



Connecting Organizations for  
Regional Disease Surveillance

## FACILITATOR MANUAL

### **INTENSIFIED PREPAREDNESS PROGRAMME**

Building capacity in communication and community  
work to better manage the Ebola outbreak

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## I. General

### *Introduction*

A short introduction session is essential to get participants and facilitators to know each other. Introductions may be guided to include the persons' name and how they prefer to be addressed (by first name, second name or other). They should indicate briefly their professional qualifications, experience related to infectious disease control, and what they expect from the training.

### *Groups*

The group should be divided into smaller working groups (5-7 people) for the three group work sessions. The fourth group work is in countries.

Groups can remain the same over the three group work sessions – sometimes it is more productive to keep mixing the groups to allow the spread of expertise among groups and improve communication. Each group work session is about 45 minutes with additional time to summarise the main points.

### *Group work*

Each group work session needs a

- Facilitator (that is you);
- Rapporteur who will present the group work to the plenary. The rapporteur should change for every session.

### *Presentations*

Every group work sessions has a dedicated time slot at the end to summarise the group work results – ideally in a digital presentation (PowerPoint or word). For this purpose, soft copies (of tool 4) and computers should be available.

Please ensure, that the groups and their rapporteurs don't just read out the tools and what they put into the boxes, but that the presentation is

- **Short** (5-10 minutes); and
- Captures the **essence** and major results of the group work.
- Points out any new idea/s that the group may wish to share with others

All presentations should be collected and saved in a group work results folder (*IPP name* Preparedness, Response, Recovery, Work planner) for distribution to the group and for CORDS HQ for reports.

*Print out requirements for the workshop*

**Agenda** x number of participants

**Tool 1** x number of participants (one set of all three group work sessions: preparedness, response, recovery)

**Tool 2** x 3x number of participants (one set for each group work session)

**Tool 3** x number of participants (one set for group work session 4: Work planner)

**Tool 4** x number of groups (e.g. three groups) x 3 (for the results of preparedness, response, recovery) = 9 (only used by the rapporteur)

**Baseline assessment** x number of participants

**Workshop assessment** x number of participants

All tools can be made available as soft copies as well.

## II. Group work

Group work sessions have two parts: one using tool 1 to identify key areas; two using tool 2 to work a change matrix. When using tool 2 in all session, focus on one or two key areas (e.g. information or care, etc.); cross check with the other groups, what they focus on. Ideally the three groups work on different areas and can complement each other.

**Use tool 1**, first column “Before” in the preparedness; “During” in response and “After” in recovery session to identify key action areas for the first phase of this group work.

**Use tool 2** to work on a couple of key areas to identify changes; focus on one or two areas and work from left to right (not top to bottom)

IMPORTANT for tool 2

Tool 2 asks to describe the *current situation*, then describe the *desired situation* and then identify *indicators* that could tell you that things are changing towards the desired situation. Then the group is asked to design interventions that relate to the indicators. This is a difficult task! Most groups tend to jump from the desired situation to a series of interventions without

looking at the indicators. The key element of this tool is, however, to look at indicators first and then develop interventions based on the indicator. It is the indicators that determine the interventions (very important).

*Here is an example:*

A current situation is often a lack of information about disease in the community.

Desired situation would be to have an informed community.

Some groups then jump to interventions such as education the community, design information campaign etc.

The trick here is to look at indicators: what would tell you that community is informed? An informed community would probably ask you questions. Or/And they would show up in your health facilities (because you asked them to when they feel ill). Indicators would be: i) people asking questions; or ii) people showing up at health facilities.

Interventions would then be

- i) to enable people to ask questions, e.g. setting up a time or means of communication when you engage in questions and answers; or
- ii) extending the opening hours of your health facilities, so that people can show up. For this you probably need to advocate for more funding to pay nurses and community workers to be available etc.; and
- iii) Identify specific area in the health facility where people suspecting to have the disease can be attended to (this can help in ensuring that these people have come specifically for Ebola screening)

Looking at indicators first and carefully enables a different and often more innovative approach to designing interventions!

Sometimes groups list interventions such as “community sensitisation” or “Educating community”. This is often a short cut for not thinking carefully enough about indicators and their interventions; they also put a lot of responsibility to communities and isolate them. It would be good to broaden the view and look at strengthening a supporting environment for communities. In the example above advocating for support to have longer opening hours or more staff to look after community is an intervention to strengthen supportive environment.

**Tool 3** is a work planner that countries can use. It can be productive to group bordering countries together to enable cross-border collaboration plan.

**Tool 4** is for the group presentations and is meant to avoid that groups read out their matrixes and should really capture the essence of the group work (for the rapporteur). It combines results from tool 1 and 2.

**Baseline assessment** is done at the end of the workshop and collected to hand over/send to CORDS HQ staff for analysis and follow up. A *follow up questionnaire* will be sent to participants in 4-5 weeks time. After return of the follow up questionnaire a *certificate* of successful completion of the IPP will be sent to participants.

The **workshop assessment** is done at the end of the workshop and collected to hand over/send to CORDS HQ staff for analysis; it should be anonymised.

#### Special note to facilitators

Occasionally very senior level participants may have very strong points of view and want to dominate discussions. It is important to guide the discussions in a nice and polite way, being strict but at the same time flexible enough to allow such people to air their thought and feel respected. Be always friendly and never show any signs of being frustrated. Take notes of important issues, new thoughts or controversies that you may need to clarify or points that you may wish to share with the rest of the groups during presentations.

It is also important to avoid teaching the group, but help and guide them to reach their own solutions.

For more general information on facilitation

<http://erc.msh.org/mainpage.cfm?file=2.2.6.htm&language=english&module=hr>