

# INFECTION PREVENTION AND CONTROL MENTORING

Training manual for mentors



GOAL

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## Introduction

This document is the training modules for GOAL’s approach to mentoring of health service providers in attaining infection, prevention and control standards as part of GOAL’s Ebola Viral Disease (EVD) preparedness programme in Uganda.

So GOAL IPC mentoring process is a participatory facilitated approach that uses Participatory Learning in Action tools to increase the motivation, ability and establish triggers for daily practices to ensure that IPC standards can be maintained and health cadres infection rates are reduced

## Objectives of the training

Are the participants that the:

- Fully understand the IPC mentoring process
- Are trained in facilitating the mentoring process.
- Have an understanding of how to mentor using participatory facilitation skills

#### *Expectations of the training*

- That mentors have the ability to facilitate change in how cadres maintain the standards of IPC at health facilities

#### *Methodology:*

The training workshop uses participatory facilitation and participatory learning in action (PLA) modules so that the participants are introduced to the topic and then practice the skills. The trainer must be knowledgeable of the concepts of IPC and Behaviour change and ensure that he/she is fully prepared for the training workshop.

The trainer should be respected, responsible and dynamic. The language, attitude and behaviour of the trainer should encourage trust and openness. Throughout the training, it is important that all participants have an opportunity to express themselves, and provided opportunities for all to contribute. Opportunities to communicate through writing, drawing and speaking should be given.

The work produced by the participants over the course of the workshop should be displayed around the venue so that the whole process can be seen in full at the end.

#### *Preparing for IPC Mentoring Training:*

Preparation is essential as it is a dynamic training with a lot of new content and lots of practical sessions. Logistics must start early and the trainer should have clear communication with the participants from an early stage.

**At the end of each day remind the participants to review the skills and tools as on day 3 they will be asked to demonstrate them.**

#### *Who?*

The IPC Mentoring training is for anyone within GOAL and other relevant stakeholders who will be supporting the design and implementation of IPC mentoring projects activities as part of GOAL's programme response to communicable disease outbreaks.

#### *How long*

The course is designed to take place over 3 and half days of 7 hours learning plus a mid-morning and mid-afternoon break of 15 minutes each and a lunch break of 60 minutes. Agenda- see appendix 1

#### *Where?*

This is intensive training so the venue and logistical support must be conducive for learning, not too hot or cold, good ventilation and with supplies available from day 1.

- The training venue must be large enough for trainees to sit comfortably at tables, with room to move around (either outside or inside). There should be plenty of natural light and good artificial light.
- There should be plenty of wall space for hanging flip charts.
- The training venue management should provide tea at mid-morning and mid-afternoon and a lunch. Preferably these should NOT be served in the room used for training, but close by.
- Do not plan a training where participants have to go out for breaks as the agenda is packed and sessions need to start on time.
- A large rectangular table at the front of the room with a power cord for the projector.

- A table at the back of the room with a power cord for the Facilitator to work.
- There should be clean bathrooms nearby.

In line with good hygiene behaviours, the space will require a handwashing station with clean water and soap.

### *Materials*

Note: Depending on connectivity the facilitator can either use presentation on screen or write up flipcharts for the session. There are several flipcharts that must be displayed at all times during the workshop so they cannot be done through computer presentation.

Usual workshop material such as flipcharts, pens notebooks, post it, markers

### *Tips and Tricks for Trainers!*

Be prepared! Prepare all of your needed materials before the day starts, so that you do not lose time writing up Flipchart pages, setting up PowerPoint etc. Remember to review the theories and the PLA tools

Stick to Time! Agree starting, break and ending times with trainees and hold them accountable.

If You Don't Know the Answer, That's OK! Admit when you do not know an answer, ask if anyone else in the room has something to contribute. We are all learning together! If you need to find a specific answer, use the Internet as a resource (see resource guide in Annex XX)

Have Music Playing in the background! People are more creative when the room is not very silent, and you will also feel more comfortable. If you do not have a portable radio, ask the trainees to bring one along or play music from the facilitator's laptop.

Have FUN! Training should be enjoyable! It's ok to laugh, interact, and make jokes. Keep the trainees relaxed and you will be relaxed yourself!

## DAY 1.

### Session 1: Opening Session

(8–10 people –45 mins)

Note: *The training is also developed to allow relationships to be formed early in the workshop in session one, which may appear to be long but in fact lays the foundation for a participatory workshop. Do not leave anything out or change anything in this session as it does make your facilitation easier*

#### Steps of the Session

##### Preparation

- a. Title a Flipchart: “**Day 1 Agenda**” and write out the schedule for the day or handout a full agenda for the three and half days but explain that if you do not finish one day you will take up where you left off as sessions cannot be missed out.
- b. Title a Flipchart: “**Training Objectives**” and write out the objectives of the training.
- c. Title a Flipchart: “**Training Expectations**” and leave blank
- d. Title a Flipchart: “**Training Room Norms**” and leave blank
- e. Title a Flipchart: “**Parking Lot**” and leave blank
- f. Title a Flipchart: “**Interviews**” and write the following on it:
  - Your Name
  - Your cadre title and when did you qualify
  - Name of the facility where you work and how long you have been there
  - Your Experience in IPC
  - Your experience in mentoring ( training and practices)
  - Your experience in participatory methods
  - One Key Challenge you see for improving IPC standards
  - 2 Truths and 1 Lie

Title a Flipchart: “**Team Responsibilities**” and draw the chart below on it:

	<b>Tuesday</b>		<b>Wednesday</b>
Timekeeping:		Timekeeping:	
Energizer:		Energizer:	
Review Session:		Review Session:	
	<b>Thursday</b>		<b>Friday</b>
Timekeeping:		Timekeeping:	
Energizer:		Energizer:	
Review Session:		Review Session:	

1. Welcome (5 mins)
  - a. Have the facilitators introduce themselves.
  - b. Welcome the trainees to the workshop, and give them some information on how this workshop applies to their current programming (i.e. new grant, existing projects) and how by the end of the week the trainees will know how and be prepared to build evidence-based action plans to change behaviour in the communities they work in.
2. Pre Test (10 minutes)
  - a. Have all trainees complete the Pre-Test, each person can write their initials on the test

- so it can be returned at the end of the course.
- b. Mark the pre-tests as they are completed (see Answer Key on p. XX)
3. Objectives (2 minutes)
    - a. Display the “Training Objectives Flipchart”
    - b. Review and discuss the Objectives Flipchart
  4. Expectations (10 minutes)
    - a. Display the “Expectations” Flipchart.
    - b. Give each trainee 2 post-it notes.
    - c. Ask them to write one expectation they have for the workshop on each post-it and paste it on the Flipchart.
    - d. When everyone is finished, gather the trainees together at the Flipchart and group the Expectations together by theme. Use this opportunity to clarify any expectations that will not be met.
    - e. Tell the trainees that while it is the role of the facilitator to ensure the content is delivered, it is in fact the responsibilities of the trainees to ensure they meet their own expectations through engagement with the content, their fellow trainees and by feeding back any concerns to the facilitators.
  5. Training Room Norms (5 mins)
    - a. Display the “Training Room Norms” Flipchart.
    - b. Brainstorm with the group the norms and procedures to follow to ensure a positive learning environment.
    - c. Use drawings or symbols on the Flipchart to show the norms.
  6. Parking Lot (2 minutes)
    - a. Display the “Parking Lot” Flipchart.
    - b. Explain that questions which arise during sessions which can't be answered easily in those sessions but should be returned to later will be written on this Flipchart.
  7. Interviews (11minutes)
    - a. Divide them into pairs
    - b. Display the “Interviews” Flipchart.
    - c. Each pair is to interview the other person, asking the questions on the Flipchart, and write down the answers on their notebook page neatly.
    - d. For the 2 Truths and 1 Lie question, they are to ask their partner to provide 3 facts. 2 are Truths, and 1 is a Lie. The person is not to say which is the Lie.
    - e. Each pair is to present their new friend to the other trainees at the front of the room. When they reach the 2 Truths and 1 Lie question, the group is to guess which is the Lie. **They are to hand their notebook pages with their interviewee's responses to the facilitator.**
    - f. Ask two trainees take on the responsibility of Timekeeper for the day, and to ensure their fellow trainees return from breaks/lunches on time.
    - g. Dismiss the trainees for a break.
    - h. While the trainees are on break, go through the interview notes and divide the trainees into groups of no more than 4 people. You would need to mix experience of IPC and mentoring so that we have a good level of knowledge and skills at each table Write the new group members onto sheets of paper and put on the tables so that the trainees will know where to sit when they return from break.
  8. Team Names (5 minutes)
    - a. Each trainee to sit at their new table.
    - b. Each team to decide on a team name.

- c. Display the “Team Responsibilities” Flipchart and write in team names equitably for responsibilities.
- d. Explain that each day, teams will be responsible for a responsibility, either Timekeeping, Energizers (noting when people are getting tired and coming up with a fun way to get people moving and energetic), or Review Session (planning a fun, participatory Review session for the morning Review).

## ***Session 2: Definition of Mentoring***

(8–10 people –15 mins)

### **Steps of the Session**

- A. Introduce the objectives and methodology of the project

The objective of the mentoring approach is:

- To increase the motivation and ability of the cadres to practice high standard of IPC practices that will prevent health cadres becoming infected.

In groups of 3 people discuss:

- What is the definition of mentoring ?
- What do they think are the challenges in mentoring health cadres?

**Definition:** Mentorship is the process through which the mentor facilitates that **change in view** and provides the initial **knowledge and support** in a manner in which the cadres **can willingly receive and benefit from the relationship**. It allows cadres to build their capacity as well as enhance their skills to produce desired results.

### **Essentials**

In this process, a mentor puts aside his or her own needs, and refrains from merely giving advice and correction, but through mutual sharing and assisting the mentee, make his/her own informed decision. Throughout this process, mentors stay focused on the cadre’s goals to gradually change the level of practices and self –awareness of the cadres.

## ***Session 3: Introducing, GOAL theories for mentoring***

(8–10 people 1hr 30mins)

- B. Introduce GOAL’s theory on building aptitude, Foggs theory and how it is applied to GOAL’s approach to mentoring of health cadres by each aspect (slide):

1. Introduce GOAL’s theory on building aptitude and Foggs behaviour theory
  - a. Present GOAL’s theory on building aptitude
  - b. Present Foggs behaviour theory and tiny habits theory ( provide the handout BJ.Foggs theory explained and use two you tube videos 22 mins–  
<https://www.youtube.com/watch?reload=9&v=jsbF9z6adAo>– 2 mins or Tiny Habits – Fogg believes that if a person starts on a daily basis to introduce a practice into their daily routine then it becomes automatic – so if a person has the motivation, ability then they will develop the habit  
<https://www.youtube.com/watch?v=AdKUJxjn-R8>– 20 mins

- c. In buzz groups of 4 people ask them to discuss what does this mean for individual and group behaviour change –
- d. Ask people to individually identify a practice they would like to change/ adapt, what would they do to increase their motivation, their ability and what would a trigger be and what would a practice be they could adapt daily.
- e. In buzz groups of 4 people ask them to discuss how could this be applied to mentoring cadres?

## ***Session 4: Applying the theories to IPC mentoring***

(8–10 people 30mins)

GOAL has developed a mentoring approach that is based on these theories so that health cadres

- Understand their current reality within their centres
- Realize their Individual risk;
- Exploring how their daily practices and their colleagues increases the risk of infection
- How they adjust and practices their skills to reduce that risk by identifying their current aptitude, (motivation and skills) and what triggers will allow them to practice on a daily bases.

Achieved through

1. Facilitating a 2 hour weekly health centre cadre conversation that
  - I. Highlights the barriers at the organizational level of the facility
  - II. Builds trust among the cadres
  - III. Support them to see what is possible with their given resources
2. Facilitate individual mentoring on how to carry out their skills so that each cadre develops daily practices for their specific IPC practices.
  - I. Initially observing the cadres to ensure the cadre understands the skills, (demonstrating the skill if required as many times as is required with patience and understanding that not everyone learns at the same pace)
  - II. Supporting the cadre to identify the triggers which will remind then to carry out the skills.
  - III. Observing and mentoring the cades to increase their competency using a self-assessment observational guide

### *The role of a mentor*

To coordinate and guide the process by:

- Encouraging total participation and expression of all points of view and mutual learning
- Respecting and protecting the feelings of all group members irrespective of their role in the health facilities
- Creating space to express feelings and perceptions without judgement
- Ensuring clear understanding and reaching consensus about the process
- Ensuring that the activities/tools are clear, understood and accepted by everyone
- Allowing time for discussing ideas, making objective evaluations and making decisions
- Respecting what can and cannot be done
- Choosing a systematic procedure by which to carry out the activity and discouraging ridicule, blame and exclusion

This approach requires a significant change in mindsets and attitudes of front–line technical mentors who must see that health cadres need to lead the change process and their role is to facilitate a change

in practices through gradually increasing the proficiency of the cadres to carry out the skill and identification of triggers in the daily lives of the health cadre.

NOTE: The mentor must remember

- That it is the cadre who is leading the process not them
- It is an 8 week process and there will be any days when the cadre will revert to old ways, what their memory muscle will tell her to do if they are rushed, overwhelmed.
- It is their memory muscle we are changing.

## **Session 5: Participatory Facilitation skills**

(8–10 people 1hr 30mins)

1. In plenary or in groups, discuss the following :
  - What is facilitation?*
  - What is good facilitation and what is bad facilitation?*
2. Facilitate the feedback and discussion.
3. In plenary or in groups
  - a. *What is participatory facilitation?*

**Definition:** Participatory facilitation is a skill that can be learned. It supports the change process by honouring everyone's contributions, recognizing each individual's creative resources and creating a supportive learning environment. A skilled participatory facilitator will engage participants in an educational process by incorporating participants' needs and questions, reflection and analysis, and their strategies for change. When a process is truly participatory it can also bring personal transformation for those who facilitate.

Emphasis the importance of the facilitator guiding the process but not dictating the process and outcomes.

The Participatory Facilitation Skills.

To facilitate this process the mentor requires to have certain skills

### **Skill 1: Strategic Questioning**

Strategic questions are those that move a conversation towards change by allowing people to explore other points of view. It provides the space for our thoughts to move towards new possibilities and elicits creativity to find solutions to challenges. Strategic questioning is a principal skill used throughout the facilitated change process. It is particularly essential in the identification and exploration of health cadres concerns.

A strategic question can be distinguished by its ability to:

- Create energy so that the conversation moves forward.
- Provide an opening for many answers or options to appear
- Dig deep enough so that creative solutions to the challenges appear
- Avoid 'why' questions that are loaded with value judgments. Why makes people feel defensive.
- Express confidence in the ability of the listener to have solutions
- Challenge values and assumptions around sensitive issues

- Use open questions, and avoid ‘Yes/No’ answer questions

List the following *characteristics of strategic questioning* on a flipchart for displaying in the workshop. Put it in a prominent position that each participant can see as they go through skills

Strategic questions should:

- Be dynamic and create movement
- Be a question that cannot be ignored, requires thinking about before answering
- Provoke without causing offence
- Create options and present several possibilities for answering
- Allow deep consideration
- Avoid ‘why’ questions that are loaded with value judgments. This tends to make people feel defensive.
- Not elicit simple ‘yes’ or ‘no’ answers
- Reinforce and give value to speakers
- Help touch the untouchable and tickle taboos!

A. Take participants through the following scenario:

*The **district medical officer** decided he wanted to do something about how decision-making related to how facilities IPC standards were not being maintained. He wanted to know how facilities roles influenced those standards and vice versa within his district. He decided to speak with his colleagues about the situation and to encourage a spirit of solidarity between health cadres. He called his colleagues and asked them to help him create strategic questions that could help his health cadres reflect on and discuss the issue of IPC standards.*

C. Divide participants into groups and ask participants to assume that they are the colleagues requested to help the DMO

D. In their groups they should formulate one **strategic question** for each of the following issues:

- General *concerns* on the issue of IPC
- Health Cadres *concerns* about resources
- Factors fueling the low standard in IPC
- Health Cadres attitudes and interactions with each other
- Possible decisions and actions that the health cadres could take.

E. Facilitate a feedback session on the strategic questions formulated by the groups. Support participants to strengthen their strategic question skills.

## Skill 2 Role-plays

This skills allows the mentors and the cadres to explore controversial issues without blame and opens up an opportunity to explore solutions.

It gives people space:

- To freely express what they think or feel about a situation or problem without making it personal
- To relate the situation to their own lives

- To see and feel life from another person's point of view
- To imagine how the future could be different and what impact that different future could have on their lives

Role-plays should be about real situations and real people, allowing people to understand their values, attitudes and behaviours.

### *Methodology*

In plenary, facilitate a session on creating role-plays using the guidance below:

- They should not be completely scripted so that the cadres can create the role-play
- They have a point to make about a specific situation (decide in each group what this will be)
- A role-play should have no more than 5-7 characters.
- People should volunteer for roles. Different people should be encouraged to take lead roles
- Role-plays are kept short – usually 7-10 minutes.
- Role-plays have natural pauses and these should be utilized by the community facilitators to ask **strategic questions** to move the conversation forward.
- They should provide questions for the observers to provoke their thinking and support any further discussions

For example:

- What happened?
- Why did it happen?
- What did the characters feel?
- How did others react?
- How does it relate to your own feelings on \_\_\_\_\_ (*insert the appropriate item here depending on the theme/issue being addressed*)

When the role-play is complete, give the people who played the characters in the role-play an opportunity to say how they felt playing the character and/or the situation.

### **Skill 3: Building Trust**

A mentor needs to be somebody who is trusted and can extend trust to others so that a relationship can be built for change. Each mentor must lead by example, by listening to the cadres and understanding the context from which they are speaking. They must practise what they preach at all times.

In plenary or in groups discuss

- What is trust?
- What are the attributes of someone who is trustworthy?
- 

Ensure that a list is generated of the attributes that is added to a flipchart and is on display throughout the workshop. Suggestions for attributes that are considered trustworthy within the workshop include: abiding by the agreed rules and regulations; keeping time, respecting others; and sharing with friends and

Using the list of attributes in groups develop a role-play that demonstrate one of the following

- A mentor who is not trustworthy
- A mentor who is trustworthy

Now using strategic question discuss the role-play to understand the different points of view

#### Skill 4: Active Listening

Active listening is a communication skill in which

The listener follows closely what is being said and gives feedback to the speaker using verbal and non-verbal expressions.

The speaker realizes that she/he is being listened to.

- strengthens the capacity of individuals,
- opens up new ideas
- activate the knowledge and resources of each individual.
- It favours sharing,
- the acceptance of new and diverse perspectives and mutual learning.
- It also limits exclusion.

Often people listen selectively to what they agree with or are comfortable with. However, in active listening, the listener has to keep an open mind and recall what is being said, irrespective of whether she/he agrees or not. In a change process, mentors and cadres need to listen to one another in a way that encourages discussion and generates new alternatives.

In a group process, active listening allows group members to demonstrate that they respect each other's opinions.

Elements of active listening include:

- Maintaining eye contact and following the speaker with your eyes
  - Not showing signs of disagreement or being frustrated with the speaker's opinion
  - Observing and acknowledging non-verbal expressions
  - Paraphrasing to confirm that you have understood what has been said
1. Divide the participants into groups of four people.
  2. Write five 'controversial issues' on the flipchart. (***before the training ask what are five controversial issues with health facilities***)
  3. Request the participants to reflect individually and, only after that, write down their responses and perspectives.
  4. Once each participant has written down their own perspectives they should read their responses and share their perspectives with other group members.
  5. As the participant is expressing their perspectives, ask each group member to listen and remember what they heard from others.
  6. After the participants have expressed their perspectives, ask group members to say what they remember. Participants should pay attention to whether people retain only what they agree with, or if they also remember what they do not agree with.
  7. Ask those who want to clarify their perspectives and ideas to do so and allow others to contribute.
  8. The group is encouraged to reach common perspectives and consensus, if possible, or to recognize that diversity is a reality within their group.
  9. Ask the groups to discuss how to show respect for and take into account everyone's perspective during conversations.
  10. Ask each group to identify three key elements of active listening and respect for diverse perspectives.

11. Facilitate a feedback session emphasizing the key elements of active listening. Clarify that active listening includes not interrupting the person who is sharing her/his perspective and ensuring that each viewpoint is respected and considered as part of the group's reality, even if everybody does not agree with it.

Ensure that active listening becomes part of the workshop in every discussion either in the weekly discussion and the individual mentoring.

*Notes; The trainer should always demonstrate this by being someone who actively listens to each participant. Participants should feel acknowledged, respected and valued by what you say to them and for what they say. Do not move on to the next skill, until you are sure that the participants understand the importance of this exercise.*

### Skill 5: Curiously Engaged

When a person is 'curiously engaged' in someone else's life, listening is an easy activity. When someone is 'curiously engaged', the person speaking will feel acknowledged, valued and respected. As with active listening, it allows trust to develop between the mentors and cadres.

#### Methodology

- A. Ask the participants to find a partner
- B. One partner should be *A* and the other *B*
- C. Ask *A* to go first and to tell *B* about her/his journey to the workshop
- D. *A* should just listen without asking any questions
- E. Then *B* should again tell *A* about their journey, but this time *A* should ask questions that show she/he is really interested in the journey such as:
  - What colour was the bus/car?
  - What did you see on the journey?
  - Who did you travel with? Etc.
- F. The two participants should switch and repeat the exercise
- G. In plenary, facilitate a feedback session with a focus on the difference in 'being interested' and 'being interesting'. Discuss the importance of the facilitator, remembering that she/he must always be interested in listening to other people.

*Notes As a trainer you should be curiously engaged and interested in the participants and encourage the participants to practice being interested in other people on a daily basis. Do not move to the next skill until participants understand this exercise.*

## DAY 2

### Session 6: Participatory Learning in Action Tools for IPC mentoring

(8–10 people – mins)

1. In plenary or in groups, discuss the following :
  - What is do you think participatory learning in action is?***
2. Facilitate the feedback and discussion.

Definition PLA is a nutshell: is a way to guide people to participate together in learning and then act on that learning.

It has become a growing set of family approaches, tools, attitudes and behaviours that enable and empower people to present, share, analyse and enhance their knowledge of life and conditions, and to plan, act, monitor, evaluate, reflect for behaviour change.

There are many tools in this family when designing an programme the context and the objective of the PLA approach will decide which ones to chose

### Tool 1: Ways of Working (Tool: Community Net)

#### Intention:

This tool is to explore what are the ways of working within the facility. Every group of people form ways of working that become embedded as the norms and values, of their given 'community'. This is the glue that allows individuals with a common purpose to become a 'community'. These norms and values influence and shape group and individual behaviours within that context. These norms and values are essential for a 'community' to function with the linkages and relationships the critical determinants which dictate how well the 'community' to functions.

Linkages and relationship that can ensure the full functionality of a 'community' are

- Respect, trust and networks that span socio-economic differences and differences of gender, race, class and other factors.
- People's awareness of themselves as part of cultures and collectives and how their behaviours impacts others
- The dense and synergistic patterns of relationships that knit people together.

#### Materials

A rope

#### Methodology

- A. In plenary, discuss
  - a. ***Who are the different people and What are the linkages and relationships within a facility?***  
***What are the norms and values within a facility?***  
***How important are those norms and values within the health facility?***
- B. Now demonstrate the 'Community' Net Tool by firstly identifying participants who will represent various *facility members* and *people who influence the facility*.  
*Facility members* such as different cadres, different types of patients, (youth, girls, boys, teachers, religious people, **disabled people**, very poor people.)  
*People who influence the facility* VHT member, local leaders, chiefs, NGOs, District and national
- C. Ask people who have been identified to stand in a circle.

#### First stage

- D. Take the rope and give one end to one of the facility members and then pass the rope across to another facility members and then back to another person, when all the facility members have a hold of the rope start passing the rope to the people who influence the facility who should be in between the facility staff.
- E. The trainer should then ask the participants the following questions about those who are holding the rope:

- What is each person's contribution to the functionality of the facility?
- What is the importance of each contribution?

Note: you need to be sure that at this point someone is taking notes of the answers for these two questions.

### Second Stage

- F. Now ask different people from the influencers group let go of the rope and the other people to pull the rope towards them.
- G. Asking as each person lets go of the rope –what happens to the functionality of the group when these people let go of the rope.
- H. Now ask different people from the cadres let go of the rope and the other people to pull the rope towards them. Asking as each person lets go of the rope –what happens to the functionality of the group when these people let go of the rope.
- I. Go back into small groups and ask the participants the following questions
  - How does can the health facility function be maintained if people are not there? Give examples.
  - How is are these connection linked to change within the facility?

Make sure that the people who have little power in the 'community' are included in the community net, so that people begin to see the importance of having everyone in the 'community' included.

### Tool 2 'Community Realities' (Tool: Mapping & Transect Walk)

#### Intention

When people can visualise what is really happening within their facility it increase their awareness on the barriers that prevents them maintaining standards and the enablers that will support them to maintain standards. Conducted in two stages The 'Transect Walk' and 'Mapping' is initially used to document the current community reality, and is used throughout the process to illustrate and measure changes that have taken place to provide ongoing motivation to the health cadres.

#### Materials

A 3 size card and marker pens

#### Methodology

##### Stage one

The 'Transect Walk' is a tool that allows people to explore and rediscover familiar surroundings. This activity allows people to focus attention on realities that are usually overlooked or taken for granted, leading them on a process of self-reflection and collective exploration.

- In plenary introduce the transect walk and discuss the focus of the transect walk that will take place
- Now we will walk around the facility noting the various aspects of the facility, noting issues that would support maintaining IPC standards and then noting issues that would prevent IPC standards.
- Ensure that participants do the walk in silence.
- Inform participants that the walk should be done by looking at and observing the facility environment and taking notes.
- Following the 'Transect Walk', 'Mapping' is used to visualize facility's barriers and enablers

In plenary,

- Introduce the mapping tool and draw an example on the board of how to map an area.
- From their transect walk groups request the participants to draw the facility, adding with different colours the functionality of the facility, the flow of patients etc and then their observations on the barrier and enablers within the facility. Make sure that everyone has the opportunity to contribute to the map.
- Now in small groups discuss ask the participants to discuss
  - What is happening in various areas of the facility?
  - How does it affect the functionality of the facility?
  - What are the main areas of concern in your facility?
- Conclude the session asking
  - What is the importance of the visualisation?.
  - How does it support cadres to identify their concerns of the functionality of the facility?

### Tool 3; Exploring the Determinants (Road Blocks)

#### Intention;

To support the health cadres, explore in-depth the barriers identified and what it means for IPC standards within the facility

#### Materials

A4 cards and marker pens

#### Methodology

- Ask the mentors to develop a role play that demonstrates how the barriers identified in the mapping (make sure they do not add barriers that were not agreed in the previous session).
- Now in plenary discuss
- What were the barriers seen and folding the cards in half so that they can stand write a barrier on each side of the card
- Place the pieces of card in a row on the floor, so that they look like a series of road blocks
- As for volunteer to walk along the road blocks and at each block discuss why each barrier was identified
- At this stage it may be decided that this is not one really a barrier so you remove it and replace it with another.
- Now group them into groups such as, organisational barriers, financial barriers, physical barriers, (lack of materials), social barriers, political barriers etc

Now ask

- How do the different barriers link together?
- Which are the largest barriers?
- Which can be addressed more easily?

#### Tool 4: What is possible (Before and Now)

##### *Intentions*

The health cadres begin to understand how if they find solutions to the barriers they will have different future

##### *Materials*

Flipchart and pens

##### *Methodology*

- Draw a two wavy lines about 1cm apart (looks like a river) across the page from the bottom corner to the top corner on the flip chart page
- Now discuss what how their facility functions using the notes from the three previous tools to remind everyone of the different aspects (e.g our screening is not done on everyone, I wash hands only at the beginning of the day etc ) write those down on side of the paper below the wavy line.
- Now write the barriers along the wavy line and then one by one with a pen strike them out in a different colour. Make sure that this is done in a deliberate way – showing joy as each one disappears.
- Now ask – Pointing at the diagram –Now they are no longer any barriers, all the standards can be maintained –
- What would the functionality of the health facility look like?
- What practices would you have?
- What would that mean for IPC within the facility
- Write the various answers above the wavy line– **remember to write all of them** so that the cadres can begin to see what is possible
- Now ask them to compare the two sides and decided which one would they prefer to have.

#### Tool 5 Starting the Change process (River Code)

##### *Intention*

The cadres begin to appreciate that they do not always have to seek outside support and that the mentors are just there to guide them in the process

##### *Methodology*

- A. Prepare a role-play. Use local materials to set –up a river and place about five small stones across the river
- B. Request 4 volunteers
- C. Place one on one side of the river and the other four on the other side
- D. Now ask one of the four to ask the person on the other side to help them across the river. The man puts him on his back and takes him across the river. He repeats this until two people are on the other side.
- E. The last few refuses to go on the back of the man but asks him to show her how to cross the river, as he does.
- F. When everyone is on the same side, ask people to cross back across the river as the man had shown.

Now discuss with the community

- What do they see?
- What does mean for your community?

- What do they see as the role of the mentor? (which is to assist them overcome the barriers (road blocks) from the previous discussion)

### Tool 6 – Findings the solutions (Action Tree)

#### Intention

That the cadre can see that they are accountable for working out the solutions for each barrier and that they may have those resources within.

#### Methodology

- Take each barrier as written on the road block and stick each one across the bottom of a separate flipchart page.
- Draw a line just above the barrier and draw a wide trunk with wide branches going in different directions
- In the main trunk right the outcome if the barrier was not there (e.g. chlorine solutions always available)
- Now explore the possible actions to overcome that barrier and discuss in-depth each action to be sure it will overcome the barrier always. You should have at least 5 actions for each barrier and write these on the branches of the tree. ( encourage them to look at actions they have control over as a community)
- Now rate them in order of importance for IPC standards
- Now discuss each action
  - How feasible are the actions in the given context, ( strike those that are not feasible)
  - Who is mainly responsible for making them happen and write the name next to the action ( always has to be a cadre in the health facility)
  - What are the steps needed to make this action happen?
  - What resources are required to make them (skill, materials etc) and write those next to each action?
  - When will this action be taken?
- Once the final decision have been taken draw the final tree on an A3 card

## DAY 3

### **Session 7: IPC tasks and skills required for each IPC standards**

#### Intention

It is important that the each standards can be broken down into various pieces so that it is easier for the cadres to practices.

- Beginning by listing all the standards as per the Ministry of Health Uganda standards
- Now divide the participants into two groups and ask them to take each standards and write down the tasks for each.
- When that is completed ask them to write down what skills would be required for each task to be done proficiently.
- Now discuss what triggers would assist someone to practice those skills on a daily basis and write then all down against each task/skill.
- Now review the drafted self-assessment form for each cadre and adjust so that it reflects all the tasks and skills identified they would be responsible for/and need to do to maintain IPC standards.

At the end of this session you should have two documents

- a. A document that has a list of all the standards and the task and skills for each standard and possible triggers for each task.
- b. A self-assessment form for each cadre that outlines the task, the skills they need and possible triggers that may assist them

## ***Session 8: The documentation wall for the IPC process***

### *Intention:*

To build a wall of documentation that guides the cadres collectively towards changing practices.

### *Methodology*

Designate a wall within the facility where all cadres can see the outcomes of the facility discussions. Make sure that it is not somewhere the wind and rain will destroy the documents. (If possible when the document is placed take a picture so that we have a record.)

After each tool place the completed flipchart page around the outside leaving a space in the middle for the large A3 action tree. Make sure that the documentation from each tool is really clear.

Then following facility discussions

- Add new information to the each action or/and Add additional actions that have identified
- Mark with an agreed symbol (a medal or crown etc) those that have been accomplished.

Take the After vision form the before and after tool and draw the after vision clearly –place that close to the documentation wall so that they can see how far away they are from the vision each week.

Remember do not rush the process – it will take eight for at least 80% of the vision to be realized and continually appreciate the progress and acknowledge the action taken.

At the start of each facility discussion the documentation wall is used to summarize where the cadres are in the process. This should be done by a different cadre each time.

During the training of the mentors review the above points and make sure that there are clearly understood. This documentation will be practiced in the session 8 .

### **Individual Mentoring Documentation**

There are two main documents that guide this part of the process; The mentee log and the self – assessment form.

- The mentee log has several parts
  - The agreed skills they need to have
  - The triggers that assist them remember when to do each skill
  - The action plan for accomplishing those decided throughout the process
- The self –assessment form that the mentee uses to assess themselves at the start of every mentoring session on the skills they were to practice during the week.
- 

During the training of mentors review these forms – make sure they are understood. This documentation is practice in the session 9

## ***Session 9: Practicing the facility discussions and individual mentoring sessions***

### Intention:

So the mentors can practice all the skills and tools and address any issues that they might have.

### Methodology

#### The facility discussion

- Recap the objectives of the facility discussions
- Explain that the skills and tools are utilized to realize those objective and that IPC mentoring is a process which happens over the eight weeks.
- The tools are delivered in the following order
- First session – One to three PLA tools are facilitated
- Second Session – Four to Six PLA tools are facilitated
- After the second session there should be a clear plan of action for each facility, which includes what action, when they will happen, how they will happen and who is responsible for making them happen.
- Third to the Eight session– The mentors can decide which tools to revisit to be sure that the process is moving forward.
- After the first session designate a documentation wall and after each session make sure you add to the wall.

#### Practice facilitating the facility discussion

- Now ask two people to volunteer to practice the first facility discussion and the remaining participants will act the part of cadres. (make sure that they do introductions and explain the process first)

**Note** ensure that they use the skills and guide them if they go off track or start to direct the answer, go down rabbit holes that ends in blame outside of the cadres or the conversation keeps going around in circles – guide them to use strategic questions to move the conversation forward– Remember the SQ that you need is usually found in what the last person said)

- Now ask two people to volunteer to practice the second facility conversation and make sure that they start with a recap from the documentation wall.
- At the end of this in groups discuss
  - Is there a clear plan of action after the two sessions
  - Do they actions address the barriers that were indicated
  - If these action are taking will there be an enabling environment to practice IPC standards
- Now review the challenges they had in facilitating the tools, What skills do you need to practice and what is the plan of action for making that happen ( including triggers)  
Given the information on documentation wall – what do they think would be the tool for the next session from the six tools

Note:

- there may be barriers that need to be addressed with the people who influence the functionality of the facility and it is the role of the EVD manager to support the facility to arrange those meetings and advise the people who influence the facility how issues can be solved by adjusting actions; such as changing supply lines etc

#### The Individual Mentorship process

- Recap the objective of the individual mentorship process

- Explain that here it is the participatory skills which are very important, building a relationship that is trustworthy, through actively listening and being curiously engaged with the cadre is crucial.
- Each cadre will receive 1.5 hrs weekly direct mentoring over eight weeks (eight sessions)
  - The first and second are to build the relationship, decide the initial competency of the cadre and decide an action plan through finding out what their motivation is, ability to perform the skills and what triggers they will need.
  - Third to eight are keeping them motivated, building the ability and constantly reminding them of the triggers to practice daily.
- Before each session the cadre should self –assess where they think they are in terms of competency for that skill.
- During the session the mentor should observe the cadre performing the skill, constantly discussing the ability, using encouragement rather than corrections, assisting them to find triggers through job aids, prompts etc.
- Towards the end of the session agree a plan of action including the triggers they will put in place that cadre will take before the next mentoring session.
- The PLA tools such as Before and After and the action tree can be applied during process when the cadre is stuck in how to overcome barriers.

The first session is really so important so that the cadre

- Is motivated rather than being afraid,
- Knows that it is okay not to be competent now
- That it is a journey that the cadre and the mentor are on together which the cadre is leading.

Proposed steps in the first mentoring session

- Introductions
- Explains the process, the number of sessions, the flow of each session.
- Start by discussing the IPC standards and task involved in maintaining IPC standards. You should actively listen to gain an understanding of the cadres depth of knowledge and understanding of the need for each task
- Now discuss what the cadre sees as the most important tasks they do and write these into the log book.
- Next review each task and the skills required and ask the mentee where she/he think that they are on the competency scale for the task and skill, write this in the log.
- Now let the mentee decide which task they wants to focus on this week.
- Discuss this task with her/him,
  - Ask what are the barriers to performing the task
  - Ask if the mentee has any solutions for the barriers that are within her/his control?
  - Support the mentee to think of solutions such as the triggers that would help her/him to practices the task competently.
- Write the barriers in the log book and the solutions.
- If a barrier is lack of knowledge or lack of skills, demonstrate the task slowly ensuring that the mentee understands each step and make sure she has a triggers that assist her.
- Ask the mentee to demonstrate the task, work with the mentee through the task until the solutions to each barrier are found.
- Now discuss how the mentee will practice the task during the following week.
- If the task is one that can be done once a day or twice a day, arrange what time that will be and write that in the log book.
- Finally agree a plan for the week on that will focus on that task and the all the skills required

In the following sessions

- Start by reviewing the success and challenges of practicing the task during the week.
- Then complete the competency form.
- Now add a new task to the practices for the week – repeat steps 5 to 13 above.
- As the mentee becomes more competent and confident you can add two tasks to be practiced each week.
- By week five all the task should be included and the mentee is clear on the action plan to improve their ability and practice so that the skill becomes automatic.

#### **Practice facilitating the individual mentoring (you may need props for this)**

- Ask people to go into groups of 3 one take A and the other B and the other C
- A should state what cadre they are in the health facility.
- B should not facilitate the first mentoring session.
- C observes and takes notes on the process – does not interrupt but scores on the following
  - Building the relationship
  - Facilitating the mentee to see the barriers to performing the skill
  - Facilitating the mentee to see the solutions to the barriers such as the triggers
  - Facilitating rather than directing or driving the mentee
  - Letting the mentee lead the process
  - Supporting the mentee to complete the log and competency form
- Now switch and have B lead session **two** carrying on from session one and have C be the mentee and A observe.
- Repeat this with C leading session three and A being the mentee and B observing.

At the end of this in groups discuss

- What were the challenges in following a process?
- How difficult was to facilitate/guide rather than teach?
- Is there a clear plan of action of tasks for the mentee?
- Were the barriers acknowledged and addressed with proper real solutions in each session
- Are there any barrier you see in you being able to facilitate this process

#### **DAY 4**

### ***Session 10: Monitoring and Evaluating the process***

As the process moves forward it will be important for the mentors and the project manager to have monitor the process to this end it is process to have the following

For Evaluation:

- a. A Knowledge, Attitude and Practices baseline and end-line
- b. An IPC assessment baseline and end-line
- c. A review of all the documentation collected: documentation wall, self-assessment forms and mentee log books.

For Monitoring

- a. A weekly report from the mentor on the facility and the cadres he is mentoring
- b. An weekly analysis of the self-assessment forms and the facility discussion.
- c. A weekly call with Global health advisor with the project manager and the mentors

- d. A review visit by the EVD co-coordinator (at least 2 visits in the eight weeks of the implementation phase)

In the session we will now design and review the forms, the process for analysing the weekly information from the facility discussion and self-assessment forms reporting of the data and how the

In two different groups design one of the following using learning from the practices in the last session.

- a. The self-assessment form
- b. The mentee log book

When designed discuss how you will analysis this data for reporting progress.

Now in groups design the following

- a. The monthly reporting format.
- b. The agenda for the weekly calls
- c. The agenda for the review visits

## ***Session 11: Work plans for each mentor and for the project.***

### **Intention:**

So that there is a clear plan of action for the process for each mentor and project

### **Methodology**

Introduce the five friends of planning

- A. Use the five friends of planning diagram, Draw a palm of a hand. Write the following five key question words, one in each finger, to explain the steps in the planning process:
  - WHAT? What do we want to do?
  - HOW? How are we going to do it? (What are the specific steps we need to take to accomplish our goal?)
  - WHO? Who will be responsible for each step? (Write specific names)
  - WHEN? When will each step take place? (Write specific dates/times)?
  - WHERE? Where will the action take place?
  - Now in two groups
- Review the process again and discuss the various action and how to plan for mentoring the cadres
- Now List all the tasks that need to be done – which is really the what of planning and then add the How, Who When and where for each task. Be as specific as possible for each one – so that all the steps are really clear and you know that it is a timeline that you can follow so that you build a strong relationship built on trust and respect.
- Following the development of this work plan make a bigger plan for the project in terms of the major tasks and timeline to be met. Important that any improvements to the facilities that require supplies to be ordered is done early in the eight weeks.

At the end of this process you should have

- a. A work plan for each mentor
- b. Work plan for the EVD manager
- c. Overall work plan for the EVD project

## ***Session 12: Closing Session***

- Recap the final day

- Review the parking items
- Do the post-test
- Hand out the evaluation forms

### Appendix 1 Agenda

Day	Session	Time
Day 1	Opening session	9:00 : 10:00 am
	Definition of Mentoring	10 :00 : 10:15 am
	Coffee break	10;15 : 10:30 am
	Introducing, GOAL theories for mentoring	10:30 :11:30 am
	Applying the theories to IPC mentoring	11;30 :12 md
	Participatory Skills (includes lunch)	12md : 4:45 pm
	Recap and parking lot	4:45pm - 5:00 pm
Day 2	Recap of day 1	9am : 9:30 am
	Participatory Learning in Action tools (breaks included)	9:30 am :4:45 pm
	Recap and parking lot	4:45 : 5:00pm
Day 3	Recap Day 2 (30mins)	9am : 9:30am
	IPC task and skills required for each standard	9:30: 10:30am
	Coffee break	10;30: 10;45am
	Developing the mentoring forms for the facility based discussion and individual mentoring	10:45; 11:30am

	Role playing facility discussion format (includes lunch)	11:30am : 2:30pm
	Role playing the Individual mentoring format	2:30pm : 4:45pm
	Recap and parking lot	4:45pm – 5:00pm
Day 4	Recap of the process	9am : 11:00am
	Finalize the Monitoring forms (includes coffee)	11:00; 12md
	The work plans for each mentor and for the project	12md : 1:00pm
	Recap and closure	1;00 ; 2:00pm