Emergency Planning

A Toolkit for Implementors

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Breakthrough ACTION
FOR SOCIAL & BEHAVIOR CHANGE

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Overview of Intervention Package

Summary of Formative Research and Barriers Addressed

The emergency planning activity is designed to address the following behavioral problem:

- Some caretakers do not seek timely care at health facilities when their children under five experience symptoms of illness.

Specifically, this design addresses the following behavioral barrier to caretakers seeking care for children, as identified through Breakthrough ACTION's formative research and social and behavioral diagnosis process:

- To avoid the hassle of going to the facility, many caretakers delay seeking care until they deem it necessary, yet they **lack cues to determine when it is necessary.**

The full Problem Definition Report and Social and Behavioral Diagnosis Memo produced by Breakthrough ACTION can be found in the Appendix.

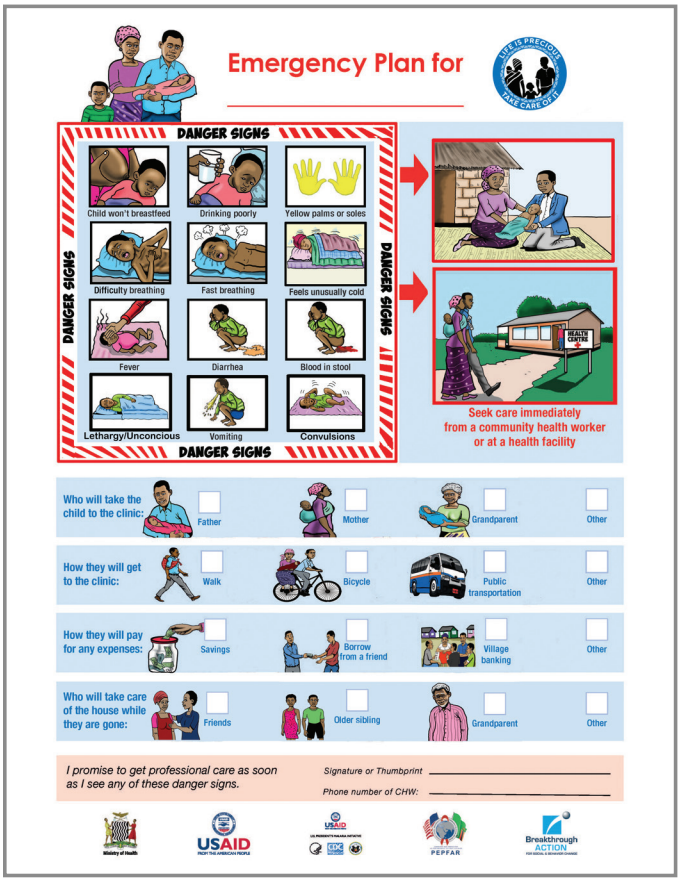
Client with emergency plan

Provider explaining emergency plan

The Intervention Package

Overview of Design Components

Emergency planning is an activity and accompanying worksheet that community-based volunteers (CBVs) and community health workers (CHWs) conduct with parents of young children at under-five clinics, postnatal care (PNC) visits, and home visits in the community. The worksheet shows warning signs and symptoms for which parents should bring a child to the health facility. It also asks parents to think about and write down a plan for how they will bring a child to the facility if they do see any warning signs. The purpose of emergency planning is to reduce ambiguity around when it is necessary to seek care and to help parents anticipate, plan for, and overcome common logistical barriers to care seeking. The full set of design materials can be found in the Appendix.



Emergency plan document

Implementation

Training Materials

Training Presentations

- Overview of Emergency Planning Intervention

Sample Training Schedule

SESSION	LEARNING OBJECTIVES	LENGTH OF SESSION
Introduction	• Introductions • Agenda • Overview of project • Why you are here	30 minutes
Intervention overview	• Objective of the design • What each symptom icon means • Quick explanation of each planning question	20 minutes
Demo role-play	• Partner staff play roles—a CBV and a parent at an Under-5 day	15 minutes
FAQs and tips	• Tips such as "let parents fill in the plan themselves" and "encourage parents to think through worst-case scenarios"	15 minutes
Role-play practice	• Role-play in pairs—a CBV and a parent	40 minutes
Time for questions	N/A	15 minutes
How to train CBVs, CHAs, and health providers	• Logistics: who, what, where, when • Show training cheat sheet	20 minutes
Practice explaining intervention to implementers	• Role-play in pairs—a trainer (health promotion officer) explaining the emergency planning activity to (1) CBVs and CHAs and (2) health providers	40 minutes
Next steps for training implementors	• Arranging trainings • Timeline • Distribution of paper materials (i.e., giving CBVs the actual planning worksheets)	20 minutes
Questions and closing	N/A	10 minutes

Role Play Checklist

Trainers/observers can use this checklist to ensure that the CBV they are observing executes all aspects of the role correctly.

Symptoms section

- ☐ Asked about the family's children, and which child they will be filling out the emergency plan for
- ☐ Asked if the parents wanted to fill it out themselves
- ☐ Wrote the child's name at the top of the plan
- ☐ Explained each danger sign correctly
- ☐ Asked if the parents had questions
- ☐ Explained why it is important to seek care if the symptoms are seen in a convincing way (e.g., "they can turn fatal quickly")

Plan section

- ☐ For each plan component, talked through multiple options/worst case scenarios
- ☐ Including who in their community could help (or who they could help)
- ☐ Allowed the parents to check the boxes themselves Read the commitment phrase aloud
- ☐ Asked the parents to sign

Asked the parents to:

- ☐ Post the plan visibly in their home
- ☐ Bring it with them any time they bring their child to the health facility
- ☐ Immediately start taking any planned actions (e.g., starting a savings box for taxi money)
- ☐ Inserted the plan into the child health book

Implementation Plan

Facilitator recruitment: Volunteer facilitators should be recruited from neighborhood health committees (NHCs) and Safe Motherhood Action Groups and be trained to conduct the emergency planning activity at the health facility and through home visits.

Health worker training: A training-of-trainers should be conducted at the provincial level. Trainers will then implement trainings in their selected districts. At least one trainer from each district should be included in the provincial-level trainings.

1. The training will include detailed information on how to implement the emergency planning intervention (including role plays to practice implementation)
2. Refresher trainings should be conducted annually.
3. Trainers/mentors should conduct monthly supportive supervision visits. Providers will be asked to share challenges they experienced during the intervention with trainers/mentors.

Providers and clients filling out emergency plan

Health provider orientation: District health promotion officer and/or implementing partner staff should hold a brief one- to two-hour orientation at each facility to inform the health providers about the emergency planning activity.

Recruiting parents to make an emergency plan: All parents of children under five years of age are eligible and should participate in the plan-making activity.

1. **Implementation at under-five clinics:** CBVs will approach parents who are waiting for services at under-five clinics and ask them if they are willing to work with them to prepare a plan for a child emergency. If the parent(s) agree, the CBV will sit with them and start the activity. If a parent is too busy with other services at the moment, the CBV can offer to help them make a plan when they are done. How the CBV approaches parents and where they conduct the activity is left to the CBV's discretion, depending on the environment.
2. **Implementation at PNC health facility visits:** After a mother and child receive standard PNC services, the provider will refer the parent(s) to one of the community health assistants (CHAs) or CBVs at the facility to make an emergency plan. The CHA/CBV will then sit down with them and start the activity.
3. **Implementation at home visits:** CBVs will go into the community and find households with young children who have not completed an emergency plan. The CBV will ask if they are willing to work with them to prepare a plan for a child emergency. If the parent(s) agree, the CBV will encourage both parents to be present and offer to come back at a different time when both parents can be present. Otherwise, the CBV will sit down with them and start the activity.

Filling out the plan:

1. The CBV will ask about the family's children and which child they will be filling out the emergency plan for. The parent will then write that child's name on the top of the sheet, or the CBV will offer to do it for them if they are illiterate.
2. The CBV will review each symptom illustrated on the sheet. One by one, she will explain what each illustration represents and answer any questions the parent has. The CBV will then explain that it is important to go to the nearest clinic immediately if they see any of these warning signs because these signs can indicate illnesses that can worsen quickly. Before moving on, the CBV will ask if the parent has any questions.

3. The CBV will explain that together they will make a plan for exactly how they will get to the facility. Question by question, the CBV will ask what the parent will do. The CBV will encourage the parent to think about worst-case scenarios, rather than the easiest option. For example, the parents may plan to walk, but what would they do if it is nighttime and raining? The CBV will let the parent check each circle themselves, and will not do it for them.
4. After the parent has made a plan for each question, the CBV will read the phrase at the bottom: *"I promise to get professional care as soon I am concerned about my child's health, and I will not wait for it to worsen."* The CBV will ask the parent to sign the paper to indicate that they commit to following through on the plan.
5. The CBV will insert the filled-out plan into the child health book and tell the parent to keep it, post it visibly in their home, and bring it with them any time they bring their child to the facility.

Provider explaining emergency plan

Follow-up: When a health provider sees any instance in which parents delayed seeking care, at the end of the interaction they will ask the parents if they have completed an emergency plan. If the parents have not yet made one, the provider will encourage the parent to create one at the next under-five clinic or PNC visit, as well as to add their name to a list for CBVs to use to conduct a follow-up visit at their home. If the family has already made a plan, and if the provider has time, the CBV will review the plan with them to think about what did not work well and what could be done differently next time to ensure the child is brought promptly. If the provider does not have time, they will add the family to the list for a CBV follow-up home visit.

Family with completed emergency plan

Illustrative Budget

NO.	ITEM	QTY	NO. OF PEOPLE	UNIT COST	TOTAL
1	Training for CBVs	1	12	2825.00	2,825.00
2	Printing of emergency plans	10,000	--	4.5	45,000.00
	Total ZMK				**47,825.00**

Monitoring and Evaluation

Monitoring and Evaluation Plan

To monitor changes motivated by the innovations developed, tested, and implemented, implementing partners should work closely with partners, communities, and health systems to apply community-based monitoring systems to record intervention results. Health facility data should be gathered to understand how and to what extent the innovations contribute to service access and use. Implementers should also use already existing health systems to track program reach and coverage as well as monitor outcomes at the health facility and community level. Data collectors should therefore include health facility staff (e.g., Environmental Health Technicians [EHTs]), community health workers (e.g., NHCs, Safe Motherhood Action Groups), and implementing partner staff. The following tools should be employed to capture performance data:

- **Health facility records:** To track the number of children under five accessing preventative and curative care for childhood illnesses, including diarrhea, acute respiratory infections, and malaria.
- **Mini-surveys (at community/household level):** To assess changes in intermediate outcomes as well as to get estimates of behavioral changes influenced by the intervention.
- **Monitoring tools (at community/household level):** To track the number of families completing emergency plans
- **Facility documentation tools (at health facility level):** To track the number of children attending under-five clinics and to assess what proportion of these families have completed the emergency planning process.

Monitoring Data Collection

The following items illustrate performance indicators that the project employed to track results/changes at the output, intermediate-outcome and outcome levels. The full list of indicators can be accessed in the monitoring and evaluation tools section.

DATA REQUIRED	DATA SOURCE
No. of participants in program-related events and activities	*NHC and health facility records*
No. of children (0–59 months) reached with community-level interventions	*NHC and health facility records*
Outcome Indicators	
% of children under age five with a fever in the two weeks before the survey for whom advice or treatment was sought from a health provider, a health facility, or a pharmacy	*Mini-survey*
% of children under five who had diarrhea in the two weeks before the survey for whom recommended treatment was given or sought	*Mini-survey*
Intermediate Outcome Indicators	
% of intended audience who perceive that others in their community seek prompt care for their ill child	*Mini-survey*
No. of neighborhood health committees implementing health activities	*Monitoring data*

Appendix

Implementation Tools

- **Design Materials**
- **COVID-19 Adaptation Guidance**
- **Training Materials**
  - Overview of Emergency Planning Intervention

Monitoring and Evaluation Tools

- **Mini-Survey**
- **Monitoring Tool for Community-Based Volunteers**
- **Documentation Tool for Health Facilities**
- **Exit Interview Data Capture Tool for Clients**
- **Performance Indicators**

Key Results Under Breakthrough ACTION

- **Problem Definition Report**
- **Social and Behavioral Diagnosis Memo**
- **Mini-Survey Phase 1 Report**