

PART 3: TRAINER'S GUIDE

The trainer's guide is the third of four parts contained in this module. It is NOT a training course. This guide provides guidance on how to design a training course by giving tips and examples of tools that the trainer can use and adapt to meet training needs. The trainer's guide should only be used by experienced trainers to help develop a training course that meets the needs of a specific audience. The trainer's guide is linked to the technical information found in Part 2 of the module.

Module 8 describes how undernutrition and disease are closely linked and how emergencies can have a huge negative impact on the health of the affected population. This module can be used to provide a practical training for field workers who are involved in assessing health and nutrition needs during emergencies. It can also provide a short practical briefing for senior managers. Module 15 focuses on health interventions to prevent and treat undernutrition.

Navigating your way round these materials

The trainer's guide is divided into six sections.

1. **Tips for trainers** provide pointers on how to prepare for and organise a training course.
2. **Learning objectives** sets out examples of learning objectives for this module that can be adapted for a particular participant group.
3. **Testing knowledge** this section contains an example of a questionnaire that can be used to test participants' knowledge of health assessment either at the start or at the end of a training course and some **optional activities/exercises** that a trainer may conduct to get a picture of how much participant have gained from the session(s)
4. **Classroom exercises** provide examples of practical exercises that can be done in a classroom context by participants either individually or in groups.
5. **Case studies** contain examples of case studies (one from Africa and one from another continent) that can be used to get participants to think by using real-life scenarios.
6. **Field-based exercises** outline ideas for field visits that may be conducted during a longer training course.

CONTENTS

1. Tips for trainers

2. Learning objectives

3. Testing knowledge

Section 1

Exercise 1: What do you know about health assessments and the links with nutrition?

Handout 1a: Health assessments and the links with nutrition?: Questionnaire

Handout 1b: Health assessments and the links with nutrition?: Answers

Optional activities

4. Classroom exercises

Exercise 2: Group exercise on different objectives for assessments

Exercise 3: Group exercise on importance of good coordination in humanitarian assessment

Handout 3a: Coordination exercise

Handout 3b: Coordination exercise – trainer guidance

Exercise 4: Group exercise Calculating mortality rates

Handout 4a: Mortality rate exercise

Handout 4b: Mortality rate exercise: answers

Exercise 5: Planning a Rapid Assessment

Handout 5a: Planning a Rapid Assessment

Training guidance 5b: Planning a Rapid Assessment

Exercise 6: Consideration of Gender Based Violence (GBV) in Rapid Health Assessments within the context of nutrition

Handout 6a: GBV exercise

Handout 6b: GBV exercise – trainer guidance

Exercise 7: Consideration of HIV in Rapid Health Assessments within the context of nutrition

Handout 7a: HIV exercise

Handout 7b: HIV exercise – trainer guidance

5. Case studies

Exercise 8: Use of the conceptual framework for maternal and child undernutrition to identify health and nutrition issues that need to be assessed in a case study from Bangladesh health assessments

Handout 8a: Conceptual framework for maternal and child undernutrition

Handout 8b: Use of the conceptual framework to identify health and nutrition issues that need to be assessed in a case study from Bangladesh – exercise

Handout 8c: Conceptual framework/Bangladesh case study: Answers

Exercise 9: Planning and implementing a health and nutrition assessment during conflict

Handout 9a: Planning and implementing a health and nutrition assessment during conflict in Central African Republic 2007

6. Field-based exercises

Exercise 10: Conducting a health assessment using the initial rapid assessment tool

1. Tips for trainers

Step 1: Do the reading!

- Read Parts 1 and 2 of this module.
- Familiarise yourself with the technical terms from the glossary.
- Read through the following key document:
 - The Sphere Project. (2011). *Humanitarian Charter and Minimum Standards in Humanitarian Response*, Chapters 1,2 and 5, (The Core Standards; Minimum Standards in Water Supply, Sanitation and Hygiene Promotion; and Minimum Standards in Health Action)
 - United Nations Inter-agency Standing Committee (UN-IASC), Health, Nutrition and WASH Clusters. (2009). *Initial Rapid Assessment (IRA) Tool*. IASC.
 - Connolly, M. A. (ed) (2005). *Communicable disease control in emergencies A field manual*. Geneva: WHO.
 - The Johns Hopkins University & International Federation of Red Cross and Red Crescent Societies. (2008). *Public Health Guide for Emergencies*, 2nd edition. Baltimore: The Johns Hopkins University and IFRC.
 - Health Cluster Guide (2009) IASC Global Health Cluster
 - See part 4 for full list of reference materials for this module

Step 2: Know your audience!

- Find out about your participants in advance of the training:
 - How many participants will there be?
 - Do any of the participants already have experience of doing health assessments and where?
 - Could participants with health assessment experience be involved in the sessions by preparing a case study or contribute through describing their practical experience?
 - At the beginning of the training ensure that the participants have been introduced to each other, are aware of each other's background and current work situation.
 - At the beginning of the training ensure that participants express their personal expectations for the teaching period – it is useful to ask participants to take a few minutes to think about their expectations of the training workshop and to write down one key expectation on a post-it note. After a few minutes the Trainer should go around the room and ask participants to read out their expectation – then collect the post-its and put on a flip chart. The trainer can then group the expectations, which may then be referred back to through the course of the workshop and during evaluation to see if expectations have been fully or partially met.

Step 3: Design the training!

- Identify appropriate learning objectives. This will depend on your participants, their level of understanding and experience, and the aim of the training.
- Decide how long the training will be and what activities can be covered within the available time. In general the following guide can be used:
 - A **90-minute** classroom-based training can provide a basic overview of health assessments and their links with nutrition
 - A **half-day** classroom-based training can provide a more in-depth understanding and include some practical exercises.

- A **one-day** classroom-based training can provide a more in depth understanding of health assessments and their links with nutrition and include a number of practical exercises and a case study.
- A **three- to eight-day** training would include classroom sessions (Overview, practical exercise and case studies) plus field-based training where participants carry out an assessment
- Decide exactly which specific areas to cover based on the learning objectives that you have identified.
- Divide the training into manageable sections. One session should generally not last longer than an hour and sufficient time for discussion and feedback should be allocated within each session.
- Ensure the training is a good combination of activities, e.g., mix PowerPoint presentations in plenary with more active participation through classroom-based exercises; mix individual exercises with group work. An interactive approach will enhance learning; this requires experience and planning.

Step 4: Get prepared!

- Prepare PowerPoint presentations with notes (If they are going to be used) in advance and do a trial run. Time yourself! Recommended PowerPoint presentations can be prepared from Part 2 of this module.
- Prepare exercises and case studies. These can be based on the examples given in this trainer's guide but should be adapted to be suitable for the particular training context.
- Prepare model answers for all of the exercises that you will conduct during the training using the material from Part 2 of this Module
- Plan sessions that can benefit from an interactive approach.
- Prepare a 'kit' of materials for each participant. These should be given out at the start of the training and should include:
 - Timetable showing break times (Coffee and lunch) and individual sessions
 - Parts 1, 2 and 4 of this module
 - Pens and paper
 - Calculators (Or request that each participant brings a calculator with them)
- Prepare additional materials which should be given out during the training
 - Participant handouts – case studies, exercises etc
- Prepare required equipment and supplies for training
 - Flip chart board and paper
 - Marker pens

REMEMBER

People remember 20 per cent of what they are told, 40 per cent of what they are told and read, and 80 per cent of what they find out for themselves.

People learn differently. They learn from what they read, what they hear, what they see, what they discuss with others and what they explain to others. A good training is therefore one that offers a variety of learning methods which suit the variety of individuals in any group. Such variety will also help reinforce messages and ideas so that they are more likely to be learned.

2. Learning objectives

Below are examples of learning objectives for a session on health assessment and the link with nutrition. Trainers may wish to develop alternative learning objectives that are appropriate to their particular participant group. The number of learning objectives should be limited; up to five per day of training is appropriate. Each exercise should be related to at least one of the learning objectives.

Examples of learning objectives

At the end of the training, participants will:

- Understand the important links between health and nutrition.
- Understand the importance of joint or coordinated health and nutrition assessment
- Understand the importance of coordination in humanitarian assessment generally and key actions to enhance coordination
- Be aware of the different types of health assessments that are required during the various phases of an emergency and the links with nutrition
- Be able to plan and participate in a health assessment which includes nutrition.
- Know how to calculate mortality rates.

3. Testing knowledge

Section 1 contains one exercise which is an example of a questionnaire that can be used to test participants' knowledge of health assessments and their links with nutrition either at the start or at the end of a training session. The questionnaire may be adapted by the trainer to include questions relevant to the specific participant group.

Exercise 1: What do you know about health assessments and their links with nutrition?

What is the learning objective?

- To test participants' knowledge about health assessments and their links with nutrition

When should this exercise be done?

- *Either* at the start of a training session to establish knowledge level
- *Or* at the end of a training session to check how much participants' have learned

How long should the exercise take?

- 25 minutes

What materials are needed?

- **Handout 1a:** What do you know about health assessments and the links with nutrition?: Questionnaire
- **Handout 1b:** What do you know about health assessments and the links with nutrition?: Questionnaire answers

What does the trainer need to prepare?

- Familiarize yourself with the questionnaire questions and answers.
- Add your own questions and answers based on your knowledge of the participants and their knowledge base.

Instructions

Step 1: Give each participant a copy of Handout 1a.

Step 2: Give participants 20 minutes to complete the questionnaire working alone.

Step 3: Give each participant a copy of Handout 1b.

Step 4: Give participants five minutes to mark their own questionnaires and discuss the answers together; clarify the answers where necessary.

Handout 1a: What do you know about health assessments and the links with nutrition?: Questionnaire

Time for completion: 30 minutes

Answer all the questions

1. What are the links between health and nutrition – which of the following is correct? *Circle the correct answer*
 - a) Individuals who are undernourished are more at risk of disease.
 - b) Disease/infection can result in acute malnutrition
 - c) Measles and diarrhoeal diseases can lead to acute malnutrition
2. List three different types of health assessment that may be conducted during a humanitarian emergency
3. When doing a rapid assessment, it is important to assess the incidence rate of which of these diseases? *Circle the correct answer(s).*
 - a) Diarrhoea
 - b) Acute respiratory infections
 - c) Measles
 - d) Leprosy
 - e) Chickenpox
4. What does the sentence tell you: "We have an emergency, we have had 120 deaths"?
5. The crude mortality rate (CMR) in an emergency is usually expressed in terms of:
 - a) per 1,000/year
 - b) per 10,000/day
 - c) per 10,000/month
6. What benchmark mortality rate would indicate a significant public health emergency?
7. What types of health services should be assessed in an emergency. *Circle the correct answer(s).*
 - a) Rural clinics
 - b) Referral hospitals
 - c) Community services
 - d) Health promotion activities

8. Name at least five errors which commonly occur when health assessment are being conducted

9. What steps would you take to ensure that gender issues are appropriately addressed in a health assessment?

10. List three ways to obtain qualitative data for health assessment purposes.
11. List three sources of quantitative data for health assessment purposes.
12. A comprehensive Knowledge, Attitudes and Practices (KAP) survey should be conducted in the early stages of a humanitarian emergency
TRUE OR FALSE
13. a) What does EWARS stand for?
b) In a humanitarian emergency when should EWARS be established?
c) What is its purpose?

Handout 1b: What do you know about health assessments and the links with nutrition?: Questionnaire answers

1. **All of them.**
2. **Includes – Initial Rapid Assessments, In-depth Comprehensive Assessments, Specialised Surveys and Surveillance.**
3. **a), b), and c). Leprosy is not so important in emergency. Chickenpox does not have as high rates of morbidity and mortality as measles.**
4. **Not a lot. It is not expressed as a rate, over time and with a population denominator. It could be 120 deaths out of a population of 500,000 or a population of 500; it could be 120 deaths yesterday, or 120 deaths over the last month.**
5. **b) CMR per10,000/day**
6. **The crude mortality rate is double the norm; or if this data is not available – a crude mortality rate above 1/10,000/day is considered an emergency and a mortality rate in children <5 years of age above 2/10,000/day.**
7. **All of them. It is important to remember the community and promotion services as well as the curative services.**
8. **Common errors:**

Many of the challenges of assessment, particularly in relation to large scale quick onset emergencies, are linked to gaps in coordination:

- Duplication and gaps in assessment -too much data collected from the same people and places in easily accessible areas, whereas remote areas are not visited.
- Assessment data is not sufficiently shared and even when it is shared the lack of compatible methodologies and formats make the results difficult to compare and analyse
- The capacity to collate and analyse data and communicate the results is limited so the analysis is incomplete and arrives too late to be useful
- Potentially useful resources (baseline data etc) that were available prior to the disaster are insufficiently used
- Rapid multi sector assessments try to gather too much information about a variety of sectoral and cross cutting issues, causing delays in the data processing and analysis and in the dissemination of the results
- Disincentives to engage in coordinated assessment processes both because of demands on the time of busy staff and competition between agencies for funding - given the direct link between assessment information and fundraising
- Lack of clarity about who will do what, and where during assessment following a disaster event

Additional problems identified include

- The assessment team lacks the expertise needed.
- The estimated size of the target population – the critical denominator – is unreliable.
- The survey sample does not accurately represent the affected population.
- The assessment report does not consider the affected population's perceived needs.
- Causes of death are incorrectly attributed to the disaster even for slow-onset disasters, such as drought and famine.
- Assessment reports are not written up.

9. **Key steps to ensure gender issues are appropriately addressed in assessments include the following**

- Ensure assessment teams include female assessors and translators
- Collect and disaggregate data by sex and age and apply gender analysis
- Find out which groups are hard to reach (Physical and social access) and/or marginalised and the barriers preventing access
- Identify community response mechanisms to psychosocial problems and strengthen those that can support individuals
- Identify local practices and beliefs about caring for sick in community (Including home based care) and if these practices particularly burden women, girls, boys or men.
- Map location, capacity and functional status of health facilities and public health programmes, including sex specific essential services for women and men (E.g. reproductive health services for women and men)
- Identify existing trained health professionals in community (Keeping in mind they may not working due to family responsibility) and enable them to return to work, through provision of transport, security, child care, flexible work schedules as needed.
- Compile inventory of local groups and key stakeholders in health sector including gender theme groups (Traditional healers women's organisations) to find out what is being done where, by whom and for whom.
- Assess availability of medical drugs and equipment for the provision of basic health services for women and men.
- Ascertain the availability of standardised protocols, guidelines and manuals in line with current international guidance and find out if they include provision for equitable access for women, girls, boys and men to services and benefits. If not apply international standards
- Conduct qualitative assessments to determine perceptions about health services provided to the community and identify recommendations to address their concerns.
- Involve women, girls, boys and men, including those who belong to vulnerable groups, from the outset in health assessments and priority setting, programme design, interventions and evaluations.
- With the community, analyse the impact of the crisis on women, girls, boys and men, to identify physical and mental health needs and ensure equal access to health services
- Provide child care support to enable women and men – especially those from single parent headed households to participate in meetings.

10. Qualitative data may be obtained from Key Informant Interviews, Focus Group Discussions, Observation (Health facility visits, transect walks through area)

11. Quantitative data may be obtained from records held by local authorities, camp managers, community leaders, and from health facility records.

12. **FALSE** A comprehensive KAP survey should NOT be conducted in the early stages of a humanitarian emergency – However it will be important to get a general picture of community KAP impacting the health status of the population and in relation to specific population groups in the early phase of a humanitarian emergency. This information may be obtained during an initial assessment through observation, Key Informant Interview (KII) and Focus Group Discussion (FGD) with mothers, carers, community representatives and health care workers

Depending on the concerns identified during the Initial Assessment about community KAP and infant morbidity trends; more in depth assessment of KAP may be required – to obtain more detailed information on common KAP and identified problems, to refine programme planning and to obtain baseline data against which changes in KAP may be measured.

Comprehensive in depth assessment of community KAP may be carried out, using a variety of qualitative and quantitative methods/tools. The selection and mix of quantitative and qualitative methodologies to be used is dependent on the objective of the study.

13. a) Early Warning and Response System

b) Should be rapidly established in a humanitarian crisis

c) To rapidly detect selected epidemic-prone conditions and implement immediate outbreak control measures

Section 2 outlines a series of optional exercises which a trainer may use to get an understanding of what participants have taken in from the session(s) during the course of training.

Questions on cards

At the end of a group session distribute index cards to each group. Inform participants that they will have five minutes to create two or three short questions with answers (May be multiple choice questions) related to the content covered during the session. Inform participants that their peers will have an opportunity to answer the questions they have developed in a later session. Instruct group to write each question on the front of an index card, and to write the answer on the back of the same card.

Alternatively cards can be distributed to individual participants asking them to create one or two questions (With answers) as above and that these will be used later in the workshop, when peers will have an opportunity to answer some of the questions.

The Trainer can read the cards and get some understanding of what participants have taken in from a session. Then at a later stage in the day/workshop the Trainer can ask some of the questions to the participants. Where index cards were completed by groups the Trainer should go group by group asking questions in the form of a quiz, or where index cards were completed by individuals the Trainer may ask participants a selection of questions in a plenary session.

Sharing key learning points

At the end of a session the Trainer may instruct participants to turn to their neighbour and share one (or two) new key piece(s) of information that they have learned from the session that has been conducted.

At the beginning of the next session the Trainer may invite participants to share the one or two pieces of information discussed with their neighbour at the end of the last session.

Participant feedback at end of day/workshop

The trainer may ask each participant to feedback on one or two key points of interest/learning from the day.

Participant review of day/workshop

The Facilitator may ask one or a group of participants to give a brief overview/review of the sessions covered during a training day/workshop, outlining the various sessions and (Some of the) key issues from each session.

Where a workshop lasts for a more than one day a review should be conducted each day. The Trainer may find it useful to start each day with a participant review of the previous day's sessions and key learning.

The Trainer may request one or more participants to do this at the end of the first day, so giving the participants an opportunity to prepare for this review. Alternatively the Trainer may ask one or more participants to do this shortly before the first session of day two starts (Selecting one or more of the participants who have arrived early).

Participant application of learning after completion of training workshop

At the end of the training ask participants to take a few minutes to consider what they will do within their organisation as a result of attending the workshop. Where an organisation has more than one representative the various individuals should briefly discuss this and give a joint organisational answer. **Ask** each organisation to feedback with two or three actions they will take within their organisation having attended the workshop.

4. Classroom exercises

This section provides examples of practical exercises that can be carried out in a classroom by participants, either individually or in groups. Practical exercises are useful between plenary sessions, as they provide an opportunity for participants to engage actively in the session. The choice of exercise will depend upon the learning objectives and the time available. Trainers should adapt the exercises presented in this section to make them appropriate to the particular participant group.

Exercise 2: Group exercise on objectives for assessments

What is the learning objective of this exercise?

- To be aware of the different objectives for health assessments in emergencies

When should this exercise be done?

- Near the beginning of a training day, as an energetic group exercise

How long should the exercise take?

- 30 minutes

What materials are needed?

- Paper, Flip chart and marker pen.

What does the trainer need to prepare?

- Familiarise yourself with the objectives for assessments as found in Part 2, and develop model answer from the materials in part2 (see introduction and core areas of health information needs).

Instructions

Step 1: Divide participants into groups of maximum five people.

Step 2: Ask groups to spend 10 minutes brainstorming on the possible objectives of a health assessment in an emergency and then to record possible objectives for a health assessment on a piece of paper

Step 3: In plenary, go round the groups in turn asking for one objective and get a participant to record the objective on a flip chart – continue until groups have feedback all possible objectives for a health assessment

Step 4: Conclude the session by summarising the feedback and explaining that the different type of assessments will be required at different phases of an emergency and it is important for assessors to be clear on what information they need and for what purpose at various stages in an emergency.

Exercise 3: Group exercise on importance of good coordination in humanitarian assessment and humanitarian response**What is the learning objective?**

- To understand the importance of coordination of humanitarian assessments
- To understand how best to enhance coordination when planning and conducting a health assessment in a humanitarian emergency
- To know the key stakeholders health assessors need to coordinate with when planning a health assessment in a humanitarian emergency

When should this exercise be done?

- May be conducted as part of a half day, one day or longer training course/workshop

How long should the exercise take?

- 50 to 60 minutes

What materials are needed?

- **Handout 3a:** Importance of good coordination in humanitarian assessment and humanitarian response.
- **Handout 3b:** Importance of good coordination of humanitarian assessments – Background and Task
- Flip chart paper and marker pens

What does the trainer need to prepare?

- A model answer is not provided. The trainer must work through the key points for this question using the materials in part 2 and develop model answers or key points for each of the questions. See trainer guide 3b.

Instructions

Step 1: Distribute the handout to each participant and divide participants into groups of maximum five people.

Step 2: Allow participants 20 minutes to work in groups to discuss the three questions and record answers for reporting back.

Step 3: Allow up to 20 minutes for reporting from all groups

Step 4: Use remaining time to facilitate discussion on feedback – ensuring that all relevant key points have been raised/discussed.

Handout 3a: Importance of good coordination in humanitarian assessment and humanitarian response.

Many of the challenges of humanitarian assessment and response are linked to poor coordination.

Q1 Why is coordination important when planning and conducting a health assessment in a humanitarian emergency situation?

Q2 As a Health Programme Manager of an international agency what steps can you take to ensure your agency is coordinating appropriately with other humanitarian actors while planning and conducting a health assessment?

Q3 As a Health Programme Manager of an international agency who are the key stakeholder that you should be coordinating with to plan and conduct a health assessment?

Discuss the three questions above and outline main points on flip chart for feedback and discussion.

Handout 3b: Importance of good coordination in humanitarian assessment and humanitarian response – trainer guidance

Many of the challenges of humanitarian assessment and response are linked to poor coordination.

Use the materials in part 2 to develop model answers or key points for each of the questions.

Refer to:

- a) General principles and guidance on assessment in humanitarian crises (all sectors) provides guidance notes some of which relate to coordination.
- b) Types of and approaches to coordinated assessments.
- c) Introduction to health assessments; see health cluster coordinating mechanisms
- d) Guidance on conducting an Initial Rapid Assessment (IRA) also makes reference to coordination in planning, implementation of assessment and also after completion of an assessment.

Q1 Why is coordination important when planning and conducting a health assessment in a humanitarian emergency situation?

Key points would include:

To avoid gaps and overlaps (In assessment) and maximise usefulness of assessment results

To ensure use of compatible methodologies and formats so that results are comparable

Q2 As a Health Programme Manager of an international agency what steps can you take to ensure your agency is coordinating appropriately with other humanitarian actors while planning and conducting a health assessment?

Key points would include:

- Attend relevant cluster/emergency coordination meetings
- Engage with assigned Global Health Cluster (GHC) lead
- Inform GHC lead of intention/interest to conduct assessment
- Ensure agreement from GHC on geographical area of responsibility for your agency
- If possible participate in joint multi-agency assessments using agreed methodology
- If not possible to participate in joint assessment, ensure that your single agency assessment is coordinated with other stakeholders, i.e. pre-assessment joint planning, use agreed format/methodology, two-way sharing of information pre- and post-assessment.

Q3 As a Health Programme Manager of an international agency who are the key stakeholders that you should be coordinating with to plan and conduct a health assessment?

Key stakeholders would include:

At planning level – GHC lead agency and other GHC partners

At operational/assessment area – Local authorities, Ministry of Health (MOH) representatives at administrative level, other NGOs and operational agencies involved in supporting health and other development activities, community leaders.

Exercise 4: Calculating mortality rates**What is the learning objective?**

- To know how to calculate mortality rates

When should this exercise be done?

- After an explanation on mortality rates

How long should the exercise take?

- 30 minutes

What materials are needed?

- A calculator for each participant
- **Handout 4a:** Mortality rate exercise
- **Handout 4b:** Mortality rate exercise: Answers

What does the trainer need to prepare?

- Familiarize yourself with the exercise and the results and the different types of mortality rates and their uses, as found in Part 2 of this module.

Instructions

Step 1: Give each participant a copy of Handout 4a

Step 2: Give participants 15 minutes, or as long as it takes to calculate the mortality rates.

Step 3: Go through the exercise in plenary, with a participant volunteering to demonstrate the calculation to the remainder of the group and discuss to ensure everyone is clear.

Handout 4a: Mortality rate exercise

Adapted from Sphere health and nutrition training modules, 2004

Task

Use the following data to calculate the under-five and crude mortality rate.

It is estimated that 20 per cent of the population are less than five years of age.

1. What is the crude mortality rate?
2. What is the under-five mortality rate?
3. Is this an emergency?

Deaths reported over five-day period from a population of 22,200

NAME	AGE	SEX	CAUSE OF DEATH
John Smith	4 months	M	Cough
Mohammed Ahmed	65	M	Fever, chills, headache
Marion Jones	3	F	Diarrhoea
Maryama Abdi	22	F	In childbirth
Joshua	30	M	?
Tadessa	3	M	Diarrhoea
Hassan Mohamed	2	M	Rash, fever, cough ? measles
James Jenkins	30	M	Truck accident
Mary Jenkins	5	M	Truck accident
Patricia Jenkins	2	F	Truck accident
Fatima Ismail	18 months	F	Malnourished
Doreen Duncan	18	F	Diarrhoea
Mary Jacobs	35	F	Diarrhoea
Theresa King	77	F	"very old"
Graham Williams	14	M	Fell from a mango tree!
Marie Mulholland	4	F	Measles
Ahmed Abdi	25	M	Malaria
Jack Smith	6	M	Respiratory diseases
Fred Harvest	7	M	Diarrhoea
Charles Sanderson	24	M	Stab wound
Jason O Reilly	15	M	Malaria
Ismail Mohamed	7	M	Measles
Susan Saunders	1 month	F	?
Mary Wise	6	F	Malaria
Gabrielle Gode	8	F	? meningitis
Steven Grey	4 months	M	Diarrhoea
Osman Abdi	6 months	M	Malnutrition
Hyacinth Blue	33	F	After childbirth
Jane Merlin	7	F	Malaria
Jean-Paul Marques	5	M	Respiratory infection
Elizabeth Edmund	6	F	Measles

Handout 4b: Mortality rate exercise: Answers

1. What is the crude mortality rate?

CMR
Total 31 deaths
 $CMR = 2.8/10,000/day$
31 deaths divided by 22,200 people x 10,000 divided by 5 days
= 2.8 deaths/10,000/day

2. What is the under-five mortality rate?

<5 mortality rate
deaths in children <5 years of age = 10 deaths
20% of the population are <5 years. In this example: 4,440 <5 years
<5MR = 4.5/10,000/day.

3. Is this an emergency?

Yes, as the CMR is $>1/10,000/day$ and the <5 years mortality rate is $>2/10,000/day$.

Exercise 5: Planning a Rapid Assessment**What is the learning objective of this exercise?**

- To be able to plan and participate in a joint health and nutrition assessment and/or
- To be able to plan and participate in a health assessment which appropriately incorporates nutrition issues.

When should this exercise be done?

- May be conducted as part of a half day, one day or longer training course/workshop

How long should the exercise take?

- 60 to 90 minutes

What materials are needed?

- **Handout 5a:** Planning a Rapid Assessment
- Flip chart paper and marker pens

What does the trainer need to prepare?

- A model answer is not provided. The trainer must work through the key points for this question using the materials in part 2 and develop model answers or key points for each of the questions See trainer guide 5b.

Instructions

Step 1: Distribute the handout to each participant and divide participants into group of maximum five people.

Step 2: Allow participants 15-20 minutes to work in groups to discuss the two questions and record answers for reporting back.

Step 3: Allow up to 40 minutes for reporting from all groups

Step 4: Use remaining time to facilitate discussion on feedback – ensuring that the key points have been raised/discussed.

Handout 5a: Planning a Rapid Assessment¹

In response to reports of increased fighting and further population displacement in Katakwi district, Teso region, Uganda; the Health Coordinator and Programme Manager of an international agency plan to carry out a **preliminary or initial rapid assessment** of the situation and need in the area.

Due to insecurity the assessment team will depart from the office (2 hours' drive from Katakwi) at 8am and leave Katakwi by 5pm latest.

Task

- 1) Please outline
 - a) Composition of the team,
 - b) Pre visit preparation required
 - c) Information that the team need to obtain during the assessment (Make a check list of questions/issues to investigate to guide the assessment).
 - d) Possible sources of information
 - e) Methodologies to be used in conducting the assessment and collecting the information,
 - f) Key informants, individuals/groups to engage with
- 2) Please also identify/discuss major issues that are likely to affect any possible intervention (Contextual and organisational).

¹ Adapted from Sphere training resources

Training guidance 5b: Planning a Rapid Assessment²

Use the materials in part 2 to develop model answers or key points for this exercise

Q1 Please outline:

- a) Composition of the team,
- b) Pre visit preparation required
- c) Information that the team need to obtain during the assessment (Make a check list of questions/issues to investigate to guide the assessment).
- d) Possible sources of information
- e) Methodologies to be used in conducting the assessment and collecting the information,
- f) Key informants, individuals/groups to engage with

Please refer to guidance and principles for conducting an initial rapid assessment for key points for the above question.

Q2 Please also identify/discuss major issues that are likely to affect any possible intervention (Contextual and organisational).

The key issues here would include

Staff security -to travel to and stay in the area.

Capacity of the organisation to support interventions (Availability of vehicles, communication equipment)

Logistics – risk of transport of supplies to and around the district.

² Adapted from Sphere training resources

Exercise 6: Consideration of Gender Based Violence (GBV) in Rapid Health Assessments within the context of nutrition**What are the learning objectives of this exercise?**

- To understand the implications of GBV on the nutritional status of infants and young children
- To understand how to incorporate exploration of GBV related issues in a rapid health assessment

When should this exercise be done?

- May be conducted as part of a half day, one day or longer training course/workshop and after participants have been introduced to the topic – suggest to do after exercise on IRA

How long should the exercise take?

- 50 to 60 minutes

What materials are needed?

- **Handout 6a:** Consideration of GBV in Rapid Health Assessments
- Flip chart paper and marker pens

What does the trainer need to prepare?

- Familiarise yourself with the points outlined in the trainers guidance 6b and part 2 of the training module.

Instructions

Step 1: Distribute the handout to each participant and divide participants into groups of maximum five people.

Step 2: Allow participants 15-20 minutes to work in groups to discuss the two questions and record answers for reporting back.

Step 3: Allow up 15-20 minutes for reporting from all groups

Step 4: Use remaining time to facilitate discussion on feedback, ensuring that the key points have been raised/discussed.

Alternatively this exercise could be conducted as a brainstorming exercise in a plenary session

Handout 6a: Consideration of GBV in Rapid Health Assessments

Q1 What are the implications of GBV on the nutritional status of infants and young children?

Q2 What are the issues that health assessors should consider in relation to GBV during a Rapid Health Assessment and how is this related to nutrition?

Discuss the two questions above and **outline main points** on flip chart for feedback and discussion –

Alternatively **brainstorm** the questions in a plenary session and record feedback on flip chart – ensuring that key issues are emphasised.

Handout 6b: Consideration of GBV in Rapid Health Assessments – trainer guidance

Q1 What are the implications of GBV on the nutritional status of infants and young children?

The physical consequences of GBV include unintended pregnancies, unsafe and complicated abortions, adverse pregnancy outcomes including miscarriage, low birth weight and foetal death, Sexually Transmitted Infections (STIs) including HIV and Urinary Tract Infections (UTIs).

These physical consequences will have a direct and negative impact on the general health status of a mother, which subsequently will impact the nutritional status of her infants, while low birth weight will directly impact health and nutritional development of the child.

The psychological consequences of GBV include anxiety disorders including post-traumatic stress disorder, depression, feelings of inferiority, inability to trust, fear, increased substance abuse, sleep disturbance, eating disorders, sexual dysfunction and suicide. A mother's ability to provide optimal nutrition and care for her children is likely to be affected if she is suffering from any of these psychological disorders.

Q2 What are the issues that health assessors should consider in relation to GBV during a Rapid Health Assessment and how is this related to nutrition?

Exploration about GBV-related issues should be conducted very sensitively and by appropriately skilled and experienced staff.

In the early stages of an emergency, health assessors should enquire about the number of reported cases of sexual violence. Assessors should also enquire about existing community support groups that would be able to be in a position to assist and support those who have been subjected to GBV.

Health and nutrition managers may be able to work with various groups providing support to women who have been subjected to GBV to link Infant and Young Child Feeding (IYCF) and other child care practices with various initiatives/services to support mothers who have been subjected to GBV.

Exercise 7: Consideration of HIV in Rapid Health Assessments within the context of nutrition**What are the learning objectives of this exercise?**

- To understand the health implications of HIV on the nutritional status of an emergency affected population
- To understand how to incorporate exploration of health related HIV issues in a rapid health assessment

When should this exercise be done?

- May be conducted as part of a half day, one day or longer training course/workshop and after participants have been introduced to the topic. Ideally this should be carried out after a session on rapid assessment.

How long should the exercise take?

- 50 to 60 minutes

What materials are needed?

- **Handout 7a:** Consideration of HIV in Rapid Health Assessments within the context of nutrition
- Flip chart paper and marker pens

What does the trainer need to prepare?

- Familiarise yourself with the points outlined in the trainers guidance 7b and part 2 of the training module

Instructions

Step 1: Distribute the handout to each participant and divide participants into groups of maximum five people.

Step 2: Allow participants 15-20 minutes to work in groups to discuss the two questions and record answers for reporting back.

Step 3: Allow up 15-20 minutes for reporting from all groups

Step 4: Use remaining time to facilitate discussion on feedback, ensuring that the key points have been raised/discussed.

Handout 7a: Consideration of HIV in Health Assessments within the context of nutrition

Q1 What are the health implications of HIV on the nutritional status of an emergency-affected population?

Q2 What are the issues that health assessors should consider in relation to health implications of HIV on nutritional status during a Health Assessment?

Discuss the two questions above and **outline main points** on flip chart for feedback and discussion.

Handout 7b: Consideration of HIV in Health Assessments within the context of nutrition – trainer guidance

Q1 What are the health implications of HIV on the nutritional status of an emergency-affected population?

Humanitarian crises, which are often linked to displacement, food insecurity and poverty, increase vulnerability to HIV.

The factors that determine HIV transmission during a humanitarian crisis are complex and depend on the context. Existing gender inequalities may be further exacerbated, making women and children disproportionately more vulnerable to HIV, e.g. sex work and sexual exploitation may increase as a consequence of loss of livelihood and lack of employment opportunities. Population displacement may lead to separation of family members and breakdown of community cohesion and of the social and sexual norms that regulate behaviour. Women and children may be used by armed groups and may be particularly vulnerable to HIV infection as a result of sexual violence and exploitation, while rape may be used as a weapon of war.

Humanitarian emergencies will also negatively affect the lives of people living with HIV:

- Pre-emergency HIV services may be disrupted during humanitarian crises – people may no longer have access to information about HIV prevention, to Voluntary Counselling and Testing (VCT), to condoms or to services for Prevention of Mother to Child Transmission (PMTCT).
- People living with HIV may suffer due to disruption of services for treatment of opportunistic infections and for Antiretroviral Therapy (ART).
- Their health is put at further risk as nutritional needs are not met and palliative and home based care may be disrupted.

The impact of an emergency on mothers and other carers living with HIV (as above) may impact their ability to provide optimal nutrition and care for the children in their care and subsequently affect the nutritional status of a child.

Q2 What are the issues that health assessors should consider in relation to the health implications of HIV on nutritional status during a Health Assessment?

In a humanitarian crisis HIV should be viewed as a priority cross-cutting issue and appropriately addressed in all aspects and stages of the response. The IASC HIV guidelines outline nine areas/sectors which should be actively engaged in HIV activity in a humanitarian crisis³:

- HIV awareness raising and community support,
- Health
- Protection
- Food security, nutrition and livelihood support
- Education
- Shelter
- Camp coordination and camp management
- Water, sanitation and hygiene
- HIV in the workplace

HIV- related issues should be integrated into initial rapid assessments in all sectors and initial priority emergency-specific HIV interventions prioritised.

From the HIV awareness raising and community support perspective, pre-crisis and existing prevention programmes and community support groups should be identified. These groups should be utilised for dissemination of appropriate messages and materials on prevention of HIV and GBV; availability of services for responding to GBV and provision of HIV treatment and care; and how to access ART.

After the initial assessment and establishment of initial responses the local HIV situation should be further assessed to enable development of an appropriate expanded prevention and awareness programme.

³ IASC guidelines for addressing HIV in Humanitarian settings 2010

From a health perspective, implementation of the Minimum Initial Service Package (MISP) for reproductive health in emergencies including reduction of HIV transmission, is a Sphere standard and is designed to be implemented without a needs assessment, since documented evidence already justifies its use.

The MISP, which includes reduction of HIV transmission as a component, outlines actions needed to respond to the priority life-saving reproductive health needs of a population (including people living with HIV) in the early phase of an emergency.

Continuation of ART for those already on treatment pre-crisis (including PMTCT) is included in MISP and should be considered a priority intervention and part of the minimum initial response to HIV even in the acute phase of an emergency.

In addition, the MISP includes prevention of excess neonatal and maternal morbidity and mortality, the prevention and clinical management of sexual violence, and coordination and planning activities as critical minimum actions.

After the initial response is established there is a need to re-establish core HIV-related services for the emergency affected population. An assessment of the needs of the emergency-affected population for HIV treatment, care and support services; and an assessment of the capacity of the existing health and social system to provide priority services should be conducted. Core HIV services should then be planned and implemented as soon as possible, taking into account the local context and priorities, the epidemiological profile of the population and the capacity of the sector/system to provide planned interventions/services.

5. Case studies

The following section provides two case studies with accompanying exercises to be conducted during training. Case studies are useful for getting participants to think through real-life scenarios. They also provide an opportunity for participants to work in a group and develop their analytical and decision-making skills. Trainers should develop their own case studies which are contextually appropriate to the particular participant group. Ideally, trainers should use scenarios they are familiar with.

Exercise 8: Use of the conceptual framework for maternal and child undernutrition to identify health and nutrition issues that need in to be assessed in a case study from Bangladesh

What is the learning objective?

- To familiarise participants with the Conceptual Framework for Maternal and Child undernutrition
- To increase participant understanding of the links between health and undernutrition

When should this exercise be done?

- After giving an overview of the Conceptual Framework and links between health and nutrition

How long should the exercise take?

- 30 to 45 minutes

What materials are needed?

- **Handout 8a:** Conceptual framework
- **Handout 8b:** Use of conceptual framework for health assessments, demonstrating the link with nutrition – Bangladesh case study
- **Handout 8c:** Use of the conceptual framework for health assessments, demonstrating the link with nutrition – Bangladesh case study: model answer

What does the trainer need to prepare?

- Put the headings of each term of the conceptual framework on pieces of card.

Instructions

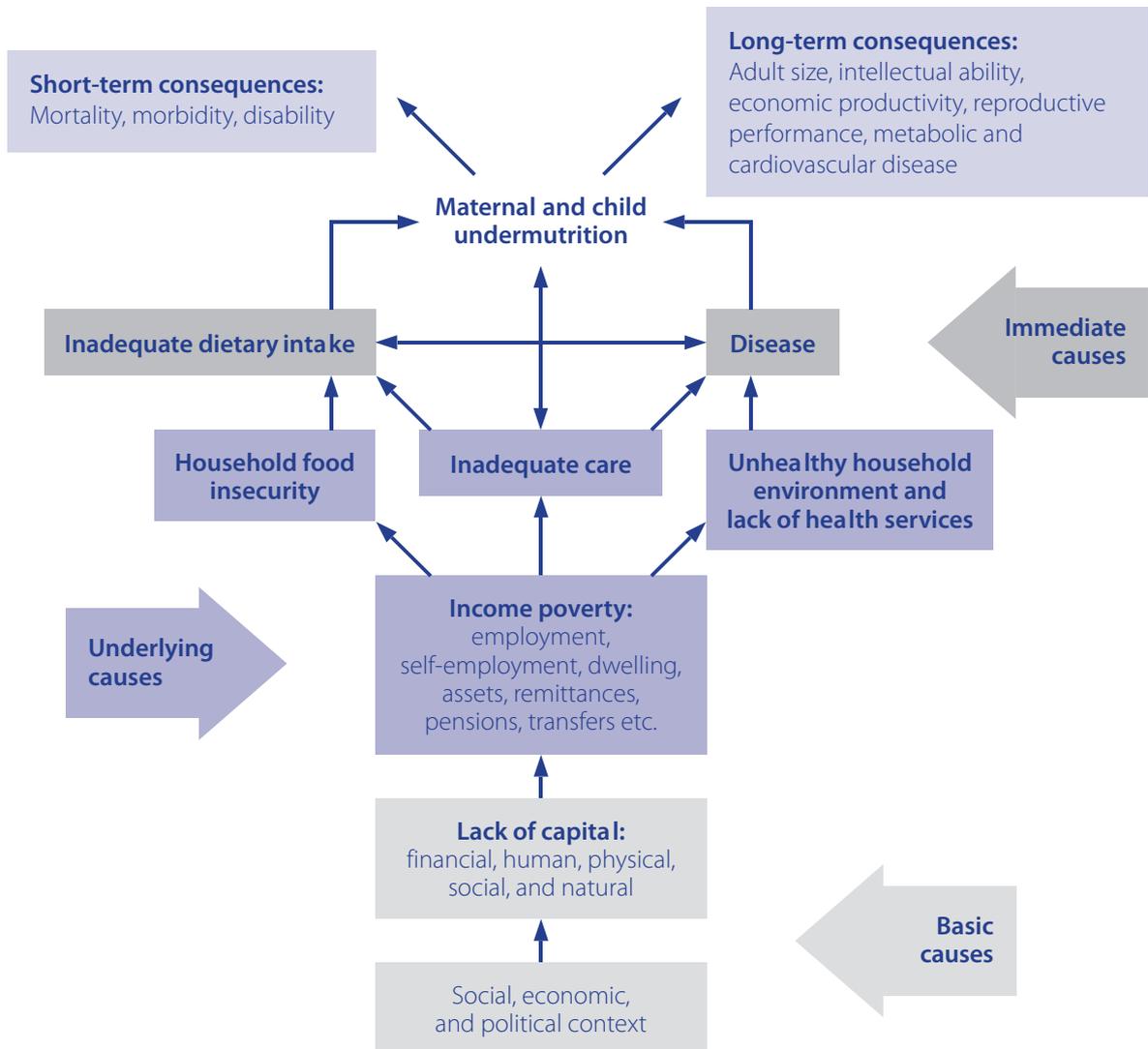
Step 1: Divide into groups of (Maximum) five people and (Depending on number of groups) assign one or two groups to each of the three underlying causes of undernutrition.

Step 2: Give each participant a copy of Handout 3a.

Step 3: Allow participants 10 minutes to read the case study and 10 minutes to discuss the key issues that need to be assessed under the specific heading they have been assigned

Step 4: Use remaining time for feedback and plenary discussion on the links between health and undernutrition.

Handout 8a: Conceptual Framework of the causes of maternal and child undernutrition and its short term consequences



Source: Lancet series on Maternal and Child Undernutrition 2008 – adapted from United Nations Children’s Fund, *Conceptual framework for analysing the causes of malnutrition*, UNICEF, New York, 1997

Handout 8b: Use of the conceptual framework to identify health and nutrition issues that need in to be assessed in a case study from Bangladesh

Case study Bangladesh: Cyclone Sidr, November 2007. Adapted from an assessment report following the cyclone Sidr in Bangladesh: www.who.int

Bangladesh is a very low-lying, densely populated country, frequently affected by cyclones and floods that annually cause the internal displacement of 1 million people. In 2007 the country had unusually high levels of rainfall.

Bangladesh is home to more than 2 per cent (140 million, 2005) of the world's population, 36 per cent of whom exist below the poverty line (2000) and 38 per cent of whom are less than 15 years old. Bangladesh also hosts approximately 400,000 refugees. Bangladesh is divided administratively into 6 divisions, 64 districts and 460 *upazilas*.

Cyclone Sidr developed over the Bay of Bengal and made landfall on 15 November 2007 in the coastal areas of Bangladesh with winds of up to 250 km/hr and associated tidal surges. Due to the complex of deltas on the coast, these tidal surges penetrated deeply and extensively inland, compounding the already existing problems from seasonal flooding. It was the worst cyclone to affect Bangladesh since 1991. Thirty districts, mainly in the southern part of the country, as well as offshore islands were affected by seasonal floods or cyclone or both.

On 26 November 2007, the Government of Bangladesh's official report indicated that more than 7 million people had been affected, of which 3,243 had died, 880 people were missing and 35,000 were injured. The figures were conservative as it was unknown how many were affected in remote areas. Disaster preparedness may have had an important mitigating effect as 3.2 million people were evacuated from the coastal areas.

The cyclone caused severe storm-damage to domestic dwellings (Greater than 1 million were partially or totally destroyed); roads, communication and other essential service infrastructure were also affected. Such damage hindered and complicated the assessment and response efforts. Access to the public health system which was already suboptimal was also affected and the capacity of the national surveillance system to detect and respond to epidemics further weakened.

WHO Bangladesh deployed field teams to Chittagong and Khulna Divisions to assist local health authorities and assess the situation. WHO also participated in the joint United Nations damage and needs assessments in the most affected areas. The Government of Bangladesh announced that relief priorities were to provide adequate food, safe drinking water and shelter to the affected people. Health issues were a major concern in districts affected by the cyclone.

The major health problems in Bangladesh, which could be exacerbated by the emergency related to infectious diseases. In addition in 2006, it was estimated that 13 per cent of children under five years of age were wasted and 48 per cent were underweight and around 20 per cent were vitamin A deficient. Major causes of mortality pre-emergency were from respiratory and diarrhoeal diseases.

Task – After reading the Bangladesh case study – use the conceptual framework to list and describe the issues that need to be assessed.

Handout 8c: Use of the conceptual framework for maternal and child undernutrition to identify health and nutrition issues that need in to be assessed in a case study from Bangladesh

Model answers:

Household food insecurity including:

- Access to adequate and safe food through the year
- Food production
- Food cost
- Livelihood strategies (Less manual labour, reduced terms of trade, weakened barter, asset depletion)
- Gifts /other sources

Inadequate care including:

- Maternal nutrition
- Maternal care (Workload gender imbalance etc)
- Infant and child feeding practices
- Child care practices / time available
- Health seeking behaviours
- Food preparation
- Intra-household food distribution
- Capacity to care for dependant individuals

Unhealthy household, environment and lack of health services including:

- Water quality and quantity
- Hygiene and sanitation
- Indoor pollution
- Access to and utilisation of health services (Due to a variety of reasons including damaged infrastructure – both buildings and roads – financial barriers, remote populations, weak quality of available services, low community engagement and awareness)
- Shelter

Exercise 9: Planning and implementing a health and nutrition assessment during conflict**What are the learning objectives?**

- To be able to plan and participate in a health assessment which includes nutrition in a conflict situation
- To know what information is required and methods to use to obtain the information

When should this exercise be done?

- As part of a longer in-depth training

How long should the exercise take?

- 60 to 90 minutes

What materials are needed?

- **Handout 9a:** Planning and implementing a health and nutrition assessment during conflict in Central African Republic 2007

What does the trainer need to prepare?

- Prepare a case study from a context familiar to the participants based on the template Handout 6a or prepare a similar study related to the country in which the training is being held. A model answer is not provided, so the trainer must work through some potential answers / key points for this exercise using the material from part 2 of the module. The trainer should review general principles and guidance on assessments in humanitarian crises, types and approaches to coordinated assessments and health assessments in emergencies sections, along with guidelines on conducting an IRA.

Instructions

Step 1: Distribute Handout 6a on the day before this activity, so that participants can read it through in advance. If this is not possible make sure you allocate 10 additional minutes for participants to read the case study, especially if English is not their first language.

Step 2: Divide the participants into groups of (Maximum) five people.

Step 3: Ask each group to complete the task in 30 minutes. This includes discussion of the issues and preparation of answers on flip chart

Step 4: Use remaining time for feedback from each group and plenary discussion. The trainer should then summarise the session and key points that have been highlighted by the participants and highlight any important issues/key points which have been omitted.

Handout 9a: Planning and implementing a health and nutrition assessment during conflict in Central African Republic 2007

Case study Central African Republic (CAR). This scenario has been extracted from an assessment report by Merlin in 2007.



Politics and conflict

Recent history in Central African Republic (CAR) has been characterized by coups, rebellions, mutinies and entrenched poverty. The country is landlocked, isolated and neglected. Surrounded by unstable neighbours, some of whom have backed local rebel groups, CAR is negatively affected by regional rivalries and conflicts, but lacks sufficient influence to alter this situation on its own. CAR does have significant mineral resources, but lacks the infrastructure and expertise to successfully exploit them without external investment.

The current President, Francois Bozize, came to power in a coup in March 2003. He was successful in legitimizing his rule through elections held in 2005. His consolidation of power followed a familiar course: senior army and government positions were filled by followers and patronage remains a key tool of control. Bozize faces several challenges to his government from a number of rebel groups operating in the northwest and northeast of the country.

Despite the low level of conflict and small forces involved, all armed factions appear to have had a significant impact on communities. Rebel groups have used the civilian population as shields and as a recruiting resource. Property has been looted and livelihoods disrupted. For its part the army has at times been brutal in its pacification of rebel areas. The general pattern has been that civilians have borne the brunt of the impact of conflict in terms of displacement and loss of property.

Current situation

There are an estimated 285,000 people that have been forced to flee their homes, 212,000 are now Internally Displaced Persons (IDPs) and 70,000 have left CAR. At least 100 villages have recently been burnt and there are reports of gender-based violence, with high numbers of rapes being reported. In conflict areas, both the army and rebels have preyed on the local population.

The underlying picture is one of significant chronic need. Successive years of under-funding, poor security and a lack of investment in infrastructure and training have reduced public services to a minimum. In many places services are non-existent. This situation has left the population highly vulnerable. The government and public services have no real capacity to deal with shock. The effects of a rebellion or a crop failure therefore probably have a rapid and disproportionately large impact on the population.

The health system has all but collapsed and requires long-term intervention to address the issue. Health staff has not been paid for some time, infrastructure is degraded and the population generally lacks the ability to pay the fees demanded by staff for services. Access to healthcare is a problem throughout CAR and, although the need is most immediate in conflict areas, many of the same problems persist elsewhere. It is reported that acute malnutrition exists, but at a low level and services are not available. Difficulties in the provision of clean water largely revolve around the maintenance of pumps and the provision of tools. As with the health system, access to education is minimal. Teachers have not been paid for some months.

There are still comparatively few agencies operating in CAR. A few agencies have started to provide Non-Food Items (NFI) to the IDPs. The Cluster system is in operation (WHO leads the health cluster) and it appears to function reasonably well – although it is not clear how many agencies are currently operating in health and nutrition in the area.

TASK

In your group, and once you have all had time to read through the case study, nominate a rapporteur to record the main points and a spokesperson to provide feedback to the wider group. Then answer the questions below.

You have been asked to be part of an NGO team to assess Central African Republic (CAR) with the view to starting a new health programme.

- 1. What type of assessment would you do and why?**
- 2. What information are you looking for during the assessment?**
- 3. Where would you get the information from and how?**
- 4. What might be the relationship between health and nutrition in this context and how does this affect your assessment?**
- 5. What are some of the challenges of doing an assessment in this context?**

6. Field based exercises

This section outlines ideas for exercises that can be carried out as part of a field visit. Field visits require a lot of preparation. An organization that is actively involved in programming has to be identified to 'host' the visit. This could be a government agency, an international NGO or a United Nations agency. The agency needs to identify an area that can be easily and safely visited by participants. Permission has to be sought from all the relevant authorities and the relevant communities and care taken not to disrupt or take time away from programme activities. Despite these caveats, field-based learning is probably the best way of providing information that will be remembered by participants.

Exercise 10: Conducting a health assessment using the initial rapid assessment (IRA) tool

The participants are tasked with conducting a field assessment.

The objective of the assessment is to provide a quick overview of how a population has been affected by a crisis, including who is likely to be at greatest risk of mortality and acute morbidity and why, and identify priorities for follow-up action.

What is the learning objective of the exercise?

- To be able to plan and participate in a health assessment which includes nutrition.

When should this exercise be done?

- As part of an in-depth course, after other exercises (such as case studies) have been completed.

How long should the exercise take?

- 2 days in total for participant briefing and preparation, site visit for assessment, analysis of findings and review of process.

What materials are needed?

- Calculators
- Initial rapid assessment tool for each participant, along with a few copies of the IRA aid memoire and guidelines. notebooks, clip boards
- Transport, fuel and food for the trip

What does the trainer need to prepare?

- Before starting, the trainer needs to have asked permission from the authorities at each of the sites chosen for the field study. It is essential that the trainer visits the field site in advance of the visit in order to set up focus groups and identify and get agreement with key informants, and identify potential problems
- Translators may be needed
- Transport and food will need to be arranged, and it is important to ensure there are no security concerns.

Exercise 10: Conducting a health assessment using the initial rapid assessment (IRA) tool (continued)**Steps to be taken day before travel to site**

- Give each participant a copy of the initial rapid assessment tool 2010 version (See www.humanitarianreform.org) in advance to read through.
- Brief the participants on the scenario and review the IRA – highlighting areas/issues that the assessment will need to focus on.
- Brief the team on how the assessment will be conducted.
- Divide participants into sub groups and allocate responsibility for various aspects of the assessment to the various groups by the trainer prior to travel to the site.
- The trainer should ensure that the participants understand the methods they should use to gather various types of information and the key stakeholders they need to engage with (For the various aspects of information gathering).
- **The trainer should support the groups to prepare for the visit and how they will undertake their respective task(s).**

Site visit

During the site visit the trainer should support and supervise the participants as they undertake their respective tasks.

Post-visit activity

Following the site visit the participants and trainer should meet to review findings from the visit

- Discuss and compare findings,
- Triangulate information from various sources, and
- Conduct analysis of cause and effect and interpretation of data
- Identify priorities for follow up actions (including immediate interventions and further assessment).

The process of conducting the review should also be reviewed and include:

- Challenges the participants faced in conducting the task and how these could be overcome in future assessments
- What the participants have learned from the exercise.