

Working with Individuals, Families and Communities to Improve Maternal and Newborn Health



A Toolkit for Implementation

Module 4: Training Guide for Facilitators of the Participatory Community Assessment in Maternal and Newborn Health

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to Improve Maternal and Newborn Health:

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Training Guide for Facilitators
of the Participatory Community Assessment
in Maternal and Newborn Health

Working with individuals, families and communities to improve maternal and newborn health: a toolkit for implementation

Contents: Module 1: An overview of implementation at national, province and district levels; Module 2: Facilitator's guide to the orientation workshop on the IFC framework; Module 3: Participatory community assessment in maternal and newborn health; Module 4: Training guide for facilitators of the participatory community assessment in maternal and newborn health; Module 5: Finalizing, monitoring and evaluating the IFC action plan.

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ACRONYMS

IFC	Individuals, Families and Communities (In reference to the World Health Organization's framework for Working with Individuals, Families and Communities to Improve Maternal and Newborn Health)
MNH	Maternal and newborn health
PAHO	Pan American Health Organization
PCA	Participatory community assessment
WHO	World Health Organization

Tell us what you think!

All comments on this document are welcome. Please let us know if you find the content useful, your experience in using this guide, if there is any information missing, or if there is anything else you would add to this guide. Please send all comments to the Department of Maternal, Newborn, Child and Adolescent Health (MCA), World Health Organization (WHO), Geneva, to mncah@who.int.



THE STORY OF THE TOOLKIT

In 2003, The World Health Organization (WHO) published a concept and strategy paper entitled *Working with individuals, families and communities to improve maternal and newborn health*,¹ herein referred to as the “IFC framework”.

The IFC framework was developed in response to the observation that a robust and systematic health promotion component was largely absent from most maternal and newborn health (MNH) strategies in countries.

Soon after its publication, countries began to ask how to implement the Framework and how to operationalize the key themes of empowerment and community participation. This is where the story of the five modules included in this document, *Working with individuals, families and communities to improve maternal and newborn health: a toolkit for implementation*, begins.

The work of all five modules was done under the technical supervision of Anayda Portela, WHO/Department of Maternal, Newborn, Child and Adolescent Health (WHO/MCA) in Geneva. The modules related to the participatory community assessment (PCA) were developed under the guidance of Anayda Portela, Carlo Santarelli of Enfants du Monde and Vicky Camacho, then the Regional Advisor on Maternal Health to the Pan American Health Organization (PAHO). Each module has a series of authors, reviewers and country experiences.

We have attempted to mention all the teams and moments involved below. Some individual names may not be cited, however we wish to convey our gratitude to every person and country team who has contributed, and regret any contributions which may have been overlooked or not specifically mentioned.

The first work on the PCA and the corresponding *Guide to train facilitators* began in 2005. In response to country requests in Latin America, Vicky Camacho proposed an adaptation of earlier MotherCare work and of the Strategic Approach developed by WHO/Department of Reproductive Health and Research. Veronica Kaune, a consultant from Bolivia, developed the first guide for PCA, which was reviewed by an expert group including Fernando Amado, Angela Bayer, Lola Castro, Colleen B. Conroy, Julio Córdova, Luís Gutiérrez, Martha Mejía, Rafael Obregón, and Marcos Paz.

A meeting was held in El Salvador in September 2005 to review the PCA with representatives from Bolivia, El Salvador, Honduras, and Paraguay. After the first pilot experiences in El Salvador and Paraguay, the PCA was modified to simplify the process and reporting to ensure that a country could integrate it into its ongoing planning processes.

Kathryn Church, a consultant supported by funding from Enfants du Monde and PAHO, then went to El Salvador to support the national IFC committee in a next country experience. The MIFC committee included representatives of the Ministerio de Salud Pública y Asistencia Social (MSPAS), Concertación Educativa de El Salvador (CEES), Fundación Maquilishuat (FUMA), CREDHO, and PAHO EL Salvador. The PCA was conducted in Izalco and Nahuizalco with support from local facilitators, the health units and the SIBASI of Sonsonate.

¹ Please see http://www.who.int/maternal_child_adolescent/documents/who_fch_rhr_0311/en/



Special mention is made of the work in El Salvador who was a pioneer in leading the IFC implementation in the Americas Region, and the PCA was subsequently reformulated on the basis of these experiences.

The El Salvador team included: Jeannette Alvarado, Tatiana Arqueros de Chávez, Carlos Enríquez Canizalez, Luís Manuel Cardoza, Virgilio de Jesús Chile Pinto, Hilda Cisneros, Morena Contreras, Jorge Cruz González, William Escamilla, Jessica Escobar, Elsa Marina Gavarrete, Melgan González de Díaz, Edgar Hernández, María Celia Hernández, Pedro Gonzalo Hernández, José David López, José Eduardo Josa, Carmen Medina, Emma Lilian Membreño de Cruz, Ana Dinora Mena Castro, Ana Ligia Molina, Sonia Nolasco, Xiomara Margarita de Orellana, Ever Fabricio Recinos, Guillermo Sánchez Flores, Lluni Santos de Aguilar, Luís and Valencia. Maritza Romero of PAHO was instrumental in supporting the process.

Kathryn Church was subsequently hired by WHO Geneva to work with Anayda Portela to simplify the PCA based on the El Salvador experience; thereafter what are now Modules 1, 3 and 4 were produced.

Carlo Santarelli of Enfants du Monde also provided important input into this work. Subsequent experiences led to further refinement of these Modules: 1) in Moldova and Albania with the support of WHO Europe and Isabelle Cazottes as a consultant, and 2) in Burkina Faso with the support of the Ministry of Health (Ministère de la Santé), Enfants du Monde and UNFPA.

Isabelle Cazottes was then hired by WHO Europe to work with WHO Geneva (Anayda Portela and Cathy Wolfheim) to develop an Orientation Workshop for the IFC framework and implementation, which served as the basis for what is now Module 2.

The workshop was based on training guides developed for the introduction of the IFC framework and implementation process used in regional workshops in Africa, Europe, Eastern Mediterranean, the Americas and Southeast Asia (workshops organized by the WHO Regional Offices of Africa, America, Europe, Eastern Mediterranean, South East Asia and Western Pacific). Module 2 was subsequently finalized by Janet Perkins, consultant to WHO, Anayda Portela, and Ramin Kaweh. A version was tested by the Enfants du Monde team with the local IFC committee in Petit-Goâve, Haiti.

Module 5 was begun by the health team at Enfants du Monde including Cecilia Capello, Janet Perkins and Charlotte Fyon, working with Anayda Portela of WHO. Carlo Santarelli and Alfredo Fort, Area Manager for the Americas Region, WHO Department of Reproductive Health and Research at the time, provided inputs. Different sections of the module were subsequently reviewed by the regional coordinators of Enfants du Monde, the national MIFC committee in El Salvador, Ruben Grajeda of PAHO, Aigul Kuttumuratova of WHO/EURO, Raúl Mercer and Isabelle Cazottes. The module was finalized by Janet Perkins as a consultant to WHO Geneva.

Janet Perkins, as a consultant to WHO Geneva, did a final technical review and edit to harmonize all five modules. Jura Editorial copyedited Modules 1, 3 and 5. Yeon Woo Lee, an intern with WHO/MCA, updated the references to ensure compliance with the WHO style guide. Pooja Pradeep, an intern with WHO/MCA, reviewed all the modules after the editor changes were incorporated. Amélie Eggertswyler, intern with Enfants du Monde, and Hanna Bontogon, intern with WHO/MCA, reviewed the layout of Module 1. Francesca Cereghetti, also intern with Enfants du Monde, reviewed the layout of Modules 1 and 5, and Saskia van Barthold, intern with Enfants du Monde, reviewed the layout of Modules 2, 3 and 4.



The toolkit, in different stages of development and in various degrees, has been used in the following countries: Albania, Bangladesh, Burkina Faso, Colombia, El Salvador, Guatemala, Haiti, Kazakhstan, Lao People's Democratic Republic, Paraguay and the Republic of Moldova. We have learned from each of these experiences and have tried to incorporate the learning throughout the toolkit's development.

Such a document can only be useful if it is adapted to each context, and we have intended for it to be a living document – that improves with each use and each reflection. Thus this story will continue.

Financial support for the development of the modules over the years has been received from Enfants du Monde, WHO, PAHO, WHO/EURO, the EC/ACP/WHO Partnership and the Norwegian Agency for Development Cooperation.



INTRODUCTION TO MODULE 4

This document is the fourth module of a series entitled *Working with individuals, families and communities to improve maternal and newborn health: a toolkit for implementation*, designed to support the implementation of the World Health Organization (WHO) framework “*Working with individuals, families and communities (IFC) to improve maternal and newborn health*”;² herein referred to as the “IFC framework.”

The IFC framework, originally elaborated in 2003, was developed in response to the observation that a robust and systematic health promotion component was largely absent from most maternal and newborn health (MNH) strategies in countries. Grounded on the foundational principles of health promotion as outlined in the Ottawa Charter,³ the framework and the interventions it proposes were formulated based on an examination of evidence and successful experiences in working with individuals, families and communities to improve MNH.

This evidence was updated in 2015 and we refer the reader to the publication *WHO recommendations on health promotion interventions for maternal and newborn health*, available at http://who.int/maternal_child_adolescent/documents/health-promotion-interventions/en/.

To date, the IFC framework has been implemented in a number of countries spanning the six world WHO regions, including: Bangladesh, Burkina Faso, Colombia, El Salvador, Guatemala, Haiti, Kazakhstan, Lao People’s Democratic Republic and the Republic of Moldova. The aim of the toolkit is to support public health programmes in launching a process to work with and empower individuals, families and communities to improve MNH.

² See the following strategic document: *Working with individuals, families and communities to improve maternal and newborn health*, WHO, 2010.

³ See WHO, 1986.



The implementation toolkit contains five modules, as described in the following table:

Module	Description
Module 1: An Overview of Implementation at National, Province and District Levels	An introduction to the process of initiating implementation of the IFC framework at national, province and district levels.
Module 2: Facilitators' Guide to the Orientation Workshop on the IFC Framework	A resource guide for conducting a workshop to orient national, province and district actors to the key concepts, processes and interventions of the IFC framework.
Module 3: Participatory Community Assessment in Maternal and Newborn Health (PCA)	An overview on conducting the PCA, a participatory tool designed to support district-level actors to assess the MNH situation and needs and to identify priority interventions for IFC implementation.
Module 4: Training Guide for Facilitators of the Participatory Community Assessment (PCA) in Maternal and Newborn Health	A guide to support training of facilitators to conduct the PCA.
Module 5: Finalizing, Monitoring and Evaluating the IFC Action Plan	A guide to support the finalization of the IFC action plan based on the PCA, including suggestions for monitoring and evaluation.

As outlined in the above table, this module contains a guide to train teams that will be responsible for conducting the participatory community assessment (PCA) in maternal and newborn health (MNH) (see Module 3 of this toolkit). The PCA is a critical step in the implementation of the IFC framework.

The course contained in this guide is designed to last five days, and assumes that the participants have little or no previous experience in facilitating group discussions. The training will prepare the participants to conduct a series of roundtable discussions and a final institutional forum that are suggested for the PCA. This includes training on facilitation skills, analysis and report writing, and the organizational requirements for these discussions, as well as one half day of the course set aside for a practice roundtable discussion.



Participants

This training course is designed to be attended by the entire PCA team, including coordinators, facilitators and note-takers (see Module 3; section 1.5) and other members of the district committee who will be involved in the PCA. Those working on the IFC component of the MNH strategy at the province and national levels may also attend, in particular those who will be responsible for scaling up the IFC framework to other districts and provinces.

When to hold the workshop?

The training is intended to be conducted following the initial preparation phase of IFC implementation (see Module 1; Figure 2.1: IFC Implementation Framework), which includes orienting key partners to the framework (see Module 2) and laying the groundwork for coordinating the IFC component. Moreover, we highly recommend that the PCA team complete the situation analysis prior to attending this training, as one of the steps within the training is to review the analysis and use it as a tool for preparing the roundtable discussions. If the situation analysis has not been conducted, then some minor adaptations to this guide will be required. Although this is the recommended timeline, we encourage IFC actors to be flexible and open to adapting the process to their specific context.

The practice roundtable

This training course includes a practice roundtable that is scheduled to be held in the afternoon of Day 4. This roundtable is organized with one of the community groups (usually women, men or mothers-in-law/grandmothers). In order for this practice roundtable to take place, the local coordinator will need to arrange for participants to come to this roundtable prior to the training course (see Module 3, sections 3.5, 3.6, and Table 3.1). They will also need to ensure that there are logistical arrangements for this discussion including organization and/or payment of transport, food (afternoon snack) and child minders (if women participants are selected). If this practice roundtable goes well and results in a meaningful and well-recorded discussion, then the results can be used in the final report. If this is not the case, then the roundtable can be repeated at a later date (with different participants) to ensure that the results are meaningful.



Trainers

The expert facilitator is generally the actor responsible for training the local PCA team, with support from national and province partners. The expert facilitator is expected to be familiar with the IFC framework and will ideally have experience in training on participatory research methods. They may be supported by international experts.

Tip for trainers

Remember that your own facilitation skills will be “on display” during this training course, so it is important to practice many of the skills that you are promoting among the group. For example, it is important to encourage all participants to actively participate in the training, in particular members of the district committee who may feel less comfortable in this environment; it is important to stick to the agenda timings; and it is also important to use energizers and icebreakers to keep the group motivated, which may also be used during the roundtable discussions if needed (see Handout 2 provided in Annex 4).

Adapting the training

The training agenda contained in this manual may need to be adapted to the training needs of groups in different contexts. Trainers are encouraged to review the agenda carefully and tailor the sessions to meet the needs of the group.



TRAINING AGENDA

DAY 1			
Time	Sessions	Materials	Module 3 section
9.00-9.45	1. Introduction <ul style="list-style-type: none"> • Introductions by facilitators • Presentation of participants • Workshop objective 	Flipchart with objectives	
9.45-10.15	2. Review of the IFC component of the MNH strategy (refresher) <ul style="list-style-type: none"> • Review of key concepts • Review of the priority areas of intervention • IFC implementation (including roles of national, province and district teams) • Short overview of the PCA • Questions and discussion 	PowerPoint Presentation “Care of the pregnant woman, mother and newborn” image IFC framework strategic document	
10.15-10.45	Coffee Break		
10.45-11.30	3. Review of IFC activities conducted to-date <ul style="list-style-type: none"> • Short presentations by national, province and district teams on what has been done to-date • Questions and discussion 	Flipchart or PowerPoint presentations	
11.30-12.30	4. Results of the situation analysis <ul style="list-style-type: none"> • Intro to the situation analysis and its aims • Presentation of key findings (max. 15 slides), with questions • Small group work to review report 	PowerPoint presentation Copies of the situation analysis report or forms Flipcharts	Section 2 and Annex 2
12.30-14.00	Lunch		
14.00-14.30	4. Results of the situation analysis (continued) <ul style="list-style-type: none"> • Presentation by groups in plenary • Questions and discussion 	Copies of the situation analysis report or forms Flipcharts for groups	
14.30-15.30	5. First review of roundtable question guide <ul style="list-style-type: none"> • Review in groups the roundtable question guide (three groups), and make suggestions for modifications based on situation analysis • Report back in plenary 	Revised question guides (latest version)	Annex 3 (or the latest adapted version of the question guide)
15.30-16.15	6. Overview of the roundtable discussions and identification of participants <ul style="list-style-type: none"> • Short presentation by facilitators (overview of the methodology, voluntary participation, facilitation and note-taking, participants) • Group work and feedback in plenary 	Review of PCA guide sections	Section 1



DAY 1			
Time	Sessions	Materials	Module 3 section
16.15-16.30	Coffee Break		
16.30-16.45	7. Introduction to facilitation skills training <ul style="list-style-type: none"> • What does facilitation mean? • What a facilitator SHOULD and SHOULD NOT DO 		
16.45-17.00	<i>Daily evaluation and homework assignment</i>	<i>Evaluation form</i>	

DAY 2			
Time	Sessions	Materials	Module 3 section
9.00-9.15	<i>Summary of previous day's evaluations</i>		
9.15-10.20	8. Facilitation "micro-skills" <ol style="list-style-type: none"> Values and attitudes clarification Tips on communication 	Flipcharts Agree/Disagree poster	
10.20-10.45	Coffee		
10.45-12.15	8. Facilitation "micro-skills" (continued) <ol style="list-style-type: none"> Clarifying and paraphrasing Questioning and probing Practicing facilitation micro-skills 	Handout 1: Notes on facilitation skills and group management (see Annex 3 of this guide)	
12.15-12.30	9. Group management and promotion of dialogue <ol style="list-style-type: none"> Overview of group management 	Handout 1: Notes on facilitation skills and group management (See Annex 3 of this guide) Handout 2: Energizer and icebreakers (see Annex 4 of this guide)	
12.30-13.45	Lunch		
13.45-15.30	9. Group management and promotion of dialogue (continued) <ol style="list-style-type: none"> Participant management and group dynamics Management of the discussion Identifying key points, defining problems and achieving consensus 	Handout 1: Notes on facilitation skills and group management (see Annex 3 of this guide)	
15.30-16.00	10. The role of note-takers and observers <ul style="list-style-type: none"> • The role of note-takers • Brief overview of analysis report • The role of observers 		Annex 3 (note-taking form) Annex 4
16.00-16.15	Coffee		
16.15-17.00	11. Demonstrating facilitation and practice with note-taking	Flipcharts Note-taking form	Annex 3 (note-taking form)
17.00-17.15	<i>Daily evaluation and homework assignment</i>	<i>Evaluation form</i>	



DAY 3			
Time	Sessions	Materials	Module 3 section
9.00-9.15	<i>Summary of previous day's evaluations</i>		
9.15-10.30	12. Overview of group work and practice <ul style="list-style-type: none"> • Introducing the group work • Practice session on small group work 	Image of "Care of the pregnant woman, mother and newborn" Table and chairs set up Note-taking forms and/or notepads; pens Observation checklist	Annex 3
10.30-10.45	Coffee break		
10.45-12.30	12. Overview of group work and practice (continued) <ul style="list-style-type: none"> • Introducing the group work • Practice session on small group work • Feedback 	Image of "Care of the pregnant woman, mother and newborn" Table and chairs set up	Annex 3
12.30-13.30	Lunch		
13.30-14.45	13. The plenary sessions on prioritization and actions <ul style="list-style-type: none"> • Prioritization using the flipcharts and coloured dots • Prioritization for semi-literate groups • Presentation of "opportunities" and brainstorming on actions • Practice session on the plenary 	3 flipchart sheets prepared with some problems identified 3 flipchart sheets with the "actions grid" Strips of coloured dots Flipcharts prepared Actions grid Table and chairs set up Note-taking forms and/or notepads; pens Observation checklist	Annex 3
14.45-15.30	14. Opening and closing the discussion <ul style="list-style-type: none"> • Overview • Group work to prepare the opening presentations <p>TIME OFF!</p>	Flipchart sheets and markers	
17.00-17.20	<i>Daily evaluation and homework assignment</i>	<i>Evaluation form</i>	

* It is assumed that most participants in the roundtables will be literate. If this is not the case, please inform us.



DAY 4			
Time	Sessions	Materials	Module 3 section
9.00-9.15	<i>Summary of previous day's evaluations</i>		
9.15-10.30	15. Preparing for the roundtables <ul style="list-style-type: none"> • Revision of the question guide • Review of the roundtable preparation checklist. 	Flipchart sheets Markers Masking tape Stickers	Annex 3 Annex 6
10.30-10.45	Coffee break		
10.45-11.45	15. Preparing for the practice roundtable <ul style="list-style-type: none"> • Preparation of the presentations and flipcharts • Any other preparations 		
11.45-12.30	Lunch		
12.30-17.15	16. Practice roundtable (to start at 13.00)	Table and chairs set up Flipchart sheets Markers Masking tape Stickers	Annex 3

DAY 5			
Time	Sessions	Materials	Module 3 section
09.00-10.45	17. Feedback session <ul style="list-style-type: none"> • Feedback from facilitators • Feedback from note-takers • Feedback from observers • Feedback from trainers • Adjusting to problems 	Flipcharts	
10.45-11.15	Coffee break		
11.15-12.45	18. The analysis form <ul style="list-style-type: none"> • Group fill in analysis form from the practice roundtable together 	PowerPoint projector and laptop	Annex 4
12.45-13.45	Lunch		
13.45-14.00	19. The summary report <ul style="list-style-type: none"> • Overview of summary report • Compilation Table 3.2 		Section 3.10
14.00-16.00	20. The institutional forum <ul style="list-style-type: none"> • Aims and objectives • Participants • Preparations • Agenda overview 		
16.00-16.45	21. The PCA final report, results dissemination and post-PCA steps		Section 5
16.45-17.15	<i>Closing and final evaluation</i>	<i>Final evaluation form</i>	



DAY 1

SESSION 1: INTRODUCTION

Time: 45 minutes

Objectives

- To introduce workshop participants and the objective of the training course.

Instructions to facilitators

- Trainers and any other members of the facilitation team introduce themselves.
- Ask participants to introduce themselves. Preferably, use a dynamic exercise that you are aware of. Handout 2 (see Annex 4) contains a list of possible icebreakers; however, remember to keep the exercise short and take into account the allocated time.
- Write the workshop objective on a flipchart and ask the group if they feel comfortable with it or if they would like to modify it.

Workshop objective

To train those who will be involved in conducting the PCA on the methodology and the instruments to be used.

- Go over the training agenda with the group and ask if there are questions or suggested modifications.
- Present a list of rules of participation. Ask if participants would like to modify the list.

Rules of Participation

- Switch off phones
- Arrive on time
- Start on time
- Be quiet and listen while others are talking
- Do not talk too long (e.g., limiting comments to three minutes)
- Switch wireless off on computers
- Be respectful to other participants
- Stick to the agenda



SESSION 2: REVIEW OF THE IFC COMPONENT OF THE MNH STRATEGY

Time: 30 minutes

References: *The IFC framework strategic document and Module 1*

Objectives

- To review the IFC framework, its key concepts and priority areas of intervention.
- To review the IFC implementation framework, including the different roles of national, province and district committees.

Instructions to facilitators

- Presentation by trainers: The IFC framework, the image “Care of the pregnant woman, mother and newborn” and the IFC implementation framework.
- Questions and discussions from the group.



SESSION 3: REVIEW OF IFC ACTIVITIES TO-DATE

Time: 45 minutes

Reference: Module 1

Objectives

- To review the activities that have taken place in the district, province and at national level to prepare for IFC implementation.

Instructions to facilitators

- Short presentations by the national, province and district committees (10 minutes each) on what has been done to-date to implement the IFC framework (30 minutes).

One representative from each level presents what they have done to prepare for the PCA up until now. They may reflect on challenges they have faced and lessons learnt in the process. Key issues to present and discuss are:

- How the IFC component fits into the broader MNH strategy;
 - Formation of the IFC committees;
 - Engagement with other sectors (NGOs, education, local authorities, transport, rights, etc.); and
 - Preparations for the PCA (if any).
- The trainer can go through the IFC implementation framework image (see figure 2.1 of Module 1) to verify with the group which activities have been completed.
 - Questions and discussion (15 minutes).



SESSION 4: RESULTS OF THE SITUATION ANALYSIS

Time: 1 hour 30 minutes

Reference: **Module 3; Section 2 and Annex 2**

Objective

- To better understand the current situation of MNH, and discuss what information is missing or could be better captured in the situation analysis report.

Instructions to facilitators

- Presentation of key findings (maximum 15 slides) (15 minutes).

Members from the district IFC committee present a **summary** of the key findings from the situation analysis. They should **not** present all the data collected.

Ideally, the presentation will focus on the six key areas of the situation analysis report, plus the synthesis of challenges and opportunities (see box).

Keys areas to cover in situation analysis presentation:

- 1.** Description of local area
- 2.** Description of the MNH situation
- 3.** Health services in the district
- 4.** Institutions and organizations
- 5.** Ongoing activities in the district
- 6.** Existing research on MNH and health promotion in the district
- 7.** Synthesis of challenges and opportunities to improve MNH



- Present Group Work 1 (see box).

Group Work 1

Time: 45 minutes

Aim: To review and reflect on findings of the situation analysis

Divide participants into three groups and provide each group with two of the six situation analysis forms. Ask each group to:

- Review their allocated forms as well as the synthesis of challenges and opportunities.
- Discuss if they agree with the data provided and whether they have further recommendations for this situation analysis report.
- Reflect on the summary of challenges and opportunities and see if they agree.
- Reflect on what they do NOT yet know about MNH, and what they would like to discuss with community groups.

- Presentation by groups in plenary (30 minutes).



SESSION 5: FIRST REVIEW OF THE ROUNDTABLE QUESTION GUIDE

Time: 1 hour

***Reference:* Module 3; Question guide in Annex 3 and/or any locally-adapted version**

Objective

- To revise the guide to be discussed during roundtable discussions, and adapt questions based on the results of the situation analysis.

Instructions to facilitators

- Present Group Work 2 (see box).

Group Work 2

Time: 40 minutes

Aim: To review the PCA question guide and adapt it to the local context

Divide the participants into three groups and ask each group to review one of the following set of questions:

1. Care in the home
2. Awareness and linkages for social support in the community
3. Care received from the health services

Ask them to think about:

- Whether the questions need further adaptation.
- Whether there are any questions that need to be added, based on the findings from the situation analysis.
- Whether any questions should be removed.

- Presentation by groups in plenary (20 minutes): Ask each group to report their recommendations to the plenary, and see if others agree with their suggestions.



SESSION 6: OVERVIEW OF THE INDIVIDUAL ROUNDTABLE DISCUSSIONS AND IDENTIFICATION OF PARTICIPANTS

Time: 45 minutes

Reference: *Module 3; Section 3 and Annex 3 (including Table 3.1 with list of participants)*

Objective

- To familiarize participants with the complete roundtable methodology.

Instructions to facilitators

- Short presentation (20 minutes) by facilitators on:
 - Overview of methodology for individual roundtables (review Module 3; section 3)
 - The importance of informing about voluntary participation (review Module 3; section 3.4)
 - The importance of facilitation and note-taking (review Module 3; section 3.8)
 - Identification of the participants for the roundtables (review Module 3; section 3.5)
- Present Group Work 3 (see box) if time permits. If there is not enough time, the questions can be discussed in plenary.

Group Work 3

Time: To be determined based on available time

Aim: To reflect on considerations to be made when inviting participants to roundtables

Divide participants into two groups. Invite the groups to do the following:

- Group 1: Discuss how they would identify the participants for the various roundtable discussions and institutional forum (e.g., how to identify women and their families, how to invite or identify the community leaders and institutional representatives) and where they would organize them. Remind the group that while selecting a good representation of participants from the community is important, they will also want to ensure that the poorest and most vulnerable are represented (see Module 3, section 3.4).
- Group 2: Discuss how to best ensure that voluntary participation is achieved (e.g. is it enough that note takers explain this during the registration process; what is the best way to explain voluntary participation to potential participants; when should the concept of voluntary participation be reinforced, etc.) (see Module 3, section 3.4 and Annex 3, section 1) Each PCA committee will determine the best way to ensure voluntary participation in their community.



- Presentation by groups in plenary (25 minutes).
- Verify that participants have been identified and invited to the practice roundtable to be held on Day 4 of the workshop (see the Introduction section of this guide).



SESSION 7: INTRODUCTION TO FACILITATION SKILLS TRAINING

Time: 15 minutes

Reference: *Module 3; Section 3.8*

Objective

- To understand the meaning of facilitation.

Instructions to facilitators

- What does facilitation mean? Lead a discussion on the meaning of facilitation. Ask the group what they understand by the term “facilitator” (review Module 3; section 3.8).
- Make it clear to the group that facilitation is a learned skill. While some people might naturally be good facilitators, most people have to practice to develop their skills as facilitators. Explain that they will have some time to practice during the training and that the expert facilitator will be able to give them feedback during the practice roundtable discussion. This will not be the end of the learning process, however, and the more facilitation they do, the more skilled and comfortable they will become.
- What a facilitator SHOULD DO/ What a facilitator SHOULD NOT DO

Set up 2 flipcharts, with the titles above. Ask the group to brainstorm on what a facilitator should do, and what a facilitator should not do.

Check that the following points are covered:

What a facilitator SHOULD DO	What a facilitator SHOULD NOT DO
Listen	Give their opinions
Be nice and respectful to participants	Allow participants to be argumentative
Make participants feel comfortable	Be an interviewer
Ask questions	Judge participants
Guide the discussion	Tell participants that their answer is right or wrong
Encourage all participants to speak	Interrupt participants
Promote discussion	Show disrespect
Verify that participants can understand	Encourage one-to-one dialogue
Use simple language	Ignore participants
Be sympathetic	Give complicated explanations
Arrange the table and chairs well	Talk a lot
Manage time well	Be nervous
Assess if participants are tired or bored	



DAILY EVALUATION AND HOMEWORK ASSIGNMENT

Time: 15 minutes

- Conduct the daily evaluation of the training course (see Annex 1 of this guide).
- Assign homework: Read Section 3 and Annex 3 of the Module 3.



DAY 2

SUMMARY OF PREVIOUS DAY'S EVALUATION

Time: 15 minutes

- Share the results (confidentially) of the previous day's evaluation, and discuss how you will respond to any issues raised.

SESSION 8: FACILITATION “MICRO-SKILLS” TRAINING

Time: 3 hours 30 minutes

Overall objective: To develop skills to facilitate roundtable discussions.

8a. Values and attitudes clarification

Time: 30 minutes

Objectives

- To understand how one's own beliefs, values and attitudes can affect a discussion.
- To be aware of one's own beliefs, values and attitudes in order to avoid imposing them on participants.

Instructions to facilitators

- Prepare a set of ten belief statements to read out loud. Some examples are provided in the box. You may choose some other beliefs or attitudes that are common in your country or community.
- Prepare two large pieces of paper with the following words on them: AGREE and DISAGREE. Post them to the wall in an open space, where people can walk around freely, with AGREE and DISAGREE at opposite ends of the room.
- Bring all the participants into the open space in the room, in between the AGREE and DISAGREE posters.
- Explain that you will read some statements to them, and will ask them to judge the statement with their own beliefs, values and attitudes. Ask them to wander around. Explain that there are no right answers.
- Read each statement, one at a time. Ask the participants to move to the end of the room towards either AGREE or DISAGREE—whichever they feel most comfortable with.



- No discussions about the statement or choice are allowed. Encourage participants to ignore what other people are doing and to make a decision based on their own beliefs.

Examples of statements:

- Antenatal care is only necessary if the woman has complications.
- Women should ask their husband's permission to go to the clinic.
- It is safer to give birth at home.
- Girls should leave school if they get pregnant.
- There is no such thing as rape within marriage.
- Family planning is only a woman's responsibility.
- People should pay for quality health care.
- Women who are beaten by their husbands have usually done something to deserve it.
- The community authorities should do more to support pregnant women.
- Looking after babies is the woman's responsibility.
- Young couples get little support from their relatives.
- Adolescent girls should not be educated about sex.
- A woman has the right to choose whether to terminate her pregnancy.

- After reading all the statements, ask the group to return to their seats. Ask the group:
 - How did you feel about the exercise?
 - Was it easy or difficult to decide which side to go to?
 - Why is it important, for us as facilitators, to be aware of our own values, beliefs and attitudes?
 - What happens when facilitators hold differing beliefs about MNH issues?
 - What can we do as facilitators, when our beliefs make it hard discussing certain topics with people in our communities?



8b. Tips on communication

Time: 35 minutes

Objective

- To learn some of the key communication skills required for group facilitation.

Instructions to facilitators

- Using **SIMPLE LANGUAGE** (10 minutes):

Read the following statement to the group:

“We have conducted epidemiological studies that show that this community suffers from a high rate of infant and maternal mortality. One of the principal causes of maternal mortality is post-partum haemorrhage.”

Ask if they think it would be acceptable to present information like this to community groups. Ask them how they would reword the statement to make it understandable.

Emphasise that all complex terms need to be said in a simple way. They can make suggestions for the following examples:

Technical terms	Simplified terms
Maternal mortality	Deaths of mothers during pregnancy or childbirth
Sexually transmitted infection	Sexual diseases
Newborn health	Health of babies
Exclusive breastfeeding	Feeding the baby only breast milk
Postpartum haemorrhage	Heavy bleeding after birth
Antenatal care	Check-ups during pregnancy
Skilled birth attendant	Qualified nurse or doctor during the birth

- **TONE OF VOICE** (5 minutes):

Explain to the group that the tone of voice they use can influence how the group feels, and most importantly how comfortable they feel in voicing their opinion. While talking, use different tones of voice to give some examples of how your tone of voice is a powerful communication tool (for example, speak aggressively, speak sympathetically, speak sadly, speak excitedly, etc.)

Explain that when facilitating the roundtables, they should NOT be threatening, loud or aggressive, but rather use a relaxed, gentle, sympathetic, enquiring tone of voice.



- **ACTIVE LISTENING** (10 minutes):

Explain that 90% of the way we communicate is through non-verbal communication, while only 10% is through the words we use. This means that our body language and our expressions are very important for good facilitation. Explain to the group that there are other types of non-verbal communication that facilitators must master.

Lead a brainstorm on some of the key ways of showing interest and disinterest. Write up the results on a flipchart.

Examples of disinterest	Examples of interest
<ul style="list-style-type: none">• No eye contact• Looking at a watch• Reading papers on the desk• Yawning• Fidgeting	<ul style="list-style-type: none">• Maintaining acceptable eye contact• Nodding the head• Smiling• Leaning in• Frowning• Expressing surprise by moving eyebrows• Writing notes

Remind the group of the values and attitudes session earlier in the workshop: facilitators should avoid showing any judgment if they personally disagree with statements being made.

8c. Clarifying and paraphrasing

Time: 20 minutes

Objective

- To practice asking for clarification and paraphrasing.

Instructions to facilitators

- Explain that active listening must go beyond just listening; explain that it is important to **clarify** what has been said. One way to clarify is to **paraphrase** back to a speaker, to check understanding.
- On a flipchart, write the heading “Ways to clarify and paraphrase”. Ask the group to brainstorm about phrases they can use to clarify. Examples include:
 - Do I understand you correctly to say....?
 - So you are saying that, is this right?
 - I hear you saying that..., is that right?
 - Have I heard you correctly to say....?
 - I’m not sure I understood that clearly. Did you mean that....?



- Remind the group that they should use **SIMPLE** language with any clarification and paraphrasing. Demonstrate the point by asking one participant in the training a question, for example, “So please tell us, Mrs. X, why do you think many households in this village do not have piped water?” Wait for the response, and then paraphrase back the answer for the rest of the group to understand.
- Ask them to form pairs to practice clarifying and paraphrasing. Ask the pairs to discuss “My favourite food”; one person should ask questions and the other should answer. The questioner should clarify and paraphrase what the respondent says. They can swap roles after three minutes.

8d. Questioning and probing

Time: 30 minutes

Objective

- To understand different ways of questioning.

Instructions to facilitators

- Explain that the facilitators need to encourage discussion among the group, and need to know how to use the question guide correctly.
- Prepare flipcharts or overheads in advance with the meaning of closed- and open-ended questions.

Question types:

- **A closed-ended question** can be answered by short one-word answers (usually “yes” or “no”).
- **An open-ended question** allows the respondent to tell you about how they feel, what they think or what they believe. They allow the person to express freely to the facilitator or group.

- On flipcharts, write the following three examples. Ask the group to try and convert these questions into open-ended questions for you. Help them if they have trouble.

Closed-ended	Open-ended
Do you like going to the health centre?	How do you feel about going to the health centre?
Does the community help pregnant women?	How does the community help pregnant women?
Do couples communicate about family planning?	How do couples discuss family planning?



- Explain that sometimes closed-ended questions are needed. Ask them to look at the roundtable question guide (Annex 3 of the Module 3, “Questions to guide the discussion”). Show them that some of these questions are closed-ended questions.

Closed ended questions for roundtable discussions

1. **Developing Capacities:** Are there any special beliefs or traditions in the community about care during pregnancy?
2. **Increasing awareness and strengthening linkages:** Do people think that maternal and newborn health is a priority? Do women have problems reaching care?
3. **Improving quality:** Is the community involved in evaluating the quality of services or in suggesting how to improve the quality of services?

- Explain that when you ask a closed-ended question, it is often important to probe further on the answer. Ask the participants to imagine an onion with its many layers. Explain that probing is like peeling the layers off an onion, with the aim to get to the core answer.
- Prepare a flipchart or overhead with the meaning of a probing question and the six helpers for probing.

Probing questions: A probing question seeks to discover more after an initial response.

Six helpers for probing: WHY? WHAT? WHEN? WHERE? WHO? HOW?

- Explain that these “helpers” are important probing questions to ask, but can also be threatening – they must be said in the right **TONE OF VOICE** and may need to be softened with language.

Example: A participant in a roundtable says “I just don’t like going to the health centre.” If a facilitator says, “Why don’t you like going?” in an aggressive way, this can be threatening to the participant, and may question their opinion. Instead you can say “What are the reasons that you don’t like the health centre?” (using a respectful tone of voice), this can make them feel more comfortable to explain their answer.

- Remind the group that probing can be used when people are hesitant to respond to the questions you are asking – you need to probe to get them to open up to you.

Example: A facilitator may ask: “How do women care for the newborn in the home?” One or two participants may answer, “Quite well” or “They look after them okay.” Ask the group to suggest probes now, such as: “Do you think they have time to care for newborns?” or “How exactly do they care for them?”



- Brainstorm about other ways to probe, for example:
 - But why do you think this is?
 - Can you explain further to us what you mean by this?
 - So if this is the case....what does it mean if....?
 - Can anybody else help explain the reason for this?
- Reflect that facilitators also have to avoid asking **LEADING** questions. Prepare a flipchart or overhead with the definition of a leading question.

Leading questions tend to orient the group to answer in a certain way that often results in answers that affirm the position expressed in the question.

- Write the following list of questions on the flipchart. Ask the group to identify which of these are leading questions. Help them convert the leading questions into more neutral questions:

Original question	Revised question
Do you agree that women don't breastfeed for long enough?	Leading; convert to "For how long do women usually breastfeed?"
Do you think women have problems reaching health services because of the state of the roads?	Leading; convert to "What problems do women face in reaching the health services?"
How is the quality of health services?	Not leading
Are women treated badly by doctors in the hospital?	Leading; convert to "How are women treated by doctors in the hospital?"
How do women prepare for birth?	Not leading

- Explain that it is important to keep the discussions as impersonal as possible to avoid emotional distress for participants.

Impersonal questions (in the 3rd person) ask respondents to talk about a general situation rather than their own experiences.

- Give examples of personal and impersonal questions, for example:

Personal	How do you care for your baby? Do you have any problems getting to the health centre?
Impersonal	How do people in your community care for their children? Do people in your community face any problems getting to the health centre?



8e. Practicing facilitation micro-skills

Time: 40 minutes

Objective

- Practice facilitation micro-skills.

Instructions to facilitators

- Present Group Work 4 (see box).

Group Work 4

Time: 25 minutes

Aim: To practice facilitation micro-skills

Split participants into groups of three. Each group should take turns with one questioner, one respondent and one observer. Ask each person to pick one of the following themes and take two or three minutes to come up with a list of questions related to their theme. Then ask them take turns in questioning for five minutes each:

1. The quality of health services for pregnant women in this community
2. Public transport in this community
3. Men's role in the care of pregnant women and newborns

Ask them to focus on practicing the following skills, with the observer taking notes on how the questioner performs (write them on a flipchart to remind them): **Active listening, tone of voice, clarifying, paraphrasing, asking open-ended questions, probing, avoiding leading questions.**

Have them swap roles after five minutes – do this twice – so that everybody gets a turn to ask questions.

- After they have finished, bring them back to plenary, and ask them to reflect on their experience. Of these different skills, which do they feel they had the most problems with and need more practice in? Ask how they felt as observers, questioners and respondents.
- **WRAP UP:** Summarize for the group the importance of (1) the way that you communicate, and (2) how you respond to the communication of others.



SESSION 9: GROUP MANAGEMENT AND PROMOTION OF DIALOGUE

Time: 1 hour 55 minutes

Objectives

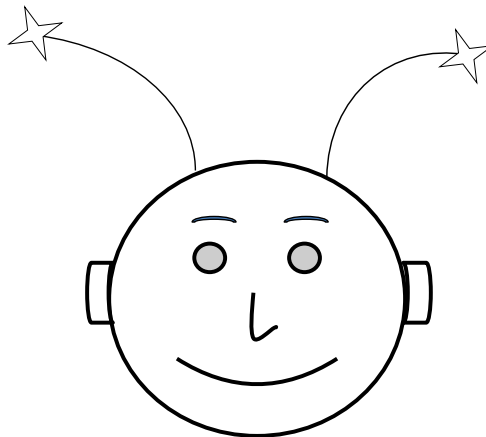
- To understand group dynamics and know how to manage them.
- To know how to promote dialogue during roundtable discussions.

9a. Overview of group management

Time: 15 minutes

Instructions to facilitators

- Draw a picture of a **face with antennae** on a flipchart (see below). (Or alternatively, make some antennae to wear!) Explain that a facilitator has to behave like an insect with feelers – to sense or feel the mood of the group, to watch them very carefully in order” to understand the group dynamic. Managing the group well is just as important as knowing how to communicate with the group.



- Ask participants to “put their antennae” on, and comment on how they sense the dynamic of the training group is now.
- Brainstorm with the group about what things they have to monitor when managing a group.
- Possible answers:
 - Time management;
 - How hungry people are, when they need to eat or drink;
 - Participation: people who talk too much, people who are not participating;
 - Promoting lively and participatory discussion;



- Obtaining different opinions;
 - Conflict between participants;
 - Boredom/energy levels;
 - People who arrive late/leave early.
- Do an energizing activity with the group now. You can review the activities in Handout 2 (see Annex 4 of this guide) to see if these are suitable, or pick another one.

Time management

- Ask the group to look at the agenda in the Facilitation guide for the roundtable discussions (Module 3, Annex 3, page one). Explain that the guide is designed to allow them to cover the four sessions in 4 hours 30 minutes (Introduction, Group work on problems, Plenary for prioritization, Actions to help solve the problems, and Closing).
- Explain that they will practice each of these four sessions later in the training.
- Ask them to brainstorm on how they can stick to the time limits. For example by:
 - Keeping a clock visible in the room;
 - Reminding participants of their time limits (3 minutes) (show the group the speaker timer symbol, usually a smiley face);
 - Asking the co-facilitator to manage the time; and
 - Being organized to ensure they start on time.
- Discuss what to do if they go over their time allocated, for example:
 - Checking if participants can stay a while longer; and
 - Rescheduling another date and time to finish the discussion.

(NOTE: Neither of these solutions is ideal, so it is very important to try and stick to time).



9b. Participant management and group dynamics

Time: 45 minutes

Instructions to facilitators

- Ask eight volunteers to come around a table in the middle. Give each volunteer a role card (try and assess which participant would play which role best). Ask them not to tell others what their role is:

Role	Description
The conversation dominator	Always talking
The quiet one	Never talks
The disappearing act	Leaves the meeting halfway through, comes in at the end and starts to give opinions
The side conversation (give this card to two “participants”)	Those who whisper or talk on the side
The repeater	Repeats others comments
The rambler	Talks for a long time without making a point
The “know it all”	Thinks they are superior to other participants

- Facilitate a group discussion with this group. Pick one of the three group discussions from the roundtable discussion guide (Annex 3 of Module 3). Let them discuss, while playing their roles, for about five minutes. Manage the group, according to their roles, for example, by encouraging the silent member to talk (see recommendations below).
- Afterwards, ask the group to reflect on what happened and to comment on the different roles they observed.
- On a flipchart, identify the roles that were played, and ask for suggestions on how to effectively deal with them:



Role	How to manage the participant(s)
The conversation dominator	<ul style="list-style-type: none"> • When there is a pause, thank the member and invite someone else to speak • If the person carries on, interrupt • Remind the group of the “rules of discussion”, in particular the 3 minute time limit • During a break, quietly ask him/her to give others a chance to speak
The quiet one	<ul style="list-style-type: none"> • When there is a pause, ask for other comments or opinions, looking directly at the quiet participant • When the group is coming to a consensus or making decisions, double check that everyone agrees • Explain that it is very important for everyone to participate and share their ideas • Ask directly if the quiet participant(s) have any further thoughts • During a break, check that the participant feels able to participate in the discussion
The disappearing act	<ul style="list-style-type: none"> • At the beginning, tell participants how long the discussion will last, and check that everyone is able to stay for that long • If the person seems upset, consider asking another facilitator/note taker to follow them and check whether they feel alright • If they return at the end, consider asking why they had to leave
The side conversation	<ul style="list-style-type: none"> • Remember to go over the rules of discussion at the beginning, including the need to respect other group members • Catch their eye (it may be enough to get them to stop) • Bring them into the discussion, by asking them directly if they have comments or opinions to share with the broader group • Ask them during a break to try and keep quiet while others are talking • Confront them openly during the discussion and ask them to listen to other participants
The repeater	<ul style="list-style-type: none"> • Thank the speaker, and ask her/him if s/he thinks differently or if they agree with what their neighbour said • Remind the group that if they agree with someone else, then they can express their agreement, rather than repeating the same point(s)
The rambler	<ul style="list-style-type: none"> • Thank the speaker for their comment, but remind them of their time limit (3 minutes) • If participants stray from the discussion topic, remind them of the question and topic • If many people are rambling, ask the group to try and be concise
The “know it all”	<ul style="list-style-type: none"> • When there is a pause, thank the member and invite other members of the group to speak • During a break, politely ask them to respect the rules of discussion, and to respect other participants in the group



- Remind the group that the community members may not be used to participating in formal meetings like the roundtable discussions. Some people are very enthusiastic and may be ramblers, i.e. they talk on and on, without realizing that they should let others speak. Others may feel very intimidated, and may find it hard to speak. The facilitator needs to try and encourage everybody to voice their opinion.
- **Note:** If a participant becomes upset during the discussion, take a break from the discussion and support the participant – ask if they want to continue or if they would prefer to take some time until they feel ready to participate in the again.

9c. Management of the discussion

Time: 20 minutes

Instructions to facilitators

- Explain to the group the importance of managing the roundtable discussions, in particular the following key skills:

1. Promoting dialogue between participants;
2. Avoiding topics that have already been discussed.

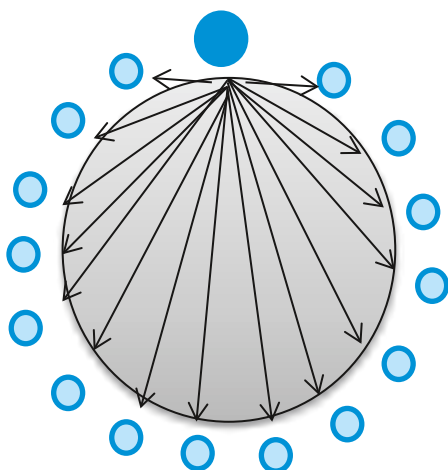
1. Promoting dialogue

- Show the “dialogue” images below and explain the two different types of dialogue.

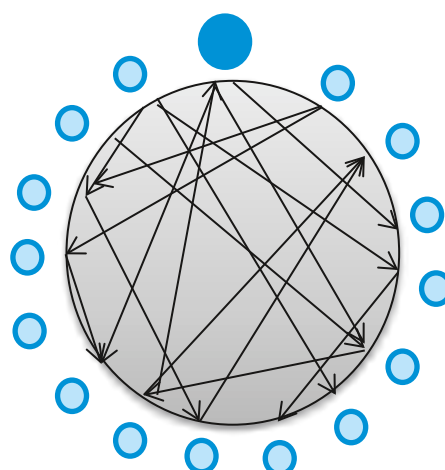
The first image shows a facilitator-interviewer discussion, where the facilitator asks a series of questions to different members of the roundtable. There is little discussion between participants.

The second image shows a scenario where the facilitator promotes dialogue between participants. This is the kind of dialogue that we are aiming for with the PCA.

1. Facilitator interviewing



2. Group dialogue with facilitation





- Discuss what facilitators can do to promote dialogue among participants. Possible suggestions include:
 - “Would anybody else like to respond to Mr X’s statement?”
 - “Mrs X has made the point that... Do you all agree with this point of view?”

2. *Avoiding topics that have already been discussed*

- Explain that a common mistake that new facilitators make is to follow a question guide “by rote”, as if it were a script, and as a result asking questions on topics that have already been discussed.
- Emphasize that the question guide is just that – a guide. The art of the facilitator is to be able to cover the different questions depending on the way the discussion develops.
- Consider the following three scenarios:

Scenario	What to do?
1. Question in the guide has not yet been discussed at all	Ask the question as per the question guide.
2. The question and the topic have been touched upon, but without much detail	Acknowledge that the group has already mentioned this topic, then explain that you would now like to ask some more questions to find out more about the situation.
3. The question has already been fully discussed	Do not ask the question, but move on to the next topic.

- You can give an example from the question guides in Annex 3 of Module 3. Ask them to look at the question guide for Group 1 (Care of the pregnant woman, mother and newborn at home). Point out the question, “Do women and their families know the danger signs during pregnancy, childbirth, after pregnancy, and for the newborn? Which ones?” Here, participants might start telling you that they know that if she starts bleeding then they realize that she has to get to the doctor or hospital fast, and they may go on to explain how they get to the hospital in course of their discussion. The next question then asks “What happens when there are complications or problems?” Here, the facilitator could say “You have already mentioned that you know it is important to get to the health centre when there are problems...can you tell me who makes that decision to go to the health centre”. The important message here is that facilitators must be flexible in discussing topics which includes adapting to what has been discussed.
- Ask if there are questions or a need for clarification.



9d. Identifying key points, defining problems and achieving consensus

Time: 40 minutes

Instructions to facilitators

- Explain that facilitators not only have to manage and lead the discussion, but they also have to help capture the key points from this discussion, with the aim of helping the group write up the problems identified related to MNH.
- Explain that the note-takers also have a role in this process by recording everything that is being discussed by the group.
- Take a flipchart, and write the heading “Problems” and “Opportunities” on two flipchart sheets.
- Hand out the example dialogue (see box) to four participants, and ask each one to take one of the roles. Explain to the rest of the group that they should listen, and try and write down the “key points” that are being discussed. Ask them to then read out the dialogue.
- Afterwards, take the flipchart called “Problems”, and ask the group to list some of the key problems they heard during the discussion. They should note issues like:
 - Lack of ambulances;
 - Lack of support from neighbours to help women reach care;
 - Heavy drinking in the community;
 - Poor public transport system;
 - Bad state of the roads;
 - Cost of health services (including the ambulance service); and
 - Poverty in the community.



Example dialogue

Facilitator: “What happens if there are problems during childbirth?”

Mrs A: “If we see that there is a problem, we decide to go to the health centre... but the problem is that there aren’t enough ambulances, so then we go to the neighbour who has a car... but then sometimes they can’t be bothered to go, or sometimes they are even drunk.”

Mrs B: “And don’t forget about the public transport...there is none! It happened to a friend of mine that they had to take her on a horse and cart to the main road, and you know that the state of the small roads is terrible.”

Mrs A: “Exactly – it’s a disaster. The other thing is that if the ambulance does come, which you know sometimes it does not come, then we also have to pay for it – but why should we pay?”

Mrs C: “Well I think that if we had a car on duty in our village, that would be much better; then we could all be sure to get to the hospital if there was an emergency, otherwise people just can’t get there and they die on the way.”

Facilitator: “Hmm, it sounds like a difficult situation for you. Are there any other problems that people face in getting to see a doctor or midwife?”

Mrs B: “Yes, the other thing I forgot to say is that sometimes the husbands don’t let their wives go, because they are worried about the money. You know, it’s difficult these days, people just can’t afford it; they just don’t have any spare money for paying for doctors. It’s not like it used to be.”

Mrs C: “Yes... and that also means that some women won’t go because they are ashamed about their clothes... some won’t go because they don’t have a proper dress.”

- Point out that there are often many problems mentioned in a short period of time, and that it can be difficult to clearly capture everything. Therefore, facilitators will not be able to write down everything that is being said simultaneously (this would be impossible!), but should take time to **clarify, paraphrase and probe further**. For example, they may say:

“So, some of you feel that the state of the roads is a problem preventing women reaching care... does everybody agree with this?” or

“But why is it a problem with their husbands? Why do they prevent them using the health services for pregnancy care?”

(The facilitator needs to probe to find the real issue here; perhaps it is because husbands do not understand the importance of antenatal care and therefore do not see why she should take the time to go.)

- Write up some key **TIPS FOR IDENTIFYING PROBLEMS** on the flipchart:
 1. Take quick “reminder” notes during the discussion, so you don’t forget things.
 2. **Stop between sets of questions** in order to record the key problems well. This presents an opportunity to check that everybody in the group agrees with what has been said.



3. Remember to **clarify, paraphrase and probe** around what has been said.
4. Make sure everybody is in agreement with the problems being identified, and that they represent a consensus opinion.
5. Ask the note-taker if you have missed anything when you are recording the key problem statements about one issue.
6. Always try and keep the problem statement related to MNH; for example, if people mention that emigration is a serious problem, make sure you write how it was related to MNH (e.g. “Many men migrate for work leaving women on their own during pregnancy and with newborns.”)
7. Remember that defining problems is hard at first, but becomes easier with practice!
 - Take the flipchart with the original list of issues, and show how they can be made into clear problem statements:
 - During emergencies, women cannot reach health services because there are no ambulances.
 - People in the community with vehicles do not support women to reach care in an emergency.
 - The poor road conditions make it difficult to reach health services.
 - There is a poor public transport system which makes it difficult to reach health services.
 - Poor people do not go to health services because they do not have the funds to pay for them.
 - Health services are not welcoming to families who have dirty or worn-out clothes.
 - Explain that in some cases, participants may not be in agreement about the problems. There are various scenarios on different discussion points. Go over these scenarios with the group:

Scenario	What the facilitators do?
1. Participants identify the same problems or clearly agree with each other.	<ul style="list-style-type: none"> • Double check that everyone is in agreement. • Note the agreed and clearly defined problem on the flipchart (where needed).
2. Most participants agree, though one or two disagree.	<ul style="list-style-type: none"> • Note the problem that the majority have agreed on the flipchart, but acknowledging that some people feel differently. Explain that they will have an opportunity to vote on priority problems during the plenary.
3. Participants are divided; about half feel one way, while the other half feels a different way.	<ul style="list-style-type: none"> • Restate the points that are agreed upon. • Probe to find the root of the disagreement, and see if you can help them come to consensus. • See if one side of the argument can be modified or reworded to make others happy. • If you are uncertain about how some people feel, you can organize a vote.



- Tell the group that they also have to capture the positive elements that are mentioned during the discussion, not only the problems. These **opportunities** should be written up on another flipchart, so that the group can think about them when they come to thinking of actions to help solve the problems. The facilitator can choose to write them up on the flipchart at breaks during the discussion, or may take note of them, and then go back to write them up with the group at the end of discussion. Since the discussion is focused on problems, there will be less of them, but they may include ideas such as:
 - There is a new system of community health committees which discuss a range of health issues;
 - The local authority has started building a new road;
 - The health service has recently developed a new education programme for young mothers; and
 - There is now a suggestion box for improvements in the health centre, etc.
- Ask if there are questions. Sum up the discussion by stating again that the skill of capturing the opinions of the group takes time to master, but that it will become easier with practice. Reemphasize the importance of encouraging everyone in the group to speak and to state their opinions and points of view.



SESSION 10: THE ROLE OF NOTE-TAKERS AND OBSERVERS

Time: 30 minutes

Reference: **Module 3; Section 3 and Annex 3**

Objectives

- To understand the role of note-takers and how to take notes.
- To understand the role of observers.

Instructions to facilitators

- Explain that during each session (plenary or group work), note-takers need to capture several key elements of the discussion.
- Ask the group to review the “Note-taking sheet” at the end of Annex 3 of Module 3. Highlight that note-takers should write:
 - The question/topic area being discussed (they can use a numbering system if they prefer);
 - What the participants are telling about the current situation during the discussion;
 - The problems and needs that are identified (both during the discussion and the ones recorded on the flipchart);
 - Any supporting quotes: Explain that quotes can be a good way of capturing a true meaning of a situation, and help to illustrate well some of the problems. For example, “*women here don’t know how to value themselves...they don’t know how to value what they have inside them,*” this illustrates the lack of self-esteem that women have; or “*if the traditional birth attendant (TBA) doesn’t tell her that she has to go [to the hospital] then she won’t move,*” illustrating the important role of TBAs in the health of pregnant women; and
 - Opportunities to help solve the situation.
- Tell them that they can adapt the form to their needs, and to the easiest way of writing. Some people may prefer to just write out everything on one sheet, and afterwards to go through and highlight the different components (for example with different colours, or highlighter pens).
- Ask the participants to look at the analysis form in Annex 4 of Module 3. Explain that the information from each roundtable will need to be recorded in this report format after the meeting. Go through the different questions in the analysis form (briefly), in particular Table 1, and explain that the notes will be important for filling in this form.
- Note-takers should also be aware of **non-verbal** signals that may communicate meaning (remind them that gestures and expressions can also communicate feelings and attitudes).



- Note-takers should keep careful records of their notes, for example by writing the title, date and time of the discussion on their note pads.
- Remind them that the note-takers also act as supporting facilitators during the group work – helping to register participants, organizing refreshments, organizing the child-minder, paying transport costs, etc.
- Explain that one or two **observers** may be present during the roundtables. They can help by taking notes, and may also help with the analysis of the discussion. However, it is suggested to keep observers to a minimum - participants may feel intimidated, and their presence may limit the discussion.



SESSION 11: DEMONSTRATING FACILITATION AND PRACTICE WITH NOTE-TAKING

Time: 45 minutes

***Reference:* Module 3; Annex 3**

Objective

- To observe the trainer facilitate a discussion among the group.

Instructions to facilitators

- Select about 8-10 participants to join a discussion.
- Photocopy the note-taking forms and distribute copies to the other participants (or ask them to draw up a page with the same headings).
- Lead a discussion on one section of the question guide (pick one of the three groups of questions). Ask the participants to not act in special character as before but to be themselves and discuss their opinions. It is important that you as a trainer demonstrate good facilitation skills in this session.
- Ask the other participants to take notes of the discussion. Write up the problems identified on the flipchart.
- Afterwards ask some participants to read back their notes, including any quotes that they noted down. Ask them to reflect on the experience.



DAILY EVALUATION AND HOMEWORK ASSIGNMENT

Time: 15 minutes

Instructions to facilitators

- Conduct the daily evaluation of the training course (see Annex 1 of this guide).
- Assign homework: Ask them to read through Annex 3 of Module 3 and the question guide again.



DAY 3

SUMMARY OF PREVIOUS DAY'S EVALUATION

Time: 15 minutes

- Share the results (confidentially) of the previous day's evaluation, and discuss how you will respond to any issues raised.

SESSION 12: OVERVIEW OF GROUP WORK AND PRACTICE

Time: 3 hours

Reference: *Module 3; Annex 3*

Objectives

- To know how to introduce the group work.
- To practice facilitating and note-taking in the group work.

Instructions to facilitators

- **OVERVIEW OF THE GROUP WORK:** Ask the group to review Annex 3 of Module 2, Section 2 "Group work: problems and needs." Explain the following points to the group:
 1. At the end of the opening, before dividing into groups, the facilitators will need to explain the group work to participants. Facilitators need to explain the image "Care of the pregnant woman, mother and newborn" and what the different levels mean.
 2. Next, the facilitators will divide the roundtable participants into **three small groups**: discuss different ways to divide up groups, for example by numbering them off.
 3. Each group will be assigned one facilitator and one note-taker.
 4. The facilitator asks the group to select a representative who will present their findings to the whole group.
 5. The small group has 1 hour 30 minutes to discuss the different questions. Remind the group that 1 hour 30 minutes should be sufficient time for this discussion, and they will not need to rush through the questions. Many facilitators are scared by the length of the guide, and miscalculate the amount of time they have. The supporting facilitator should write down the **list of identified problems related to MNH on a flipchart**. The selected representative will then present these key problems in plenary.



- Introduce Group Work 5 (see box).

Group Work 5

Time: 1 hour 30 minutes

Aim: To practice facilitating and note-taking in group work

Divide participants into three groups. Explain that they will now conduct a practice roundtable discussion and ask if they have any questions. Then:

- Identify the participants that will play the different roles as facilitators and note-takers during the discussion. Ideally, the six facilitators who will be involved in the roundtable discussions should take turns at facilitating. (NOTE: The local coordinator and trainers may need to select the facilitators who are best able to facilitate the group work.)
- The “participants” should not play roles, but rather discuss the questions as themselves.
- Remind the note-takers to use their forms to keep careful notes.
- All other trainees should take a role as participants at the roundtable. They should do the complete roundtable – opening, group work, plenary, closing.
- Distribute the observation checklist (Handout 3 in Annex 5 of this guide) for all those who are not facilitating or participating. Ask them to try and note how facilitators perform on the different skills. They can give different marks to different people if they wish (hand out several copies of the form).
- If there is time, go through all the sections of the question guide, swapping around facilitators and note-takers, so that everybody gets a chance to practice. If it is already determined who will be the three facilitators, ensure that they will do all the practice facilitation.

- After the group work ask participants to discuss the experience. Ask facilitators, note-takers/support facilitators, participants and observers how they felt, as well as any problems they encountered. You may need to re-emphasize important points or go back over certain agenda items if it was unclear.
- Give all trainees a copy of the observation checklist and ask them to review the skills they should practice before each roundtable until they are proficient in the technique.



SESSION 13: OVERVIEW OF PLENARY AND PRACTICE

Time: 1 hour 15 minutes

Reference: **Module 3; Annex 3**

Objectives

- To understand how to facilitate the plenary session on prioritization of problems, and brainstorming on actions.
- To practice facilitation of the plenary.

Instructions to facilitators

- **OVERVIEW OF THE PLENARY:** Ask the participants to look at Section 3 of Annex 3 of Module 3 “Plenary session.” Explain the following points:
 1. The plenary is facilitated by one of the facilitators. The other two facilitators help mark changes on the flipcharts. One or two of the note-takers are responsible for taking notes.
 2. The roundtable facilitator asks the representative from each of the three groups to **present their findings**. They can tape the group’s flipchart sheets to the wall.
 3. After each presentation, the facilitators ask if there are questions or comments (encourage discussion) by asking, “Does everyone agree with these findings?” or “Do you think there are any points that have been missed?”
 4. Explain how to **prioritize with the coloured dots** – use three flipcharts with example points to demonstrate how to do it. The facilitator distributes nine coloured dots to each participant, and then asks everyone to pick three priority problems from each group. The facilitator also advises on how to select the important problems:

Priority problems should be the problems that most affect the health of mothers and newborns, particularly for the poorest families.
 5. Ask the group if they think there will be **participants with reading difficulties** at the meetings – and discuss with them how they can support these participants.
 6. Once the participants have indicated their priorities, facilitators **add up the dots and circle the top three priority problems for each level** at the end (demonstrate how to do this).
 7. Facilitators then fill in the “**Action Grids**” (Table 3.1 in Annex 3 of Module 3), demonstrating how to transfer these three problems into the three grids.



8. Facilitators ask the group representatives to **present the opportunities** they had identified during their group discussions.
 9. Afterwards, they facilitate the roundtable participants to **brainstorm on solutions** to solve these problems, considering the opportunities mentioned. Remind them to also think about actions at different levels, as well as ongoing programmes in their community. Explain that they can put an **asterisk (*) next to ongoing programmes**.
 10. Facilitators read over the sheets again and verify that there is consensus in the group.
- **PRACTICE ON THE PLENARY:** Next, ask one or two of the participants to practice facilitating a plenary run-through with the whole group. They can use the sheets that were written up during Group Work 4.



SESSION 14: OPENING AND CLOSING THE ROUNDTABLE DISCUSSION

Time: 45 minutes

Reference: Module 3; Annex 3

Objective

- To understand how to facilitate the opening and closing of roundtable discussions.

Instructions to facilitators

- **OPENING THE DISCUSSION:** Ask the group to brainstorm on how they might open a meeting. They can think about how this training course opened. Write ideas on a flipchart. Answers include:
 - Registering participants (explain that they will need to create registration forms, to be discussed in the logistical preparations tomorrow);
 - Verification of voluntary participation;
 - Explaining the objectives;
 - Setting the rules of participation;
 - Thanking participants for coming;
 - Asking participants to introduce themselves; and
 - Facilitators and observers introduce themselves.
- Ask them now to look at Annex 3 of Module 3, part 1 (Introduction). Go over each of the key bullet points that need to be discussed during the roundtable opening. Explain that these tasks can be undertaken by one or two of the facilitators – they may interchange in the different sections (opening, plenary, closing).
 - Remind the group that they need to have registration forms to register the participants.
 - Explain that objectives can be written on a flipchart for all to see. Explain that they should also present how the roundtable fits into the broader IFC implementation framework and MNH strategy (see exercise below to identify key points).
 - Explain very clearly that the roundtable will last 4.5 hours, and introduce the main agenda items (group work and plenary).
 - To introduce participants, explain that they can use one of the introductory icebreakers they have discussed yesterday (remembering to keep it as short as possible).



- Ask them to review the “rules of discussion” and determine if they agree with them, or if they have suggested changes.
- Explain that they need to present key points of the situation analysis to participants (see exercise below).
- Present Group Work 6 (see box).

Group Work 6

Time: 20 minutes

Aim: To practice the presentations of the opening session of the roundtable discussions

Divide the participants into two groups, and ask each group to work on a short presentation:

1. Group 1: Presentation of the MNH strategy and the roundtable objectives.
2. Group 2: The short presentation of the situation analysis.

Remind them to keep their presentation simple. The group working on the situation analysis should present the main information from Form 2 of the situation analysis.

- After the group work, ask one group member to present in plenary as if it were a roundtable. Write up their suggestions on a flipchart. See if the others have comments or suggestions.
- Check if there are questions or concerns on the opening session. Remind them that the opening of the meeting should **not take more than 30 minutes**.
- **CLOSING THE DISCUSSION:** Ask them to look at Annex 3 of Module 3, part 4, and review the five key steps for closing:
 - Short summary of the roundtable discussion;
 - Next steps: Describe the institutional forum, explain the need to select group representatives for this meeting, and plan a meeting with the roundtable representatives to prepare them for their participation in the forum;
 - Evaluation of the roundtable: explain they can evaluate the discussion as a group in plenary, writing points on a flipchart;
 - Thank-you;
 - Payment of transport costs;
 - Provide contact information if there are further questions;



Facilitators may also distribute leaflets from the MNH strategy at the end of the meeting if they have them available.

Also, at this time facilitators can discuss any misconceptions or incorrect statements related to health concerns made during the roundtable discussion at the closing.



OVERVIEW OF THE FOLLOWING DAY, DAILY EVALUATION AND HOMEWORK ASSIGNMENT

Time: 20 minutes

Instructions to facilitators

- Explain to the group what will happen the following day, and prepare them for the practice roundtable discussion.
- The trainers and local coordinator should already have determined by this point who will be facilitating and note-taking in the roundtable discussion on the following day.
- Conduct the daily evaluation of the training course.
- Assign homework: Ask them to read through section 3.6 of Module 3 and the checklist in Annex 6 of Module 3.



DAY 4

SUMMARY OF PREVIOUS DAY'S EVALUATION

Time: 15 minutes

- Share the results (confidentially) of the previous day's evaluation, and discuss how you will respond to any issues raised.

SESSION 15: PREPARING FOR THE ROUNDTABLES

Time: 2 hours 15 minutes

Reference: Module 3; Annex 3 and Annex 6

Objective

- To make preparations needed for the practice roundtable discussion as well as subsequent roundtable discussions.

Instructions to facilitators

- Introduce Group Work 7 (see box).

Group Work 7

Time: 2 hours and 15 minutes

Aim: To prepare for the practice roundtable discussion as well as subsequent roundtable discussions

Divide the participants into two groups, and ask:

1. Group 1 to take the question guide and revise it based on their experience of practice in using the guide. Since the content was already reviewed on the first day, they should focus on the terminology and language of the questions. The three facilitators should be involved in this group.
2. Group 2 to review the checklist in Annex 6 of Module 3. They should check that all the necessary preparations have been made for the practice roundtable, and make a list of the preparations that are needed for subsequent roundtables.

Ask them to then take time to prepare the flipchart sheets and presentations that they will need for the practice roundtable discussion, and any other preparations needed, including:

- Flipchart sheets or PowerPoint presentation with the MNH situation
- Flipchart sheets or PowerPoint presentation of the situation analysis
- Flipchart sheets ready to identify problems during the group work
- Flipchart sheets to identify opportunities
- Flipchart sheets with the "Action Grid" for the plenary



SESSION 16: THE PRACTICE ROUNDTABLE

Time: 4 hours 45 minutes

Reference: **Module 3; Annex 3**

Objectives

- To conduct a first roundtable discussion with community participants.
- To practice roundtable organization and facilitation and note-taking skills.

Instructions to facilitators

- The group follows Annex 3 of Module 3 to conduct the roundtable discussion.
- At the end of the roundtable, the trainer conducts a quick debriefing to ask the group how it went for them, how they felt, etc.



DAY 5

SESSION 17: FEEDBACK SESSION

Time: 1 hour 45 minutes

Objective

- To obtain feedback on the practice roundtable discussion.

Instructions to facilitators

- The facilitators, note-takers, observers and trainers all provide feedback on the different elements of the practice roundtable discussion and suggest improvements regarding:
 - Overall organization;
 - Welcoming and registration of participants;
 - The opening, including presentation of the MNH situation and the situation analysis;
 - The group work;
 - Prioritization of problems in plenary;
 - Action brainstorm in plenary ; and
 - Closing.
- **Adjusting to problems during the roundtable:** Ask them to reflect on potential problems that may affect the roundtables, and discuss how to deal with them. Possible answers include:
 - Participants don't show up: evaluate whether enough participants have come to have a discussion (minimum should be nine participants (three for each small group)) – if not then you will need to reschedule.
 - One of the facilitators or note-takers is sick or doesn't arrive: ensure there are enough facilitators in case of this problem.
 - If a participant becomes upset during the discussion: take a break from the discussion and support the participant – check if they want to continue or if they would prefer to sit out of the discussion until they feel like joining again.



SESSION 18: THE ANALYSIS FORM

Time: 1 hour 30 minutes

Reference: **Module 3; Annex 4**

Objective

- To understand how to analyse the roundtable discussion using the analysis form.

Instructions to facilitators

- Project Annex 4 of Module 3 on a screen from a computer, and fill in the table together with the group, based on the information collected during the practice roundtable discussion.
- Tell participants that they can fill in their forms as they go along too.
- Ask if there are any questions.



SESSION 19: THE SUMMARY REPORT

Time: 15 minutes

Reference: **Module 3; Section 3.10**

Objective

- To understand how to write up the report.

Instructions to facilitators

- Look at Module 3; section 3.10 of Module 3 - **“Summary Report from the Roundtables”**.
- Explain that after they have finished the five roundtables, they will need to review the five analysis forms from the different groups, and synthesize the information together into one report.
- Show them Table 3.2 of Module 3 and demonstrate how they can fill it in.
- Remind them that it is essential that this report is written BEFORE the institutional forum.



SESSION 20: THE INSTITUTIONAL FORUM

Time: 2 hours

Reference: **Module 3; Section 4 and Annex 4**

Objective

- To understand the aims of the institutional forum and know the methodology, as well as the preparations required.

Instructions to facilitators

- Ask the group to look at Module 3; section 4 and review the aims of the institutional forum, as well as the different participants they can to invite to this forum.
- Next ask them to look at section 4.3 of Module 3 and highlight the following points:
 1. This forum is longer than the roundtable discussions, lasting 1.5 days.
 2. They may need to **strongly encourage the participants to come** - experience has shown that the “institutional actors” are usually very busy and do not have flexible schedules. They may find it hard to dedicate time to this type of meeting. They need to understand its importance. It may even be necessary to develop some advocacy materials on the topic for them.
 3. The team needs to **prepare presentations and flipchart sheets** in advance (Tables 1, 2, 3 and 4 in Annex 5).
 4. It may be helpful for the facilitators and note-takers to do a **practice run-through** of this meeting beforehand, to make sure all preparations have been made and to make sure it runs smoothly.
 5. It is advisable to arrange a meeting with the representatives of the community roundtable discussions to review the participants’ role at the institutional forum.
- Next, review the institutional forum facilitation guide (Annex 5 of Module 3) together with the group:

1. INTRODUCTION

- Ask the group to identify differences between the institutional forum and the other roundtables.
- You can point out that the forum has slightly different objectives:

During the institutional forum they are reviewing the results of the five roundtables (including problems and actions), and working to reach a consensus on these priority problems and actions.

- Highlight that this discussion will provide **inputs for developing a draft plan of action**. The inputs will be used by the district committee who will then finalize an IFC action plan (see Module 5; section 2). It is important to underline that the draft plan will be reviewed by the IFC committee and is not final.



2, 3 & 4. PRESENTATIONS IN PLENARY

- Highlight that the district and national/province representatives will need to prepare presentations in advance on the **MNH strategy** and the role of the IFC component within this strategy.
- One of the facilitators will also need to prepare a presentation on the **IFC framework and the PCA**.
- Finally, a member of the district IFC committee should also present the situation analysis results.
- The trainees should review the presentation of the situation analysis and MNH strategy and consider if more information should be presented during the institutional forum. Write down points suggested. Ideally they should present more information on the IFC framework during this forum.

5. PLENARY

- Point out that the forum starts with a plenary, not group work.
- First, facilitators present the “Care of the pregnant woman, mother and newborn” image.

Presentation of problems identified

- Then facilitators should present flipchart sheets summarizing the problems identified in the different groups. Show them how they would do this with example sheets. You can use the problems identified in yesterday’s practice discussion. Remind them they need **three sheets**, one for each level of care (before the discussion).

Table 1: Summary of Problems

Topic : e.g. Care of the pregnant woman, mother and newborn at home	
Priority problems identified	Group(s) which identified them
<i>For example:</i> Women do not go to prenatal care until late in pregnancy	Women, Grandmothers, Providers

- Explain how facilitators should point out where problems have been identified by several groups, or those which only one group identified.

Identification of other problems and prioritization

- Next facilitators should check if the institutional actors also have other problems they would like to add; demonstrate how they can be added to this list.
- Highlight that each participant will now have **eight coloured dots** to prioritize problems (in the five roundtables each participant had only three remember!). They have to **pick two problems from each level of care**.
- As before, then we count up the dots, and **circle the priority problems**.



6. GROUP WORK ON ACTIONS

- As before, the group **selects a representative** to present findings in plenary.
- Facilitators need to have **prepared two sets of flipchart sheets in advance:**

Table 2: to summarize and review the results from the five roundtables.

Table 3: a new table with recommended actions from this institutional forum.

- Demonstrate how the facilitation team should fill in Table 2 (before the meeting):
Facilitators can use a **classification system**, such as in the example provided in Table 2, to identify the groups which selected the different problems and actions.

Table 2: Summarize and review the results from the five roundtables

Topic : e.g. Links between the community and health services	
Priority problems identified (and by which group)	Actions identified (and by which group)
<i>For example:</i> Difficulties in travelling to the health facilities (W, G, M, P).	<i>For example:</i> <ul style="list-style-type: none"> • Adapt public transport schedule to the needs of the population (W,P) • Free of charge transport for children and pregnant women (M, P, G) • Repair the roads (L,G)

W = Woman’s group, G = Grandmothers and mothers-in laws, M = Men’s group, L = Community leaders, and P = Health care providers

During the break (before the group work), facilitators should also add into these tables any other problems that the institutional actors have just added in their plenary discussion.

- Highlight that they have **two hours** for a group discussion on actions. The facilitators divide them into **four groups** - one works on each priority area of intervention to review one table.
- The facilitator presents the flipchart (Table 2) or handouts with compiled actions to the group. They should also distribute a copy of the IFC framework concept paper to each group, and explain the IFC interventions to the group.
- After presenting, the facilitators lead a group discussion on whether these actions are appropriate and/or sufficient to address the problems identified.
- Point out the following **factors to consider for each action** (see Module 3, Annex 5):
 - Feasibility of implementing the intervention according to available human, financial and other resources and based upon existing experiences in the area or in the country ;



- Avoiding negative impact: some interventions may have negative impacts as well as positive ones, or may impact particular groups negatively;
- Benefiting the poorest: it is important that the interventions chosen benefit the poorest members of the society, as well as wealthier individuals; and
- Replicability (potential for scaling up) e.g. elaboration of a project which is not too complicated or expensive and that can be replicable on a larger scale in other areas by the government or by NGOs.

They should help the group reflect on each action, but particularly those that the facilitator feels may be unrealistic.

- **During the discussion, facilitators should fill in Table 3.** Demonstrate how they would complete this table, using an example.

Table 3: Prioritization of actions

Group: e.g. Developing capacities					
Interventions	Criteria (1 to 3 points for each criteria)				
	Feasibility	Avoiding negative impact	Benefiting the poorest	Replicability	Total Score
e.g. Problem A					
e.g. Action A1					
e.g. Action A2					
e.g. Action A3					
e.g. Action A4					
e.g. Problem B					
e.g. Action B1					
e.g. Action B2					
e.g. Action B3					



- Once the facilitators have filled in the group name, the two problems, and the actions being discussed, invite the group members to score each action between 1 and 3:
 - **Feasibility:** 3 - highly feasible; 2 - some feasibility; 1 - little feasibility;
 - **Avoiding negative impact:** 3 - should have no negative impacts; 2 - may have one or two negative impacts; 1 - may have several negative impacts;
 - **Benefiting the poorest:** 3 - should benefit the poorest; 2 - may have some positive benefit for the poorest; 1 - unlikely to benefit the poorest; and
 - **Replicability:** 3 - highly replicable, 2 - some replicability, 1 - little replicability.

The group should then add up the points for each action and **identify the two priority actions** with the highest points for each priority problem.

7. PLENARY: FEEDBACK ON ACTIONS

- Explain that, as before, the group representative presents their findings.
- Facilitators should encourage discussion on each group presentation, and check if everyone agrees with their findings. Give the participants time to reflect on the actions in the different areas, and to see if they make sense together. Thinking about synergy between the actions may generate some additional suggestions or modifications.

8. GROUP WORK: IDENTIFYING ACTIVITIES

- Explain that the last group work session is about identifying the specific activities needed for each of the actions suggested.
- Facilitators should help the four groups to fill in the activity chart in Table 4 of the Institutional Forum Guide (see Section 4 of Module 3). This includes:
 - The activities required to implement each action;
 - The actors to be involved in each activity and their role;
 - The resources necessary to implement the activities: list available resources and where these resources come from; and
 - How to mobilize resources if not available.

9. FINAL PLENARY: GROUP FEEDBACK AND NEXT STEPS

- Again, the group representatives report to the plenary, and the facilitators lead a discussion. Facilitators focus on how the district IFC committee can mobilize support for this work, and what recommendations they have for moving forward.



- Explain that it is very important for the facilitators to discuss the next steps, in particular how the district committee will move this plan forward, finalize the plan and adapt it for the project implementation.

10. CLOSING

- Explain that the closing session is similar to other roundtables.
- Review the key steps for closing:
 - Short summary of the roundtable discussion;
 - Next steps: explain the role of the local health committee in finalizing the plan and the steps to submit the plan for approval;
 - Evaluation of the forum: explain they can evaluate the discussion as a group in a plenary, writing points on a flipchart;
 - Thank-you; and
 - Payment of transport costs (if applicable).

Facilitators may also distribute leaflets on the MNH strategy at the end of the meeting if they have them available.

Also, it is important for facilitators to correct any misconceptions or incorrect statements made during the forum at the closing.

- After the overview of the institutional forum, remind the group that they may need to do a **practice run-through** of this meeting to ensure they have made all the preparations.

ANALYSIS OF THE ROUNDTABLE:

- Explain that section 4 of Module 3 describes how to write up the report from this roundtable. As before, the facilitators need to write up some comments on the dynamics of the discussion and the participants. The tables generated during the discussion will serve as the basis of the report.



SESSION 21: THE PCA FINAL REPORT, RESULTS DISSEMINATION AND POST-PCA ACTIVITIES

Time: 45 minutes

References: **Module 3; Section 5**
Module 1; Sections 2.1, 2.15, 3.6, 3.7, 3.8

Objectives

- To become familiar with the content needed in the final report, and how the results can be disseminated.
- To become familiar with the next steps required for IFC implementation after the PCA.

Instructions to facilitators

- Go over the final report format in section 5 of Module 3.
- Highlight the new sections that need to be written up, and those sections that can be taken from existing documents:
 - Use existing material: Situation analysis report, Summary report from the five roundtables, Draft interventions plan from the institutional forum;
 - New sections to be written up: Executive summary, Introduction to the IFC component and to the PCA, Methodology of the PCA, Conclusions and Recommendations of the PCA; and
 - Following the completion of the report all documentation that contains personal information (i.e. registration forms), which is no longer needed for administrative purposes should be destroyed or stored in a secure location to ensure participant anonymity.
- Emphasize that the report should be **concise**, generally not exceeding 30 pages.
- Review the possible dissemination mechanisms in section 5.3 of Module 3. Explain that dissemination of results should generally occur after the institutional forum. They will reflect on how much information they should share and with which groups. Remind them that disseminating the results can serve as a form of health education with communities.
- Finally, ask the group to review the Figure 2.1 of Module 1 (the IFC Implementation Framework). Explain again that the PCA is one step in a larger process, and that using its results, the district committee will embark on a detailed “Joint Planning Process”. This process is described in detail in section 2 of Module 5.
- Go over the different mechanisms that can be used to scale-up the IFC framework to other districts or provinces (see section 2.16 of Module 1) highlighting that it may not be necessary to conduct a PCA in every district.



- Give a brief overview of next steps after the PCA, including dissemination and discussions of the results to a broader audience.



WORKSHOP CLOSING

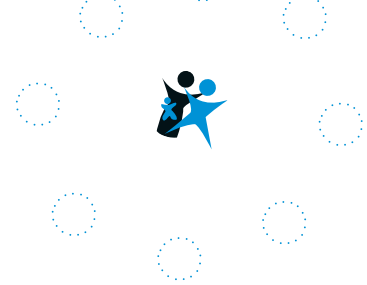
Time: 1 hour

Objective

- To close the workshop

Instructions to facilitators

- **Recap of workshop (10 minutes):** Briefly discuss the major takeaways from the workshop (i.e., the importance of the PCA in MNH programme planning; the importance of facilitation skills; etc.).
- **Final evaluation (10 minutes):** Distribute the final evaluation forms (see Annex 2) and ask participants to complete them. Tell them to please answer honestly as it will help you to improve future workshops. Let participants know that they will have 10 minutes to complete the form.
- **Final bang (5 minutes):** Think of something that could be done that would leave the participants on a positive note at the end of the workshop. This could be singing a local song together; distributing a sweet or a small token; etc.
- **Closing remarks and speeches (25 minutes):** Arrange with the appropriate individuals and authorities beforehand to deliver closing remarks and speeches.



ANNEXES

Annex 1: PCA training daily evaluation form

Annex 2: Training final evaluation form

Annex 3: Handout 1 – Notes on facilitation skills and group management

Annex 4: Handout 2 – Icebreakers and energizers

Annex 5: Handout 3 – Observation checklist for facilitation skills



ANNEX 1: PCA TRAINING DAILY EVALUATION FORM

1. The one thing that I learned today that I do not want to forget is:

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2. The information or activity that I found most interesting and useful was:

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3. The one suggestion that I have for improving today's agenda is:

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4. Additional comments or suggestions:

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THANK YOU!



ANNEX 2: TRAINING FINAL EVALUATION FORM

Please circle the answer you feel is most appropriate for each of the following aspects of the training course, using the following ratings:

1 – Insufficient 2 – Poor 3 – Satisfactory 4 – Good 5 – Excellent

Statements	Rating scale				
1. Achievement of course objectives	1	2	3	4	5
2. Achievement of personal expectations	1	2	3	4	5
3. Relevance of training to your work	1	2	3	4	5
4. Usefulness of workshop materials	1	2	3	4	5
5. Training methodologies	1	2	3	4	5
6. Organization of the course	1	2	3	4	5
7. Training facilities	1	2	3	4	5
8. Administrative support	1	2	3	4	5
9. Facilitators	1	2	3	4	5

2. Course length: ____ Too long ____ Too short ____ Just right

3. What topics covered in this training do you think will be most useful to you in conducting the PCA?

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4. On which topics would you have liked more information or preferred to spend more time?

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5. On which topics would you have liked less information or preferred to spend less time?

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Other comments or suggestions:

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THANK YOU!



ANNEX 3: HANDOUT 1 – NOTES ON FACILITATION SKILLS AND GROUP MANAGEMENT

What a facilitator SHOULD DO	What a facilitator SHOULD NOT DO
Listen	Give their opinions
Be nice and respectful to participants	Allow participants be argumentative
Make participants feel comfortable	Be an interviewer
Ask questions	Judge participants
Guide the discussion	Tell participants that their answer is right or wrong
Encourage all participants to speak	Interrupt participants
Promote discussions	Show disrespect
Check that participants can understand	Encourage one-to-one dialogue
Use simple language	Ignore participants
Be sympathetic	Give complicated explanations
Arrange the table and chairs well	Talk a lot
Manage time well	Be nervous
Assess if participants are tired or bored	

ACTIVE LISTENING

Ways to show interest in what someone is saying:

- ✓ Maintaining eye contact
- ✓ Nodding the head
- ✓ Smiling
- ✓ Leaning in
- ✓ Frowning
- ✓ Expressing surprise by moving eyebrows
- ✓ Writing notes

Remember that **BODY LANGUAGE** is very important when facilitating - be open, move around the room, maintain eye contact, be expressive!



SOME WAYS TO CLARIFY AND PARAPHRASE:

- Do I understand you correctly to say...?
- So you are saying that ..., is this right?
- I hear you saying that ..., is that right?
- Have I heard you correctly to say ...?
- I'm not sure I understood that clearly. Did you mean that ...?

QUESTIONING AND PROBING

A **closed-ended question** is answered by short one-word answers (usually “yes” or “no”). For example “Do you like going to the doctor?”; “Do you often breastfeed your infant?”

An **open-ended question** allows the respondent to tell you about how they feel, what they think, or what they believe. They allow the person to express freely to the facilitator or group. For example, “What do you like about the doctor?”; “How often do you breastfeed your infant?”

Closed-ended	Open-ended
Do you like going to the health centre?	How do you feel about going to the health centre?
Does the community help pregnant women?	How does the community help pregnant women?
Do you like going to the health centre?	How do you feel about going to the health centre?

A **probing question** seeks to discover more after an initial response. Probing can be used when people are hesitant to respond to the questions you are asking – you need to probe to get them to open up to you.

The **six helpers for probing**: WHY? WHAT? WHEN? WHERE? WHO? HOW?

Probing questions can also be THREATENING – they must be said in the right TONE OF VOICE and may need to be softened with careful language.

Some ways to probe:

- But why do you think this is?
- Can you explain further to us what you mean by this?
- So if this is the case... what does it mean if...?
- Can anybody else help explain the reason for this?



Leading questions tend to orient the group to answer in a certain way that often results in answers that affirm the position expressed in the question (e.g., Do you agree that women don't breastfeed for long enough?). They should be avoided.

Impersonal questions (in the 3rd person) ask respondents to talk about a general situation rather than their own experiences. You should use impersonal questions in roundtable discussions.

- Personal: How do you care for your baby? Do you have any problems getting to the health centre?
- Impersonal: How do people in your community care for their babies? Do people in your community face any problems getting to the health centre?

GROUP MANAGEMENT

Key things to monitor when managing a group:

- Time management;
- How hungry people are, when they need to eat or drink;
- Participation: people who talk too much, people who are not participating;
- Promoting lively and participatory discussion;
- Obtaining different opinions;
- Conflict between participants;
- Boredom/energy levels; and
- People who arrive late/leave early.

Other tips:

- Make sure you can be heard;
- Make sure any visual aids you use can be seen;
- Ask the audience for feedback as to whether they can see and hear;
- Talk slowly and clearly;
- Use an interesting and animated style of talking to keep people's attention;
- Maintain appropriate eye contact;



- Change the tone of your voice;
- Move around;
- Allow time for group to ask questions; and
- Ask questions to test whether the topic has been understood.

DEALING WITH TOPICS THAT HAVE ALREADY BEEN DISCUSSED

Scenario	What to do?
1. Question in the guide has not yet been discussed at all	Ask the question as per the question guide.
2. The question and the topic have been touched upon, but without much detail	Acknowledge that the group has already mentioned or said about this topic, then explain that you would now like to ask some more questions to find out more about the situation.
3. The question has already been fully discussed	Do NOT ask the question, but move on to the next topic.

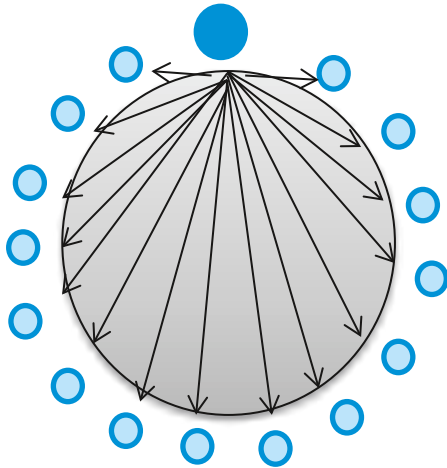
TIPS FOR IDENTIFYING PROBLEMS

- Take quick “reminder” notes during the discussion, so you don’t forget things.
- STOP BETWEEN SETS OF QUESTIONS in order to record the key problems well. This presents an opportunity to check that everybody in the group agrees with what has been said.
- Remember to clarify, paraphrase and probe around what has been said.
- Ask the note-taker if you have missed anything when you are recording the key problem statements about one issue.
- Always try and keep the problem statement related to MNH, for example, if people mention that emigration is a serious problem, make sure you write how it was related to MNH (e.g. “Many men migrate for work leaving women on their own during pregnancy and with newborns”).
- Remember that defining problems is hard at first, but becomes easier with practice!

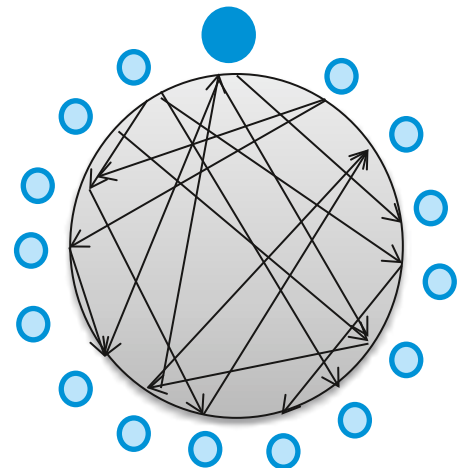


PROMOTING DIALOGUE

1. Facilitator interviewing



2. Group dialogue with facilitation



SEARCHING FOR CONSENSUS AMONG DIFFERENT PARTICIPANTS

Scenario	What to do?	What the facilitators do?
1. Participants identify the same problems or clearly agree with each other.	Write down the agreement.	<ul style="list-style-type: none"> • Double check that everyone is in agreement. • Note the agreement on the flipchart (where needed).
2. Most participants agree, though one or two disagree.	Write down the agreement, and the points made by those disagreeing.	<ul style="list-style-type: none"> • Note the majority agreement on the flipchart, while acknowledging that some people feel differently. Explain that they will have an opportunity to vote on priority problems during the plenary.
3. Participants are divided; about half feel one way, while the other half feels a different way.	Write down the disagreement, and the different points made by participants.	<ul style="list-style-type: none"> • Restate the points that are agreed. • Probe to find the root of the disagreement, and see if you can help them come to a consensus. • See if one side of the argument can be modified or reworded to make others happy. • If you are uncertain about how some people feel, you can organize a vote.



PARTICIPANT MANAGEMENT

Role	How to manage the participant(s)
The conversation dominator (always talking)	<ul style="list-style-type: none">• When there is a pause, thank the member and invite someone else to speak.• If the person carries on, interrupt.• Remind the group of the “rules of discussion”, in particular the 3 minute time limit.• During a break, quietly ask him/her to give others a chance to speak.
The quiet one (never talks)	<ul style="list-style-type: none">• When there is a pause, ask for other comments or opinions, looking directly at the quiet participant.• When the group is coming to consensus or making decisions, double check that everyone agrees.• Explain that it is very important for everyone to participate and share their ideas.• Ask directly if the quiet participant(s) have any further thoughts.• During a break, check that the participant feels able to participate in the discussion.
The disappearing act	<ul style="list-style-type: none">• At the beginning, tell participants how long the discussion will last, and check that everyone is able to stay for that long.• If the person seems upset, consider asking another facilitator/note-taker to follow them and check whether they feel alright.• If they return at the end, consider asking why they had to leave.
The side conversation	<ul style="list-style-type: none">• Remember to go over the rules of discussion at the beginning, including the need to respect other group members.• Catch their eye (it may be enough to get them to stop).• Bring them into the discussion, by asking them directly if they have comments or opinions.• Ask them during a break to try and keep quiet while others are talking.• Confront them openly during the discussion and ask them to listen to other participants.
The repeater	<ul style="list-style-type: none">• Thank the speaker, but remind the group that if they agree with someone else, then they can express their agreement, rather than repeating the same point(s).
The rambler	<ul style="list-style-type: none">• Thank the speaker for their comment, but remind them of their time limit (3 minutes).• If participants stray from the discussion topic, remind them of the question and topic.• If many people are rambling, ask the group to try and be concise.
The know it all	<ul style="list-style-type: none">• When there is a pause, thank the member and invite other members of the group to speak.• During a break, politely ask them to respect the rules of discussion, and to respect other participants in the group.



ANNEX 4: HANDOUT 2 – ICEBREAKERS AND ENERGIZERS

Icebreakers and energizers are activities the facilitators use to encourage participant involvement and interaction. These activities may be used at the beginning of a roundtable to begin work on a positive note. They may also be used during the meeting to recharge the group (e.g., after a break).

Look at this list, and see if there are other local energizing games or exercises that you know that you could use. Add them to this page.

1) The animal game: Ask participants to make a drawing of an animal which has a characteristic similar to those that they want to be identified with; ask them to write their name on the drawing. Bring them to an open space, and ask each person to find a partner. They should explain the drawing to their partner and why they chose this animal. They can also add any other information about themselves that they would like to share with others. The partner should prepare to introduce their partner. After five minutes, bring the group back into plenary. Each person should then introduce their partner to the rest of the group showing the drawing. You can hang the drawings on the wall.

2) Introducing through a partner: A simpler version of number 1 is to split participants into pairs, and ask them to introduce themselves. Afterwards, bring the group back to plenary, and ask each person to introduce their partner.

3) Introducing with a ball of wool: Get participants to stand in a big circle. The facilitator starts off by introducing her/himself. S/he then takes hold of one end of the ball of wool, and tosses the ball to someone else in the room, who then introduces her/himself. Keep doing this until all have been introduced. Afterwards, reflect on the web of wool, to show how all the group is interconnected now.

4) Expectations: The trainer gives the participants slips of paper, and asks them to write down at least three things they would like to learn during the discussion. The participants attach their slips to a poster board or piece of flipchart paper, which is posted in the classroom. The trainer can then review these expectations with the group and tell them which topics will and will not be covered.

5) Local song: The trainer gets participants to join in singing a local song together.

6) Tell a story: The participants stand in a circle. The purpose of this activity is to build a story with each participant contributing one sentence that must:

- make sense and at the same time add some fun to the activity;
- build on to the last sentence; and
- be grammatically correct.



For example:

#1: “I was walking to breakfast this morning.”

#2: “A dog came up to me.”

#3: “I said good morning to the dog.”

#4: “The dog asked me what I was going to have for breakfast.”

The activity continues until all of the participants have contributed or until the facilitator feels that the group has been energized.

7) The last word: The participants stand in a circle. One participant moves and stands randomly in front of another. S/he makes a statement (e.g., “It is such a lovely day”). The person spoken to will move to another person and make a statement starting with the last word in the statement s/he received (e.g., “Day one of the course was very tiring”). Each participant takes turns to ensure that everybody gets a chance to participate.

8) Ball toss brainstorming: Announce a topic (things associated with a topic, a holiday, the course content, etc.). Then, toss around a ball. When someone catches the ball, they shout out something related to the topic and then toss the ball to someone else. Continue the exercise until everyone has had a chance to speak.

Variations:

When they catch the ball, each person tells what they thought was the most important learning concept was in the session just finished. Continue the exercise until everyone has caught the ball at least once and explained an important concept of the material just covered. If the previous session had taught a process, each person can tell one step of that process or concept when the ball is tossed to him or her. The trainer or participant, in turn, writes it on a flipchart. For example, after covering “decision-making”, the trainer would start the ball toss by having everyone give one step in the decision-making process.

9) Lifeboats: The participants should come to an open space in the room and start walking around. Tell them that they are on the Titanic ship, and the boat is beginning to sink. They must get to the lifeboats as soon as possible! The lifeboats can only hold a certain number of people. As the participants are walking round, shout out the maximum lifeboat capacity each time: e.g., “Lifeboats for three!” The participants then must form groups of three to get into the boats. Anyone who cannot find a “boat” drowns, and must leave the game. For each round, choose a different sized boat. At a certain point, shout out that this is the last boat, and anyone who makes the last boat will survive. End the game there.



ANNEX 5: HANDOUT 3 – OBSERVATION CHECKLIST FOR FACILITATION SKILLS

Note: this checklist can be used by observers to assess the facilitation skills or others, or as a self-assessment tool.

A. Give the facilitator a mark out of 3 for the following performance indicators

Facilitator performance	Score (please circle) 1=not done/not done well 2=done, but needs improvement 3=done well N/A=Not applicable			
1) When starting the roundtable, the facilitator:				
a) makes participants feel comfortable and valued	1	2	3	N/A
b) explains the objectives of roundtable	1	2	3	N/A
c) asks participants to present themselves	1	2	3	N/A
d) gives a simple summary of the IFC framework and situation analysis results	1	2	3	N/A
e) explains the agenda	1	2	3	N/A
f) explains the rules of the discussion	1	2	3	N/A
g) introduces the group work	1	2	3	N/A
h) checks that participants have understood	1	2	3	N/A
2) When communicating, the facilitator:				
a) listens actively	1	2	3	N/A
b) scans the room	1	2	3	N/A
c) speaks clearly and loudly	1	2	3	N/A
d) uses simple language	1	2	3	N/A
e) shows empathy	1	2	3	N/A
f) paraphrases and clarifies what has been said	1	2	3	N/A
g) is respectful and kind to participants	1	2	3	N/A
h) uses body language effectively	1	2	3	N/A
i) uses visual aids	1	2	3	N/A



Facilitator performance	Score (please circle)			
	1=not done/not done well 2=done, but needs improvement 3=done well N/A=Not applicable			
3) When managing the group, the facilitator:				
a) encourages participation from silent members	1	2	3	N/A
b) stops dominant members from talking too much	1	2	3	N/A
c) promotes discussion among the group	1	2	3	N/A
d) prevents and manages conflict	1	2	3	N/A
e) is aware of the group's interactions	1	2	3	N/A
f) keeps the group energized and enthusiastic	1	2	3	N/A
4) When guiding the small group discussion, the facilitator:				
a) guides the group through the questions	1	2	3	N/A
b) uses open-ended questions	1	2	3	N/A
c) probes further on some questions	1	2	3	N/A
d) keeps questions impersonal ("3rd person")	1	2	3	N/A
e) promotes discussions	1	2	3	N/A
f) covers all the themes	1	2	3	N/A
g) strays from the question guide if necessary	1	2	3	N/A
h) does not repeat themes that have already been discussed	1	2	3	N/A
i) searches for agreement	1	2	3	N/A
j) does not give their own opinion	1	2	3	N/A
k) writes up the list of problems on the flipchart	1	2	3	N/A
5) When managing priority-setting in plenary, the facilitator:				
a) does not allow a group presentation to go over 5 minutes	1	2	3	N/A
b) checks for questions and comments from the group	1	2	3	N/A
c) explains clearly the priority-setting exercise using coloured dots	1	2	3	N/A
d) checks if all participants can read, and if not, offers help to those with difficulty	1	2	3	N/A
e) circles the priority problems on the flipcharts	1	2	3	N/A
f) promotes discussions	1	2	3	N/A



Facilitator performance	Score (please circle)			
	1=not done/not done well 2=done, but needs improvement 3=done well N/A=Not applicable			
6) When facilitating the discussion on actions, the facilitator:				
a) reminds the group to think about actions already ongoing and whether these should be continued	1	2	3	N/A
b) asks them to think about actions at different levels (policy, health services, community, household)	1	2	3	N/A
c) encourages all participants to comment or give ideas	1	2	3	N/A
7) When closing the meeting, the facilitator:				
a) presents a short summary of the discussion	1	2	3	N/A
b) corrects misconceptions or false statements that were said during the discussion	1	2	3	N/A
c) explains the next steps, including the institutional roundtable and the planning meeting	1	2	3	N/A
d) helps the group evaluate the discussion	1	2	3	N/A
e) thanks participants for coming	1	2	3	N/A
f) arranges payment of transport costs	1	2	3	N/A

B: Answer these questions (either as self-assessment or as an observer):

1. Overall, what skills were strongest?

2. What skills were weakest?

3. How will you go about improving these skills?



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