help them develop better workplans in the future. You may use the following checklist to lead the discussion.
Checklist for an implementation plan

1. Goals (where relevant)
2. Objectives (specific and measurable) with coverage targets
3. Interventions across continuum of care (life stages)
4. Interventions at all levels of care as per the relevance (home/community, health facilities at all levels)
5. (Only) evidence-based interventions (included)
6. Packaging of interventions
7. Monitoring indicators (outcome and activity level) and data sources; included at least a few quality-related targets
8. Activities spanning the seven domains; clarity about whether these activities improve access or availability or demand or quality or knowledge; feasibility (considering time, resources, past experience); list tasks for each activity (if asked for)
9. Issues of equity (reaching vulnerable target groups) and quality addressed in activities and monitoring indicators
10. Resources required (budget, human resources, supplies/equipment, etc.)
11. Schedule of activities and timetable
12. Plan for review

After the discussion on workplans, take a moment to conclude the module. You may draw attention to the slide/poster on Step 6 at this point to highlight key points.

32. Concluding the module (15 minutes)

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

Reinforce important points from the module as needed.
### Notes for each of these numbered procedures are provided in the following pages

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approximate duration of step*</th>
<th>Section duration*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distribute Module 3: Managing Implementation. Introduce the module, by the facilitator up to page 3</td>
<td>5 min</td>
<td>5 min</td>
</tr>
</tbody>
</table>
| 2. Divide participants into small groups (two or three participants) to read up on Skill 1, pages 4–19, and complete EXERCISE A (pages 20–21): Advocate for a selected intervention package of RMNCAH Participants in small groups of 2–3: read and complete EXERCISE A on the worksheet and prepare a five-minute advocacy presentation | Reading: 30 min  
Exercise A, Part 1: 20 min  
Part 2 preparation of presentations: 20 min | 1 hr 50 min |
| 3. One participant from each small group makes an advocacy presentation and each group takes five minutes to present at plenary Group comments on presentations | EXERCISE A, Part 2: (presentation and comments: 7 min each)  
Duration: 40 min | |

* Time estimates are a minimum working time. Additional time must be provided for breaks, additional discussion, slower readers or time spent waiting for facilitators to be available for individual feedback.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approximate duration of step</th>
<th>Section duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Participants start on Skill 2 and read pages 23–31 and complete EXERCISE B (pages 32–35)</td>
<td>Reading: 20 min EXERCISE B, Part 1: 20 min</td>
<td>1 hr 45 min</td>
</tr>
<tr>
<td>Participants may work with a partner from their area to do Parts 1 and 3 to review potential strategic partners for implementation of the intervention package that they planned in Module 2: Planning Implementation</td>
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<tr>
<td>Part 1: Assess potential strategic partnerships and ask for support</td>
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<tr>
<td>5. Give individual feedback on EXERCISE B, Part 1 and divide participants into small groups for them to prepare presentations for possible strategic partners</td>
<td>Feedback: 10 min</td>
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</tr>
<tr>
<td>6. In each small group, participants prepare five slides for a meeting with a potential strategic partner (EXERCISE B, Part 2) (if the time is not sufficient you may skip this exercise)</td>
<td>Group work, EXERCISE B, Part 2: 20 min</td>
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<tr>
<td>7. One participant from each small group makes a five-minute presentation to a strategic partner (EXERCISE B, Part 3). Group comments on the effectiveness of the presentations (if the time is not sufficient you may skip this exercise)</td>
<td>(Presentation and comments: 10 min each) Duration: 35 min</td>
<td></td>
</tr>
<tr>
<td>8. Participants read pages 36–45 and complete EXERCISE C (pages 46–47): Mobilize funds from a donor. Participants exchange letters of intent with a partner for feedback (if the time is not sufficient you may skip Questions 3 and 4)</td>
<td>Reading: 30 min EXERCISE C: 50 min</td>
<td>1 hr 35 min</td>
</tr>
<tr>
<td>9. Give individual feedback to pairs on EXERCISE C</td>
<td>Feedback: 15 min</td>
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</tr>
<tr>
<td>10. Participants read Skill 3 in pages 48–54 till the section on reordering medicines and supplies. The facilitator makes a summary presentation on that topic and participants continue to read pages 57–59 and complete EXERCISE D (pages 60–61): Manage medicines and supplies</td>
<td>Reading and presentation: 15 min Exercise D: 15 min</td>
<td>45 min</td>
</tr>
<tr>
<td>11. Give individual feedback on EXERCISE D</td>
<td>Feedback: 15 min</td>
<td></td>
</tr>
<tr>
<td>12. Participants read pages 62–66 and complete EXERCISE E (pages 67–69): Manage financial resources.</td>
<td>Reading: 10 min Exercise E: 20 min</td>
<td>45 hr</td>
</tr>
<tr>
<td>13. Lead a brief discussion on EXERCISE E</td>
<td>Discussion: 15 min</td>
<td></td>
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</tbody>
</table>
### Procedure

<table>
<thead>
<tr>
<th>Step</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.</td>
<td>Participants read Skill 4 on pages 70–78 and complete EXERCISE F (pages 79–80): Improve the organization of supervision</td>
</tr>
<tr>
<td>15.</td>
<td>Give individual feedback on EXERCISE F</td>
</tr>
<tr>
<td>16.</td>
<td>Participants read pages 81–92 and complete EXERCISE G (page 93): Analyse common problems</td>
</tr>
<tr>
<td>17.</td>
<td>Lead a group discussion on EXERCISE G: Possible causes and possible solutions</td>
</tr>
<tr>
<td>18.</td>
<td>Conduct EXERCISE H (94–98): Give feedback and solve problems. Participants observe two different problem-solving interviews (participants read two role play scripts). Lead a brief discussion on the role plays</td>
</tr>
<tr>
<td>19.</td>
<td>Ask additional participants to act in similar role plays (as many as the time permits). Use handouts of background information given in the Facilitator’s Guide (if the time is not sufficient you may skip this exercise)</td>
</tr>
<tr>
<td>20.</td>
<td>Participants read Skill 5 in pages 99–106 and complete EXERCISE I (page 107): Monitor progress and use results individually</td>
</tr>
<tr>
<td>21.</td>
<td>Lead a discussion on EXERCISE I</td>
</tr>
<tr>
<td>22.</td>
<td>Conclude the module and the training course</td>
</tr>
</tbody>
</table>

**Total duration:** Approximately 10 hours and 20 minutes

### Preparations:

- The group will need laptops to make PowerPoint slides and a projector to show them as part of EXERCISES A and B.
- For EXERCISE E: Manage financial resources (participants will need calculators).
- EXERCISE H includes role plays. Well ahead of time, such as on the day before, make copies of the handouts for the role plays (see the notes for Step 19 on pages 82–85).

1. **Introducing the module (5 minutes)**

**Distribute Module 3: Managing implementation.**

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

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

2. Participants read pages 4–19 and complete EXERCISE A (pages 20–21): Advocate for RMNCAH (1 hour 10 minutes)

Ask the participants to read the Section on Skill 1 till the end of Section 1.5, including Fig. 1 to 7.

Draw the attention of the participants to Table 1 and explain that this is just an example and, usually, multiple target audiences need to be addressed in order to achieve one objective.

When the participants seem to be close to finishing reading (30 minutes), request them to complete EXERCISE A: Advocate for RMNCAH in small groups. When you are forming the small groups, try to ensure that each group has a laptop and can use it to prepare PowerPoint slides (ideally, divide the participants into three groups so that each group takes five minutes to present and five minutes to discuss, for a total of 30 minutes). Tell them that they will have about 20 minutes to complete the worksheet and another 20 minutes to prepare the presentation.

Presentations

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

• **Part 1:** Ensure that they spend only about 20 minutes to complete the Worksheet: Summary of approach to RMNCAH advocacy.

• **Part 2:** Then they should spend about 30 minutes more to prepare a presentation for one target audience. One participant (or two participants) will make the presentation to the rest of the groups.

Notice whether any participant is having difficulty and offer to help as needed.
3. Advocacy presentations (40 minutes)

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

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

- Did the presentation convince you as a member of the audience?
- Was the action desired of the audience clear? (The mistake that is made most often is that the presenter does not clearly ask the audience for anything, but just makes a general case, such as pneumonia kills a significant number of children.)
- What was done well? What was not done as well? (Consider: content, format, timing, simplicity, overall message, organization, body language and style of the presenter.)
- What could have been done to improve the presentation?
- Be certain that the presenter receives concrete comments on what was done well and some constructive comments on what to improve to help the presenter hone his/her presentation skills.

Then repeat the process for the other small groups.


Ask the participants to read the section on Skill 2 up to the end of Section 2.1 and to complete EXERCISE B, Part 1, when they come to it. Participants may work with a partner from their area to do Part 1. If there are several participants from one country or an area of a country, divide those participants into smaller groups of two or three ("single" participants just work by themselves). Part 1 includes completing two worksheets.

For this exercise they may work on an intervention package that they identified in Module 2.

5. Individual feedback on EXERCISE B, Part 1 (10 minutes)

Give individual feedback to each participant or small group of participants who worked together on Part 1. Review their worksheets (Worksheet: Key questions for potential strategic partners, and Worksheet: Resources inventory for strategic partners). Then ask whether the selected partner is likely to be helpful in implementing the intervention package, and why the participant(s) reached that conclusion.
6. EXERCISE B, Part 2 (page 35): Work in small groups to prepare presentations (20 minutes)

As you finish giving individual feedback, **assign each individual a partner or a small group to work with to complete Part 2**: Develop a presentation for a potential partner. The presentation should include **developing five slides** (preparation time: about 20 minutes). Try to form small groups so that each group has a computer to make PowerPoint slides. Two or more participants can work together to prepare the presentation, but the **presenter** should be a participant who did not make the presentation for EXERCISE A, so that more participants can practise making presentations.

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

7. Presentations to a potential strategic partner

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

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

After the presentation, ask the group to comment (about five minutes) on it and to answer the questions listed on page 35 of the module:

a) Was it clear what the partner was being asked to do?

b) Was there a good justification/rationale for the activity presented? Were you convinced?

c) Was it clear how the partner could benefit from the collaboration?

d) Was the presentation appropriate for the target audience? (The most common mistake is to not tailor the presentation to the audience. For example, a presentation to a political leader should not be full of medical facts, but should emphasize the benefits to the constituencies and to the leader.)

e) Were the slides interesting? Were they clear?

f) What was done well in the presentation? Consider the content, timing, simplicity, overall message, organization, body language and style of the presenter.

g) What could have been done to improve the presentation?

After all the presentations and discussions are completed, ask the participants to comment on which presentation was the most effective and why.
8. Participants read pages 36–45 and complete EXERCISE C (pages 46–47): Mobilize funds from a donor (1 hour 20 minutes)

Ask participants to read Section 2.2, including Fig. 10 to 13.

**EXERCISE C is an individual exercise.** Ask them to do EXERCISE C when they come to it. EXERCISE C is to be completed individually. However, when participants have finished drafting a letter of intent, they will exchange letters with a partner for feedback.

If you do not have sufficient time, you may skip this exercise.

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

9. Individual feedback on EXERCISE C (15 minutes)

Give feedback on this exercise to each pair of participants who exchanged letters. Review each participant's work on donor inventory.

10. Participants read Skill 3 (pages 48–54 and 57–59), accompanied by a facilitator presentation, and complete EXERCISE D (pages 60–61): Manage medicines and supplies (30 minutes)

Ask the participants to read the section on Skill 3 including Fig. 14 to 17. With regard to Fig. 15, explain that ANC and IMNCI are used together as it is very important to integrate different programmes together in order to improve efficiency of service delivery. After a brief presentation on reordering medicines and supplies by the facilitator, participants continue to read pages 57–59 until they come to EXERCISE D.

**EXERCISE D is an individual exercise.**

11. Individual feedback on EXERCISE D (15 minutes)

Review the participant's work in the module. Check the participant's answers against the answer sheet on the next page. If the answers for Part 1: Reordering medicines do not match those in the answer sheet, it is likely that the participant does not understand something about the reorder factor or the reorder level (Fig. 17). Review those two concepts and then let the participant correct the answers.

There are many possible answers to the questions in Part 2. Check if the participant's answers are reasonable.
Possible answers to EXERCISE D

Scenario A

Average monthly consumption: 3 bottles
Frequency of delivery: Once per month
Stock card balance: 12 bottles
What is the reorder factor that should be used? 3
What is the reorder level? 9
Is it time to order? No
If yes, how many items should be ordered? NA

Scenario B

Average monthly consumption: 8 bottles
Frequency of delivery: Every 2 months
Stock card balance: 32 bottles
What is the reorder factor that should be used? 5
What is the reorder level? 40
Is it time to order? Yes
If yes, how many items should be ordered? 40

Part 2: Discrepancies between issued and actual materials

You may have different answers. Below are some possibilities:

1. What are the possible causes of this discrepancy?
   Some scales broke and were then discarded.
   Scales were carelessly left at the site of the mobile clinic or in a vehicle and were not returned to storage.
   Scales have just disappeared – they were lost or stolen.

2. How can you address this problem?
   Interview staff to find out what happened to the scales. Check inventory records.

3. What can you do to prevent this situation from happening again?
   Make clear assignment of responsibility for the scales at the outreach programme. Set up a procedure of sign-in and sign-out of scales, so that the person who does outreach at the clinic is responsible for returning scales.
   
   If breakage was a cause, train staff in taking care of scales (important to not drop, jiggle, etc.).

   Explain to the participants if an online logistics management information system (LMIS) is functioning in the country they do not need to do this manually.
12. Participants read pages 62–66 and complete EXERCISE E (pages 67–69): Manage financial resources (30 minutes)

Ask participants to read Section 3.3, including Fig. 18, and complete EXERCISE E.

This is an individual exercise.

- Once they have completed the exercise, conduct a discussion.
- Participants will need calculators to complete this exercise (allow about 10 minutes for reading and 20 minutes for completing the exercise).
- The purpose of this exercise is for participants to understand and acquire skills in monitoring by comparing actual expenditures with the budget. This will help in assessing progress so that changes in spending can be made if needed.

13. Discussion on EXERCISE E (15 minutes)

Lead a discussion on this exercise. Keep the discussion on each of the two parts to about 10 minutes so that the entire discussion takes 20 minutes or less.

Part 1 – Monitoring expenditures: Check the participants’ answers against the answers given below. If the expenditures met the terms of the budget exactly and were evenly distributed over the 12 months of the year, 50% of each budget line should be spent mid-year.

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

Part 2 – Common budgeting problems: Encourage the participants to share problems with budgeting in their programmes, and also to gather ideas for solutions. Use the questions from Part 2 of the exercise not only to elicit comments on common problems, but also to ask for suggestions on ways to solve those problems.

**Possible answers to EXERCISE E**

**Part 1: Monitoring expenditures**

<table>
<thead>
<tr>
<th>Input</th>
<th>Budget</th>
<th>Expenditure mid-year</th>
<th>Expenditure as % of budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capital costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infrastructure</td>
<td>14 000</td>
<td>6 000</td>
<td>0.43</td>
</tr>
<tr>
<td>Vehicles</td>
<td>16 500</td>
<td>11 250</td>
<td>0.68</td>
</tr>
<tr>
<td>Equipment</td>
<td>10 000</td>
<td>5 500</td>
<td>0.55</td>
</tr>
<tr>
<td>Training (non-recurrent)</td>
<td>1 000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Communication/IEC (non-recurrent)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Subtotal capital</strong></td>
<td>41 500</td>
<td>22 750</td>
<td>0.55</td>
</tr>
</tbody>
</table>

(Continued)
<table>
<thead>
<tr>
<th>Input</th>
<th>Budget</th>
<th>Expenditure mid-year</th>
<th>Expenditure as % of budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recurrent costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>68 000</td>
<td>31 750</td>
<td>0.47</td>
</tr>
<tr>
<td>Medicines</td>
<td>20 000</td>
<td>12 500</td>
<td>0.63</td>
</tr>
<tr>
<td>Other supplies</td>
<td>3 000</td>
<td>1 400</td>
<td>0.47</td>
</tr>
<tr>
<td>Maintenance and operations' infrastructure</td>
<td>2 000</td>
<td>900</td>
<td>0.45</td>
</tr>
<tr>
<td>Maintenance and operations' vehicles</td>
<td>8 000</td>
<td>4 750</td>
<td>0.59</td>
</tr>
<tr>
<td>Maintenance and operations' equipment</td>
<td>1 700</td>
<td>625</td>
<td>0.37</td>
</tr>
<tr>
<td>Training (recurrent)</td>
<td>1 250</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Communication/IEC (recurrent)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Administrative expenses</td>
<td>1 000</td>
<td>425</td>
<td>0.43</td>
</tr>
<tr>
<td>Utilities (electricity, water, etc.)</td>
<td>7 800</td>
<td>4 675</td>
<td>0.60</td>
</tr>
<tr>
<td>Subtotal recurrent</td>
<td>112 750</td>
<td>57 025</td>
<td>0.51</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>154 250</td>
<td>79 775</td>
<td>0.52</td>
</tr>
</tbody>
</table>

1) Overspent by 2% so far this year.

2) Overspent on vehicles, equipment, medicines, maintenance and operations of vehicles and utilities.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Overspent on infrastructure, non-recurrent training, personnel, other supplies, maintenance and operations of infrastructure and of equipment, recurrent training and administrative expenses.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3) Percentage of the total expenditure spent on vehicles (capital and recurrent) was 20% (11 250 + 4 750 = 16 000, 16 000 divided by 79 775 = 0.20)

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

**Possible answers to EXERCISE E (continued)**

5) Percentage of the total expenditure that was spent on personnel so far was 40% (31 750 divided by 79 775 = 0.398 = 0.40)

6) Conclusion: The programme did fairly well in keeping within the total budget. However, recurrent and non-recurrent training activities suffered (did not occur) and the money was consumed by overspending on vehicles, utilities and medicines.
14. Participants read pages 70–78 and complete EXERCISE F (pages 79–80): Improve the organization of supervision (35 minutes)

Inform the participants that they will now start working on Skill 4: On managing supervision:

4.1. Review and improve the organization of supervision.
4.2. Ensure that supervisors are well prepared.
4.3. Ensure sufficient funding and proper transportation for supervision.
4.4. Supervise the supervisors.

Ask participants to start reading Skill 4 including Fig. 19 to 21.

Ask them to complete EXERCISE F: Improve the organization of supervision.

*This is an individual exercise.*

15. Individual feedback on EXERCISE F (10 minutes)

Review the participant’s answers to Question 1 (about problems getting supervisors to conduct supervisory visits and how to manage them).

Then review the participant’s Worksheet: Organization of supervision.

16. Participants read pages 81–92 and complete EXERCISE G (page 93): Analyse common problems (50 minutes)

Ask participants to read Section 4.2 including Fig. 22 and 23, and complete EXERCISE G: Analyse common problems.

Explain that they should first try listing out causes and solutions to the problems by themselves. Then there will be a group discussion.

17. Discussion on EXERCISE G (15 minutes)

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

Repeat the process for the second problem. Finally, ask several different participants in turn to describe/discuss the problem that they wrote about in the bottom row, and then discuss the possible causes of and solutions to the problems.

Then move directly to EXERCISE H, the role plays.
Possible answers to EXERCISE G

### Worksheet: Common problems identified during supervision

<table>
<thead>
<tr>
<th>Clinical problem</th>
<th>Possible causes</th>
<th>Possible solutions</th>
</tr>
</thead>
</table>
| Health workers say that the case-load is too huge. They do not have enough time to manage every child using standard case management methods. Caregivers say that they wait for too long at facilities | • Health workers have a huge case-load and can spend only a small amount of time with each case  
• Health workers are not convinced about the benefits of standard case management over quicker methods  
• Staff are not sure how to carry out new tasks and are slow to perform them  
• The waiting room procedures are poorly organized and some caregivers wait for a very long time  
• Patients must wait in lines multiple times for different services | • Find ways to divide the work so that an assistant can help with some of the steps  
• Train more health staff in standard case management  
• Share experiences with the staff about how standard case management results in better care for a child than quicker methods  
• Develop some educational sessions that caregivers can participate in while waiting  
• Reorganize procedures so that:  
   - some patients can be handled by an assistant.  
   - one health worker can deliver/perform several tasks.  
• Ensure additional practice with feedback to help the staff develop skill, speed and confidence |

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


**Preparation for the demonstration of role plays 1 and 2:**

Identify two pairs of participants who are ahead of the others and ask them to prepare to read a scripted role play of a supervisor giving feedback to a health worker at a first-level health facility. Choose participants who will be able to read the script aloud and be easily understood by the others. Assign each of them a script and a role (supervisor or health worker).

Show the selected participants the appropriate script in the module (Script 1 or Script 2) ahead of time so that they can read it and be familiar with it. Another interesting way could be that
the participants are given the script the day before and they record the interaction on their phones or camera and bring the recording to the session. This can then be viewed by the participants and feedback can be shared. This can save time as well as make it different.

**Demonstration of Script 1:**

Introduce the "supervisor" and "health worker" and explain that they will read a role play that involves giving feedback and solving a problem.

Review the points or ask a participant to review the points listed in the module that the supervisor should cover. Then ask the rest of the group to listen and observe Script 1. They may wish to read along in the module.

**Demonstration of Script 2:**

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

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

---

**Summary of Script 1**

Punitive:
- ✓ Good things not summarized; clinical practice not observed
- ✓ Problems identified but did not listen to health worker
- ✓ Possible causes of problems not discussed properly
- ✓ Solutions to problems suggested but not discussed properly
- ✓ The supervisor does not take a collaborative approach, accepts no responsibility
- ✓ The supervisor does not ask about other problems

**Summary of Script 2**

Supportive:
- ✓ Focused on work observed
- ✓ Good things summarized; problems identified
- ✓ Possible causes of problems discussed
- ✓ Solutions to problems discussed
- ✓ Actions to be taken by health workers and supervisors discussed
- ✓ The supervisor asks the health worker about other problems
19. Continued EXERCISE H, Part 2: Practise giving feedback and problem solving (45 minutes)

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

In preparation, you should make one or more copies of the handouts (next two pages).

Choose two participants to act in Role play 1. Cut the handout sheet for Role play 1 in half and give the appropriate parts to the two participants. Give them a few minutes to read the background information for their roles. Remind the "supervisor" of the feedback-giving techniques during a supervisory visit.

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

Then repeat this process with two more participants and Role play 2. It can also be interesting and instructive to repeat Role play 1 or 2 to see how another "supervisor" handles the situation and to let more participants practise.

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

Handouts for role plays

Role play 1: Background for role play

Supervisor's role

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

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

The country does not have a big problem with medicine supplies any more because this has largely been taken care of by the new donor programme. So, there is no reason why a clinic should not have medicines available. A good medicine supply is central to achieving the Millennium Development Goals (MDGs) for this country. There is a training course that will be put up by the Pharmacy Department in the next two or three months. It lasts a month or so, is very comprehensive and equips supply supervisors with all the necessary skills required to manage all types of supplies.

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

Health worker’s role

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

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

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

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

Role play 2: Background for the role play

Supervisor’s role

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

You observed the health worker managing Markus, a two-year-old boy, brought in by his mother. The health worker followed the IMNCI protocol and worked his/her way through each of the steps. He/she used the chart booklet. But he/she did not ask about the general danger signs although these are the first steps on the chart. He/she classified Markus as having pneumonia.
However, when you (the supervisor) examined him, you observed some chest in-drawing. In addition, Markus was quite lethargic. He should have been classified as having severe pneumonia or a very severe disease. He should have been referred to the hospital immediately.

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

**Health worker’s role**

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

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

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

20. Participants read Skill 5 in pages 99–106 and complete EXERCISE I (page 107): Monitor progress and use results (40 minutes)

Ask the participants to read pages 99–106 and complete EXERCISE I. If possible, allow the participants sufficient time to study the data and think through the questions, rather than giving out the answers at the very beginning of the discussion. Allow about 20 minutes for reading and 20 minutes to complete the exercise. The participants will learn more about interpreting data if they spend time trying to do it themselves. Then the discussion will reinforce their efforts and perhaps uncover additional points.

Notice that each indicator is expressed both as a proportion and also with the actual numerator and denominator. It can be helpful to know the actual numbers when thinking about how to make improvements. For example, the proportion of supervisors trained to use the checklist with observation in the second quarter was 0.75. It is helpful to realize that this is three of the four supervisors. If just one more supervisor can be trained during the fourth quarter, the indicator will reach 100%.
Also notice that in the second and third quarters, some indicators show the cumulative numerator value. Some participants may understand this, but some may need an explanation. For example, for the proportion of health staff who need training in the new ANC package and do receive training:

- In the first quarter, 8 of the 37 staff are trained (0.21).
- In the second quarter, 17 more staff were trained. So, 8 + 17 or 25 of the 37 staff needing training in the new ANC package are trained (0.67).

21. Group discussion on EXERCISE I (20 minutes)

When all participants are ready, lead a discussion on Questions 1 through 6. Ask a participant to share his or her answer to the first question, and then ask the next participant if he/she has anything to add. Continue the discussion in such a way that the group hears full answers and all participants take part. Refer to the answers on the next three pages as needed.

Possible answers to EXERCISE I

1. **What are main successes according to the monitoring data?**

   - All three planned training courses on the new ANC package were conducted and 67% of health facility workers who manage pregnant mothers were trained in the new ANC package.
   - Since supervisors were trained (three of four supervisors in the second quarter), more supervisory visits are being conducted. About 66% of facilities had a supervisory visit and 73% of the planned visits were conducted in the third quarter.
   - Progress is being made in recruiting CHWs, training CHWs in community case management, and training CHWs in counselling skills. About 25% of the communities have a CHW trained in basic ANC and 42% have a CHW trained in counselling skills.

2. **What are the main problems according to monitoring data?**

   - Few follow-up visits have been made after training the health facility workers (hence, it cannot be said if the health workers have learned and are applying ANC and management procedures). Also, health staff performance could be improved by follow-ups after training, but they are not happening.
   - About 108% of the training budget has been spent by the end of the second quarter (0.35 + 0.73 = 1.08). Lack of funding may prevent the programme from conducting the training course planned for the fourth quarter and the visits for follow-up after training.
• The district is not receiving deliveries of medicines on time (out of four deliveries, two were on time).

• Only 33% of health facilities had no stock-outs of essential medicines in the third quarter, and the problem still persists. Supplies of vaccines are better than that of other medicines, but only 75% of the facilities have all essential vaccines.

• Record-keeping on medicines is a problem in health facilities; the situation is getting a little but not much better.

• Supervisory visits to CHWs are not taking place or, if at all they are taking place, supervisors are not efficiently recording their observations.

Possible answers to EXERCISE I (continued)

3. Is the district likely to achieve these activity-related targets by the end of 2021? Write a comment on your analysis of each.

**Target:** 100% of the health facilities will have at least 60% of the health workers who manage pregnant mothers trained in the new ANC package.

At the end of the third quarter only seven facilities (58%) have at least 60% of the health staff trained in the new ANC package. However, 67% of the health staff (25 out of 37) have been trained at the end of the third quarter. The problem involves the distribution of trained staff across health facilities. More staff from the other five facilities need to be trained.

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

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

**Target:** 90% of the health facilities will have had at least one supervisory visit in the last three months.

The percentage is at 66% in the third quarter. The district may achieve this target if the emphasis and support for making supervisory visits are sustained in the fourth quarter.

**Target:** 40% of the communities will have a CHW trained to provide pregnant women with counselling and referrals.

To achieve this target, at least 11 more CHWs will need to be trained in counselling and referral of pregnant mothers. This may be possible, depending on resources available (40% of the 72 communities will be 29 communities; 18 now have a trained CHW, so the CHWs from the remaining 11 communities need to be trained by the end of the year).
4.

a) There is no indicator related to the quality of antenatal care provision at health facilities, but what do you think the quality may be?

Quality is likely to be poor as essential medicines are often unavailable.

We do not know if the recently trained health workers are performing effectively.

b) How can the programme manager find out about the quality of antenatal care?

The programme manager could read the reports from supervisory visits to facilities and look for information on quality. She/he could also interview the supervisors.

Possible answers to EXERCISE I (continued)

5. Identify a few specific problems (that is, who is not doing what) that are occurring, or that may be occurring, and write those down in the left column.

Then, for each specific problem, list in the right column whom the manager should contact in order to discuss the possible causes, and to plan actions that should be taken.

<table>
<thead>
<tr>
<th>Specific problem: Who is not doing what?</th>
<th>Whom to contact to discuss the possible causes and solutions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional suppliers are not making shipments to the district on time</td>
<td>District supply officer and the regional supply officer</td>
</tr>
<tr>
<td>At health facilities, the person responsible for medicines and vaccines • is not keeping appropriate records, and • may not be ordering medicines correctly (incorrect amounts or not on time).</td>
<td>Supervisors who visit health facilities, some supply officers at the facilities, trainer in supply management</td>
</tr>
<tr>
<td>The trainers are not following up on recently trained health workers</td>
<td>The trainers who are responsible for making follow-up-after-training visits, district training director (their supervisor)</td>
</tr>
<tr>
<td>Health facility staff are not making supervisory visits to CHWs.</td>
<td>Health facility staff who should make supervisory visits to CHWs and their supervisor at the facility</td>
</tr>
</tbody>
</table>
6. To whom should the manager give feedback on the findings of monitoring? (Remember to think about every level of staff).

- The trainers of the new ANC package.
- Health facility staff who manage pregnant mothers, person in charge at each health facility.
- Regional supply officer, district supply officer and facility supply officers.
- Supervisors who visit health facilities.
- Communities (about status of recruitment and training of CHWs).
- The nongovernmental organizations that are training CHWs in counselling skills.
- Any other partners.
- District health officer.
- RMNCAH manager at the next administrative level.

22. Concluding the module and the training course (15 minutes)

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

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

- Programme planning and management cycle (presented on page 1 of Module 2: Planning implementation) and
- flowchart of the step "Develop implementation plan" (presented on page 2 of Module 2: Planning implementation).

Discuss important points about them and answer any questions.

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

If the evaluation questionnaire has not already been distributed, give one to each participant now. Ask them to complete the questionnaire and turn it in to you (you should give the completed questionnaires to the course director).

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